Commissioning Depression services differently: What do the data tell us?

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Clinical Lead Dementia
RCGP, NHS England SE Clinical Network
Declarations of Interest

► NHS:
  ■ GP East Surrey
  ■ SCN SE Clinical Lead Dementia
  ■ Co-developer of MoodHive (Depression Anxiety Pathway)

► Royal College of General Practitioners
  ■ Clinical Lead Dementia
  ■ Co-Chair Learning Disability Special Interest Group
  ■ Member Dementia Roadmap Steering group

► Consultancy / Advisory Boards / Speakers Bureau:
  ■ Alz Soc, Cerestim Ltd, Chase Pharmaceuticals, Cytox, Edmund de Rothschild, Eli Lilly, Lundbeck, Pfizer, Pri-Med, Roche, Servier, Wellcome Trust
  ■ psi-napse
The report in a nutshell:
- 20,000+ people engaged
- Designed for and with the NHS Arms’ Length Bodies
- All ages (builds on Future in Mind)

Three key themes:
- High quality 7-day Crisis services
- Integration physical / MH care
- Prevention

Plus ‘hard wiring the system’ to support good MH care across the NHS wherever people need it

Focus on targeting inequalities
- £1bn additional investment by 2020/21 to help an extra 1 million people of all ages

Recommendations accepted in full and endorsed by government

Simon Stevens: “Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That’s what today’s taskforce report calls for, and it’s what the NHS is now committed to pursuing.”
Depression: Challenges in Recognition & Management

- Recognition:
  - Co-morbid physical and / or MH problem
  - Stigma

- Impact on non-MH services

- Treatment considerations
  - Rapid onset of effect
  - Maintenance of effect
  - Prevention of relapse
    - Kindling?
  - Pt acceptability
  - Residual symptoms
  - Restoring functioning

Which treatment, when, in which order or which combination for which pt?
What do data tell us?
Somerset Health Profile 2016

Adult Health:

- The rate of alcohol-related harm hospital stays is 620*.
  - Represents 3,449 stays per year.
- Rate of self-harm hospital stays is 236.9*, worse than average for England
  - Represents 1,210 stays per year.
- Rate of smoking related deaths is 229*, better than average for England.
  - Represents 856 deaths per yr.
- Estimated levels adult excess weight worse than England average

