

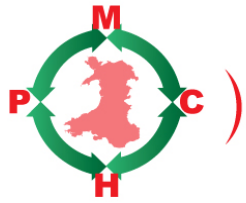
WaMH in PC Wales Mental Health in Primary Care

Mental Health Measure Part 1 & Community Networks

Dr Mark Boulter

Dr Jane Harrison

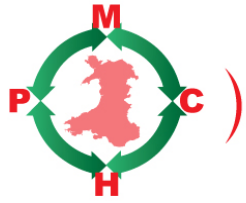
January 2012



WaMH in PC Wales Mental Health in Primary Care

- MH measure and *Setting the Direction*
- New ways of working
- Implementing MH measure
- Primary Care perspective

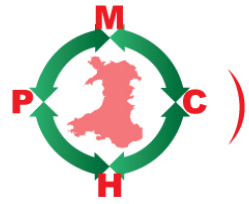
What needs to happen to provide high quality MH services in Primary Care?



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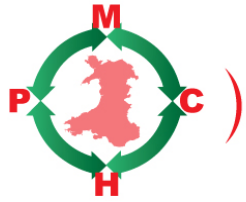
Mental Health Services... drivers for change

- Mental Health Measure for Wales (2010)
- Setting the Direction (2009)
- Talk to Me (2009)
- Mental Health Promotion – Economic Case for Investment in Wales (2010)



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Setting the Direction



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Setting the Direction will...

- Ensure that services are responsive to local needs of patients and service users
- Identify gaps in local provision to inform local plans
- Provide a framework for decision-making close to front line service delivery
- Encourage multi-agency / multi-professional team working - more integrated responses for patients and service users
- Provide care coordination and case management for people with complex needs



ABMU Infrastructure for Setting the Direction

Community network

Community network

Community network

Community network

Community network

Community network

Community network

Community network

Community network

Community network

Community network

Local Hospital Services

Local Hospital Services

Specialist Community Resource Team

Local Hospital Services

Specialist Community Resource Team

Specialist Community Resource Team

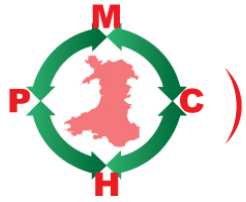
Swansea Locality

NPT Locality

Bridgend Locality

Specialist Hospital Services

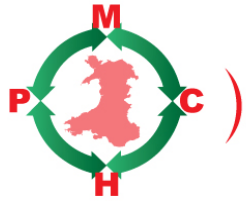
Communications Hub



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Benefits of *Setting the Direction*

- Integrated care - within Health Board
 - with other services and agencies
- Shared service developments
- Shared resources and greater efficiency savings
- Co-ordination of services - enhanced services, special interests, shared facilities, new models of care
- Patients at heart of service design and delivery



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Community Networks

- Responsible for planning, co-ordination and delivery of primary & community services for their population
- Citizen focused not condition focused
- Responsive to specific local needs
- Multi professional / multi agency approach
- Strong GP leadership
- Strong links to local communities & hospital services

**District Nurses, Health Visiting, School Nursing
Chronic Conditions Team**

in PC Wales Mental Health in Primary

**Primary Care
(GPs, Practice Nurses
Pharmacists, Dentists,
Optometrists)**

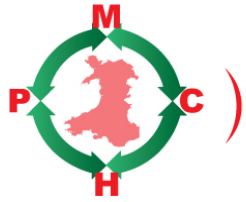
Third Sector

**COMMUNITY
NETWORK
TEAM**

Therapies

Public Health

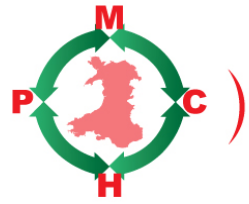
Social Care



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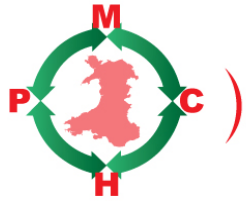
Community Network Team... providing specialist care in community

- Outreach Services provide specialist care in the community
- Services delivered by consultants, specialist nurses, therapists, etc
- CNTs could host these Outreach Services
- Additional benefits - enhance expertise in CNTs
- opportunities for clinical champions



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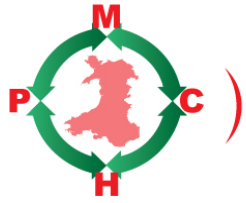
Mental Health Measure Part 1



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What is the MH Measure?

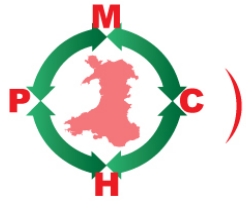
- Piece of law made by Welsh Government
- Similar effect to Act of Parliament
- Changes legislative arrangements in managing MH problems



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Drivers for change in MH services

- Modernisation of MH services - whole system change
- Variation in delivery of care across localities
- Expectation from public – information and access
- Increasing service demand in A&E
- Need for community mental health services



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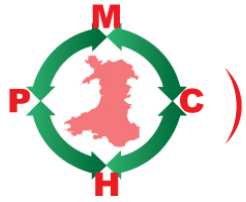
Aims of the MH Measure

Part 1: Strengthen local primary care MH support services

Part 2: Provide planned and coordinated care

Part 3: Patients can be reassessed without need for re-referral

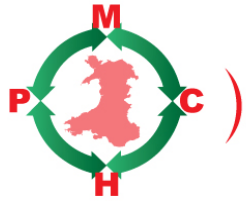
Part 4: Access to advocacy to improve choice, involvement in decision-making, access range of different services



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How will it be implemented?

