

Integration in Primary care the Tavistock model.

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**Joining up physical and mental health care
King's Fund March 8th 2016**

Overview

- Service model-City and Hackney since 2009, Camden since 2015
- Team
- Our approach
- What we offer
- Evaluation
- Focus on supporting medical colleagues

Dr Rhiannon England City & Hackney GP



- “What we wanted was a service which had very flexible referral criteria - based in surgeries, for GP referral only - and who could both see patients and consult to GPs about patient management”
- “We knew the service would have to be comprised of very experienced clinicians - as we also knew that the patients we were “holding” were often highly *complex* patients.”



“The seriousness and complexity of cases seen in primary care can certainly rival that seen in any secondary or tertiary care institution. Indeed, there is an “inverse care” law at work here, which means that GPs, practice nurses, and health visitors often have to manage by themselves with the most intractable and complex cases because an onward referral is not practical or acceptable to these patients.”

Dr John Launer, GP & Systemic Psychotherapist
(2005) Reflecting on reality: Psychotherapists at work in primary care

2009

- The Tavistock and Portman NHS Foundation Trust won the tender to provide this new service in City and Hackney-and have been running it, and growing ever since.
- Based in primary Care settings, working alongside GPs and practice colleagues.
- Pragmatic, collaborative & reflective.

What we offer



To GPs:

- **Professional consultation** to GP and other primary care staff
- **Case based discussions** with GPs and other practice staff
- **Joint consultations** with GPs and patients
- **Tailored training** to GPs and other practice staff
- **Liaison** with other services and agencies
- **Signposting** to other appropriate services

To patients:

- **Assessment** (1 or more sessions) identifying on-going care plan
- **Extended consultation** (typically offered over 4 - 6 sessions working on a specific issue identified during assessment)
- **Brief psychological treatment**, one-to-one (6-16 week, evidence-based psychological therapies, incl. cognitive behavioural, dynamic interpersonal, and mentalization-based therapies)
- **Group psychological treatment** (Brief, structured psycho-educational, therapeutic groups; physical symptom groups; and mentalization-based therapy groups)
- **Case Management** (Face to Face / Telephone / Service Liaison)
- **Family therapy and couple therapy**

Our patients: 1

49%

of patients
have '**medically
unexplained
symptoms**' (MUS)

52%

of patients have
received **two
or more previous
treatments**

51%

of patients have
features of or a
diagnosis of
personality disorder

45%

of patients
are
**frequent
attenders**

8%

have **severe
and enduring
mental health
problems**

What we offer



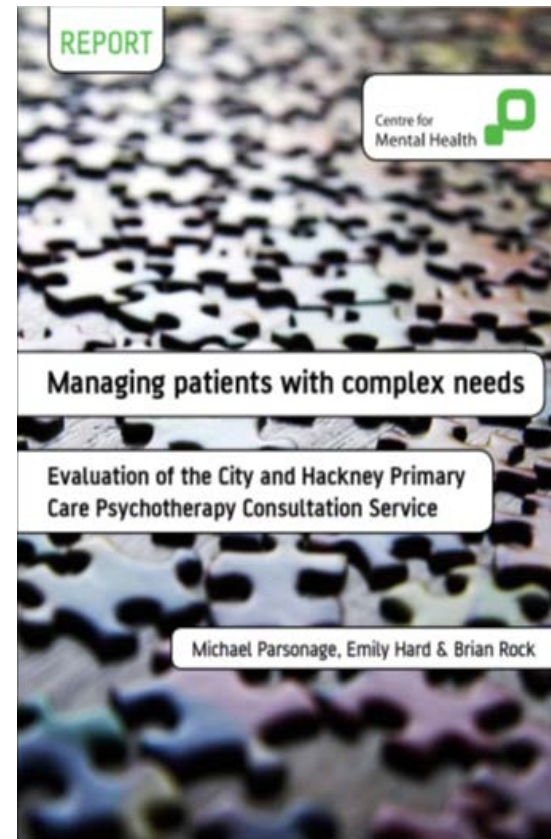
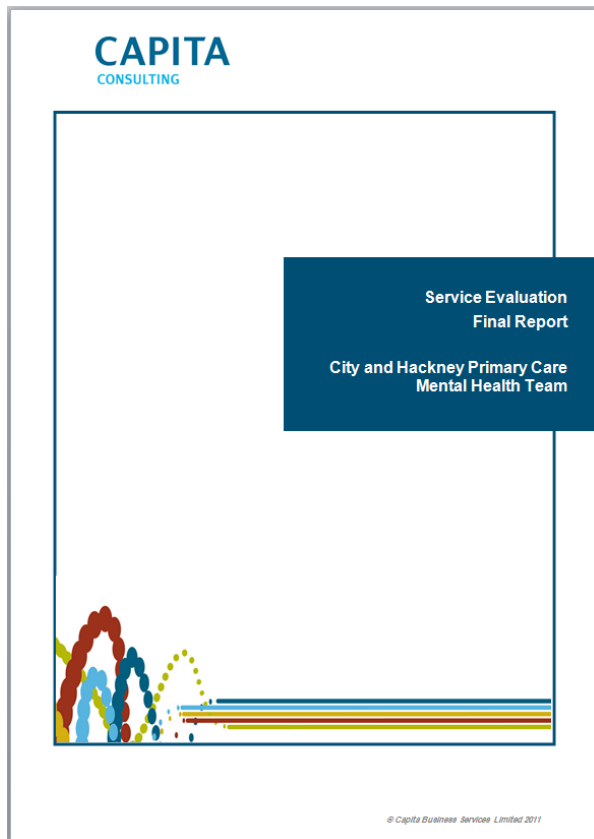
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External evaluations Capita (2011) & CMH (2014)



