Airedale, Wharfedale and Craven Clinical Commissioning Group

Developing a Bio-Psycho-Social Care Model within Primary Care

Dr Brendan Kennedy

NHS
Airedale, Wharfedale and Craven
Clinical Commissioning Group

Table 2: The burden of disease (UK)

	% of morbidity due to each condition	% of overall burden of disease (including premature death) due to each condition
Mental illness[10]	38	23
Cardiovascular diseases	6	16
Cancer	3	16
Respiratory diseases	11	8
Sense organ diseases	13	7
Digestive diseases	4	5
Musculoskeletal diseases	7	4
Accidents	3	4
Diabetes	2	2
Other	13	15
TOTAL	**100**	**100**

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Figure 2: Rates of Morbidity in each age group (Equivalent life-years per 100 people)

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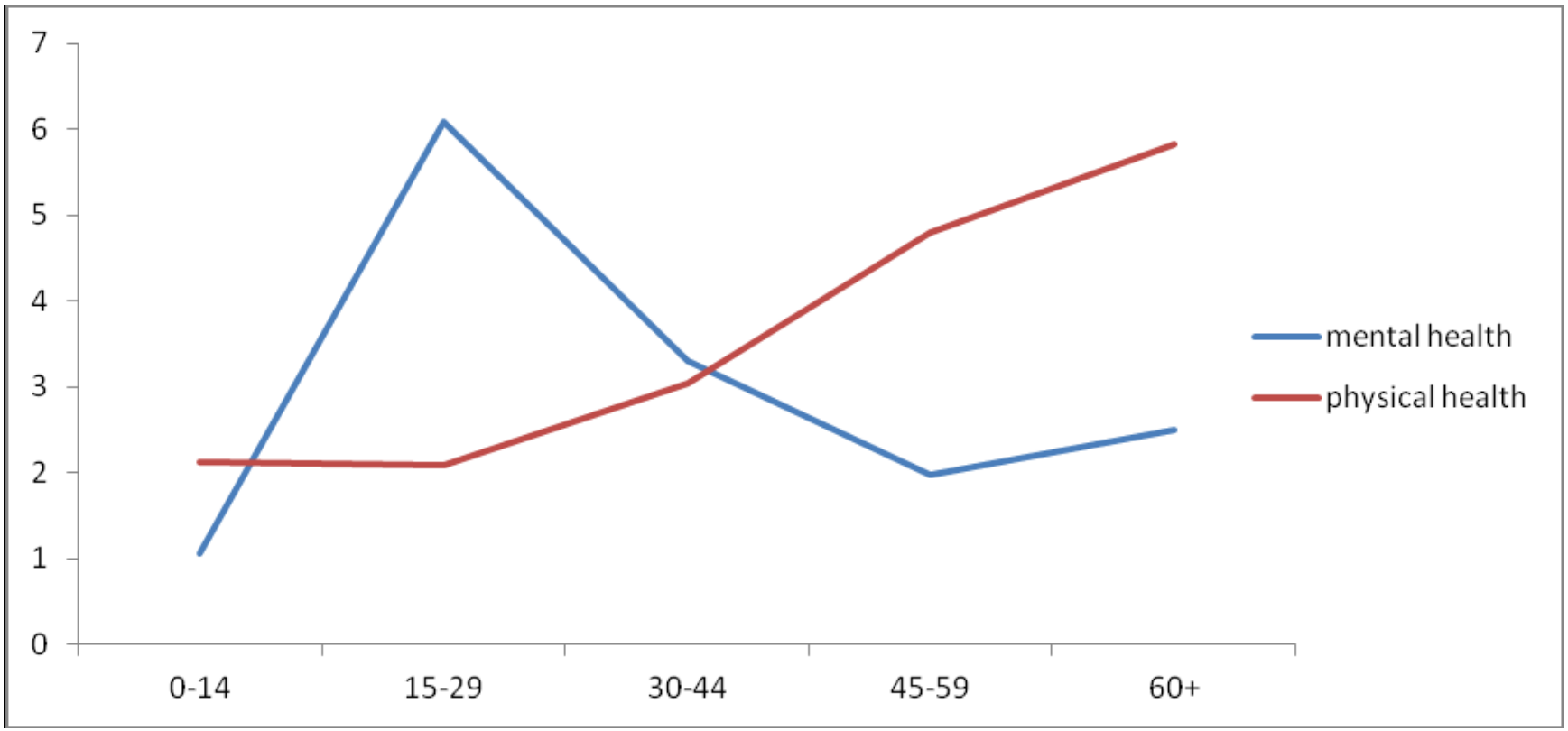

