

# Integration of Psychological and physical health care in Cumbria; across providers and conditions



**Elsbeth Desert**

*Consultant Clinical and Health Psychologist  
Clinical Director*

**Happier | Healthier | Hopeful**

*Joanna Manley and Lizzie Davey*

*Quality, Physiotherapy and Psychology Clinical leads*



West, North & East Cumbria



# CUMBRIA

Population **496,200**

Over **6,768** km<sup>2</sup>, 3<sup>rd</sup> largest county,

1 CCG,  
4 DGHs

Vanguard and Success regime

Poor infrastructure



[www.shutterstock.com](http://www.shutterstock.com) - 8237 880



[webbaviation.co.uk](http://webbaviation.co.uk)

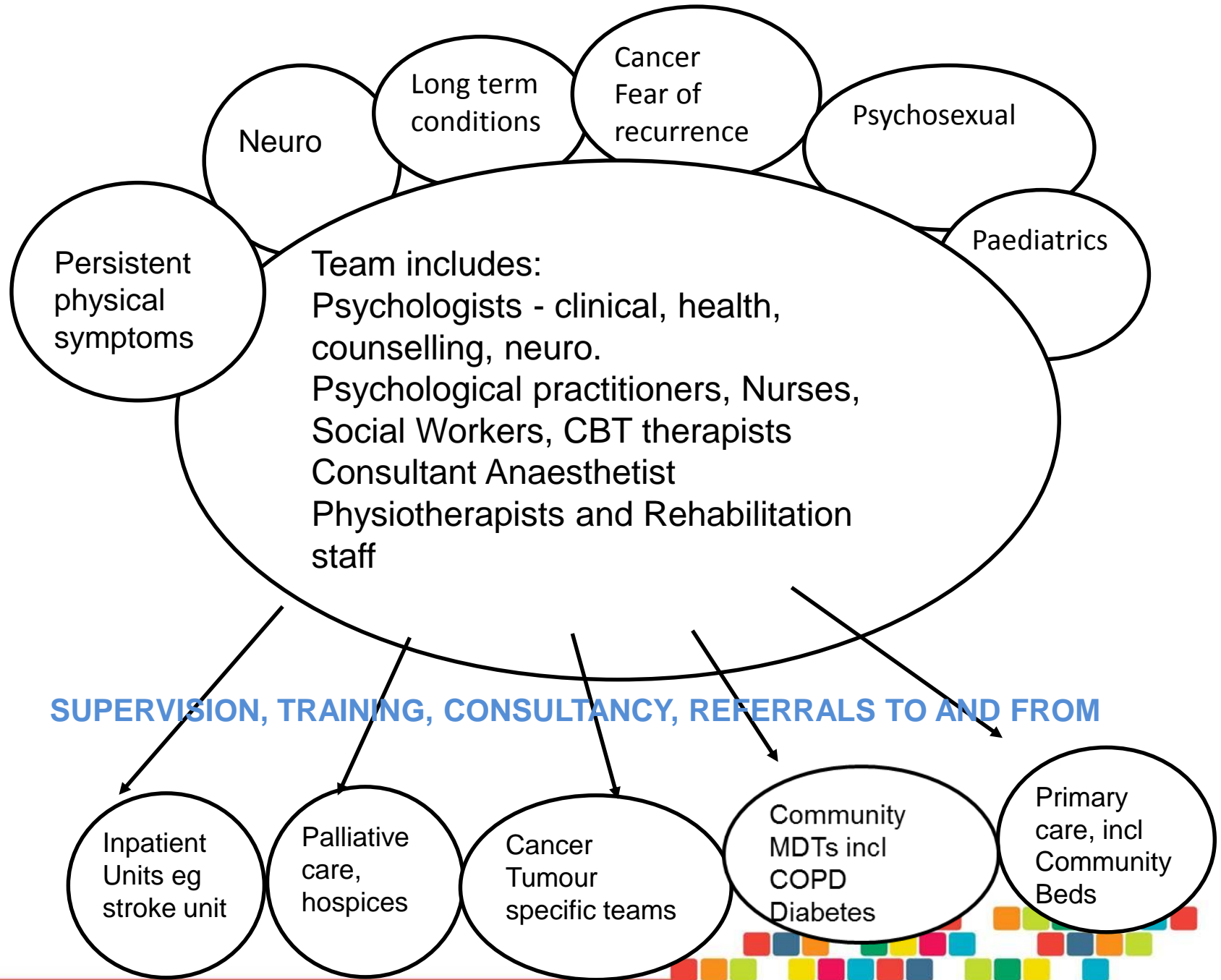
# Service

- Fully integrated service offering care across the Health economy for patients with complex physical and psychological difficulties
- Many pathways some will be described in detail, but with shared:
  - Vision and ambition
  - Leadership
  - Governance
  - Skills
  - Outcome measures









