PRImary Service for Mental Health (PRISM) – developing a sustainable local mental health system

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Two Elements

- **PRISM – PRImary Service for Mental health** – planned care
- **First Response Service** – unplanned/crisis care
Why?

- The gap between what GP can offer and secondary care threshold is getting bigger.
- Secondary Care is inundated – limited capacity to deliver interventions
- People are dying – poor physical health monitoring and sitting on waiting lists
- The evidence and political climate support integrated physical/mental health care models
Concept

Secondary Care

Step Down (with rapid re-access)

New Service

Step Up (and step down again, with re-access where appropriate)

Primary Care

Vol Orgs/Third Sector
Recovery Coaches
Characteristics of PRISM

- Core elements – specialist MH, physical health, peer support/recovery
- Population based service – “screen and intervene” philosophy
- Prism to support GPs. It is not a separate service to refer into – “request for service”, not referral to PRISM
- Informal conversations to provide GPs with advice and support
- Joint prioritisation – upskilling GPs
- GP remains responsible clinician
- Flexible – bespoke to practices
- Integration with third sector services and social care – reduced story telling
The core PRISM team

- Band 7 Mental health specialist: coordinates referrals across the patch, provide supervision, sees complex patients
- Additional band 6 workers who provide most of the assessments and interventions
- Consultant psychiatrist – covering primary and secondary care for the PRISM patch
- Peer support worker – recovery focus
- Physical health care worker – SMI, screening and intervention, covers several patches
- Management and Administration
- Pilot pharmacist role – mental health medicines advice direct to GPs
The Patient Journey

GP monitors patient, offers support & medication

GP seeks advice from PRISM to support patients

PRISM team contacts patient, offers phone appt or face to face in GP surgery

PRISM Peer worker supports access to community resources

In development:
PRISM directly books into 3rd sector services
Prism developing further interventions

PRISM refers onto relevant ream/pathway to support individual in secondary care

Step patient down to PRISM for ongoing monitoring

Supported discharge with Recovery Coaches

Rapid re-access to secondary care if required

GP monitors patient
What will this mean for the patient?

- Support will be available at every stage of MH journey
- Early intervention will reduce crisis and escalation of need
- Better experience of the system – not being bounced around
- Close relationship with IAPT and 3rd sector – smoother pathway
- Stable SMI patients with enhanced MH needs will have improved physical health monitoring
What does this mean for secondary care?

- Demand reduced so ability to deliver interventions as opposed to repeated assessments/holding risk
- A truly integrated physical/mental health approach
- Easier to discharge patients when there is adequate support within primary care/community to support the discharge
• The final state of PRISM will see the vast majority of patients assessed and treated in primary care
• True delivery of parity of esteem – quick access
• Patients will be put in the right part of the system at the right time – reduced re-referrals
• Reduction in healthcare utilisation – GP appts, A&E etc.
• Better use of health and social care investment
• Capacity released in specialist services
• Offering complete pathways of care
Early outcomes

• We have moved from a centralised referral system to providing a locally based response to each patient, with no increase in time to assess (17.76 days in Sept 2016 reduced to 16.44 days in March 2018).

• Reduction in referrals to secondary care. Chart shows number pre prism and total post PRISM (Adult Locality Teams, CAMEO and PDCS)

• Positive GP feedback on consultant involvement and pilot of case discussions – however not all positive feedback, work to do!
I've seen someone who understands

It was good to speak to someone who understood more about how I felt

I don't have to travel miles away

It was helpful to speak to someone and not just be offered anti-depressants

It was good just to know I could get some help

It's not just about medication. They told me about resources locally and things I can do

The service helped me understand what was going on and why I was feeling this way
Phase 1 complete

Mental health staff aligned to and based within GP practices
Clinical records on GP systems
Roll out complete – end of Dec 2017

Phase 2/3 - underway

Consultants aligned, MDTs
Step-down patients managed in GP practices collaboratively.
Physical health role/medication monitoring.
Integration of Inclusion/Wellbeing Service (co-commissioned LA and CCG)
Working towards closer integration with social
Review of secondary care treatment interventions/pathways/model
A primary care wellbeing pathway

INCLUSIVE!

- PRISM – mental and physical health

Move towards greater accessibility of all Mental Health Services:

- FRS – self referral for MH crisis
- PWS - self referral
- PRISM – early intervention in primary care
- Specialist services provide greater impact at primary care level by providing expertise and input into PRISM including PD, EIP, Eating Disorder Services
Top tips - making it work .......

• Leadership
• Engagement – common vision, WIFM!
• Relationships/joint working
• Governance/robust action plans
• Phased implementation
• Culture change
• Flexibility – GP practices, BME population, “blue light”
• Comms – local / national, “salesman” approach
Top tips - making it work (2)

• Commissioning, Contracting, Clinical and Operational Partnerships. Invest energy in them, they “pay back”
• Relational versus formal contract management
• Know your numbers and lobby – locally, nationally
• Use what you already have – operational, financial
• Know your contracts and use them to hold your solutions together
• Explore your currencies to support your payment models
Questions?

We are always happy to be contacted!

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