Priorities include: alcohol use, obesity, smoking, self-harm

http://fingertipsreports.phe.org.uk/health-profiles/2016/
### South West Profile

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>England</th>
<th>South West region</th>
<th>Bath and North East Somerset</th>
<th>Bournemouth</th>
<th>Bristol</th>
<th>Cornwall</th>
<th>Devon</th>
<th>Dorset</th>
<th>Gloucestershire</th>
<th>Isles of Scilly</th>
<th>North Somerset</th>
<th>Plymouth</th>
<th>Poole</th>
<th>Somerset</th>
<th>South Gloucestershire</th>
<th>Swindon</th>
<th>Torbay</th>
<th>Vale of Glamorgan</th>
<th>Wilts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic deprivation: Overall IMD score (2015)</td>
<td>2015</td>
<td>21.8</td>
<td>-</td>
<td>12.1</td>
<td>21.8</td>
<td>27.2</td>
<td>23.8</td>
<td>17.1</td>
<td>14.3</td>
<td>15.0</td>
<td>12.0</td>
<td>15.8</td>
<td>26.6</td>
<td>15.2</td>
<td>17.8</td>
<td>11.4</td>
<td>17.9</td>
<td>23.8</td>
<td>13.5</td>
<td></td>
</tr>
<tr>
<td>Socioeconomic deprivation: % of people living in 20% most deprived areas</td>
<td>2014</td>
<td>20.2*</td>
<td>10.6*</td>
<td>4.0</td>
<td>14.2</td>
<td>20.5</td>
<td>12.7</td>
<td>4.5</td>
<td>4.7</td>
<td>7.5</td>
<td>0.0</td>
<td>10.2</td>
<td>20.8</td>
<td>4.7</td>
<td>7.2</td>
<td>0.5</td>
<td>15.1</td>
<td>32.3</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Long-term unemployment: % of working age population</td>
<td>Aug 2016</td>
<td>0.37*</td>
<td>0.18*</td>
<td>0.11*</td>
<td>0.23*</td>
<td>0.33*</td>
<td>0.18*</td>
<td>0.13*</td>
<td>0.00*</td>
<td>0.10*</td>
<td>0.00*</td>
<td>0.10*</td>
<td>0.41*</td>
<td>0.15*</td>
<td>0.15*</td>
<td>0.16*</td>
<td>0.20*</td>
<td>0.42*</td>
<td>0.11*</td>
<td></td>
</tr>
<tr>
<td>Statutory homelessness: rate per 1,000 households</td>
<td>2015/16</td>
<td>2.5</td>
<td>1.6</td>
<td>0.9</td>
<td>1.9</td>
<td>5.3</td>
<td>1.0</td>
<td>0.8</td>
<td>1.1</td>
<td>1.4</td>
<td>-</td>
<td>1.2</td>
<td>2.2</td>
<td>1.9</td>
<td>1.5</td>
<td>1.4</td>
<td>1.8</td>
<td>1.0</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Children under 16 in poverty: % of children aged 0-15</td>
<td></td>
<td></td>
<td>18.6</td>
<td>14.8*</td>
<td>11.7</td>
<td>17.7</td>
<td>22.6</td>
<td>16.5</td>
<td>12.4</td>
<td>12.1</td>
<td>13.5</td>
<td>-</td>
<td>13.6</td>
<td>20.1</td>
<td>14.6</td>
<td>14.1</td>
<td>11.2</td>
<td>15.6</td>
<td>21.6</td>
<td>11.2</td>
</tr>
<tr>
<td>Looked after children: rate per 10,000 &lt;18 population</td>
<td>2014/15</td>
<td>60.0</td>
<td>51.6*</td>
<td>37.8</td>
<td>70.0</td>
<td>70.2</td>
<td>42.0</td>
<td>49.2</td>
<td>49.8</td>
<td>42.0</td>
<td>-</td>
<td>54.1</td>
<td>76.4</td>
<td>57.2</td>
<td>45.0</td>
<td>50.7</td>
<td>51.4</td>
<td>121.7</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td>Children leaving care: rate per 10,000 &lt;18 population</td>
<td>2014/15</td>
<td>25.6</td>
<td>25.9*</td>
<td>20.3</td>
<td>49.7</td>
<td>33.7</td>
<td>24.3</td>
<td>24.5</td>
<td>22.0</td>
<td>20.2</td>
<td>-</td>
<td>25.9</td>
<td>40.6</td>
<td>23.6</td>
<td>27.1</td>
<td>14.0</td>
<td>26.7</td>
<td>49.9</td>
<td>18.3</td>
<td></td>
</tr>
<tr>
<td>Domestic abuse incidents recorded by the police: rate per 1,000 population</td>
<td>2014/15</td>
<td>20.4</td>
<td>17.6</td>
<td>17.3</td>
<td>14.8</td>
<td>17.3</td>
<td>20.0</td>
<td>20.0</td>
<td>14.8</td>
<td>13.0</td>
<td>20.0</td>
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<td>20.9</td>
<td>14.8</td>
<td>17.3</td>
<td>17.7</td>
<td>20.9</td>
<td>17.7</td>
<td>20.9</td>
<td></td>
</tr>
<tr>
<td>Higher risk drinking: % of population aged 16+</td>
<td>2008 - 09</td>
<td>22.3</td>
<td>23.4</td>
<td>24.4</td>
<td>20.5</td>
<td>23.3</td>
<td>22.8</td>
<td>25.8</td>
<td>23.1</td>
<td>23.5</td>
<td>-</td>
<td>23.6</td>
<td>23.4</td>
<td>22.6</td>
<td>23.3</td>
<td>23.8</td>
<td>22.2</td>
<td>24.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough physical activity: % of population aged 16+</td>
<td>2015</td>
<td>57.0</td>
<td>69.5</td>
<td>52.9</td>
<td>62.2</td>
<td>54.7</td>
<td>60.7</td>
<td>58.2</td>
<td>61.5</td>
<td>59.4</td>
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<td>56.2</td>
<td>58.4</td>
<td>58.8</td>
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<td>56.4</td>
<td>50.6</td>
<td>60.0</td>
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</tr>
</tbody>
</table>