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Figure 1 The overlap between long-term conditions and mental health problems

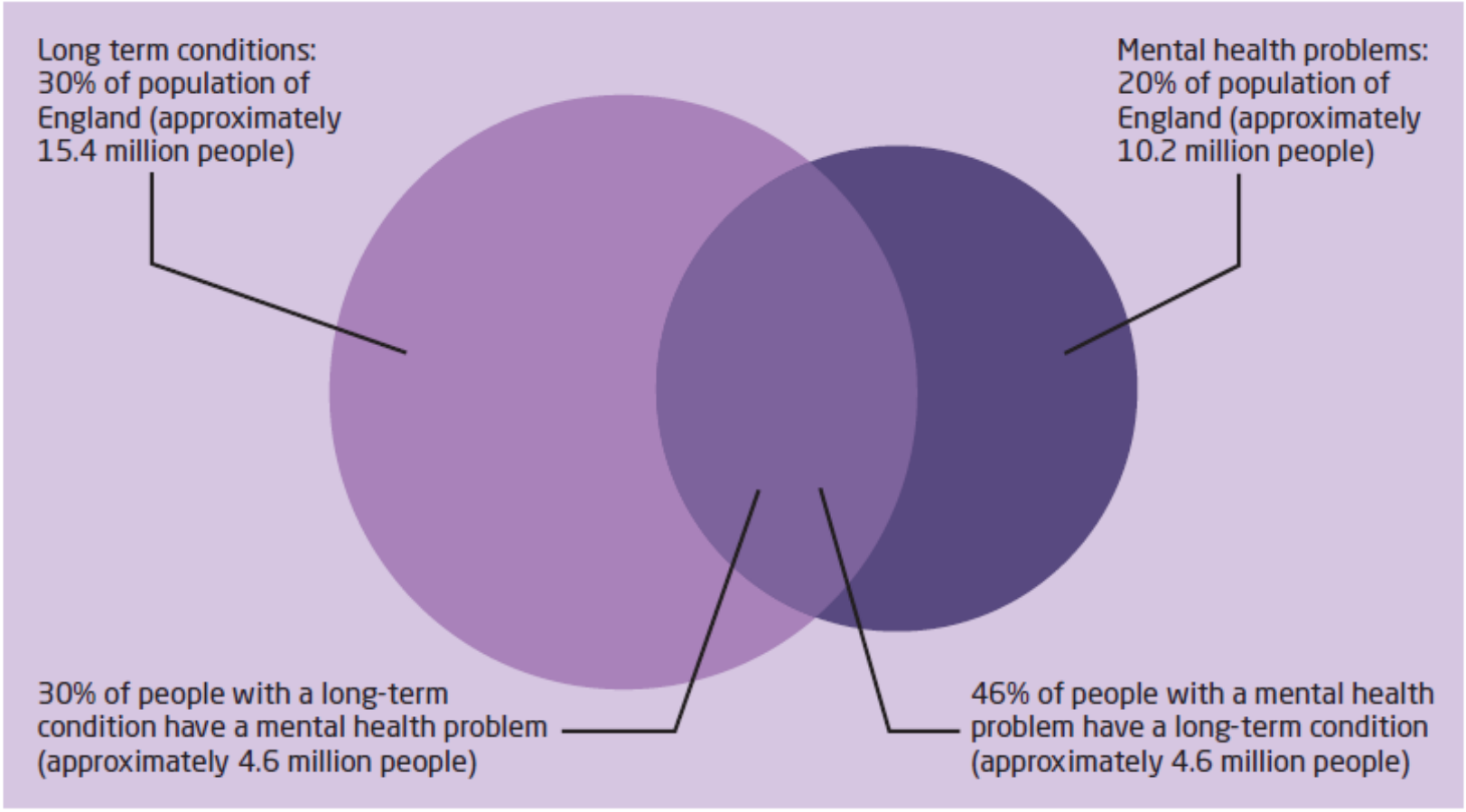

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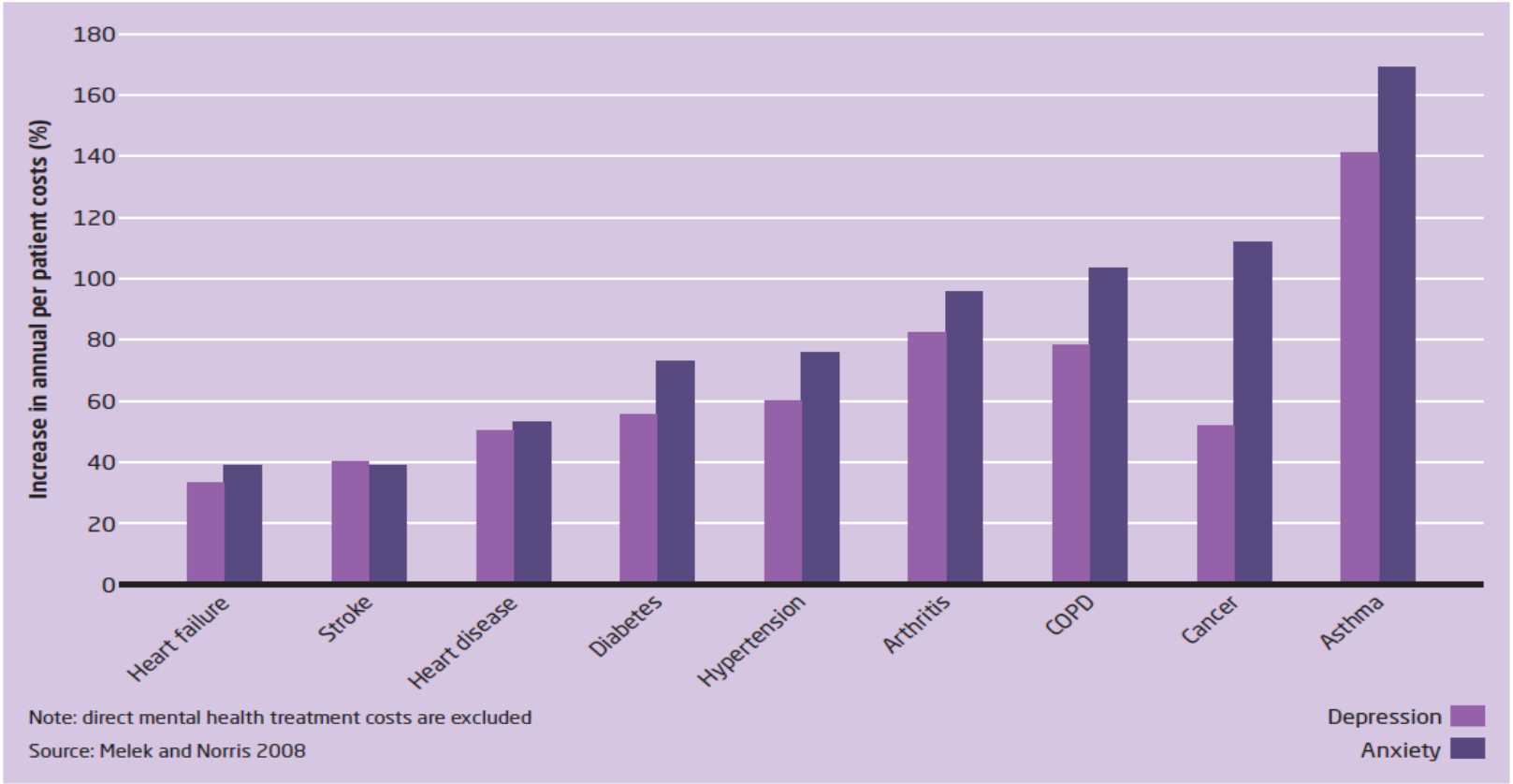
Figure 3 Proportionate increase in per patient medical costs associated with depression and anxiety relative to people without a mental health problem (based on US claims data for more than 9 million people, Melek and Norris 2008)



