



National Mental Health
Development Unit

Disruptive Innovation

Bridging the Gaps in the Community

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.

What is “Disruptive Innovation”?

- Clayton Christenson
 - http://www.claytonchristensen.com/disruptive_innovation.html
- Usually considered about technology, computers etc, and its impact on market leaders

Disruptive Innovation

- A business model to explain why market leaders get overtaken by innovations that come from “left field”
- Can it be applied to a “non-market environment” like health care in the NHS?
 - Is profit an important part of the model?
- Has it always got to be new technology?

Disruptive Innovation

- Markets (and profits) are required to drive service improvement
- When a new technology is introduced it is usually not very good,
 - people don't want it, profits are low
 - But as the technology improves, it gets to the stage where it exceeds demand and delivers more than its competitors
 - This opportunity allows a competitor to replace the market leader

Disruptive Innovation and Health Care

- Without market drivers, there are still innovations that change the way care is being delivered
- H2 antagonists had an effect on endoscopies
 - More “intended” than disruptive
- The personal computer in health care

Sources of Innovation

- Unexpected sources
- Unanticipated adaptations of technology used for other purposes
- Borrowed from other sectors of the economy e.g. safety processes from aerospace industry

An example of Disruptive Innovation in progress...

- Sickness benefit and worklessness is a significant cost issue for any Government
 - Lost revenue from less income tax
 - Increased cost from sickness benefit payments
- Analysis of those on long term sickness benefit indicate that at least 40% have a mental health problems
- Access to evidence based psychological therapies was poor

This is the man responsible...



A programme of Disruptive Innovation

I - Improving
A - Access to
P - Psychological
T - Therapies

A commissioner led, outcome focused programme
to deliver improved access to NICE compliant,
psychological therapies

The IAPT Programme

- 2004: 10 Downing Street seminar on worklessness
- 2005: Manifesto commitment to improving access
- 2005: 2 demonstration sites Doncaster and Newham
- 2007: 10 Pathfinder sites,
- Information from sites used to inform CSR

The IAPT Programme

- 10th October 2007 - World Mental Health Day
- New funding over three years:
 - £33m in 2008
 - £103m in 2009
 - £173m in 2010
- To deliver
 - Treatment for 900,000 people
 - 3,600 new therapists
 - Half the PCTs in England

Characteristics of the IAPT service

- A team to manage people with common mental health problems
 - Low intensity therapists
 - High intensity therapists
 - GP champion/lead
 - Employment advisors
 - Others as needed
- A team per 250,000 people (about)
 - About 40 therapists
 - Generally 60:40 ratio between high and low intensity therapists

Therapists

- **High Intensity**
 - Usually 12 - 20 sessions
 - Face to face therapy
 - Skilled to deliver CBT
 - Skilled to deliver other evidence based interventions
- **Low Intensity**
 - Up to 4 - 5 sessions
 - Face to face, or telephone contacts
 - Skilled to deliver a variety of evidence based interventions
- Usually relates to Step 3 and Step 2

Characteristics of the IAPT service

- Commissioner led
 - MH Trusts are not necessarily the only provider
- Commissioned against outcomes
 - Minimum Data Set for psychological therapies
 - Outcome questionnaires to be delivered at particular times in the care pathway
 - Shared database principles between service providers

NICE Guidelines

- IAPT implements NICE guidelines for Depression and Anxiety Disorders
- Only evidence based approaches, included in NICE guidelines are intended to be implemented through the IAPT teams

Stepped Care

Who is responsible for care?	What is the focus?	What do they do?
Step 5: Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4: Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3: Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2: Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1: GP, practice nurse	Recognition	Assessment

Stepped Care means...

- Matching the intervention offered to the severity of the disorder
- Offering the patient the least invasive/intensive intervention appropriate
- Having the ability to step up (or down) the intervention if appropriate to the patient

This isn't about mental health

- Mental health problems rarely occur in isolation
 - Co-existing long term physical health problems

Depression

- Diabetes
- Ischaemic Heart Disease
- Stroke
- Other chronic neurological conditions
- Cancer

Diabetes

- Depression is 2 - 3 times as common in people with diabetes
- Associated with
 - Increased health care consumption
 - Increased self perceived symptom load
- NOT associated with improved glycaemic control?

