What might the Five Year Forward View mean for Psychological Therapies?

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IAPT Leadership &Innovation Forum

14th January 2015


FIVE YEAR
FORWARD VIEW

Executive Summary: 5 Year Forward View

Simon Stevens – Chief Executive, NHS England

1. NHS has dramatically improved over the past 15 years
2. Now quite a broad consensus on what a better future should be
3. Radical upgrade in prevention and public health
4. Hard hitting national action on obesity, smoking, alcohol and other major health risks
5. When people do need health services, patients will gain far greater control of their own care
6. NHS will take decisive steps to break down the barriers in how care is provided
   - Between family doctors and hospitals
   - Between physical and mental health
   - Between health and social care
   - Organised to support people with multiple health conditions, not just single diseases

Executive Summary: 5 Year Forward View

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7. England is too diverse for a ‘one size fits all’ care model
8. Multispecialty Community Providers
   - Groups of GP s combined with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care.
9. Primary and Acute Care Systems
10. Urgent and emergency care redesign, smaller hospital viability, maternity, more support for frail elderly living in care homes
11. List based Primary Care as foundation of NHS
12. Coherent national leadership and meaningful local flexibility
13. Action on three fronts: Demand; efficiency; funding.
14. 2% net efficiency / demand saving across whole funding base each year for rest of decade

15/16. There are viable options for sustaining and improving the NHS over the next 5 years

Chapter 3: What will the future look like? New Models of Care.

- Services need to be integrated around the patient.
  - For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
- Strengthening primary and 'out of hospital' care
  - Primary care of the future will build on the traditional strengths of 'expert generalists', proactively targeting services at registered patients with complex ongoing needs such as the frail elderly or those with chronic conditions, and working much more intensively with these patients.
  - Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals.
  - It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.

Chapter 3: What will the future look like? New Models of Care.

- Multispecialty Community Providers (MCPs)
  - As larger group practices they could in future begin employing consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.

Chapter 3: What will the future look like? New Models of Care.

- Primary and Acute Care Systems (PACS)
  - We will now permit a new variant of integrated care in some parts of England by allowing single organisations to provide NHS list-based GP and hospital services, together with mental health and community care services.
    - In some circumstances – such as in deprived urban communities where local general practice is under strain and GP recruitment is proving hard – hospitals will be permitted to open their own GP surgeries with registered lists.

Five Year Ambitions on Quality

- Patient safety
- Clinical effectiveness
- Patient experience

Achieving all three ultimately happens when a caring culture, professional commitment and strong leadership are combined to serve patients.

- We will measure and publish meaningful and comparable measurements for all major pathways of care for every provider – including community, mental and primary care – by the end of the next Parliament.
- We will continue to redesign the payment system so that there are rewards for improvements in quality.
- We will invest in leadership by reviewing and refocusing the work of the NHS Leadership Academy and NHS Improving Quality.
- We will develop a framework for how seven day services can be implemented affordably and sustainably, recognising that different solutions will be needed in different localities.
- We can do more by measuring what matters, requiring comprehensive transparency of performance data and ensuring this data increasingly informs payment mechanisms and commissioning decisions.

Five Year Ambitions on Mental Health

- Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem.
- The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS.
- Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England.
- However only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease.

Five Year Ambitions on Mental Health

- Over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together.
- We have already made a start, through the Improving Access to Psychological Therapies Programme – double the number of people got such treatment last year compared with four years ago.
- Next year, for the first time, there will be waiting standards for mental health.
- Investment in new beds for young people with the most intensive needs to prevent them being admitted miles away from where they live, or into adult wards, is already under way, along with more money for better case management and early intervention.

Five Year Ambitions on Mental Health

- This, however, is only a start. We have a much wider ambition to achieve genuine parity of esteem between physical and mental health by 2020.
- **Provided new funding can be made available, by then we want the new waiting time standards to have improved so that 95 rather than 75 per cent of people referred for psychological therapies start treatment within six weeks**
- and those experiencing a first episode of psychosis do so within a fortnight.
- We also want to expand access standards to cover a comprehensive range of mental health services, including children's services, eating disorders, and those with bipolar conditions.
- We need new commissioning approaches to help ensure that happens, and extra staff to coordinate such care. Getting there will require further investment.

Department of Health

NHS England

Achieving Better Access to Mental Health Services by 2020

This document sets out a pathway from Government to deliver that parity, with £40 million additional spending to kick start change in the current year, and a further £80 million freed up for 2015/16. That will enable the setting of access and waiting time standards – the first of their kind in mental health services.

Achieving Better Access:

- Our commitments in *Closing the Gap* and *No Health Without Mental Health* stand and our achievements in delivering the actions from these plans are an important start.
- But this is not the first time that governments have expressed a determination for change in this area, and today there is still far to travel.
- To make parity of esteem a reality by 2020, we need urgent reforms to the incentives in the system that drive investment and spending.
- We need standards for access to mental health treatment for people of all ages that balance the equivalent standards for physical health.
- We need the same quality of data and transparency about performance for mental health services for people of all ages so that long waits for effective treatment are visible and have to be tackled.

