Wilmington Healthcare

NWMHTSN 6th September 2017

Table discussion notes

Service & outcome gaps - Depression

- Excluded groups - not accessing services
- General Practice - time, focus on the physical, not picking up cues
- Normalisation of feelings of depression
- Where do people go who have not recovered/drop out . . .
  ⇕
- Intelligence /data - relapse rate
- Public mental health & wellbeing - prevention
- LTCs

Opportunities

- Awareness - raising with GPs - MH / depression cues
- Service re-design - embedding MH workers in Gen. Prac. [Integrated IAPT / IAPT LTC]

Outcomes & gaps - Psychosis

- CYP
- Access to EIP services via crisis points - A&E, police
- Waiting times
- Non-compliance with treatment
- Physical side effects of medication - impact upon health
  Dose-response

Opportunities

- Use of technology -> identify relapse
- Patient education / awareness of side effects / what relapse feels like, how to manage
- Normalising, awareness with CYP of symptoms of psychosis

Psychosis - GM

GAPS (EI)

- ↓ A&E
- ↑ employment

> Robust outcome measures
> lack of consultants
> lack of systems talking to each other
  ↳ no continuation of care
> transition into & out of service (inequalities in funding)

- ↑ no's going out of area into secondary care

Transformation opportunities

> neighbourhood approach
> more placements / Flexible approaches

Depression = GM

GAPS

- over 65's - under serving
- BAMER - under represented in services
- Complex lifestyle

Transformational opportunities

Multi disciplinary groups (MDG) - Salford
neighbourhood approach
forum to discuss pts

> outreach work - engagement 3rd sector

- GAP Disinvestment of Dual (dual) Diagnosis (diagnosis) [illegible]
- No Roll out of CBT/FT inspite of Good Evidence
- [illegible] Skills Gap
- GAP - EMDR - based Theory
-

Opp. Public Awareness - Dedicated Tel Advice, Earlier Detection Avoid Crises.

- [illegible] Symp [illegible] Relapse
- Adherence [illegible]
- [illegible]
- HRG ARM → CBT Clin [illegible]
- Peer + Family Care Support Network

GAP

Knowledge of the Person holistically

Able to communicate

Parity of Esteem between Professionals

Opportunity

Target Groups who need collaborative work

Use of Pathway

Structured follow up - using relevant info.

Use of measuring tool/Portals?

GAPS – Session 2.

- SCATTERGUN APPROACH + PEOPLE BEING 'BOUNCED' AROUND
- SCREENING PROCESSES IN P.C.
- EDUCATION IN PRIMARY CARE STAFF RE: PSYCHOLOGICAL APPROACHES
- STEP CARE MODEL NOT UTILISED
- IMPLEMENTING MAP OF MEDICINE
- ROBUST RISK MGT
- LACK OF SUPPORT FOR P.C. TO MANAGE PATIENTS

3 GAPS

1. RISK MGT
2. WHAT'S AVAILABLE + HOW TO ACCESS (UNDERSTANDING)
3. LACK OF ACCOUNTABILITY

3 OPPS

1. MAP OF MEDS
2. INFO SHARING
3. RISK MGT

Session 3.

Gap.

1. IPS – Provision + Quality
2. family therapy
3. Insufficient resource re CBT.
4. Variance across EI time period for caseload 3yr +

- Capacity issues
- fragmented dual diagnosis – some not
- discharge back to GP – issue

Opportunities

1. Moving towards ~~quality~~ quality framework – outcomes
2. transition to CMHT
3. IPS / family therapy – benefits to reduce health + social cost – reduce duplication

Issue

People importing into merseyside – Care homes / University – increase demand on services

1). OutPt. Reviews – clogged up

2). Lack of Social + Med

3) Not Enough Dialogue

4) GAP Primary / IAPT → Secondary → Need Resources

5) CPA Eligibility – [illegible] – They won't get

1) IAPT – lack of Social + Medical out-put

2) Colocation – Community Psychiatry

3)

Opp. – No lack of Interest
- Integration i IAPT
- Collaborative Working ++
- Data – Intelligent Infm. following the Pt

• Solutions lie with CCGs?

• Why not require medical directors to ensure adult psych's understand ADHD

• Stratify the patient flow + pathway – like other therapy areas

• Make appropriate use of Primary Care.

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ADHD ⇒ Greater Manchester

GAPS

- inconsistency in commissioned services
- Some areas have nothing
- no where to discharge to - GPs won't take pts on
- limited consultant input
- Drugs have to be prescribed by specialist
  Triple MG (controlled drug)

→ how to engage GPs to take more on

Transformation opportunities

- Commissioning services at GM level - ensure consistency
- Practice nurses ⇒ monitoring & working with pharmacist
- working to adapt guidelines - sharing more responsibility with primary care