- Local PC Implementation Leads will support work to establish services
- Funding available from WG for fixed term period for local Leads
- Restructure existing MH services or establish new ones through HB/LA partnership working



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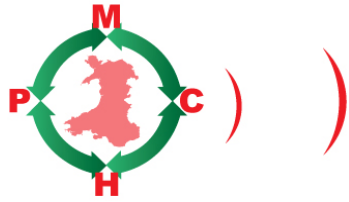
Support Services for Part 1

Services for individuals of all ages with mild to moderate, or stable but severe & enduring MH problems

Delivered by HBs and LAs in partnership

Support services include:

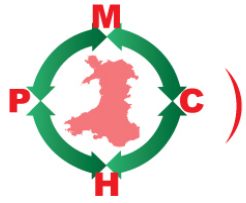
- Comprehensive MH assessments
- Short-term interventions following assessment
- Information & advice on treatment and care
- Support & advice to PC staff on managing MH problems
- Supporting referral and coordination with secondary care



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Actions required for Part 1

1. Joint HB/LA scheme in writing for local PC support services
2. To include the joint scheme in local CYP plans
3. Ensure services operate within or close to GP practices with:
 - Adequate staff: skills, numbers, experience
 - Strong clinical and managerial supervision
 - Suitable governance, monitoring and budgetary controls
4. New services will require:
 - Robust referral mechanisms for GPs to new services
 - Strong relationships with primary care
 - Appropriate arrangements for prison PC services
 - Good signposting information
 - Information and advice for primary care staff
 - Effective links for referrals to secondary MH services



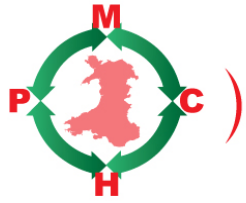
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Sharing good practice...

Compendium of Good Practice

NHS Wales MH Services

October 2011



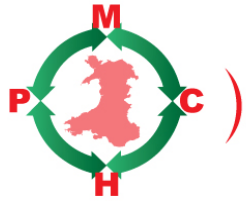
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Projects from around Wales

Tier 0 - 1

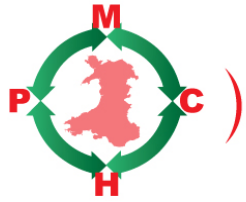
Some examples.....

- Access to psychological therapies - Hywel Dda
Accredited training for CMHT to deliver therapies
- Condition Management Programme - ABMU
Supports return to work as part of Pathways to Work initiative
- Individual Placement and support - C&V
Supporting return to work
- Family Intervention Service - Powys
Support for families who have experienced psychosis
- Early intervention service - Aneurin Bevan
Early engagement and interventions in psychotic breakdown
- Gofal housing support and advice - Cwm Taf
Partnership working to support those with housing need



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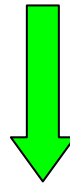
A potential model to deliver Part 1 MH Measure



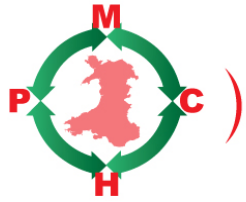
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Mental Health Triage Service

A shift from the current delivery of *gate-keeping services* for secondary mental health services



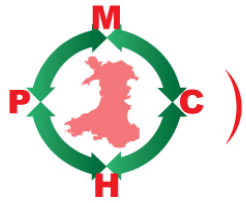
a call centre that functions as *a referral portal* that proactively links people to the right care and supports local referral agencies and service networks



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Mental Health Triage Service

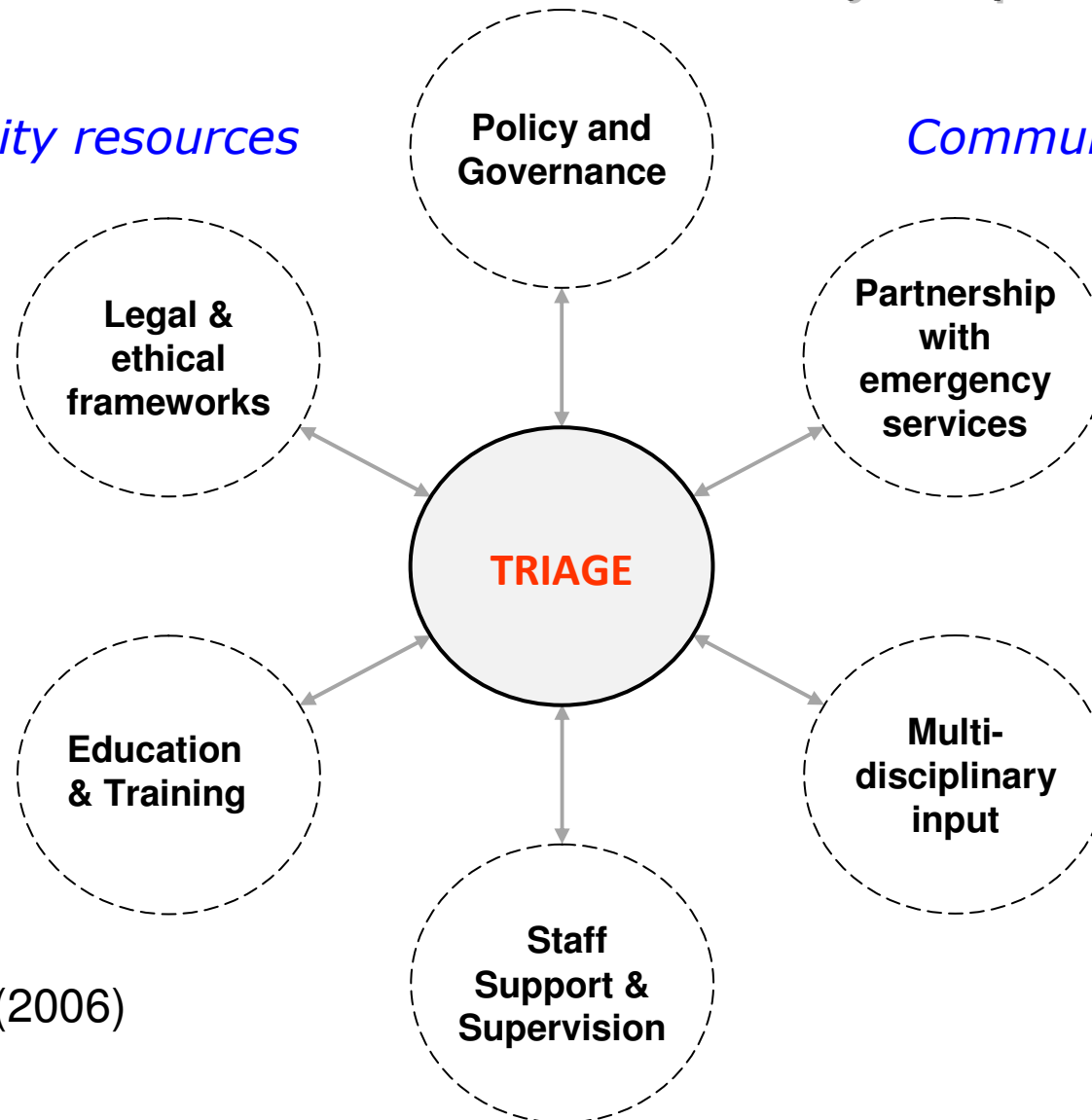
- Single entry point for all incoming patients
- Introduction of MH triage scale
- Consistent assessment process by clinicians trained in MH telephone triage
- Aim to ensure patients are treated in order of clinical urgency by experienced clinicians
- Treatment is timely and appropriate