# Long term health conditions

- Long term health conditions account for £7 in every £10 spent in the NHS
- By interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem.  
(Naylor et al *Kings Fund Long-term conditions and mental health: The cost of co-morbidities Feb 2012*)
- Unhelpful to have diagnostic specific care as patients often have multiple co-morbidities and as a result get excluded from care with unitary pathways or IAPT



# Persistent Physical Symptoms

- There are a collection of conditions which share many features including CFS, Fibromyalgia, Chronic Pain and MUS, in that:
  - They are usually diagnosed by exclusion
  - They are syndromes rather than having unique features
  - Medical management offers little benefit, in fact can cause further harm. The condition often causes patients psychological distress and social disability, 30% have comorbid psychiatric presentations



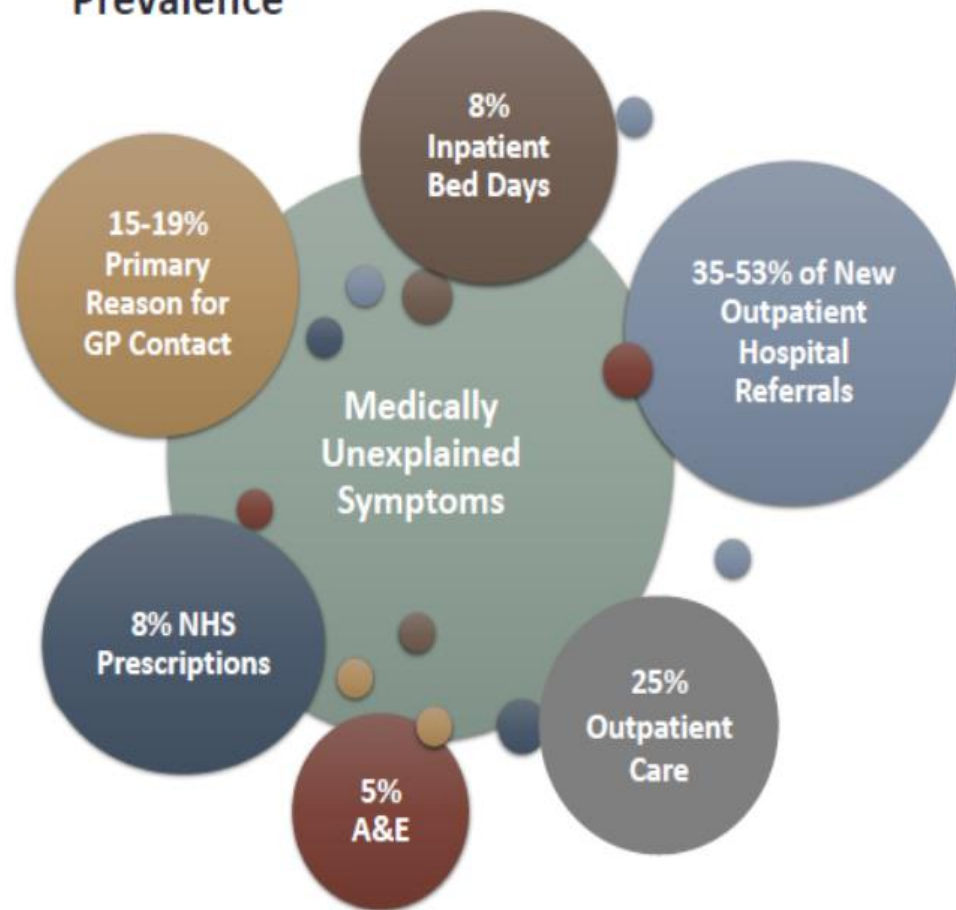


# Medically unexplained symptoms

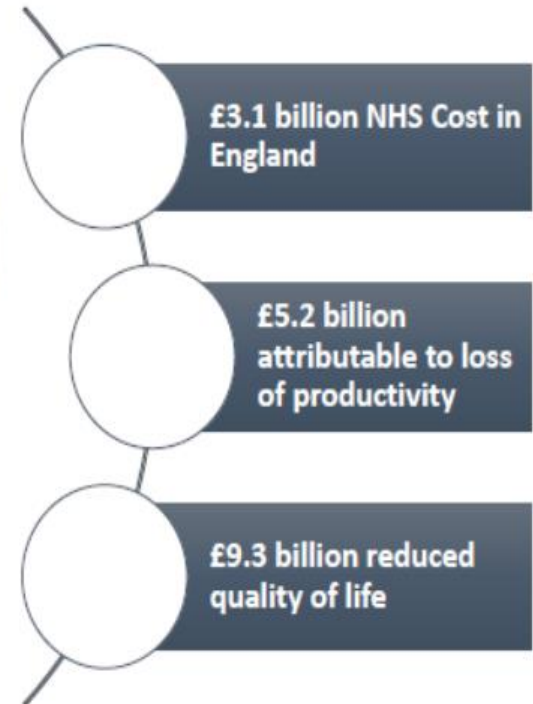
- Patients utilise a disproportionate amount of health care resources, in primary and secondary care, 20% of GP consultations relate to MUS, MUS costs £3.1 Billion per annum in the UK in health care costs, 50% of medical outpatients have MUS
- The conditions are often maintained by patients unhelpful beliefs and resultant behaviours which lead to further symptoms and disability



