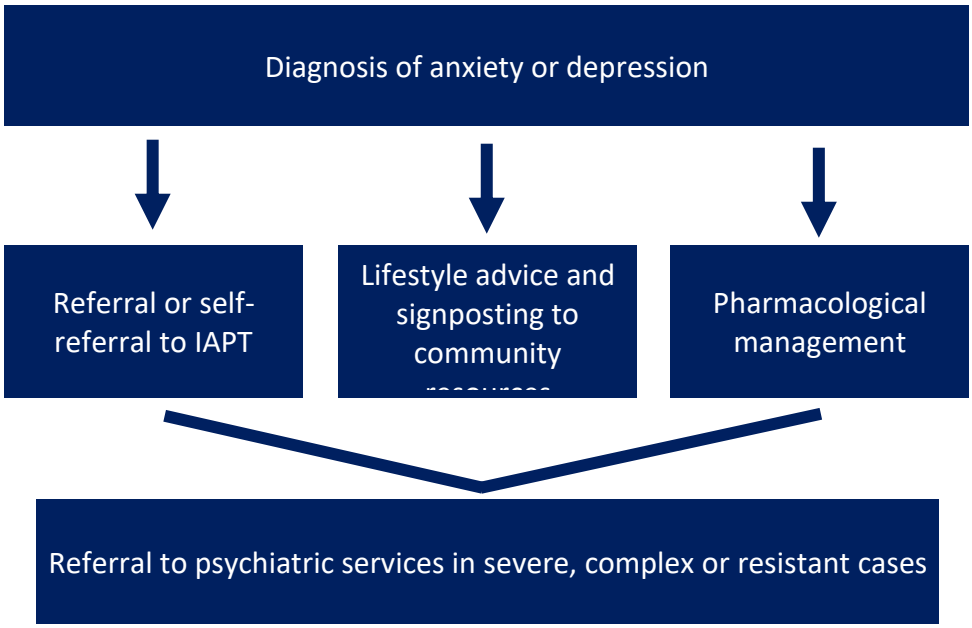
Royal College of General Practitioners

Person-Centred Care

PATIENT PATHWAYS: INVIDIDUALS WITH ANXIETY AND DEPRESSION IN PRIMARY CARE



WHAT ARE THE CURRENT PATHWAYS?

Patients with depression and anxiety can present to a GP surgery in several ways. It may be the main issue for which the individual attends. Often, a mental health problem may be discussed or diagnosed through a consultation for a different primary problem. In addition, screening or health assessments, for example in long term conditions, can identify mental health issues.

Once depression or anxiety has been diagnosed, the vast majority are managed in primary care initially. Options for management have traditionally fallen into 3 areas: 'lifestyle advice', 'psychological therapies (IAPT)' and 'pharmacological treatment'. Individuals who have complex or severe symptoms can be referred to mental health services in secondary care.

WHAT ARE THE CHALLENGES OF THE CURRENT PATHWAYS?

Once a diagnosis has been made, patients can either be referred onwards to talking therapy/psychology services.

Psychology services are now well established and available in all parts of England as part of the IAPT programme (Improving access to psychological therapies). GPs can also advise patients to self-refer to the IAPT services. Generally, IAPT services do not send information back to GPs and usually work on a different IT system. This can make it difficult to track referrals.