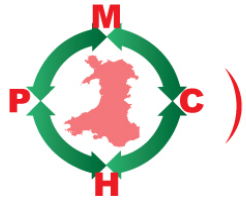
MH Triage Model ... key requirements

Community resources

Community resources



Sands, N (2006)



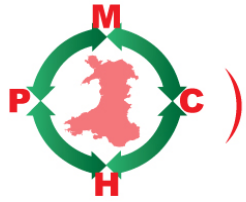
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Benefits of MH Triage Service

Facilitates access - to MH services via single point of entry
24/7 = reduced wait time, improved care coordination

Effective screening - reduced inappropriate service use,
targeting/prioritising services for those most in need

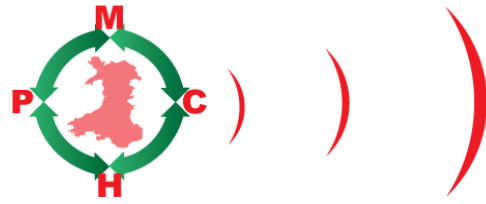
Economic benefits - service provision to large population via
phone; potential reduction in presentations to A/E and
other services



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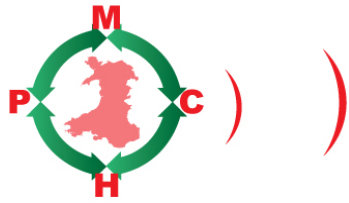
Working in Community Networks

- Systems to support new ways of working within CNTs
- Integrated multiagency, multidisciplinary teams
- Access to specialist services within community
- Community Resource Teams to reduce hospital admissions
- Access to up to date information is essential
- Communication is key



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New ways of working

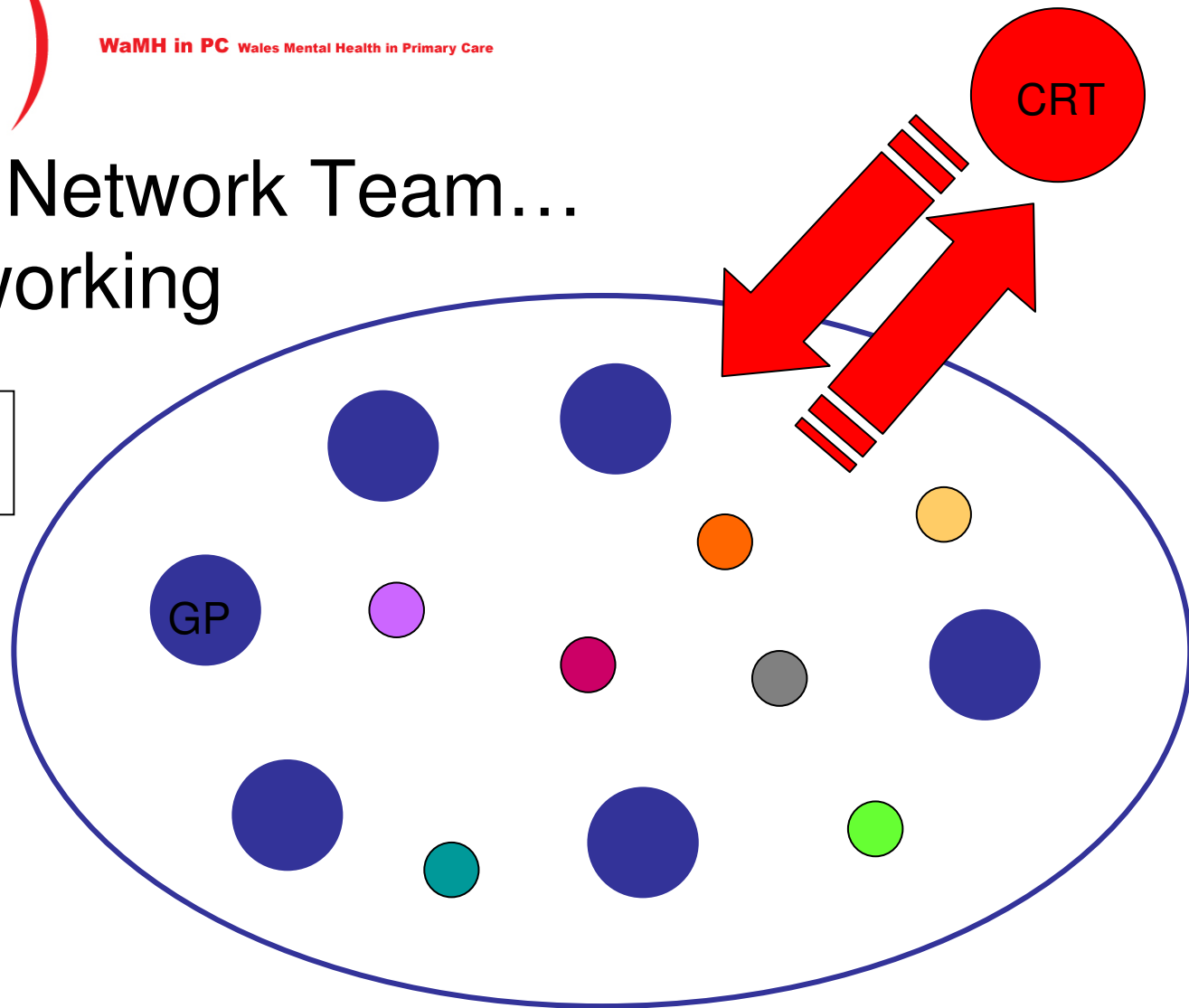


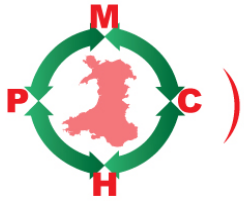
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Community Network Team... integrated working

