

Clinical Senate

Primary care practice based mental health teams

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National Context

Five Year Forward View

- Health & Wellbeing Gap
- Care & Quality Gap
- Funding & Efficiency Gap

THIS IS CREATED BY:



OUR
POPULATION GETTING BIGGER

2 MILLION
MORE PEOPLE IN
FIVE YEARS



OUR
POPULATION GETTING OLDER

1.2 MILLION
MORE PEOPLE OVER
70 IN 2020

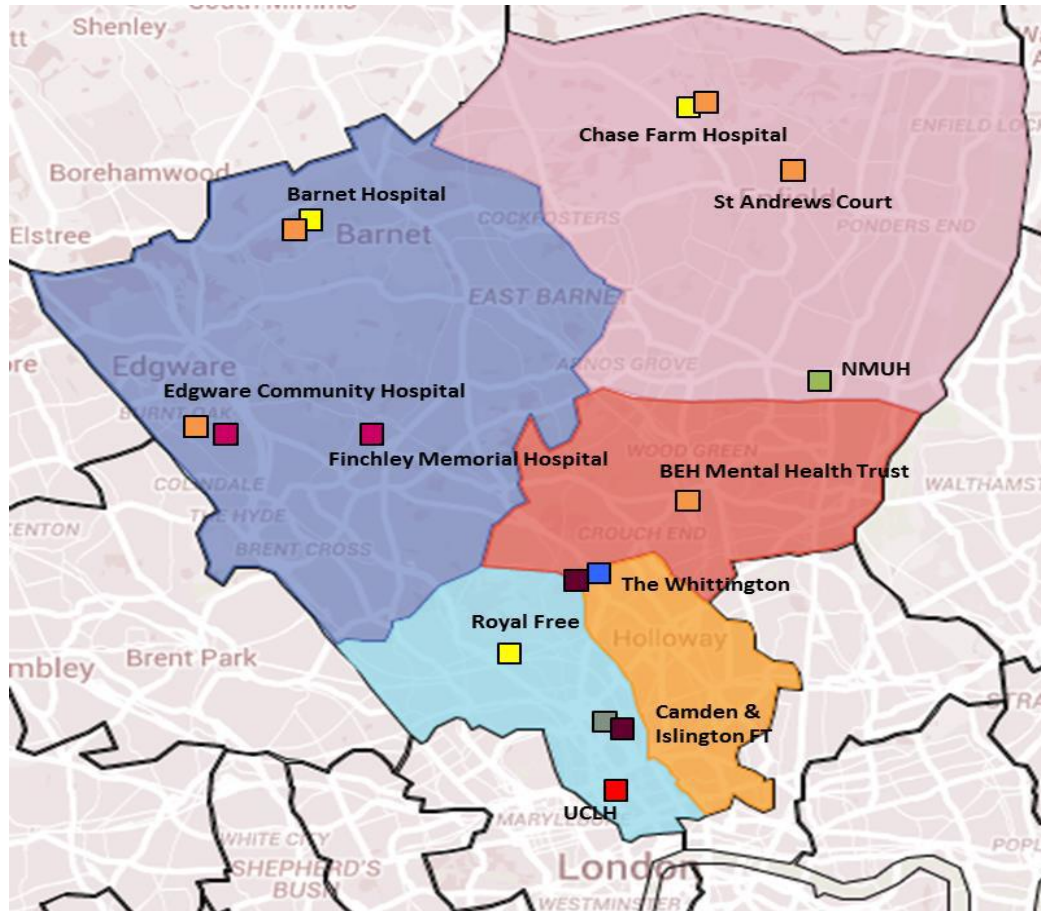


15 MILLION
PEOPLE WITH ONE OR MORE
LONG-TERM CONDITIONS IN 2015
18 MILLION
PEOPLE IN 2025

IF WE DO NOTHING, THE NHS BECOMES

**£30 BILLION A YEAR MORE
EXPENSIVE TO DELIVER**

NCL



Local Context

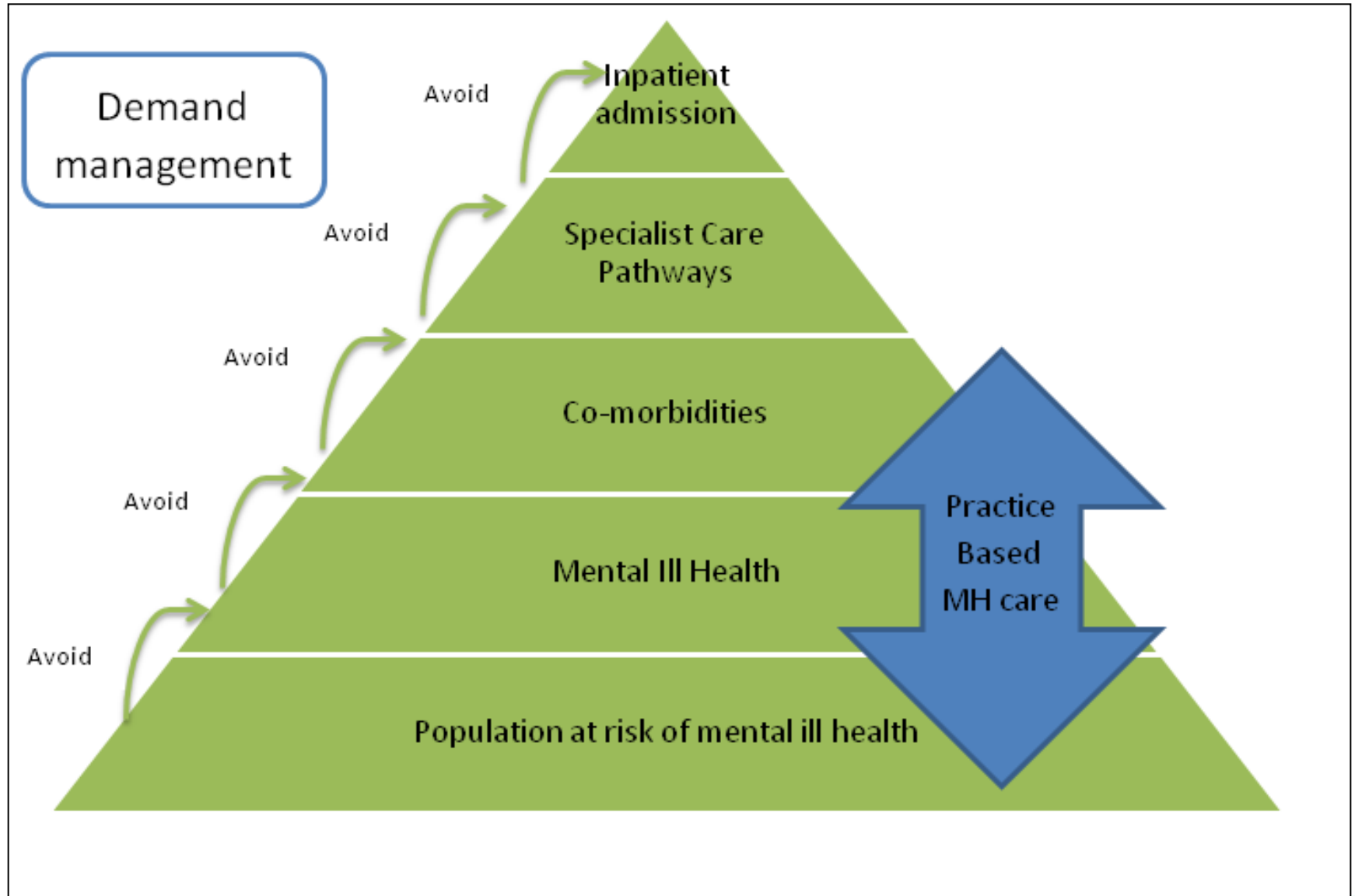
• C&I clinical strategy



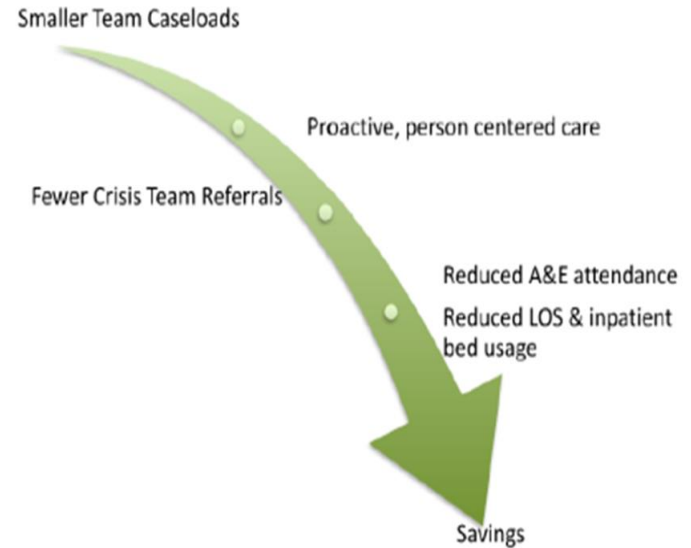
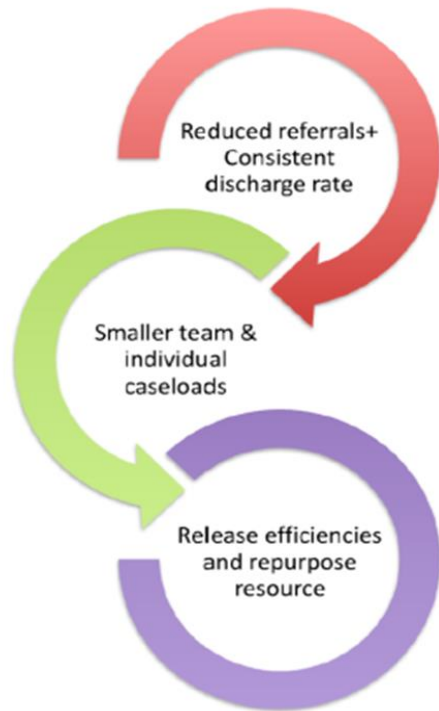
Pilots

