

Clinical Commissioning for Mental Health

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What I'm going to talk about

- The role of primary care in mental health
- Specialist and Commissioning Perspective
- The role of the Joint Commissioning Panel for Mental Health (JCP-MH)
- An example from clinical practice

General Practice

- 280 million consultations annually
- 30% have a mental health component
- 90% of all mental health problems are managed entirely in primary care
- 30% of people with severe mental health problems are managed entirely in primary care



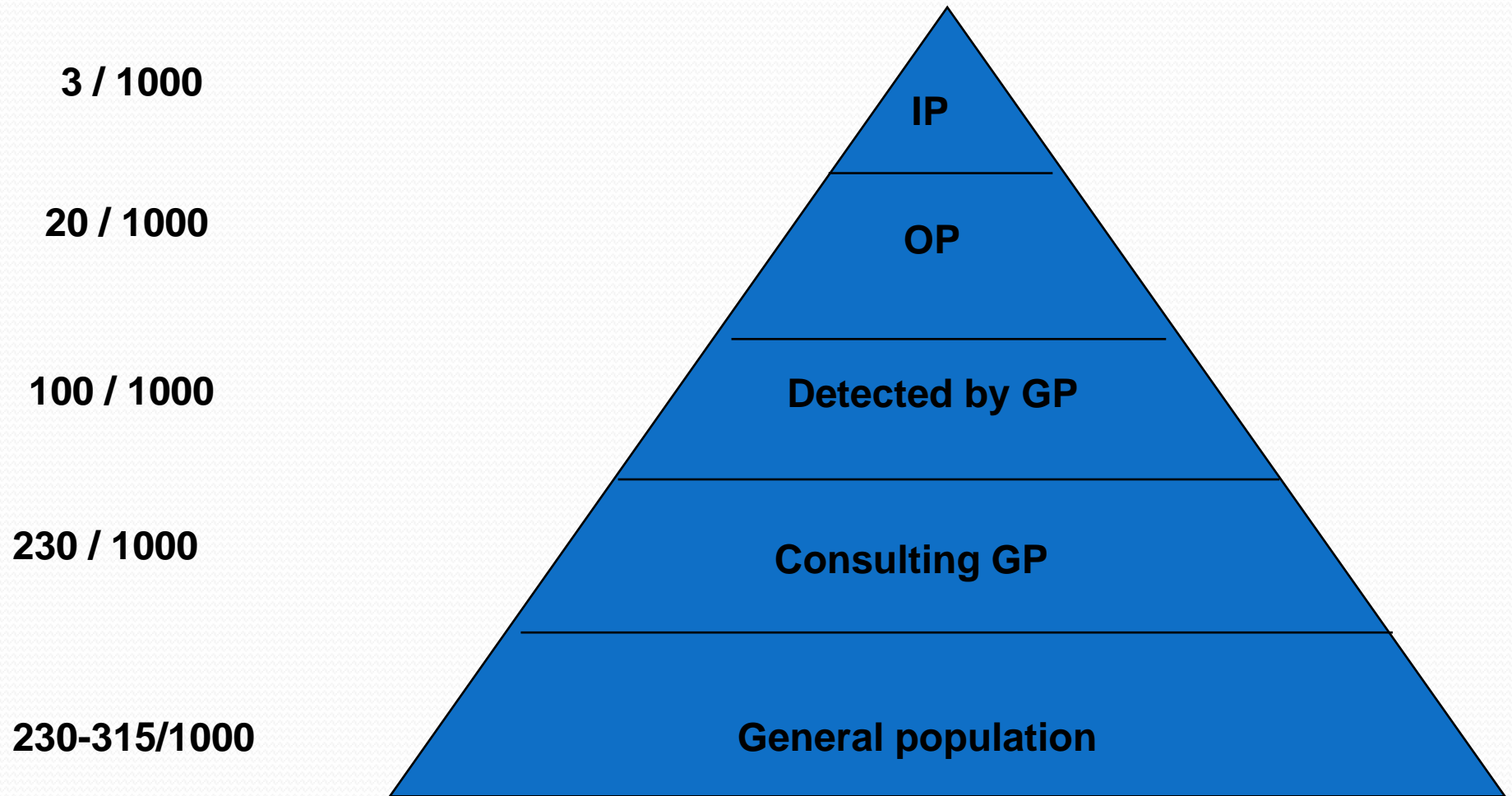
What's so special about primary care?

