Integrated care for the acute hospital: The Oxford story

Michael Sharpe
The development of a separate psychiatry
And still separate today
Care of body and mind are separated
Can care of body and mind be (re)integrated
Potential reasons to integrate

• Real ‘parity of esteem’ for patients’ physical & mental needs

• Better outcomes – QOL and perhaps also survival

• Lower medical costs

• Less staff frustration
But there are challenges in integrating

- We start with separate organisations
  - Different aims
  - Different systems
  - Different cultures

- So we need to make big changes
  - ‘Liaison’ is not integration
  - ‘Co-location’ is not integration
  - Therefore we must challenge the status quo
Integrated Psychological Medicine in a large Acute Trust

The Oxford Experience
Integrating: Facilitators and Challenges

• Facilitators
  – Physician demand for help
  – Very limited existing psychiatry service
  – Trust management support for change

• Challenges
  – Needed to find money in the Acute Trust budget
  – Recruit and train staff in a new way of working
  – Manage concerns of other traditional providers
What it looks like so far..

- A large teaching hospital Acute Trust and medical school with local and specialist services

- Currently 10 consultant psychiatrists and 30 psychologists employed by the Trust

- They work as full members of the clinical teams
The benefits in practice

- Very high physician and surgeon ratings of psychological care
- Reduced length of stay - probably
- Increasing contribution to teaching and training
- A voice on the Trust Board
- Trust team of the year 2014
Using collaborative care to delivery integrated outpatient care for cancer patients:

A new Oxford initiative
The challenge

- More than 5000 new patients per year
- 10% have major depression
- Evidence that usual care is ineffective
A solution

- **Integrated systematic** depression care for people with cancer (DCPC)

- Patients **screened** for depression

- Depression care delivered by trained **cancer nurses**

- Working as a **team with psychiatrist supervision**
The current cancer team

- Oncologist
- GP
- Cancer Nurses
The new cancer team – the DCPC system

- Oncologist
- Psychiatrist
- GP
- Trained Cancer Nurses
- System and IT
Research evidence for DCPC

Sharpe et al Lancet 2014
Ongoing Implementation: Facilitators and Challenges

• Facilitators
  • Requirements for better care
  • Clinician and management support
  • Solid research evidence

• Challenges
  • Needed to convince all cancer clinicians
  • Get money from the cancer budget
  • Recruit and train staff in new working
  • Setting up the IT systems .....
Next steps for Oxford Psychological Medicine

• Expand Psychological Medicine to cover all medical services

• Increase capacity using a training and supervision model

• Research new way of integration e.g. proactive psychiatry

• Develop teaching of students and all staff

• Establish an Oxford Centre for Integrated Psychological Medicine
Care of body and mind can be (re)integrated
Conclusions

• There is a strong case for integrating physical and mental care

• ‘Co-location’ and ‘liaison’ are not integration

• Two examples of integration in Oxford

• Integration needs facilitation and is challenging

• There is more to be done....................
Thank you

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