- Small scale
- Limited number of GP practices
- 4 Boroughs
 - -Islington
 - -Camden
 - -Barnet
 - -Kingston
- Tried and tested model with same excellent results

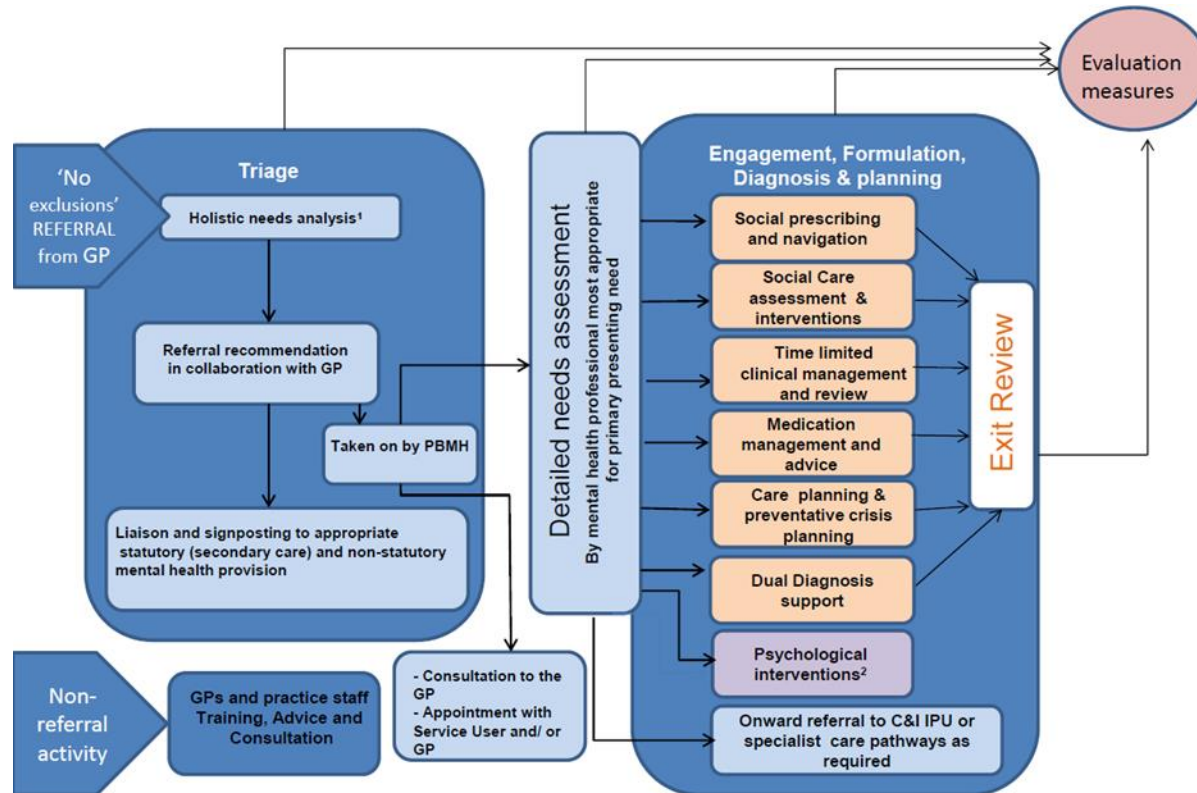
Why Practice Based Mental Health?