- Specialists in generalism
- The provision of **patient centred** rather than disease centred care- the ability to oscillate our gaze
- Coordinated care
- Accessible services
- Biopsychosocial approach
- A focus on **health promotion and disease prevention** as well as curing and caring for established health problems
- **Continuity of care** at the level of the person and a longitudinal relationship between patients and their health providers

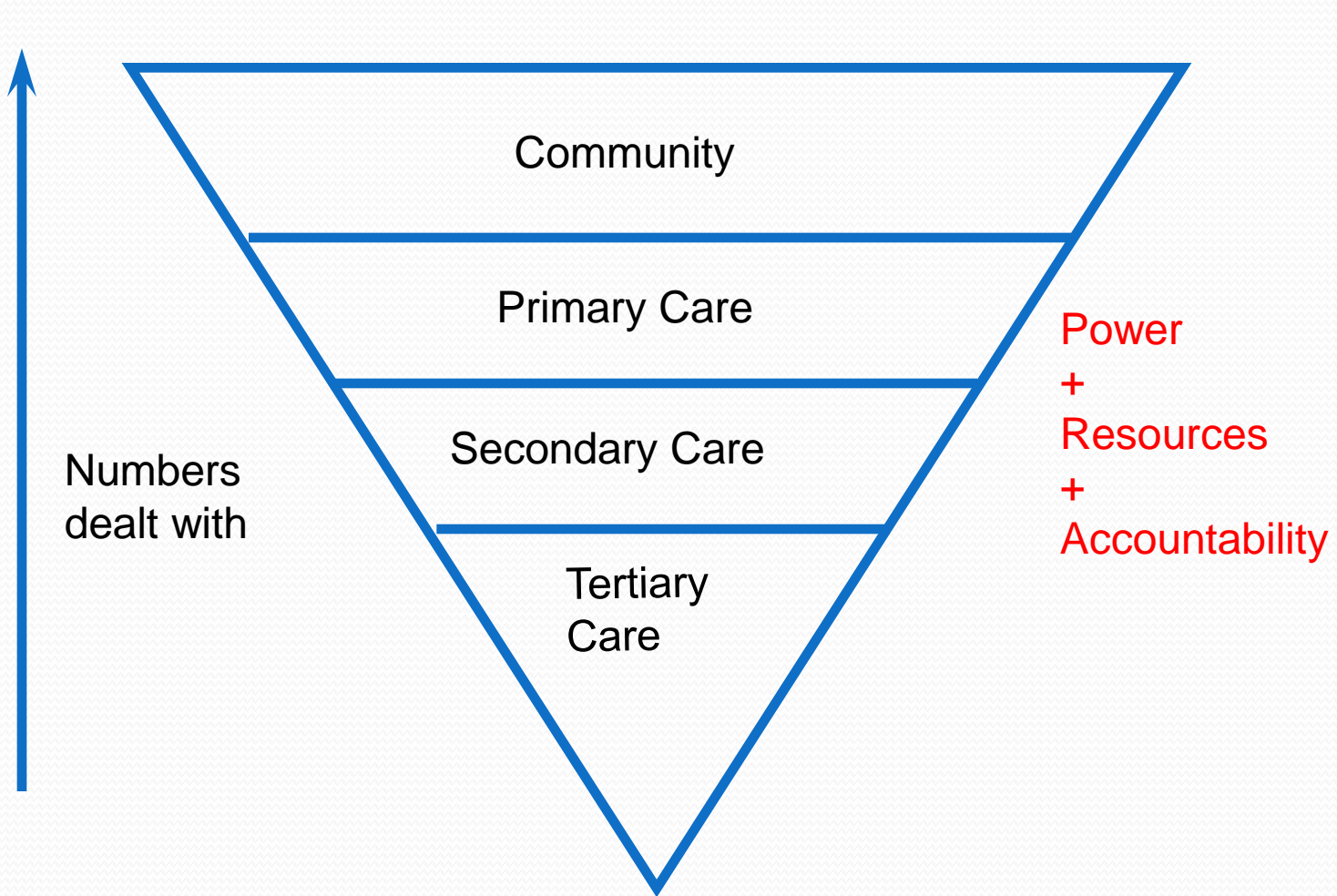
Why treat people with mental health problems in primary care?