Ref: http://fingertips.phe.org.uk/common-mental-disorders
### Somerset Health Profile 2016

#### Adult health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Local No total count</th>
<th>Local value</th>
<th>England average</th>
<th>England Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Percentage of physically active adults</td>
<td>2015</td>
<td>n/a</td>
<td>58.8</td>
<td>57.0</td>
<td>44.8</td>
<td>69.8</td>
</tr>
<tr>
<td>14 Excess weight in adults</td>
<td>2012-14</td>
<td>n/a</td>
<td>66.1</td>
<td>64.6</td>
<td>74.8</td>
<td>46.0</td>
</tr>
<tr>
<td>15 Cancer diagnosed at early stage #</td>
<td>2014</td>
<td>1,382</td>
<td>54.6</td>
<td>50.7</td>
<td>36.3</td>
<td>59.7</td>
</tr>
<tr>
<td>16 Hospital stays for self-harm</td>
<td>2014/15</td>
<td>1,210</td>
<td>236.9</td>
<td>191.4</td>
<td>629.9</td>
<td>58.9</td>
</tr>
<tr>
<td>17 Hospital stays for alcohol-related harm</td>
<td>2014/15</td>
<td>3,244</td>
<td>620</td>
<td>641</td>
<td>1223</td>
<td>379</td>
</tr>
<tr>
<td>18 Recorded diabetes</td>
<td>2014/15</td>
<td>29,656</td>
<td>6.5</td>
<td>6.4</td>
<td>8.9</td>
<td>3.7</td>
</tr>
<tr>
<td>19 Incidence of TB</td>
<td>2012-14</td>
<td>52</td>
<td>3.2</td>
<td>1.3</td>
<td>100.0</td>
<td>1.6</td>
</tr>
<tr>
<td>20 New sexually transmitted infections (STI)</td>
<td>2015</td>
<td>1,572</td>
<td>479</td>
<td>815</td>
<td>3263</td>
<td>287</td>
</tr>
<tr>
<td>21 Hip fractures in people aged 65 and over</td>
<td>2014/15</td>
<td>871</td>
<td>633</td>
<td>571</td>
<td>743</td>
<td>379</td>
</tr>
</tbody>
</table>

#### Disease and poor health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Local No total count</th>
<th>Local value</th>
<th>England average</th>
<th>England Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Life expectancy at birth (Male)</td>
<td>2012-14</td>
<td>n/a</td>
<td>80.6</td>
<td>79.5</td>
<td>74.7</td>
<td>83.3</td>
</tr>
<tr>
<td>23 Life expectancy at birth (Female)</td>
<td>2012-14</td>
<td>n/a</td>
<td>84.3</td>
<td>83.2</td>
<td>79.8</td>
<td>86.7</td>
</tr>
<tr>
<td>24 Infant mortality†</td>
<td>2012-14</td>
<td>70</td>
<td>4.2</td>
<td>4.0</td>
<td>7.2</td>
<td>1.6</td>
</tr>
<tr>
<td>25 Killed and seriously injured on roads</td>
<td>2012-14</td>
<td>648</td>
<td>40.1</td>
<td>39.3</td>
<td>76.3</td>
<td>15.5</td>
</tr>
<tr>
<td>26 Suicide rate†</td>
<td>2012-14</td>
<td>150</td>
<td>10.5</td>
<td>10.0</td>
<td>17.6</td>
<td>5.1</td>
</tr>
</tbody>
</table>
Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2014/15