## Prevalence



## Cost



# Evidence base for effective treatment is immense:

- PACE trial for CFS – Graded exercise and CBT
- NICE:
  - ME/CFS
  - Back Pain,
  - NICE 91
- Guidelines for Pain Management Programmes for adults, 2013, British Pain Society
- Bailey K.M., Carleton R.N., Vlaeyen J.W.S., Asmundson G.J.G. (2010). Treatment addressing pain-related fear and anxiety in patients with musculoskeletal pain: a preliminary review. *Cognitive Behaviour Therapy*, 39.



# What are effective interventions?

- There is increasing evidence that all patients with these conditions benefit from:
  - Accurate and Helpful information, that explains their condition and the causes
  - Consistent management from all professionals, who are suitably trained
  - Identification of unhelpful beliefs and behaviours, with appropriate challenging of these
  - Psychological therapy CBT, ACT, Mindfulness, EMDR



# Process of service development







**"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."**





# CCG, Quality and Spending

- The Royal College of Surgeons Dashboard Cumbria is an outlier in respect to the rate of injections for back pain.
- The national average is 84 per 100,000  
Cumbria is 155.4 per 100,000 - 84% more than the national mean.
- Cumbria CCG is ranked 185 out of 211 CCGs across the country



- NICE have generally concluded that injection therapies are of little or no benefit in sub-acute or chronic back pain (lasting  $> 6$  weeks but  $< 1$  year).
- CCGs across the country have restricted the use of injections by classifying them as interventions of limited clinical value.