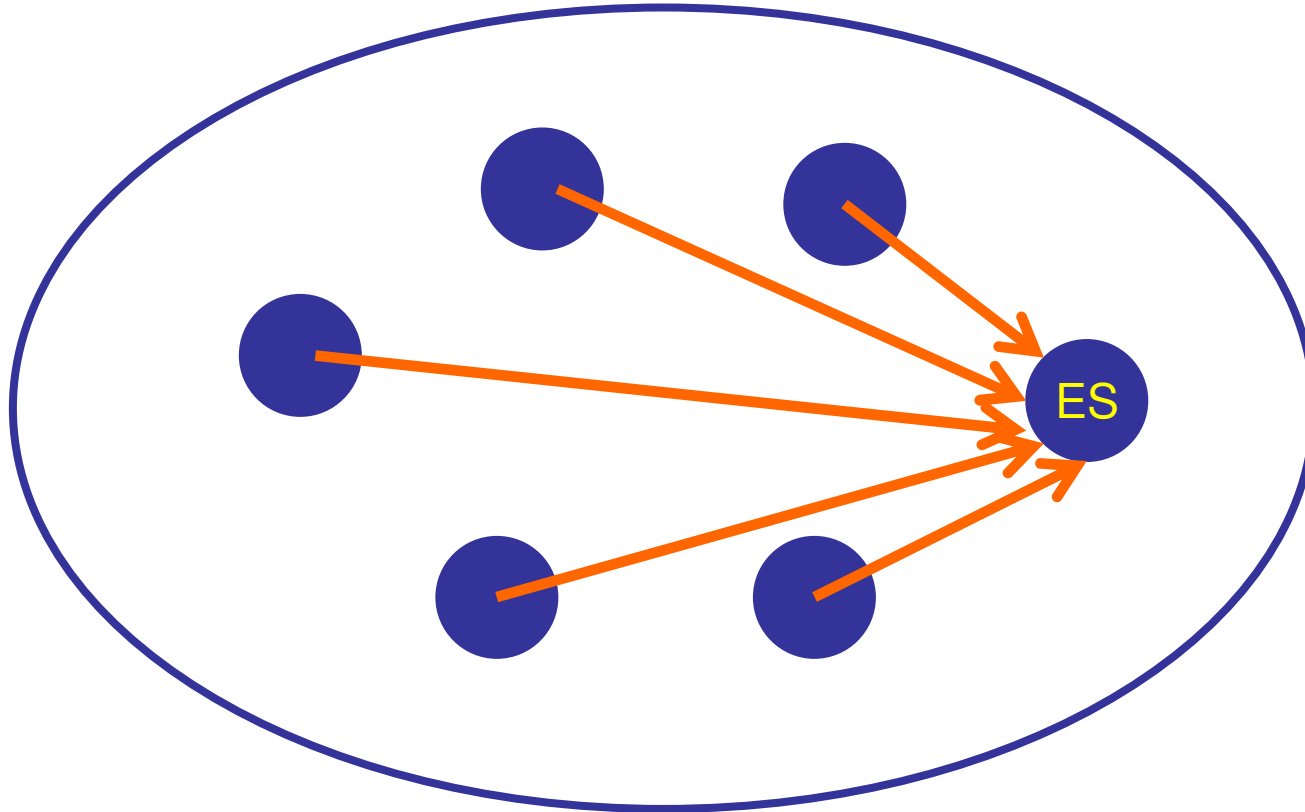
Multi-agency / multi-professional Team

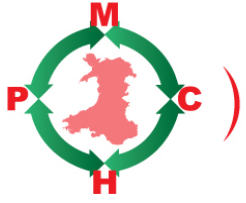
-  HV & MW
-  Vol sector
-  Therapy
-  SW
-  DN
-  CCM
-  CMHT





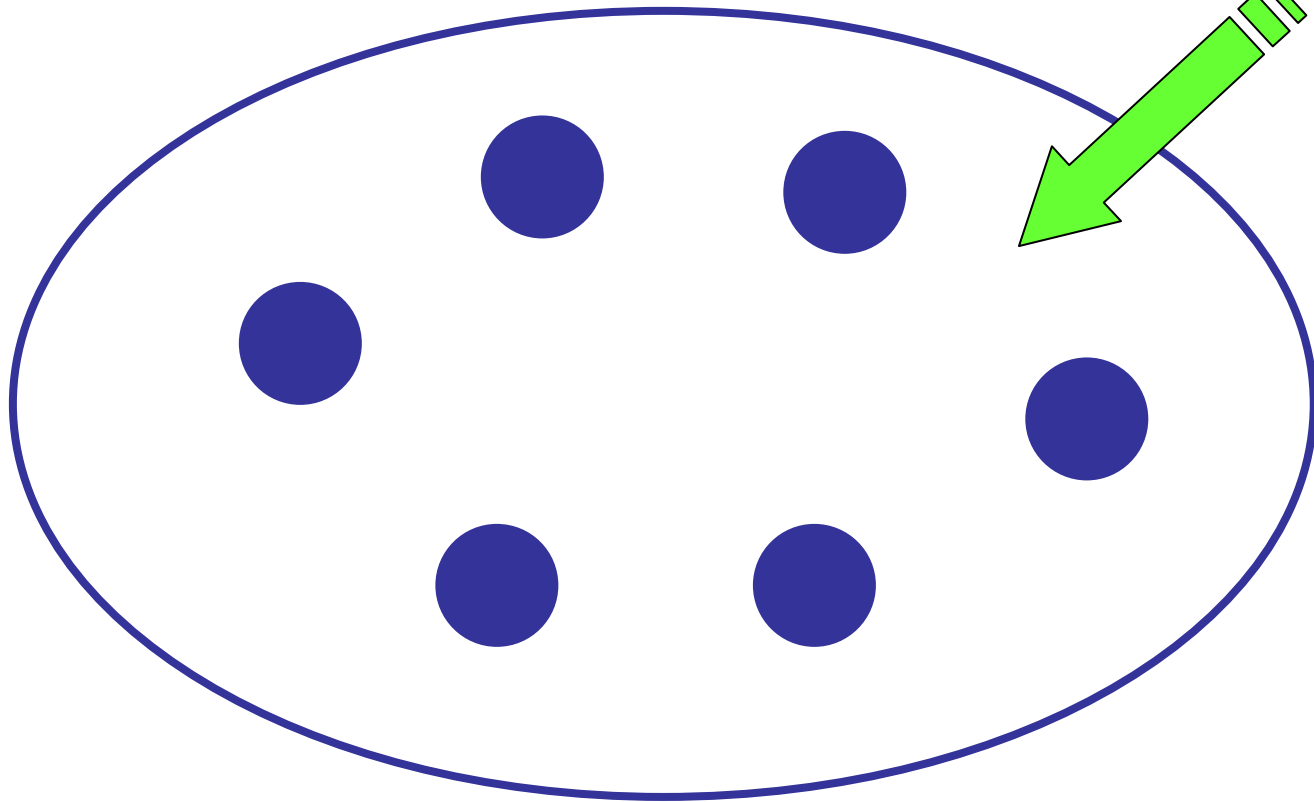
Community Network Team... new ways of working