Capita report (2011)

- “GPs found the level of skill, professionalism and responsiveness of the service as being significantly superior to other service providers”
- “There was a genuine sense of pride in this service and many felt that GPs they had spoken to in other parts of London were very envious of the service they had”

Centre for Mental Health report (2014)

- 75% of all patients show improvements in their mental health, wellbeing and functioning as a result of treatment.
- In addition, c. 55% are shown as having “recovered”.
- These improvements compare favourably with those achieved by IAPT services, even though the latter typically treat less severe and complex cases.

Savings

- The treatment by the PCPCS reduced the costs of NHS service use by £463 per patient in the 22 months following the start of treatment.
- Savings in primary care accounted for **34%** of this total (mainly fewer GP consultations) and savings in secondary care for **66%** (fewer A&E and outpatient attendances and inpatient stays).

“Good Value for Money”

- A typical course of treatment by the PCPCS lasts for 12 or 13 sessions, at an estimated average cost of £1,348 per patient. The subsequent savings from reduced health service use are equivalent to about a third of this cost: a significant offset.
- **Cost effectiveness**
 - Based on the cost-effectiveness framework used by NICE, it is estimated that treatment by the PCPCS has a cost per QALY (quality-adjusted life-year) of around £10,900. This is well below the NICE threshold range of £20,000 - £30,000, indicating that the service is **good value for money**

GP comments in CMH document

- “It feels genuinely collaborative, the most rewarding relationship in 25yrs of practice”.
- “I really got a lot of benefit from the joint consultation.”
- “Excellent clinicians and very straight forward; I wish the waiting list could always be shorter. I think this is because there are problems with the quality of the alternate service - primary care psychology IAPT.”
- “It is very helpful to speak to therapist personally to see whether a referral is appropriate. It is usually easy to get hold of the therapist.”

Propagating the model

- Awards (RCPsych Team of the Year award 2013)
- (BMJ Mental Health Team of the year award 2015)
- E-learning modules
- Publications
- Presentations



We haven't stood still...

- Our model and approach has been built on flexibility, adaptability in the face of changing needs and context





We haven't stood still...

1. Photography Group- TAP & Pcpcs.
2. Care Planning component to the service. – One Hackney.
3. Work with frequent A and E attenders at local Acute trust- Pcpcs
4. Consultations to other providers
5. Social prescribing element-TAP



Team Around The Practice: A model for GPs in Camden (2015)



Social Prescribing Partnership with Mind in Camden

Link Workers

Over 100 VSO's

Embedded in most GP practices.

“It makes obvious sense.”

March 2016. Nick Clegg MP – “Last week I visited a team of clinicians at the Tavistock and Portman mental health trust at St Leonard’s hospital in Hackney. It does something that makes obvious sense: it places mental health specialists in GP surgeries around the borough.”

What are the ingredients?

- A meeting of clinical minds. Commit to time together as investment rather than a demand.
- Curiosity over cure – careful thought before action.
- A mutual investment fund, the relationship is a powerful medicine.
- Consider the function of prescribing or investigating (again) as potentially defensive. Tough job!
- Psychological therapists, Psychiatrists and MH specialists checking physical healthcare of SMI patients.
- Complex case consultation group.
- Parity of resources, time and appreciation of the physical, developmental and relational impact of poor mental health.

Early signs and identification.

- Adhesive attachment to GP and or practice. Seeks concrete explanation, hard to talk about complexity.
- Trauma history- commonly child maltreatment, CSA and neglect in earlier life.
- Complex bio-psycho-social experiences & trauma are hard to articulate & easily mistaken for bodily symptoms or signs of disease needing 'cure'.
- Anxieties often hidden behind manifest aggression, emotional instability and pressure for cure.
- GP experience of emotional and possibly intellectual dissonance relative to manifest presentation.

Dave 52yrs

- Early phx, sexual and emotional abuse.
- Violence from parents and sexual violence by sisters. Humiliation & shame.
- Fought for his life and money.
- Friends are homeless.
- So calledParanoid schizophrenia. PPD
- ‘Health anxieties?’
- GP & Therapist helpful combo!

More Dave.....

- Now believes he has MND after a series of other fictitious/psychotic/delusional but mentally very REAL imagined illnesses and disease symptoms.
- Wants to kill self if not taken seriously.
- Potential cash cow for private physicians.
- ££££ 7 human savings for modest investment.

Thank you!

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- [http://www.centreformentalhealth.org.uk/
complex-needs-report](http://www.centreformentalhealth.org.uk/complex-needs-report)