

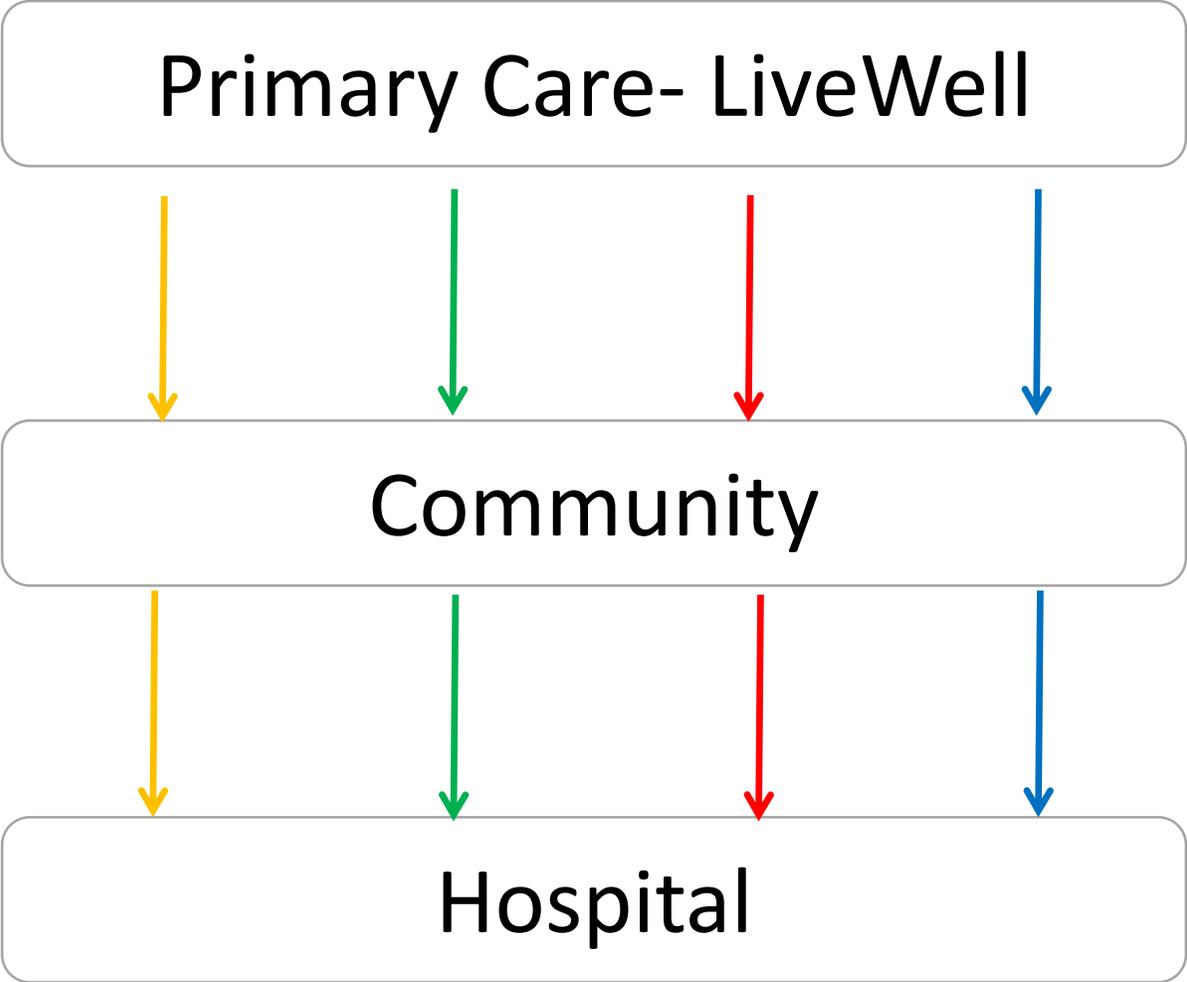
Healthy Minds, Buckinghamshire

1. Expected Activity, disorders, pathways
2. Where have we got to? Trainees and activity
3. Clinical Outcomes
4. Key learning points

Expected Activity, Disorders and Pathways

- Live Well – Primary Care – all LTCs
- Pathways include primary, community and hospital services
 - Respiratory – well developed
 - Diabetes
 - Cardiac
 - Musculoskeletal

Bucks IAPT LTC Pathways



Progress to date: activity, trainees

Delivery in 2017/18 so far

	Patients	PWP Trainees	PWP Top Up	HI Trainees	HI Top Up
Planned	1,411	10	18	12	25
Actual Q1-3	1,480	10	18	6 6 (2016/17)	19 completed 6 current

All HIs and PWPs to be offered top up training at the right time.

Leads for Respiratory, Cardiac and Diabetes. Recruiting MSK Lead

Key risks

- Staff accommodation and clinical space for LTC clinicians
- Achieving data quality and completeness for IAPT-LTC
- Retaining staff in line with the national picture e.g. retention of PWPs and HIs (10 PWPs reduced to 7)

Clinical outcomes Q1-Q3 2017/18

	Referred	Entered	Completed	Recovered	Not Caseness	Recovery Rate
All	7,695	6,035	4,453	2,230	606	57.97%
Core	5,855	4,446	3,550	1,877	364	58.91%
Integrated	1,840	1,589	903	353	242	53.40%

Key learning points

- Access: Able to ensure a high proportion of people using the service have LTC and comorbid anxiety and depression.
- Mobilisation: For some pathways e.g. respiratory has proved easier than others. Depends upon how fully we embed staff
- Training: Able to train all staff to do integrated work. It is possible to develop the service so that all staff have competencies in working with people with LTC, whilst some staff develop additional expertise through embedding in specialist services.

- Outcomes: Recovery rates are lower for the LTC population as compared to our relative high recovery rates for the overall service. Additional focus needs to be taken to address the reasons why there are low recovery rates.
- There are significant opportunities for integration by working with current system wide changes e.g. ICS, BITS and community hubs. There is more awareness training we could give to our staff regarding physical health and to physical health staff regarding our work. Does PPIP Care ten minute CBT meet that need?
- We still need to learn how to adapt LTC interventions for LTCs. We need core IAPT training to include adapting for when working with someone with LTC for PWP.

Buckinghamshire Health Economics Evaluation CSRs

Initial findings:

- 57% reduction in Physiotherapy appointments
- 33% reduction in GP appointments → per 1,000 patients= £30,695.65 cost saving
- No A & E attendances from cohort completing treatment
- 50% reduction in admission to hospital

Feedback

The benefits of integrated working are endless. Endless. When mental and physical health services work closely together and collaboratively, we have an accountable care system. It is almost like my dream come true."

One of the biggest benefits of the group was the opportunity to meet other people living lives where every day they face the challenges of a long term health condition. It's been a huge encouragement