

# Commissioning Board

## A special health authority

CCG authorisation – Case Study Template		
<b>CCG name:</b>		
NHS Croydon Clinical Commissioning Group		
<b>Case study title:</b>		
Developing a new Primary Care service for patients with stable, low risk severe mental illness		
<b>CCG case study number:</b>	2 of 3	<b>Word length for this case study</b> 981
<b>Does the case study provide core evidence?</b>	Y	<b>If yes, state domain criteria by deleting as appropriate:</b> 1.1, 1.2, 2.2, 2.3, 3.2, 3.3, 4.2.1, 4.3.1, 5.1, 6.1, 6.2
<b>Does the case study provide supplementary evidence?</b>	Y	<b>If yes, state for which domain criteria:</b> 1.1b, 1.2d, 1.3a, 1.4.2a, 2.2a, 2.3b, 2.4.1a, 2.4.1b, 2.1.2a, 2.1.2b, 2.1.2d, 3.1.3a, 3.3b, 4.2.1b, 6.2c
<b>Patient groups</b>		<b>Please tick all relevant:</b>
• Mothers and newborns		
• People with need for support with mental health		x
• People with learning disabilities		
• People who need emergency and urgent care		
• People who need routine operations		
• People with long-term conditions		
• People at the end of life		
• People with continuing healthcare needs		

## 1. Why?

A number of patients with serious mental illness (SMI) treated within the mental health trust's Low Intensity Treatment Team (LITT) have, after a period of treatment, become very stable:

They no longer require a secondary care service.

Users raised concerns, via the Mental Health Forum, about the environment for depot injections within secondary care.

People with SMI are at higher risk of physical health problems.

Users, GPs and other professionals told us that physical and mental health care was fragmented, and that both mental health and physical health care would improve if it were integrated within primary care.

Currently, their needs cannot be met within most general practices.

Patients cannot flow easily between primary care and the secondary service.

There is a limited ability to improve practice.

There is currently no contractual framework that facilitates more cohesive mental health care in primary care for this patient group.

A previous initiative to address these issues using a Local Enhanced Service had not been agreed, as it only dealt with part of the care, and required additional funds without demonstrating savings.

Our CCG's aim was **to develop an alternative, better value primary care service for this patient group, with a team supporting practices:**

Right care,  
Right place,  
Right time,  
Easy access,  
High quality,  
Less stigmatising  
Closer to home.

## 2. Involvement:

**Commissioners:** Our CCG MH Clinical Leads: Dr Dev Malhotra and Dr Bobby Abbot collaborating with NHS commissioners and Croydon Council.

**Provider:** South London and Maudsley Foundation Trust (SLaM): lead clinician for psychosis, consultant psychiatrists, nurses, managers.

**Dr Adnan Siddiqui**, our nominated GP in the steering group

**GPs generally**, through CCG Networks, and those GPs deciding to pilot the service. As the development progresses formal working arrangements with all GP practices will commence.

**Stakeholders:** through a mental health workshop on 04/05/12: 15 organisations represented by 39 individuals, including Croydon BME Forum, Croydon Mental Health Forum, Croydon Reach, Healing Waters, Hear Us, Imagine, MIND, Rethink, 5 GPs and statutory organisations including adult social care.

**User views** through the Mental Health Forum comprising individuals, community groups, ethnic minority communities and voluntary sector organisations. The local consultancy organisation "Hear Us" facilitated us in hearing users' views.

**Representative Committees:** Croydon LPC and Croydon LMC have agreed to the development.

**Croydon Heath & Social Care Scrutiny Committee** agreed.

## 3. Actions

From 2010, contract discussions with SLaM identified similar concerns about service fragmentation and obstacles to patient flows. The initiative joined the 2011 QIPP programme.

Our GP Leads used time from their Clinical Leader sessions to visit voluntary organisations and user groups, listening to people's stories.

In April 2012 we held a mental health stakeholder workshop, to raise awareness of the evidence base and explore stakeholder views on how to take this work forward. The key outcome was an 'in principle' consensus to develop a new service, and de-commission the LITT for this patient group.

Feedback included :

*The issue is not all about medicine, other things are important :*

*help with money and benefits,*

*social problems,*

*having someone to talk to,*

*enough nurse time.*

*Ensure the service is easy to re-enter after becoming unwell*

*Physical and mental health should be knit together*

*Users need to access the GP or the team quickly.*

We:

used a literature review,

examples of best and emerging practice,

mapped services

mapped barriers - we overcame a special barrier, costing individual patients' medication costs across the system

shared ideas and documents with CCGs in Leicestershire, Sussex and Lambeth.

The **three main service elements** are:

**GP practice participation:** a time-limited LES, supporting practices to manage the care of this patient group, integrated with physical health care, including: prescribing, monitoring and administration of medication, regular reviews, comprehensive collaborative care planning and proactive follow up to agreed standards.

**A team of mental health practitioners** (nurses and a psychiatrist) supporting patients and practices with the transition, facilitating and training primary care prescribing and giving mental health medication.

Securing or sustaining the guaranteed involvement of **other services and the voluntary sector** for some patients, to enhance or maintain their recovery journey.

**Preparations:** Our proposal was approved by Croydon's Health, Social Care and Housing Sub-Committee in September 2012. The contract saving has

already come into effect. Staff consultation is almost complete.

The development is being supported and overseen by a steering group led and hosted in primary care by GP Dr Adnan Siddiqui, comprising relevant stakeholders.

**Phase 1 from January 2013** : we will accept 90 patients (LITT has 200 patients). Member practices are being invited to decide whether they will join this phase, with encouragement through their Networks. We will focus on addressing perceived barriers blocking effective and efficient transfer of these patients to primary care.

**Phase 2 from July 2013** : 110 more patients will be recruited, from across SLaM's community teams.

#### **4. Impact**

Improved care for 200 people:

- Joining-up physical and mental health

- More effective and efficient

- Closer to home

- A non-stigmatised setting

- An improved physical environment

- Easier patient flows between primary and secondary care.

- GP practices with their own dedicated SMI service supporting them, helping improve practice.

Outcome and quality measures include :

- The sustainability of health and recovery,

- The nature of recurrences.

- Demonstration of greater integration between physical and mental health care.

An annual net saving of £150,000 made by Croydon CCG, having decommissioned the LITT (£658,000), accounted for the costs of the new service, and transferred the medication costs. The contract saving has already come into effect.

This builds our capacity for future improvements to care of older adults, other community teams and pathways including anxiety and depression.

## **5. Learning**

We learned:

The effectiveness of involving service users in the design of a new service

Without addressing the whole system, a single initiative would fail.

Evaluation will include:

How far objectives are met

What worked well and not so well

Recommended improvements to working practices

Models of good practice, for mainstreaming and dissemination.