DacCom PBC and Hertfordshire Partnership Foundation Trust

Primary Mental Health Service Redesign Group Meeting

Held on Thursday 20 December from 10am to 12noon
In Room TDS4, St Paul's, Slippers Hill, Hemel Hempstead HP2 5XY

Notes

Those present

Ian Scammell	HPFT	ian.scammell@hertspartsft.nhs.uk
Judith Watt	HPFT	judith.watt@hertspartsft.nhs.uk
Rob Asplin	HPFT	rob.asplin@hertspartsft.nhs.uk
Steve Malusky	HPFT	steve.malusky@hertspartsft.nhs.uk
Lyn Eng	HPFT	lyn.eng@hertspartsft.nhs.uk
Dr Michael Drake	GP	janedrake2@btopenworld.com
Dr Bernie Tipple	GP	bernie.tipple@nhs.net
Suzanne Novak	PCT	suzanne.novak@herts-pcts.nhs.uk
Dr Mary McMinn	DacCom	mary.mcminn@nhs.net

Agree who is chairing the meeting
Dr Bernie Tipple kindly agreed to chair the meeting.

Administration
Mary will circulate the agenda, note the action points and who is the best person to carry these out, and liaise with Bernie.

The background to the initiative
The proposed service redesign is a Trust objective. There is a template agreement between the JCT (Joint Commissioning Team) and HPFT. Because this service has been set up in other areas, the Trust did not want Dacorum to lag behind. There are national drivers and initiatives. Hertfordshire is part of these. There have been pilots in St Albans, Watford and Letchworth, and another has been set up through PBC in Stevenage. Because of these 4 pilots, Hertfordshire has been designated a pathfinder site. It won a national bid. There is a local agreement commissioned by the JCT for adults of working age. There is a core service specification which results in an enhanced primary mental health service. There will be a transfer of secondary care resources into primary care.

How is this service different for patients? It will provide services for steps 2 and 3 of the NICE guidelines (mild to moderately severe mental illness). A Primary Mental Healthcare Worker (graduate) will be given low level psychological training and will see patients in primary care. S/he will be supported by link workers experienced in delivering therapies. Psychologists will support both these people. The St Albans pilot employed a full-time psychologist who was based in primary care (this was different from the other

models). There will also be an integrated social worker, which contributes to joint working. The contribution from the consultant psychiatrist is to provide ready access and support to GPs, and support to other members of the team. Signposting of referrals will occur. The GP makes the referral. The patient is contacted within 3 days, and engaged in the service within 10 days. It is known that some patients are not at present receiving a service. The new service will result in faster and readier access. Dr Drake emphasised the support received from counsellors.

Dacorum already has a link worker, since last year. This worker is outside the pilot schemes. She works from Tring and has recently extended her services to Berkhamsted. She acts as a resource to GP surgeries, does assessments (with Mental Health input) and is doing psychological work.

The new service needs to sit alongside counselling – it will only work if this is the case. There will be better integration. The new service sits in primary care, not secondary care. Dr Tipple mentioned the fear that the new service will lead to additional work being identified. However, the theory is that early intervention leads to the reduced use of secondary care services, with those who are stable being discharged from secondary care follow-up. The transition period is difficult because there is an historical workload to deal with and, at the same time, a new workload is building up. Pilots have, however, shown a 35% reduction in referrals to secondary care. The counselling waiting list needs to be looked at, and an eye kept on it.

The team needs an office base. Referrals are triaged by a link worker. The work is done outside St Paul's, and will preferably be practice-based. In some areas (such as Watford) GPs want the team to manage the referrals to counselling. In some areas the PBC group (e.g. WatCom) wants the team to take on and manage the budget. The exact service would be for negotiation. WatCom have agreed a specification using the Any Willing Provider model. The counsellors in Watford have had to fill in PQQs, and put in brief bids for the new service.

There was discussion as to how to manage DNAs. The DNA rate nationally for enhanced primary mental health services is 20%, which is high. A common approach to DNAs, by PBC groups, needs to be agreed. The team wants to be flexible to meet the needs of service users. It would provide the service when surgeries are open, and would need space in the surgeries. There was a long discussion about reimbursement to practices for the use of their facilities, in providing the service.