This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

- Somerset
- 95% confidence interval
- England average (all ethnic groups)

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Somerset</th>
<th>England Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>53.034</td>
<td>53.992</td>
</tr>
<tr>
<td>Mixed</td>
<td>43.6</td>
<td>43.888</td>
</tr>
<tr>
<td>Asian</td>
<td>42.3</td>
<td>42.277</td>
</tr>
<tr>
<td>Black</td>
<td>46.9</td>
<td>46.818</td>
</tr>
<tr>
<td>Chinese</td>
<td>35.2</td>
<td>35.177</td>
</tr>
<tr>
<td>Other</td>
<td>45.7</td>
<td>45.618</td>
</tr>
<tr>
<td>Unknown</td>
<td>23.0</td>
<td>23.012</td>
</tr>
</tbody>
</table>

Local number of emergency admissions:
- 57,714
- 38.6
- 39.4

Local value %:
- 39.9

England value %:
- 38.8
Mental Health System Profiling

Risk and related factors
- What are your key population characteristics?
  - Are they changing?
- What are your important local risk factors for mental illness?
- Does considering segments of population help identify risk?

Key Indicators
- Deprivation:
  - Key determinant of population level risk of mental illness.
- Key population groups with ↑ risk of mental illness include:
  - LT unemployed, homeless, prisoners, learning disability
- Large range of indicators for common MH disorders tool
  - Selection of social & lifestyle factors known to be risk factors
- Some groups encounter barriers to accessing services:
  - Communication issues, lack of engagement with mainstream services.

Ref: PHE - Mental Health System Profiling Tools User Guide April 2014
Indicator Relationships:

- Numbers living in deprivation likely to relate to prevalence of mental illness; should be considered with numbers accessing MH services.
- Indicators relating to segments of the population can inform planning of action to prevent or identify disorders early.
- Indicators on service access may relate to indicators on emergency and crisis services
  - Barriers to access may mean ↓routine contact and ↑emergency contact
  - Access barriers may also relate to lower than expected QOF indicators
- Consider prevalence measures and QOF register indicators with
  - Numbers of people living in deprivation, and accessing MH services.
- Incidence measure should link with early intervention services.
- Consider QOF registers with QOF patient management indicators
  - Fewer than expected on QOF register may play a part in low number of exceptions recorded or high performance in quality of care indicators.
- Consider QOF registers with emergency & crisis service indicators
  - Fewer than expected on the register may link with more people accessing specialist services at times of crisis.

Ref: PHE - Mental Health System Profiling Tools User Guide April 2014
Mental Health System Profiling

- **What can be done to reduce risk in the population?**
  - Does the risk profile help decide preventive and targeted early identification interventions?
  - Would you expect barriers to accessing services? How are these being addressed?
  - Do the local data enable identification of risk and barriers below LA/CCG level?

- **Key questions for the tool:**
  - How many people are likely to have specific forms of mental illness in the area?
  - How many people are known to have conditions?
  - Are there differences between these figures? Why?
  - How many new cases will there be each year?
  - Has prevalence increased recently?
  - How might prevalence change in future?