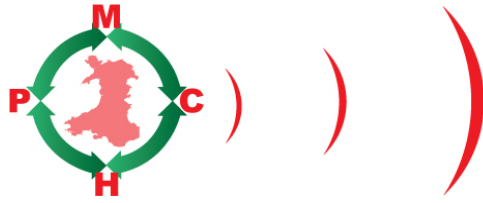




Community Network Team new ways of working

Outreach
service

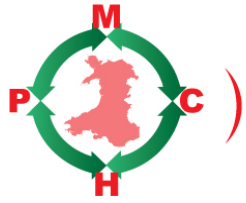




Community Networks and MH Measure

Potential for:

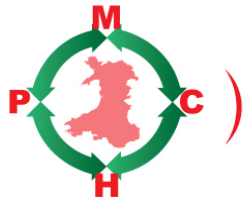
- Local CRT support for practices for MH problems
- Building expertise within practice clusters
- In-house / co-located psychological therapies
- Short interventions in group settings
- Pilot programmes within networks
- Disseminating good practice



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THE PRIMARY CARE PERSPECTIVE

Making Trust, Communication and Person Centredness a Reality in Daily Practice



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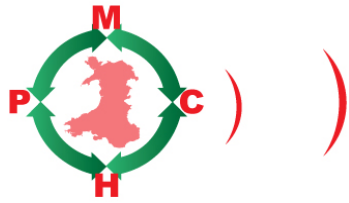
search ID: forn 1404

Making Trust, Communication and Person Centredness a Reality in Daily Practice



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- SOME KEY FACTS ABOUT PRIMARY CARE
- OPEN ACCESS
- UNDIFFERENTIATED
- COMPLEX
- MANAGES RISK AND UNCERTAINTY
- GENERALIST NOT SPECIALIST



WaMH in PC Wales Mental Health in Primary Care

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“The good news is that it’s not my problem.”

Making Trust, Communication and Person Centredness a Reality in Daily Practice



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- SECONDARY CARE
- SPECIALISED
- DIFFERENTIATED
- HAS GATE KEEPERS
- CLOSED ACCESS
- RISK AVERSE



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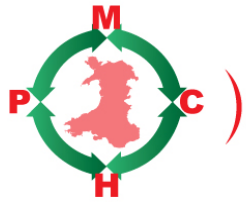
- WHAT DOES PRIMARY CARE THINK OF MANAGING MENTAL HEALTH PROBLEMS AT A PRIMARY CARE LEVEL?
- WAMH IN PC SURVEY 2011

Summary

- In total the survey attracted 202 respondents compared to 172 in 2009

Mental Health in Wales

- Improvements are needed with the interface between primary and secondary care, in terms of referrals and pathways
- From the patient's side, HCPs feel social issues including the support of family and availability of employment, affect the ability to manage mental health.
- On the medical practice side, HCPs consider that funding constraints and infrastructure affect the management of mental health
- Nearly two thirds of the HCPs feel able to deal with mental health and consult with their primary care colleagues when appropriate.
- More support is needed across the mental health pathway.
- The two improvement areas considered to be of high importance are outreach and community services and the referral/interface system to secondary care.