HPFT's view is that if practices charge for the use of rooms, this money will have to come out of the service, and this will mean that there will be fewer workers and less of a service. The PCT and GP view was that there should be payment for the use of GP rooms; possibly this would be not for a practice's own patients, but if patients of other practices were seen. As well as payment for the use of rooms, payment for the use of the CBT computers needs to be considered.

The role of the group in setting out the vision of the service
In some areas in transition, the PBC groups offered money to pump-prime the service. The helped the development of the service. It may be possible to pump-prime some funds from the JCT.

Watford and St Albans each gave ~ £70,000 to bring in a psychologist. This pump-priming could be from growth money. The Dacorum service will cost about £260,000 altogether. Money will be transferred out of secondary care. Preliminary costings are to be drawn up.

The link workers are linked to certain practices. They are part of the primary mental healthcare team. They attend weekly or monthly practice team meetings. St Albans funds annual physical health checks for the enduring mentally ill. Other services provided could be nurse training and support to carers.

The aim is to roll out the service across the county in the next 18 months, rather than the 3 years originally proposed. The Trust will receive new monies (from the national initiative recently announced). It plans to focus on outcomes.

The purpose and objectives of the group will be in overseeing and implementing the service changes and feeding back to partners. There are key principles to making the new service a success. The group will need to ensure that they are integrated into the work. The principles include:

- Clear clinical leadership – for commissioning and providing
- Local ownership
- Better tailored care
- More cost effective care

Action points – integrating Counselling into a holistic primary mental health service
Dr Drake will link to the counsellors. He will reply to the letter he has received from Sue Bloch and is happy to liaise with the counsellor representatives. A 6 month extension to the counselling service was proposed. A meeting needs to be called with the counsellors to prevent them being brought in too late, as happened with Watford. The group needs to get a commitment from the DacCom Executive before the meeting is organised.

Note
There is a management reorganisation within HPFT. Margaret Drake (no relation) will be the relevant manager from January 2008.

Accountability
Everyone feeds back to the group. The PCT's role (via Suzanne Novak) is to get the business plan through the PBC Governance Subcommittee. DacCom needs to keep everyone on board every step of the way.

Developing a project plan
Key elements of this were discussed. These are:

- Producing the business case for change
- Developing the service specification
- Implementing the service

The location of the service needs to be within primary care, to de-stigmatise the use of the service, by avoiding CMHT resources. Seeing patients at St Paul's would be the default position only. In Letchworth, the service has the use of a 'well-being centre'; this is a third sector facility.

Important elements of the business case include:

- An incentive to practices
- Sustainability of the service
- Monitoring the impact of the service

The HPFT contract is with the JCT but HPFT is working with DacCom. The contract will have to be signed off by DacCom and the PCT.

Action Points
Suzanne and Mary will draft the business case. WatCom have kindly agreed that their plan may be used as a template. Suzanne will aim to adapt the WatCom Business Plan by 4th January 2008. Suzanne will also start a project plan → who does what by when.

How quickly the service is implemented depends on pump-priming. Numbers and timescales are needed. The HPFT members of this group will discuss these with their HPFT team colleagues working on the other projects.

Dr Tipple is keen on the idea of the new service and plans to have all the information ready to present to the DacCom Executive meeting on 14th February 2008, to enable a decision to be made.

Dacorum GPs may need to be persuaded: it would help to have a StahCom or WatCom GP, who has been involved in the pilots, to come to talk to Dacorum GPs and to give support and advice. Dr Tipple is to contact the relevant GPs about this.

Membership
The membership of this group needs to include a practice manager. Geoff Smith would be invaluable because of his work on, and involvement in, the counselling service reorganisation.

Date of next meeting and frequency of meetings
Meetings will be held **monthly** at **St Paul's, Slippers Hill**. The dates of the next two meetings are:

- **Tuesday 5 February from 1pm – 2.30pm**
- **Thursday 6 March from 12midday – 2pm**