Note: direct mental health treatment costs are excluded

Source: Melek and Norris 2008

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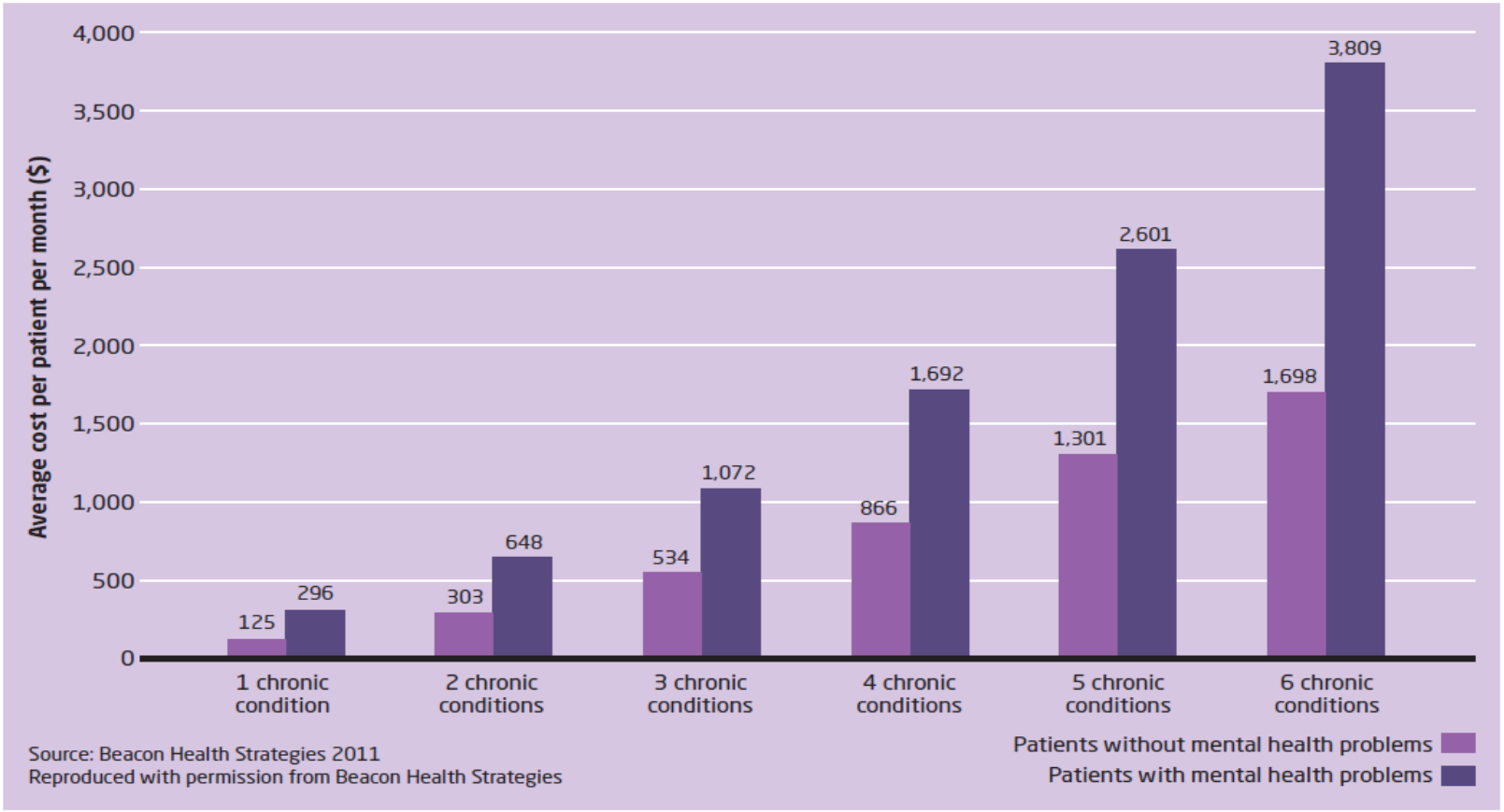
Figure 5 Monthly costs per patient with and without mental health problems (based on client claims data from Beacon Health Strategies, prior to Beacon engagement)