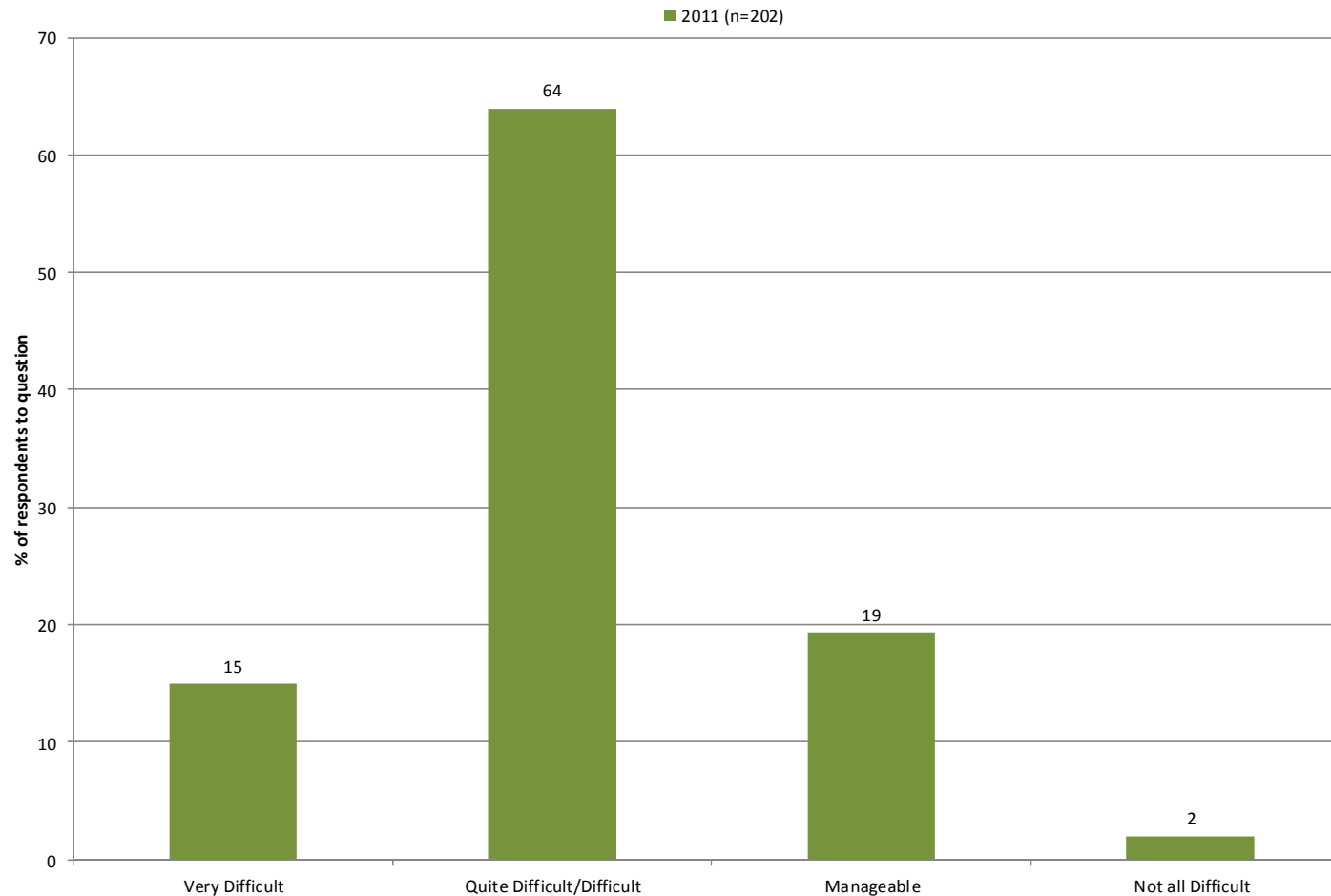


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Mental Health (Wales) Measure 2010

- Just over a third of HCPs have heard of the Measure, with a range of awareness across the Health Boards
- The low awareness and knowledge of the measure indicates that education is required.
- Those that knew about Part 1 hoped to see more mental health trained workers from primary or secondary care working within practices

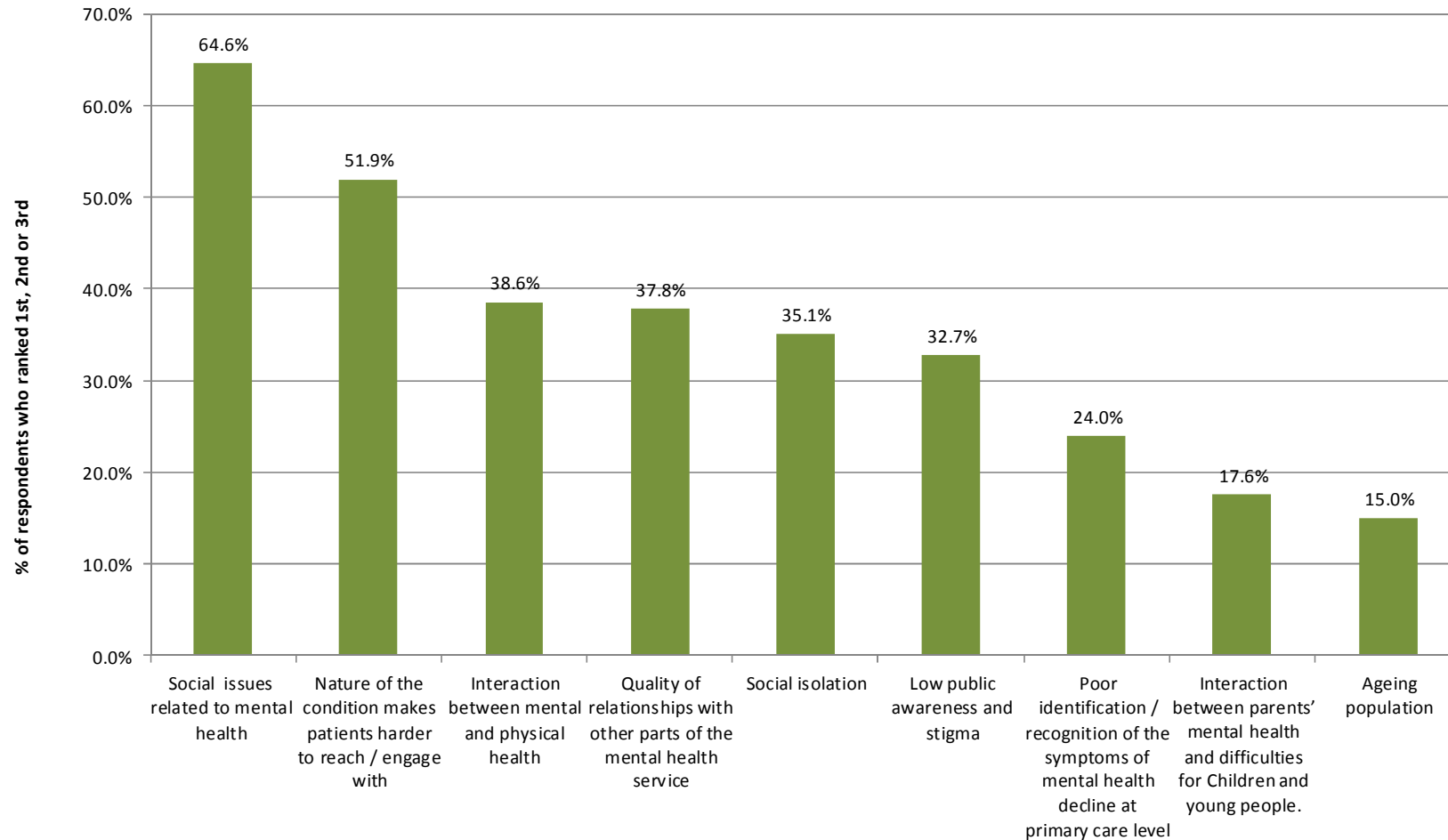
Q1. In your opinion how difficult is the area of mental health to manage at Primary Care level?



Nearly 80% of HCPs feel that mental health within PC is difficult to very difficult

Making Trust, Communication and Person Centredness a Reality in Daily Practice

Q2 Setting aside issues of funding, resources or service quality, what factors contribute to making the management of mental health more challenging in primary care?