Ref: PHE - Mental Health System Profiling Tools User Guide April 2014
### Primary Care Website Data

3 modules updated in the primary care website
www.primarycare.nhs.uk

- **General Practice High Level Indicators (GPHLI) module**
  - 34 indicators to Jun 2016

- **General Practice Outcome Standards (GPOS) module**
  - 12 indicators to Dec 2015

- **Digital Maturity Index**
  - 76 indicators to Oct 2016

* Available 24th Jan 2017

### Interpretation

- **Yellow ◊ - ccg value**
- **Blue Line - national average**
- **Yellow line - Level 1 Trigger**
- **Red line - Level 2 Trigger value**
  - Darkest blue: 3 SDs from mean.
  - Dark blue: <3 SDs but > 2 SDs from mean.
  - Middle areas: between 2 SDs below & 2 SDs above mean.
  - Light blue: >2 SDs but <3 SDs above mean.
  - Lightest blue: >3 SDs above mean.

Ref: www.primarycare.nhs.uk/private/gpos
General Practice Outcome Standards

DISPLAYING DATA FOR 11X - NHS Somerset CCG

Indicators:
- Cervical Cytology
- Smoking Status (LTC)
- Smoking Cessation Advice
- Anti-Coag for AF
- Flu Vaccination (over 65s)
- Flu Vaccination (at risk)
- Dementia Diagnosis Rate (Adj)
- %Naproxen and Ibuprofen
- Emergency LTC Admissions
- A&E Attendance Rates
- Satisfaction (Quality) a-g
- Satisfaction (Overall Care) a-b
- Patient Experience
- Satisfaction (Access) a-c
- Detection Rate for Cancer
- Depression Assessment
- SMI Physical Health (BP)
- SMI Physical Health (d1+d2)

Ref: www.primarycare.nhs.uk/private/gpos
General Practice Outcome Standards
Depression Review: Comparing SW CCGs

Ref: www.primarycare.nhs.uk/private/gpos
STAR-D

- Provided more evidence on differential outcomes than some traditional placebo-controlled studies
- Sequential treatment methodology; no placebo
- No remission – progression to 2nd, 3rd, 4th options
- Declining remission with treatment failure typical of chr diseases
- Each new treatment level: ↑ relapse, remission more difficult
- Anxious depressed less likely to respond

Ref: Trivedi
Am J Psych 2006, 2009
Which treatment, When, In Which Order or Which Combination for Which Pt?

- NICE CG90 recommends: “initially consider a generic SSRI”

In Somerset CCG, SSRIs accounted for 53% of new prescriptions.

Suggests that 47% of new prescriptions for antidepressants were outside NICE CG90 recommendations. Why?

If first line treatment is unsuccessful, NICE CG90 recommends when switching antidepressants, consider:

- Initially, a different SSRI or a better tolerated newer-generation antidepressant.
- Subsequently, an antidepressant of a different class that may be less well tolerated (such as venlafaxine, a TCA or an MAOI).

58% of switches from medications recommended second or third line were ‘back’ to medications recommended first line.

Mental Health System Profiling: Use of Data

Prevalence - Questions the process may prompt:

► Is current service planning based on need similar to that estimated in the tool? If not what is the impact of this?

► Is prevalence of mental illness increasing?

► Are early intervention services reaching expected numbers?
  ■ If not what steps will be taken to investigate and address?

► Are numbers on the QOF register as expected?
  ■ If higher or lower, why?
  ■ What is the range across practices?
  ■ Are indicators of risk at practice level known?

Ref: https://fingertips.phe.org.uk/profile-group/mental-health/profile/
Mental Health System Profiling: Use of Data

Services:

- Given the risk profile, are service utilisation rates as expected?
- Is “need” the key driver of service utilisation for health?
- Is “need” the key driver of service utilisation for social care?
- Are service utilisation rates changing?
- What is the balance between acute and community services?
- What is the balance between crisis/emergency services and routine care?
- Are health and social care services working together?

Ref: https://fingertips.phe.org.uk/profile-group/mental-health/profile/
Given the Risk Profile: Are Service Utilisation Rates as expected?

- 60% of patients with depression utilising specialist mental health services fell within Care Clusters 1 – 3 (Mild to Moderate severity)

Ref: Impact of Depression Tool provided as a Service to the NHS by Lundbeck Ltd
What is the Balance between Acute and Community Services?