Plan A – Primary Care Mental Health



PBMH Model



1 Triage meeting attended by Consultant Psychiatrist, PICT psychologist and team manager of PCMH

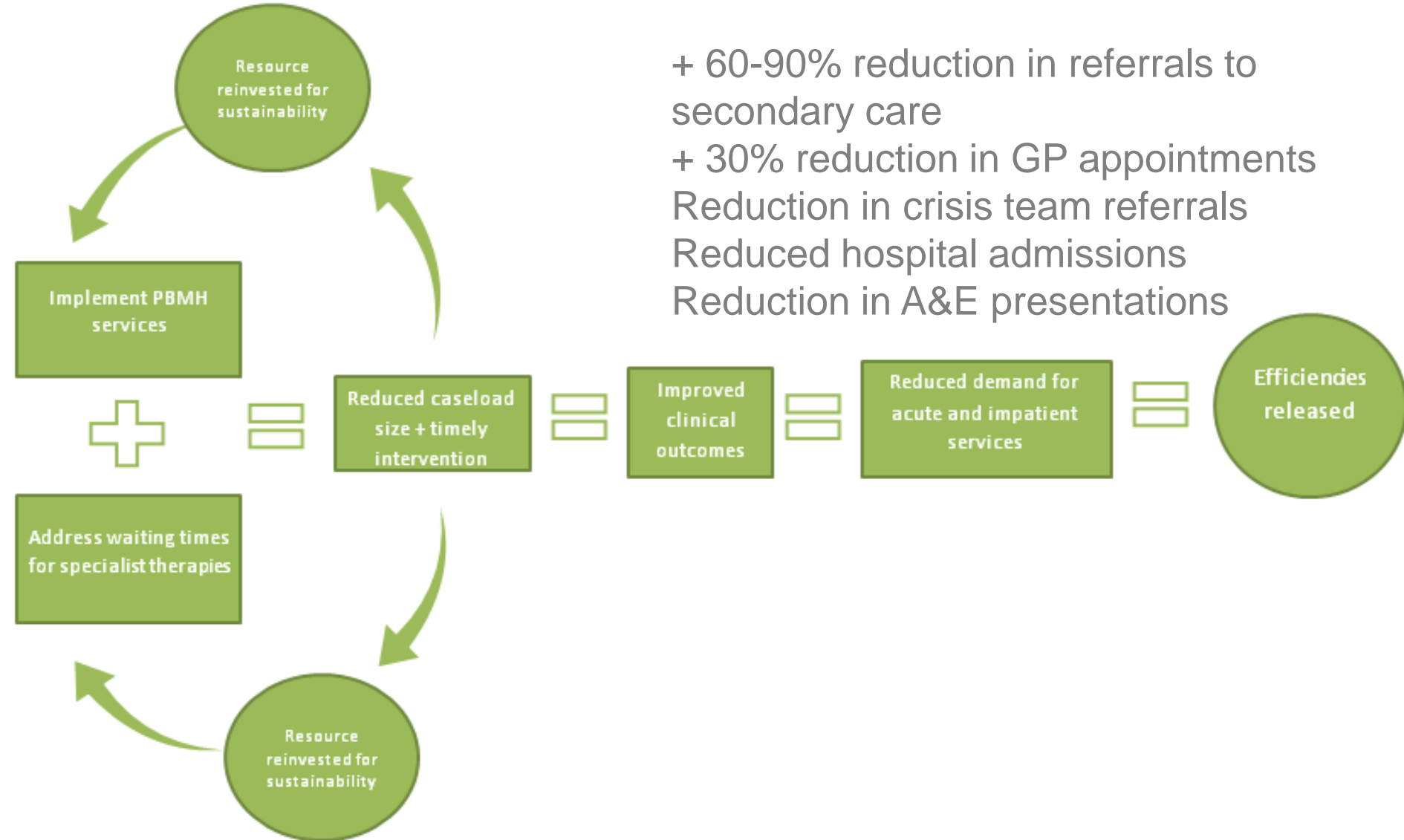
2 Not provided by PBMH- onward referral to TAP/ICope

Keys to success

- Start small
- Coalition of the willing
- Take time to engage all stakeholders
- Focus on quality improvement
- Patient and GP centred approach
- Integration: Collaboration: Flexibility:
- Colocate if possible
- All hinges on relationship development!

Why Practice Based Mental Health?

- + 60-90% reduction in referrals to secondary care
- + 30% reduction in GP appointments
- Reduction in crisis team referrals
- Reduced hospital admissions
- Reduction in A&E presentations



Where have we got to?

- 2 year contract (2017-19) agreed with Islington CCG
- Camden TBC
- Kingston TBC
- Barnet 2 yr pilot completed

Results

53% reduction in hospital days

46% reduction in A&E presentations

+60-90% GP referrals managed in primary care setting without need for secondary care referral

+95% service users rate excellent/v good

+95% GP satisfaction ratings excellent/v good

Questions?