

# GP Commissioning and Talking Therapies

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# What are the Issues?

- 18% of adults have a CMHP at any one time
- 17% have sub-threshold CMHPs
- 0.5% have psychosis
- 6% have sub-threshold psychosis
- MI/DSH account for 23% of total UK disease burden
- 90% of overt MI is seen in primary care
- 20% of persons with LTCs have a co-morbid CMHP
- 5% of a GP registrant population have MUS (20% of consultations)
  
- Majority of MH spend is in secondary care
- No specific allocation to MH in primary care programme budget
  
- Message: epidemiological evidence should underpin public money expenditure patterns

# Taps and Sinks

- 50% of adult MI begins in the teenager years
- 25-60% of all adult MI preceded by emotional or conduct disorders in childhood
- Virtually all MI has well established antecedents:
- Social determinants of mental ill-health are well described (low income, unemployed, homeless, racialised, PLD, offenders, LGBT, physical illness, retired, carers of persons with physical/mental illness/dementia)
- Groups of children at higher risk of MI are well described (poverty, unemployed parents, positive family history of MI, looked-after, young-offenders, drug users, NEET, ultra-high risk groups)
- Message: use the evidence to drive activity across practice populations to promote mental health and prevent mental illness

# Grip

- People with MI should be offered evidence-based interventions
- These are well-described and set out in successive NICE/NCCMH products
- NQB Quality Standards exist for dementia, shortly for patient experience, depression, schizophrenia – they all refer to talking treatments
- Clinical activity is always variable and often wasteful
- Patients often feel treatment is too medicine-oriented
- Patients often feel confused by what's happening to them
  
- Message: talking treatments need to be systematically commissioned and implemented (case management)

# Look outwards

- Access to talking treatments is variable, being an issue for seldom-heard, racialised, homeless, mentally ill, veterans, men ....
- Registration with a GP is a pre-requisite (arguably) and important (un-arguably)
- Many presentations from these groups represent failures of up-stream-ism predicated, in turn, on systemic access failure (responsiveness to diversity, age, LD) and distrust (alien-looking system)
- Message: proactive registration and screening (eg Health Xchange, Birmingham)

# Steps

- NICE recommend stepped model
- Encounter with escalation, repeated assessments and unnecessary recourse to OPDs
- Separation between primary and secondary care – referrals, discharges, OPCs, DNAs, “your patient”, miscommunications, complex process facing patients (worse when complexity because the system behaves in silos)
- Some levels can be low on evidence based interventions for certain conditions (eg EMDR)
- Poor understanding of terminology (IAPT, HIT, LIT, PIT, DIT, CBT, CAT, DBT, IPT ....)
- PbR MH Clusters, population of pathways with EBIs, tariff, outcomes
  
- Message: front-load expertise and thorough, one-off, assessment, allocation to right step at right time, population of that step with the right EBIs for the right conditions, routine systematic oversight of progress along the pathway, review, completion, stay registered
- Message: collaborative care, assemble specialism around, and as an infrastructure to, primary mental health care (on tap not on top), one-stop shop
- Plain English in commissioning language
- Multilaterally agreed guidance required

# Asset based development

- Them and us doesn't work
- Good track record of patient involvement in designing and delivering health and social care
- Patient experts/consultants, peer mentors, care support workers, community champions, values-based commissioners required (see later)
- Informal support networks need (careful) growing
- Everyone's business and (arguably) a pre-requisite to recovery (invoking hope, opportunity and agency)
- Neighbourhood schemes, support groups, befriending, rehabilitation programmes, educational and employment support workers, psycho-education, MH First Aid, active monitoring
- Quality assurance of holism in clinical practice

# Joint Commissioning Panel for Mental Health (JCP-MH)

- RCGP and RCPsych collaboration with MIND, Rethink, NSUN and NIP, including RCN, MHPF, NHS Confederation, ADASS, HFMA .... And several of the member agencies of NSP
- Co-chaired by Helen Lester and Neil Deuchar (colleagues of old)
- Brief # 1: production of commissioning framework in three volumes. Vol 1: Landscape (published), Vol 2: Descriptions of what “good” looks like (Primary Mental Health Care and MH Liaison Services in Acute Hospitals will be the first two to be published) and Vol 3: a formal Commissioning Pack (nuts, bolts, mechanics, JSNA, HWBS, service specifications, contract inserts, suggested QIPP/CQIN schemes et cetera)
- Brief #2: description of PbR and economic sustainability for mental health commissioners
- Brief # 3: Guidance for commissioners of Public Mental Health
- Brief # 4: Model and describe Values-based Commissioning

# Values-based Commissioning

- Extrapolation of values-based practice into commissioning environment
- Builds on “experience-led commissioning”
- Policy development through networks
- Enfranchisement in, and ownership of, success of consensus-achieved commissioning direction and strategy
- Active citizenship (rights & responsibilities)
- Schemes required to grow patients and carers (asset-based community development) so that those who wish to can train to become VbC’ers
- Exercise in Birmingham piloting generic personal development for NGO direct access help-desk attendees, followed by “Directory of Opportunities” and relevant vocational training (one of which option is hoped to be VbC – we need to co-produce a specimen JD first!)

# Audience(s)

- NHS Commissioning Board - will hold CCGs to account for commissioning secondary care services, populate and hold primary care contracts for GMS, and directly commission specialised services
- CCGs – MH Leads particularly (best supported in a network)
- Clinical Networks (sub-national footprint) – vehicle for social movement, consistency of (best) practice, operational ownership
- Clinical Senates – integration of systemic silos, assurance of clinical robustness of commissioning intentions
- Health and Wellbeing Boards – health and wellbeing and PMH, intelligence about conversion of benefits into salaries, housing, education, environment, regeneration, business development etc
  
- Message: NHS talking treatments at all levels are best delivered to as great a degree as possible in primary care as part of primary mental healthcare
- This means the NHS Board needs to know what to commission and how to do it; CCGs need to assure themselves their member practices are delivering talking treatments appropriately; networks and senates need to speak coherently and consistently; specialist services need to decentralise and assemble around primary care; and patients and carers need a much bigger role in leading all these things, because the NHS belongs to us all and we all have a responsibility to make it work

# Take Home Messages

- The big prize of “Liberating the NHS” was (is) the potential to align values, professionalism, contracting and procurement so that services assume integrity, consistency, equity, patient centred-ness and accessibility for all
- The big prize of clinical leadership and commissioning is the systematic imprint of evidence-based interventions on care pathways
- The big prize of GP-led commissioning is the potential to make money support prevention, the organisation of services based in primary care as opposed to hospital settings and the bringing together of mental, physical, social and spiritual care in a holistic approach to patients and carers
- The big prize of values-based commissioning is the combination of scientific evidence with other important forms of intelligence (for instance patient experience and viewpoint, evaluation of service innovation) to agree design and delivery that everyone owns and wants to make work
- This applies to talking treatments as much as anything else
- All the voices in the system need to be singing in harmony
- JCP-MH products will assist in providing framework and guidance that has been multilaterally agreed across a number of agencies including several NSP members