<table>
<thead>
<tr>
<th>Location of Contact</th>
<th>Number of contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health centre premises</strong></td>
<td></td>
</tr>
<tr>
<td>Primary care health centre</td>
<td>67</td>
</tr>
<tr>
<td>Polyclinic</td>
<td>0</td>
</tr>
<tr>
<td><strong>Locations on hospital Premises</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient clinic</td>
<td>87</td>
</tr>
<tr>
<td>Ward</td>
<td>611</td>
</tr>
<tr>
<td>Day hospital</td>
<td>460</td>
</tr>
<tr>
<td>A&amp;E or Minor Injuries Department</td>
<td>*</td>
</tr>
<tr>
<td>Other departments on hospital premises</td>
<td>7,966</td>
</tr>
<tr>
<td><strong>Other premises</strong></td>
<td></td>
</tr>
<tr>
<td>Patient main residence or related location</td>
<td>6,302</td>
</tr>
<tr>
<td>General Medical Practitioner Practice</td>
<td>77</td>
</tr>
<tr>
<td>Nursing and residential homes</td>
<td>101</td>
</tr>
<tr>
<td>Day centre</td>
<td>16</td>
</tr>
<tr>
<td>Resource centre</td>
<td>90</td>
</tr>
</tbody>
</table>

- 611 contacts in wards
- 7,966 contacts in other departments on hospital premises
- 6,302 contacts in patient main residence or related location

Ref: Impact of Depression Tool provided as a Service to the NHS by Lundbeck Ltd
Mental Health System Profiling: Use of Data

Quality and Outcomes - Key questions for the tool:

- Do quality measure in primary care suggest an optimal service?
- Do indicators suggest specialist service knowledge of pts is as expected?
- Do discharge indicators suggest the system is effective?
- Do indicators values suggest an appropriate focus on recovery?
- Is data recording at an appropriate level?
- Are pts content with the services they receive?
- Do staff feel they are equipped to support patients effectively?
- Are Social Care clients supported to take control of their care?
- Do ‘cross cutting’ indicators suggest overall pathway works well?

Ref: https://fingertips.phe.org.uk/profile-group/mental-health/profile/
Depression Data for Somerset CCG

Estimated Prevalence of Depression in Somerset CCG

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total adult population (18+)</td>
<td>447,493</td>
<td></td>
</tr>
<tr>
<td>Number of patients with depression</td>
<td>49,170</td>
<td></td>
</tr>
<tr>
<td>Prevalence of depression</td>
<td>11.0%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who have had a MH care spell</td>
<td>1,981</td>
<td>4%</td>
</tr>
<tr>
<td>Patients admitted to an acute trust</td>
<td>3,382</td>
<td>7%</td>
</tr>
<tr>
<td>Patients not in contact with services</td>
<td>17,209</td>
<td>35%</td>
</tr>
</tbody>
</table>

QOF Depression Register in Somerset CCG

Patients on QOF depression register: 34,365

Gap between QOF register and prevalence estimate:
- number of patients: -14,895
- percentage difference: -38%

Ref: Impact of Depression Tool provided as a Service to the NHS by Lundbeck Ltd
### Depression Data for Somerset CCG

#### Referrals to Psychological Therapies for Patients with Depression

<table>
<thead>
<tr>
<th></th>
<th>Somerset</th>
<th>N Somers</th>
<th>Eng AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals received</td>
<td>920</td>
<td>1,010</td>
<td>996</td>
</tr>
<tr>
<td>Costs of referrals received (£k)*</td>
<td>£933</td>
<td>£1,024</td>
<td>£1,010</td>
</tr>
</tbody>
</table>

* Costs have been estimated based on a unit cost of £1,014 per referral received, based on data published in Radhakrishnan et al. (2011)