- Easier to access
- Cheaper
- Less stigma
- Patients prefer the setting
- GPs know the whole person

So where are people with mental health problems seen at the moment?



Inverting the Triangle



What do we know about the current system from a primary care perspective?

- Significant expenditure on mental health
- Too many referrals across a sluggish interface
- Variable access to variable care
- Poor continuity of care
- Poor physical health outcomes
- Variable service user and care feedback

History from a Specialist and Commissioning Perspective

- Inconsistency of commissioning for mental health across PCTs
- Variable calibration of expertise between demand and supply side
- Over-reliance on block contracts
- Minority of contracts aligned to a diagnosis or care pathway

History (2)

- Plurality of contracts without robust cycles of management
- Variable service provision (some of which is “out of area”)
- Outcomes poorly visible
- Paucity of investment in promotion and prevention
- Lack of integration between tiers and agencies

Governance

- National Mental Health Development Unit (NMHDU)
- World Class Commissioning Programme
- Capacity building across PCTs
- Independent reviews of commissioning activity
- Footprints and traction
- QIPP (Acute MH Pathway, OoAPs, Physical/Mental Health Interface)
- CQIN Schemes

Landscape

- Next Stage Review (2008)
- Liberating the NHS (2010)
- Healthy Lives Healthy People (2010)
- No Health without Mental Health (2011)
- GP –based care and clinical commissioning
- Right Care, Programme Budgeting and Marginal Analysis
- Prime Contractor and Accountable Care Organisations

Joint Commissioning Panel for Mental Health

- RCPsych and RCGP CfC (MoU)
- NMH DU (pre 4/11)
- NHS Confederation
- MHPF
- ADASS
- DH
- RCN
- BPS
- MIND, Rethink, NSUN/NIP, PPI

Deliverables

- Commissioning Framework for GPCs and LAs in 3 Volumes (Landscape, Service Descriptors, How-To Guidance)
- Commissioning Framework for Public Mental Health
- Description of PbR and Programme Budgeting (for wider audience)
- Inter-linkage with intermediate tier activity
- Description and enactment of “Values-based Commissioning”

Progress to Date

- Co-Chaired by ND and HL (RCGP Lead for MH)
- Supported by KM (Director of Delivery)
- Vol 1 of Commissioning Framework completed and published
- Descriptors for PMHC, Liaison, Dementia, LDs and CAMHS/Transitions drafted

Progress to Date

- Participation in national debate re future of MH commissioning
- Interface with DH Commissioning Directorate and Right Care
- Advising on aspects of MH Commissioning for NHS Board
- Inter-linkage with Regional Activity eg West Midlands MH Commissioning Modelling Group (evaluating VbC) and East of England Pilot of GP Commissioning

How will this make a difference?

- J (young woman aged 30) who presented not sleeping for a month- and now not at all for 3 days
- No PMH of note
- Grandma “spent months in XXXX in the 70s”
- Resigned her job suddenly 5 months ago
- Took her family to a very expensive spa for a week in January
- Looked unwell

Today's response

- Spoke to a secretary (took 4 phone calls)
- Offered an appointment in 2 weeks
- Seen once a week later by a consultant and told that due to NHS cuts she couldn't have psychological therapy and the drugs had terrible side effects
- Discharged back to me with no follow up plan or further advice
- Patient angry, confused and ready to disengage

Commissioning principles


1. Joined up
2. Timely
3. Methodical
4. Appropriate
5. Personalised and service user focused
6. Inclusive
7. Involve the third sector
8. Preventative
9. Recovery focused
10. Outcome focused

Tomorrow's response

- Primary Care Mental Health Services that include
 - Collaborative models of care
 - Care co-ordinators
 - Social prescribing e.g. third sector
 - Service user experts
- CMHTs based in a primary care setting

What would have happened to J?

- Ability to speak to the psychiatrist in the first place- CMHT based in primary care
- Quick access
- More information sharing all round
- A shared follow up plan through collaborative care but in a primary care setting
- Third sector support and information e.g. around debt
- Service user group to talk about drug options
- Information about recovery



Thank you very much for
listening