Achieving Better Access:

- With more people coming forward to seek treatment each year – the result, we think, of greater awareness and reducing stigma – the long history of underinvestment in mental health means that services are not currently able to offer everyone the timely and evidenced-based treatment that people should rightly expect to receive.
- The tendency of health services to see physical and mental health as separate things, and the lack of integration between services, means that important physical health problems and risks are far too often neglected
- So there is a self-evident case (ethical, social and economic) for investing in mental health – its promotion, the prevention of mental illness and improving care, treatment and recovery.
- Talking therapy services can save £1.75 for the public sector for every £1 invested

Achieving Better Access:

- Additional £40 million funding boost for mental health services in 2014-15.
  - an investment of £7 million to end the practice of young people being admitted to mental health beds far away from where they live, or from being inappropriately admitted to adult wards; and
  - an investment of £33 million to support people in mental health crisis, and to boost early intervention services, that help some of the most vulnerable young people in the country to get well and stay well.
- This is just the start. From next year we will be introducing access standards and waiting time standards – the first of their kind in mental health services. An £80 million investment (*In 2015/16 a further £80m will be freed from existing budgets*)will deliver:
  - **Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.**
  - Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis.
  - A £30 million targeted investment will help people in crisis to access effective support in more acute hospitals.

Fundamental Challenges

- Changes in patients health needs and personal preferences
  - Long term conditions now take 7% of the health service budget
  - Many people want to be more informed and involved with their own care
- Changes in treatments, technologies and care delivery
- Changes in health services funding growth

NHS England

This is an interactive PDF. To navigate use the arrow buttons, or locate a specific section using the tool bars at the top of the page.

CHOICE IN MENTAL HEALTH CARE

Guidance on implementing patients' legal rights to choose the provider and team for their mental health care

December 2014

www.england.nhs.uk/ourwork/qual-clin-lead/pe/bp/guidance

Publications gateway number: 02699

THE NHS CONSTITUTION
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Choice of Provider and Team in Mental Health Care

- in April 2014 the Government established for people with mental health conditions the same legal right to choice of provider as has existed for several years in physical health, representing a major step towards realising parity between physical and mental health.
- Updated guidance and worked clinical scenarios published 19th December on the NHS England website.
- http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/bp/guidance/
- The guidance and clinical scenarios aim to help GPs, providers and commissioners ensure patients receive their legal rights to choice of mental health provider and team when referred for their first outpatient appointment. The resources published include details on what the rights mean and where they apply, meaningful patient choice, a checklist for good choice conversations, using Choose and Book for mental health referrals, charging and payment, and how choice may apply within worked clinical presentations.

Choice of Provider and Team in Mental Health Care

- The legal rights to choice covered in this guidance are:
  - patient choice of mental healthcare provider
  - patient choice of mental healthcare team

The regulations introducing these legal rights state that:

- *Patients must be offered, in respect of a first outpatient appointment with a team led by a named consultant or a named healthcare professional, a choice of any clinically appropriate health service provider with whom any relevant body has a commissioning contract for the service required as a result of the referral, and a choice of a team led by a named consultant or a named healthcare professional. This is subject to exclusions set out in legislation*
- This guidance seeks to interpret these regulations and set out the principles for how these legal rights to choice should operate. It is important to note that the right to choice does not mean that a patient only has their first outpatient appointment with their chosen provider: consistent with physical health care, once a patient has chosen a provider, that provider will normally treat the patient for their entire episode of care, unless the patient's diagnosis changes significantly.

Choice of Provider and Team in Mental Health Care

- As in physical health, patients' legal rights to choice apply following a referral by a GP to any provider that has an NHS Standard Contract with any CCG or NHS England for the required service. Patients may access some services, such as Improving Access to Psychological Therapies (IAPT) and Children and Adolescents Mental Health Services (CAMHS), via self-referral or other locally agreed referral processes, e.g. through schools. In these instances, patients' choices will be determined by commissioners' local choice offers.
- Commissioners, providers and referrers will need to consider how the models in use will support patients to make choices about their provider and team at a point where those choices are meaningful.
- Choice could become more meaningful if for example:
  - a patient attends a single point of access and receives further information about their diagnosis or care options; or
  - clinical assessment results in significant changes to the patient's diagnosis and/or care options.
- Providers of clinical assessment services, referral management centres or single points of access must consider the need to offer patients their legal rights to choice and do so impartially. Wherever a patient's choice is clinically appropriate, providers are required to support the patient's decision in line with the requirements in the NHS Standard Contract.

Choice of Provider and Team in Mental Health Care

- Conflicts of Interest
  - Where a non-primary care provider of mental health services has staff within a GP practice, either to provide advice on diagnoses and/or to administer care, the GP may seek their advice to help determine the patient's condition(s) and the type(s) of services that the patient needs. The mental health staff and the GP must however avoid any conflicts of interest in supporting the patient's choice of provider to deliver the care.
  - Where a non-primary care provider of mental health services to which the legal rights apply has staff co-located within a GP practice to administer care, the GP practice may not prevent or otherwise restrict patients from other GP practices accessing those services if patients exercise their legal right to choose to be referred to those services for their first outpatient appointment.

Sustainable Strategy to address 3 Gaps:

1. The heath and wellbeing gap
   - if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness
2. The care and quality gap
   - unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then patients' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist.
3. The funding and efficiency gap
   - if we fail to match reasonable funding levels with wide-ranging and sometimes controversial system efficiencies, the result will be some combination of worse services, fewer staff, deficits and restrictions on new treatments

We believe none of these three gaps is inevitable. A better future is possible – and with the right changes, right partnerships, and right treatments we know how to get there.

Link to Policy Documents

- http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
- https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020
- http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/bp/guidance/