Primary Care and Community Mental Health – developing a sustainable local mental health system

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Two Elements

- **PRISM** – PRImary Service for Mental health – planned care
- First Response Service – unplanned/crisis care
Why?

• The gap between what GP can offer and secondary care threshold is getting bigger.

• Secondary Care is inundated – limited capacity to deliver interventions

• People are dying – poor physical health monitoring and sitting on waiting lists

• The evidence and political climate support integrated physical/mental health care models
Delivering together

Concept

Secondary Care

Step Down
(with rapid re-access)

New Service

Step Up
(and step down again, with re-access where appropriate)

Primary Care

Vol Orgs/Third Sector
Recovery Coaches
Characteristics of PRISM

- Core elements – specialist MH, physical health, peer support/recovery
- Population based service – “screen and intervene” philosophy
- Prism to support GPs. It is not a separate service to refer into – “request for service”, not referral to PRISM
- Informal conversations to provide GPs with advice and support
- Joint prioritisation – upskilling GPs
- GP remains responsible clinician
- Flexible – bespoke to practices
- Integration with third sector services and social care – reduced story telling
The core PRISM team

- Band 7 Mental health specialist: coordinates referrals across the patch, provide supervision, sees complex patients
- Additional band 6 workers who provide most of the assessments and interventions
- Consultant psychiatrist – covering primary and secondary care for the PRISM patch
- Peer support worker – recovery focus
- Physical health care worker – SMI, screening and intervention, covers several patches
- Management and Administration
- Pilot pharmacist role – mental health medicines advice direct to GPs
The Patient Journey

- GP monitors patient, offers support & medication
- GP seeks advice from PRISM to support patients
- PRISM team contacts patient, offers phone appt or face to face in GP surgery
- PRISM Peer worker supports access to community resources
- PRISM refers onto relevant ream/pathway to support individual in secondary care
- Supported discharge with Recovery Coaches
- Rapid re-access to secondary care if required
- In development: PRISM directly books into 3rd sector services
- Prism developing further interventions
- Step patient down to PRISM for ongoing monitoring
- GP monitors patient

Cambridgeshire and Peterborough NHS
NHS Foundation Trust
What will this mean for the patient?

- Support will be available at every stage of MH journey
- Early intervention will reduce crisis and escalation of need
- Better experience of the system – not being bounced around
- Close relationship with IAPT and 3rd sector – smoother pathway
- Stable SMI patients with enhanced MH needs will have improved physical health monitoring
What does this mean for secondary care?

- Demand reduced so ability to deliver interventions as opposed to repeated assessments/holding risk
- A truly integrated physical/mental health approach
- Easier to discharge patients when there is adequate support within primary care/community to support the discharge
The final state of PRISM will see the vast majority of patients assessed and treated in primary care.

True delivery of parity of esteem – quick access.

Patients will be put in the right part of the system at the right time – reduced re-referrals.

Reduction in healthcare utilisation – GP appts, A&E etc.

Better use of health and social care investment.

Capacity released in specialist services.

Offering complete pathways of care.
Early outcomes

• We have moved from a centralised referral system to providing a locally based response to each patient, with no increase in time to assess (17.76 days in Sept 2016 reduced to 16.44 days in March 2018).

• Reduction in referrals to secondary care. Chart shows number pre prism and total post PRISM (Adult Locality Teams, CAMEO and PDCS)

• Positive GP feedback on consultant involvement and pilot of case discussions – however not all positive feedback, work to do!
I've seen someone who understands

It was good to speak to someone who understood more about how I felt

I don't have to travel miles away

It was helpful to speak to someone and not just be offered anti-depressants

It was good just to know I could get some help

It's not just about medication. They told me about resources locally and things I can do

The service helped me understand what was going on and why I was feeling this way
Phase 1 complete

Mental health staff aligned to and based within GP practices
Clinical records on GP systems
Roll out complete – end of Dec 2017

Phase 2/3 - underway

Consultants aligned, MDTs
Step-down patients managed in GP practices collaboratively.
Physical health role/medication monitoring.
Integration of Inclusion/Wellbeing Service (co-commissioned LA and CCG)
Working towards closer integration with social
Review of secondary care treatment interventions/pathways/model
A primary care wellbeing pathway

INCLUSIVE!

• PRISM – mental and physical health

Move towards greater accessibility of all Mental Health Services:

• FRS – self referral for MH crisis
• PWS - self referral
• PRISM – early intervention in primary care
• Specialist services provide greater impact at primary care level by providing expertise and input into PRISM including PD, EIP, Eating Disorder Services
Top tips - making it work ……..

• Leadership
• Engagement – common vision, WIFM!
• Relationships/joint working
• Governance/robust action plans
• Phased implementation
• Culture change
• Flexibility – GP practices, BME population, “blue light”
• Comms – local / national, “salesman” approach
Top tips - making it work (2)

• Commissioning, Contracting, Clinical and Operational Partnerships. Invest energy in them, they “pay back”

• Relational versus formal contract management

• Know your numbers and lobby – locally, nationally

• Use what you already have – operational, financial

• Know your contracts and use them to hold your solutions together

• Explore your currencies to support your payment models
Questions?

We are always happy to be contacted!

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