Diabetes

- Cost of treating co-morbid diabetes and depression is 250%
- Cost of all treatment is 400%
- Proportion of NHS hospital expenditure on diabetes is 10% of total spend

Ischaemic Heart Disease

- Depression is 2 - 3 times as common in people with ischaemic heart disease
- The best predictor of death following MI is the presence of depression

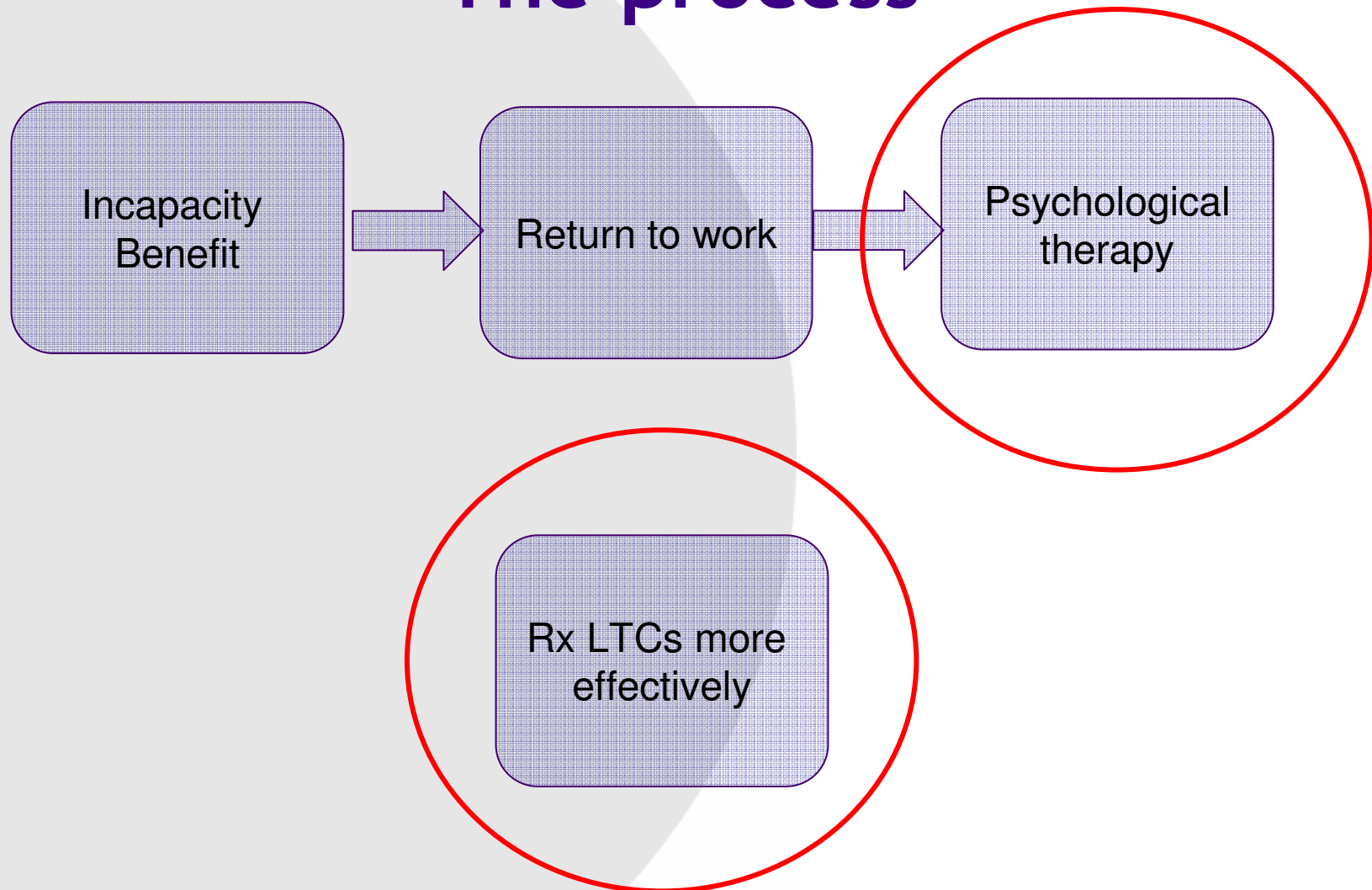
Ischaemic Heart Disease

- 40% of admissions for angina can be prevented by providing psychological treatments
- 50% of revascularisation procedures (CABG and PTCA) can be prevented by providing psychological treatments

Anxiety

- Anxiety occurs in 25% of people with COPD
- People with COPD make up the largest group of “frequent flyers”
- A fear of becoming of short of breath, or actually becoming short of breath?

The process



To Summarise

- Sickness benefit a significant cost pressure for any Government
- Provide targetted treatment for a significant group in receipt of sickness benefit
- £300m (SGD 720m) to recruit and train 3,600 new therapists
- Create a new psychological service model
- Treat 900,000 people in 3 years
- Provide better care for people with LTCs

**That really is a
disruptive innovation**

Thank you

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