



National Mental Health
Development Unit

Delivering Quality Community Care in the UK

Dr Alan Cohen FRCGP

The National Mental Health Development Unit (NMHDU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

A nightmare...

- Do I talk about the broad strategic sweep of national policy or...
- What it is like being a GP trying to make a bit of it work?

The overview/context

- Quality is important
- Innovation is important
- Productivity is important

But...

- The NHS is enormous
- There are lots of different competing pressures
 - Political
 - Professional

So...

- Transforming anything is never straightforward
- There IS a policy called...



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Transforming Community Services: Ambition, Action, Achievement

Transforming Services for People with Long Term Conditions



What does the policy say?

- Describes three ambitions for improving quality services
 - Getting the Basics Right
 - Making everywhere as good as the best
 - Delivering evidence based practice

Ambition 1

- Getting the basics right
 - Know about health care needs and plan accordingly
 - Create effective health care partnerships
 - Implement new services
 - Access and availability
 - Care planning and case management
 - Information Technology
 - Education and training

Ambition 2

- Making everywhere as good as the best
 - Risk stratify the local population (PARR+)
 - Self directed care
 - Use case managers to proactively manage people who are high users of services
 - Develop personalised care plans

Ambition 3

- Deliver evidence based practice
 - What does the evidence say?
 - Target those with moderate and high level needs
 - Self monitoring reduces use of health care resources
 - Use the telephone
 - Home visits can prevent hospital admission
 - Use specialist nurses
 - Integrate health and social care

What about the GP bit?

- How to change GP behaviour?
 - Financial
 - Educational
 - Evidence based
 - Intelligent IT
- Linking the individual GP to the implementation of national policy

NICE

- Consistency in all aspects of health care across England was a problem
- Role to:
 - Provide independent advice on best practice/guidelines
 - Provide independent advice on the use of new technologies (drugs/procedures)

NICE

- 2004 Guidelines on the management of depression and anxiety disorders
- 2004 Guidelines on the management of schizophrenia
- 05 - 07 Guidelines on the management of other mental health conditions
- 2007 Requirement to provide computerised CBT in England
- www.nice.org.uk

Stepped Care Model

Who is responsible for care?

What do they do?

Acute Wards	Risk to Life	Medication, in-patient care,
Mental health specialists	Treatment resistance and frequent recurrences	Medication, complex psychological interventions
PCMHW, GP, GPwSI, Counsellor, social worker, psychologist	Moderate or Severe Disorders	Medication, Brief psychological interventions, support groups
GP, Practice nurse, Practice counsellor	Mild Disorders	Active Review: Self Help, Computerised CBT, Exercise
Primary Care team	Recognition	Watchful waiting, assessment

GP contract

- GPs are self employed, but have their entire contract with the NHS
- A new contract introduced in 2004
- Defined what was considered to be:
 - Essential care
 - Enhanced care
- 20% of income related to a Quality and Outcome Framework (QOF)
 - A financial incentive for essential care

QOF

- Rewards provided for delivering high quality care
- High quality care is defined on the basis of:
 - best practice
 - best available evidence
 - public health policy
- Quality care is rewarded with points
- Each point has a financial value

The money bit...

- Total of 1000 points available
- 550 points are related to clinical domains
 - 19 clinical domains
- Remainder related to management, etc.
- Each point is worth....

QOF

- Computerised data entry
 - Every practice in the UK is computerised
- Data entry is coded using SNOMED-CT
- Anonymised data downloaded to a central “warehouse” to score the practice
 - And work out what they earn
- Anonymised data acts as a valuable public health resource

Mental health and QOF

- Severe mental illness 39 points
- Depression 33 points
- Dementia 20 points
- Learning Disability 4 points

Depression Domain

- 2 Indicators
 - Recognising people at high risk
 - Identifying the severity of the depression

NICE recommends that

- There are groups of people who are more at risk of depression, who should be assessed
- Good evidence for people with diabetes and ischaemic heart disease
- Evidence exists for other groups as well

QOF for Depression

- **DEP 1:**The percentage of patients with diabetes and/or heart disease for whom case finding for depression has been undertaken on one occasion during the previous 15 months using the two standard screening questions
 - 8 points
- PHQ - 2 is the “two standard screening questions”

NICE recommends that

In line with the stepped care model

- The intervention depends on the severity of depression
- Therefore assessing the severity of the depression is essential to implement the NICE guidelines

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QOF for Depression

- **DEP2:** In those patients with a new diagnosis of depression, recorded between the preceding 1 April and 31st March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care
 - 25 points
- PHQ-9, HAD, and Beck's II

QOF for SMI

- Register of people with a severe mental illness
- Annual physical health reviews
 - Diabetes, COPD, smoking, IHD, substance misuse
 - Bowel cancer
- Active (assertive) follow up of those who miss an appointment for review

Is there a connection between the policy and the practice?

- **Ambition 1:**
 - Health needs assessment
 - Healthcare partnerships
 - IT
- **Ambition 2:**
 - Risk stratification
 - Care plans
- **Ambition 3:**
 - Evidenced base interventions
 - Telephone follow up

Thank you

alan.cohen@dh.gsi.gov.uk