Source: Beacon Health Strategies 2011
Reproduced with permission from Beacon Health Strategies

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- Original proposal to embed specialist evidence based therapies (based on the Improving Access to Psychological Therapies (IAPT) programme) into a local multidisciplinary approach to LTC disease management.

- Proposed use of the risk stratification tool in primary care to support practices to identify which patients are at greatest risk of going into hospital and, together with clinical knowledge and good multi-disciplinary working, enables services to support patient's better at home.

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- Identified at risk patients would be offered range of evidence based therapies in a non-stigmatising programme based in primary care.

- Focus on wellbeing, with success defined in terms of meeting a person's self-defined emotional and social needs as well as in terms of clinical symptoms and definitions.

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- Review of patients with 3 or more LTCs in 3 different practices
- Patients found from disease registers
- Assessment undertaken by Counsellor, Medical Student and a CPN.
- Use of PHQ 9, GAD 7, 6CIT, questionnaire and discussion – perception of current health and wellbeing and current needs.

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- Results
- 100 Patients assessed
- 1/3rd declined to be seen
- 10% (6) may be suitable for intervention
- All declined any offer of help

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- Questionnaire
- Good service within surgery
- Appointments always available
- Receives all help asked for
- Good family support available in all cases
- All state manage & accept medical conditions
- One patient would appreciate more information on benefits

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- Output
- Decision not to proceed with project as patient selection and recruitment did not fit with evidence base
- Move to evaluate a wellbeing approach to frequent attenders and medical unexplained symptoms within a primary care setting

Primary Care Wellbeing Service

- We did not specify at the outset what the model should look like or what treatments should be offered.
- It was made clear that we were aiming to alter the medical model.
- Team comprised GP, Psychologist, Psychiatrist, OT, Physio.
- We wanted to try alternative offers of care and encouraged the team to be as creative as possible. The patients in the pilot had clearly had years of medical consultations, investigations and medications which had not altered their behaviour and many had spent significant amounts of time with our local CMHT with no improvement.

Primary Care Wellbeing Service

- An initial external academic study has showed the model has been working successfully.
- At that time we could clearly demonstrate a change in clinical behaviour in the patients. This was measured with reduced primary and secondary care attendance including visits to the A+E Department.
- Proposed high cost residential stays and operations were avoided in certain patients as well as a lengthy custodial sentence. It has also been recognised by colleagues in secondary care who have managed these patients unsuccessfully for a numbers of years. It was envisaged that we would grow the successful model in both the number of patients seen and the number of practices it is offered in. There would also be an opportunity to take the learning from the project into secondary settings to assist in outpatient departments.

Findings

- Most patients had significant adverse childhood experiences – mainly sexual abuse
- Undiagnosed autism
- Significant presentation of Chronic Pain
- Won National award from Positive Practice in Mental health – best integration in primary and secondary care
- https://www.facebook.com/HelpforHeroesOfficial/videos/2242328589117838/