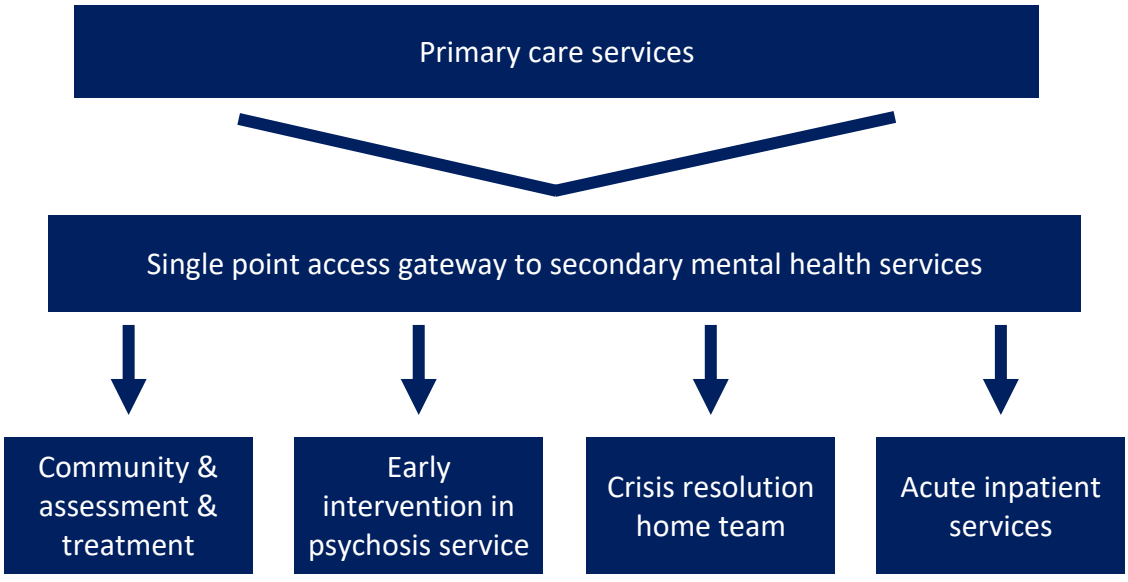
If patients are referred to secondary care, then a letter will come back to the GP once the patient is seen as is usual. Referrals are all electronic now and for the secondary care community mental health team, often go through a single point of access (SPA). Psychology services may or may not be included in this SPA.

Other members of the PHCT may be involved in the patient's care and identify the need for a referral. These notes and referrals should be kept on primary care data systems.

WHAT WOULD A MORE PERSON-CENTRED PATHWAY LOOK LIKE?

- Easy access through a single point of access, based on need rather than diagnosis: so a 'bio-psycho-social' model.
- An integrated primary mental health pathway would mean shared information across different organisations (with the patient's consent) so the patient does not have to keep repeating their story and professionals have the information required.
- More people gain access to support through targeted screening in chronic disease clinics.

Example of single point access model:



WHAT WILL NEED TO BE PUT INTO PLACE TO MAKE IT MORE PERSON-CENTRED?

Resources and capacity, either financial or human e.g. shifting resources to early interventions and prevention.

A range of different primary care professions also required appropriate primary care-focused education into different ways of working and ways to support patients.

HOW WILL IT DIFFER FROM THE CURRENT PATHWAY?

There would be more emphasis on prevention and self-care through targeted screening in high risk groups where integrated psychology services can provide support.

The aim would be to enable better self-management and self-care with accessible information, guided self-help and ways to wellbeing.

There would be increased capacity in primary care e.g. social prescribers.

A shift in the community mental health team to work in an integrated primary mental health care model would enable quick and easy advice and support to GPs when needed without needing to escalate patient into secondary care pathways. This means the right person sees the right patient in the right place the first time.

WHAT WOULD BE THE BENEFITS OF A MORE PCC PATHWAY?

Services will be closer to the patient's home and community based, providing the right care at the right time. There would be good links to local resources for assistance with associated social problems providing seamless bio-psycho-social care.

The stigma associated with mental health and mental healthcare facilities will be reduced.

All health professionals involved in the care of the patient will ideally have pre-existing knowledge of the patient and their family through good information sharing, thereby improving continuity of care.

There will be less variation in standards of care for people with depression and/or anxiety.

WHAT ARE YOUR TOP 5 TIPS FOR MAKING THIS PATHWAY MORE PERSON-CENTRED?

1. Provide one or more named individual professionals with whom the service users can establish and maintain a consistent therapeutic relationship.
2. A single service user care plan, which is owned by the patient can overcome challenges in services having different IT systems.
3. Offer a range of appointment types including telephone and video access such as Skype. Evaluations have shown that uptake of appointments via video conferencing is high and that the use of Skype consultations has been adopted by a wide variety of patients. It is a valuable tool when people cannot leave their homes.
4. Practice nurses to be involved in screening for anxiety and depression in individuals with long term conditions, along with access to referral to IAPT.
5. Use of link workers for social prescribing to address wider aspects impacting upon mental health and to reduce workload in GP clinics.