<table>
<thead>
<tr>
<th></th>
<th>Somerset</th>
<th>N Somers</th>
<th>Eng AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals entering treatment</td>
<td>890</td>
<td>770</td>
<td>915</td>
</tr>
<tr>
<td>% with a waiting time &lt; 6 weeks</td>
<td>95%</td>
<td>91%</td>
<td>79%</td>
</tr>
<tr>
<td>% with a waiting time &lt; 18 weeks</td>
<td>100%</td>
<td>99%</td>
<td>96%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Somerset</th>
<th>N Somers</th>
<th>Eng AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals finishing a course of treatment</td>
<td>275</td>
<td>440</td>
<td>559</td>
</tr>
<tr>
<td>Reliable recovery (%) Outcome indicator</td>
<td>62%</td>
<td>38%</td>
<td>44%</td>
</tr>
</tbody>
</table>

#### Cost of Psychological Therapies

**Cost of Psychological Therapies for Patients with Depression, 2015**

![Cost of Psychological Therapies Chart]

Sources: IAPT 2015; Radhakrishnan et al. (2011)

Ref: Impact of Depression Tool provided as a Service to the NHS by Lundbeck Ltd
IAPT (Depression) Costs and Outcomes 2015

- Estimated Costs: £933,000

- Outcomes:
  - Referrals entering treatment N = 890
  - Completed treatment N = 275 / 890 (31%)
  - Reliable Recovery N = 171 / 275 (62%)

Only 171 of original 890 (that is 19%) had a reliable recovery
### Summary: Estimated Costs of Depression to the NHS in Somerset CCG

<table>
<thead>
<tr>
<th>Category</th>
<th>Costs (k)</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary care costs</td>
<td>£16,794</td>
<td>77.5%</td>
</tr>
<tr>
<td>Mental health care spells</td>
<td>£6,915</td>
<td>31.9%</td>
</tr>
<tr>
<td>Acute trust activity</td>
<td>£9,879</td>
<td>45.6%</td>
</tr>
<tr>
<td>Inpatient admissions</td>
<td>£5,728</td>
<td>26.4%</td>
</tr>
<tr>
<td>Outpatient attendances</td>
<td>£2,330</td>
<td>10.8%</td>
</tr>
<tr>
<td>A&amp;E attendances</td>
<td>£1,821</td>
<td>8.4%</td>
</tr>
<tr>
<td>Primary care costs</td>
<td>£4,864</td>
<td>22.5%</td>
</tr>
<tr>
<td>GP consultations</td>
<td>£1,444</td>
<td>6.7%</td>
</tr>
<tr>
<td>Practice nurse consultations</td>
<td>£41</td>
<td>0.2%</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>£2,446</td>
<td>11.3%</td>
</tr>
<tr>
<td>Psychological therapies</td>
<td>£933</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Primary + secondary care costs</strong></td>
<td><strong>£21,658</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Depression Data for Somerset CCG

Summary: Estimated Costs of Depression to the NHS

Breakdown of the Estimated Costs of Depression to the NHS in Somerset CCG, 2014-15

- Mental health care spells: 4.3%
- Acute trust activity: Inpatient admissions: 0.2%
- Acute trust activity: Outpatient attendances: 11.3%
- Acute trust activity: A&E attendances: 6.7%
- GP consultations: 8.4%
- Practice nurse consultations: 10.8%
- Prescriptions: 26.4%
- Psychological therapies: 31.9%


Ref: Impact of Depression Tool provided as a Service to the NHS by Lundbeck Ltd
Issues and Challenges

**Issues**
- The approach to service planning in the NHS is often hopelessly fragmented
- The Five Year Forward View is a real opportunity to change course and address mental and physical health on an integrated basis

**BUT**
- Mental health yet again OFTEN seen as an optional extra in the development of STPs

**Challenges:**
- How to use all available data to inform:
  - Commissioning
  - Pathway development
  - Improved Outcomes
- Resources – financial and human
Thank You