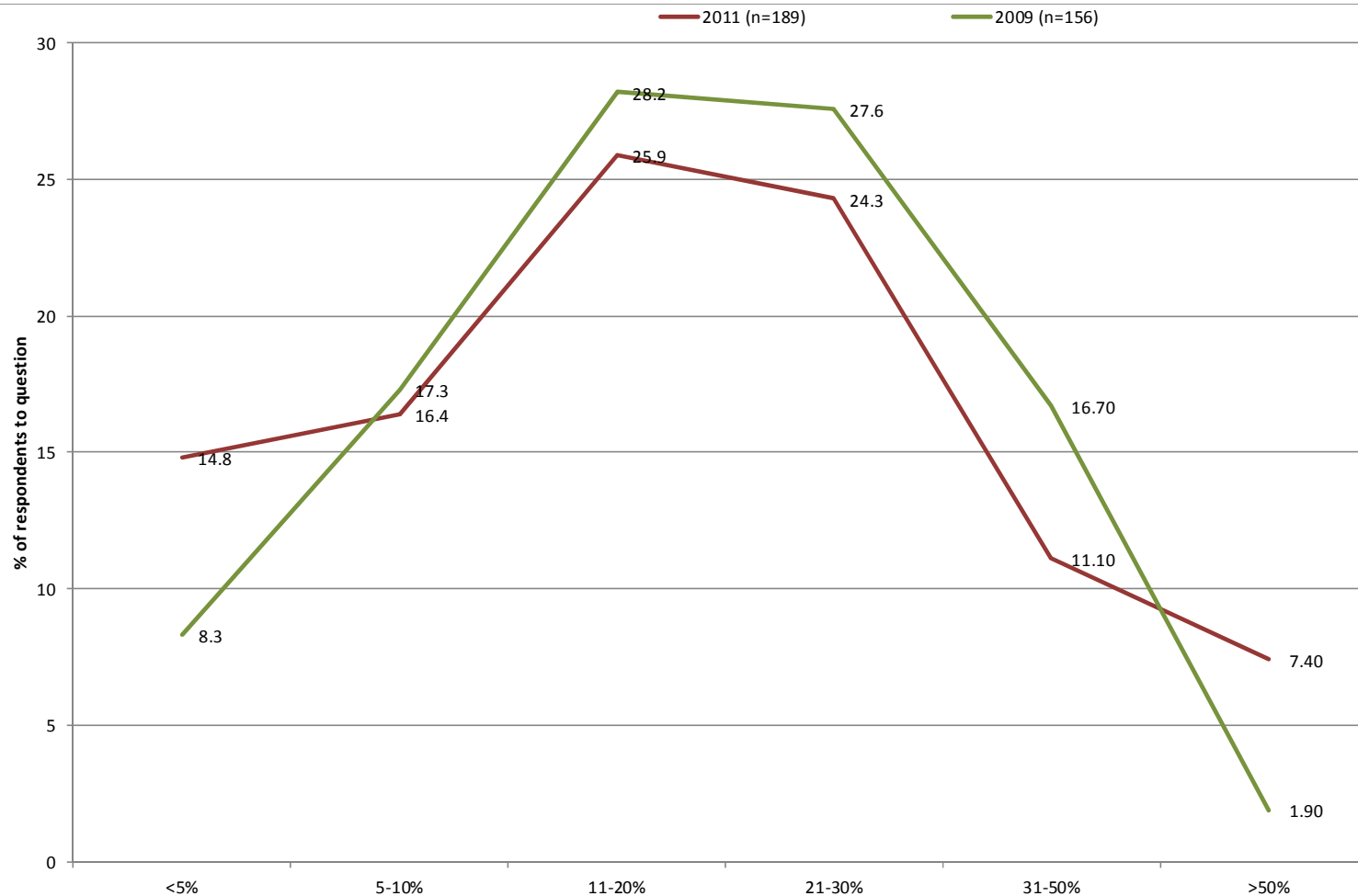


Social issues are considered to be the most important factor for HCPs, 65% ranked this 1st, 2nd or 3rd. Only 15% of HCPs ranked ageing population highly.

NB: In 2009 there were 7 questions, in 2011 there were 8

Making Trust, Communication and Person Centredness a Reality in Daily Practice

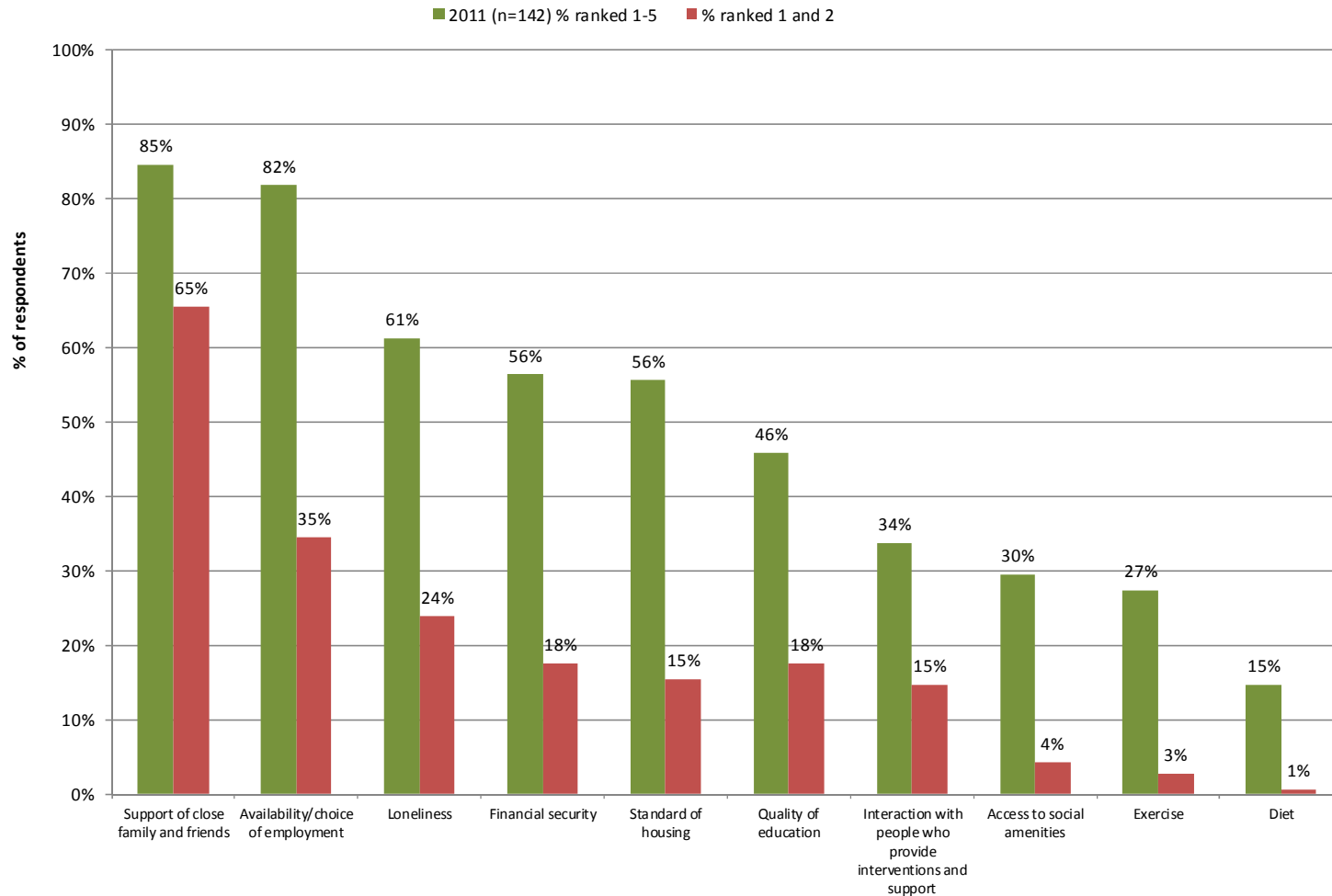
Q6: what proportion of your practice time is spent on mental health related work?