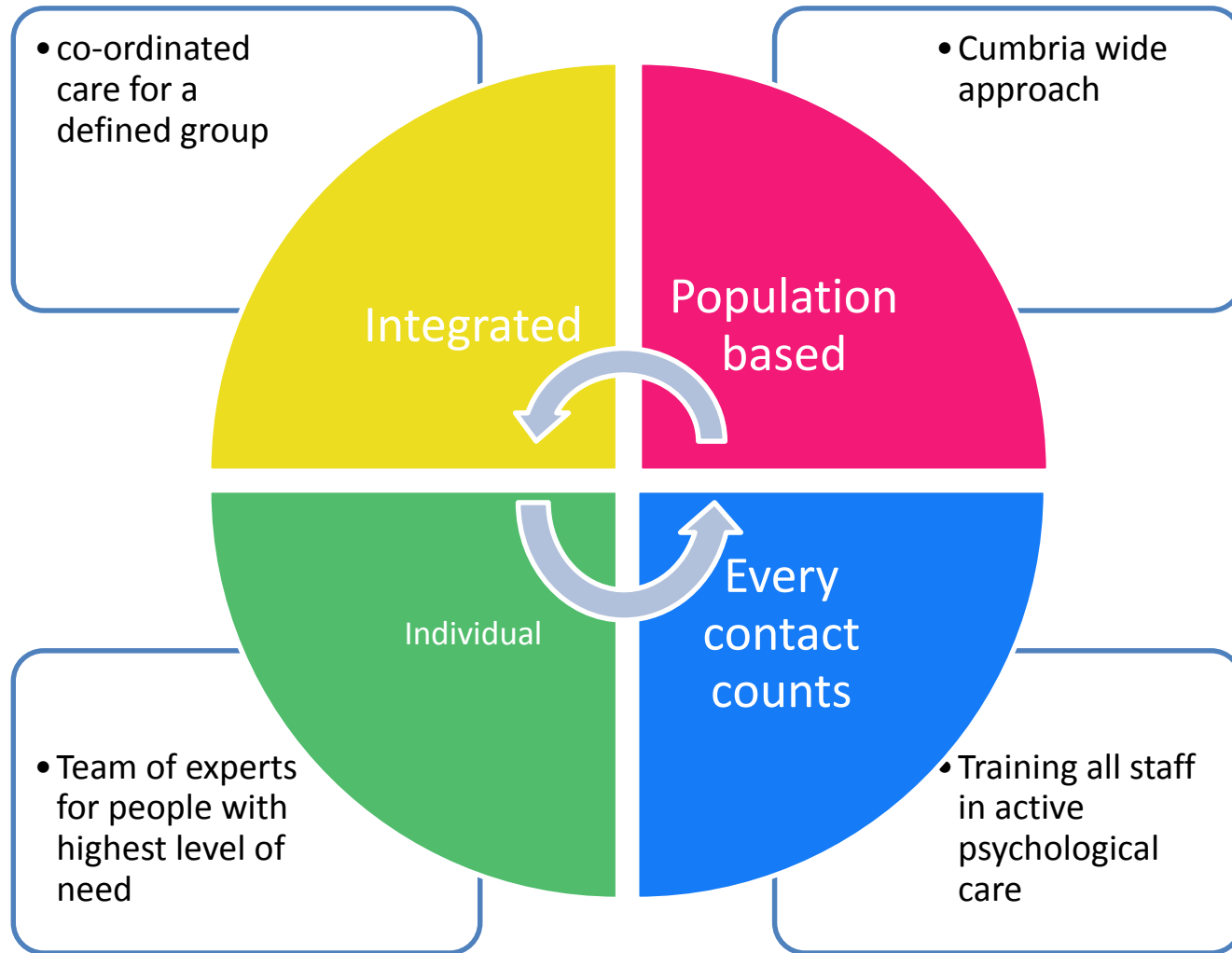


# Cumbria service

- May 2015 CCG executive agreed to realign resources to a new pathway, utilising the money from stopping interventions of limited clinical value, £900,000.
- To be invested in a Biopsychosocial evidenced base model for a range of conditions, consistent with NE guidance
- 8% of budget for training across the county







# WHOLE SERVICE



- Promoting psychological care for patients with Physical health problems across the health economy
- Shared outcome data
- Self management



## ACROSS CUMBRIA HEALTH ECONOMY



- Across all providers
- Pathway redesign for:
  - Neurorehabilitation
  - Persistent physical symptoms
  - MSK to increase psychological care
- Supported by shared E record
- Single point of access
- Consultation hour for advice
- Groups for living well with long term conditions



# MODEL OFFERS



Every  
contact  
counts

- Rolling programme of Psychological skills training in CBT
- One day, 6 day
- All staff across trusts at minimal charge
- Physio, OT, GPs, SALT, Consultants, Clinical Nurse specialists, Health visitors, Dieticians
- Remain in supervision
- Training includes:



- CBT fundamentals
  - Questioning styles
  - Formulation
- Simple interventions for:
  - Depression
  - Anxiety
  - Panic
  - Fear of recurrence
  - Trauma
- Risk assessment
- Goal planning, pacing





# Interventions



- MDT assessment
- Group, ACT
- One to one psychology and physiotherapy
- Psychological interventions
- Including
  - CBT
  - ACT
  - Mindfulness
  - EMDR



# Standardised materials

- Referrers leaflets and forms
  - exclude red flags
- Patient information sent with opt in letters
  - information on what is on offer
  - What to expect
  - 96% opt in
  - Evaluation and baseline measure
- Patient workbooks for the groups to use after they complete the programmes



# Outcome measures

- **PPSS**
- CFQ-14 (Chalder Fatigue Scale)
- PHQ-9 - Depression
- GAD-7 - anxiety
- EQ-5D-5L & EQ-VAS  
Quality of life scales
- *Health psychology  
additional*
- Health Concerns Questionnaire
- Fear of Recurrence Scale 4
- Impact of event scale



# Current outcomes

- Commissioning since implementation  
1/4/2106
  - Reduced activity in Pain clinic and other providers
  - Reduced specific prescriptions
  - No out of area spend
- Referral rates and opt in higher than expected
- Exceeding popular with GPs



“I think it is very exciting and long awaited development in Cumbria. It should fill a large hole for patients who in the past have had nowhere to go.”

“Thrilled about such a positive resource for patients.”

“It sounds like a really useful and rounded resource for managing so very difficult to help patients”

“Hallelujah! At last we have some support in managing these challenging patients. I look forward to working with the PPSS team to improve the lives of these patients.”

“Seems too good to be true. Already have a list of patients who would benefit.”





# Patient outcomes

- Reduction in symptoms of depression
- Improved function and quality of life
- High patient satisfaction
- *“It made me feel as though my condition has been recognised and ‘worthy’ of help. Being with other people makes you realise that you are not alone and that what I have to cope with in daily life is tangible and real and not in imagination!”*
- *“I have found that having two professionals in their areas running the sessions and putting things across in a way that they have has enabled me to look at and address (try) things in a different way.”*



# What next?

- Further investment in current service
- Paediatric pathways development
- Further development with:
  - Neighbouring health economies
  - Integrated care communities
- Meets the pressure for:
  - Working differently and developing new models and pathways
  - Improving patients quality of life and outcomes
  - Financial recovery



- Demand significantly higher, incl opt in:
  - Need to maintain access and quality
- Training others making this accessible:
  - Challenges when staff are under pressure to take time out
  - Using very flexible and innovative approaches
    - Video roles plays freely accessible
  - Evidence base to encourage attendance