There has been an increase in HCPs spending less time on mental health and an increase in those spending more time compared to 2009. In 2009 90% of doctors spent 5 to 50% of their time on MH now it is 77%, indicating some HCPs might be taking the lead and taking workload off colleagues.

Making Trust, Communication and Person Centredness a Reality in Daily Practice

Q13 Please rank the over importance of these factors in determining mental well-being for the population in general

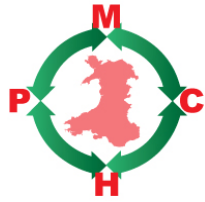


The top 2 factors that HCPs feel are important are support of close family and friends and availability of employment. However only the first factor is consistently ranked 1st or 2nd.

The factors listed could be considered ones that HCPs feel they have little, if any, influence over.

NB: Respondents could choose up to 5 factors

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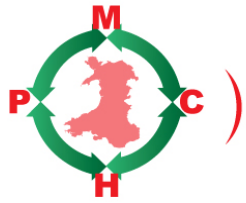
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- SO WHAT NEEDS TO HAPPEN??
- GET TO KNOW KEY PEOPLE IN YOUR AREA
- WORK WITH EXISTING STRUCTURES INCLUDING LMC
- SIT IN WITH GP'S, NURSES, AND RECEPTIONISTS
- FIND OUT WHAT PATIENT'S NEEDS ARE
- FIND OUT WHAT SERVICES ALREADY EXIST AND WHERE THE HOLES ARE
- IDENTIFY KEY SKILLS FOR THE NEW WORK FORCE
- NEGOTIATE HOW TO INTRODUCE NEW SERVICE

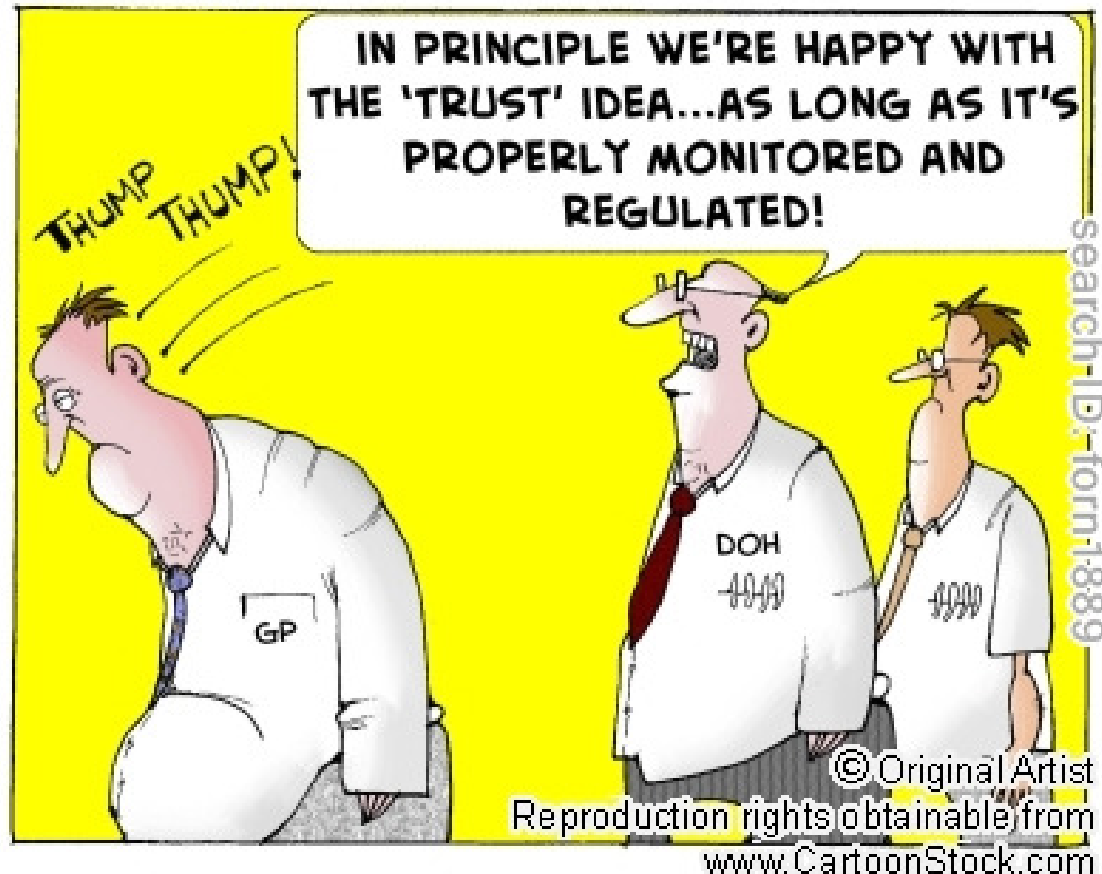


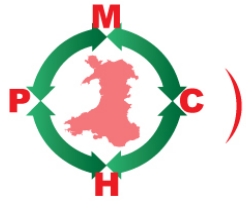
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- REMEMBER THE KEY HALLMARKS
- TRUST
- COMMUNICATION
- PERSON CENTREDNESS
- REMEMBER THIS IS A SERVICE BASED ON THE NEEDS OF PATIENTS AND DELIVERED IN A PRIMARY CARE SETTING AND SO IT WILL HAVE TO WORK IN A “PRIMARY CARE” WAY!



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WaMH in PC Wales Mental Health in Primary Care

**A Practice Sharing Day
to support the
implementation of services under
Part 1 of the Mental Health (Wales)
Measure 2010**