	Business Case	Project Stage **Define**

Project Name	Primary Care Psychological Wellbeing Practitioners	**Date**	20/08/2019
Project Manager/ Author	Susie Downie Transformation Programme Manager	**Date of Programme Boards/ IJB**	IJB 03/09 EPB 14/08

Contents

1. Business Need

Strategic Alignment
This development is in line with the ACHSCP Strategic plan priorities of,

- Person centred care, whereby the right care is received at the right time and right place
- Resilience, providing patients with skills to manage their mental health to enable people to cope with the challenges they face.

The proposed model would also facilitate delivery of the Scottish Mental Health Strategy model of "Ask Once Get Help Fast" (Scottish Government, 2017)

The scaling up of this service is identified as a priority within both the Primary Care Improvement Plan and the Action 15 Plan. The service will work closely with the Link Practitioners (as referenced in the PCIP) and wider third sector tiered support for people in distress, to provide an effective interface between physical health and mental health services.

Background
The Primary Care Psychological Therapy Service has been a permanent service within Aberdeen City since 2018 providing clinically effective (Battersby 2017, Spry 2018) evidence-based psychological treatment for those suffering from mild to moderate common mental health issues such as anxiety disorders and depression (Tier 2 & Tier 3 – see appendix 1). Prior to this a limited service was available from the 1.8 wte Doing Well By Depression team. The two services have amalgamated and now a high-quality evidence based psychological therapies service consisting of 10 posts covering Tier 2 (mild-moderate) and 2 posts covering Tier 3 (moderate mental health needs) is available to cater for the large numbers of people (1807 referred in 2018) requiring the service across the city.

A Psychological Therapist is based in each GP practice in Aberdeen city for varying amounts of time ranging from 1 to 5 half day sessions per week. At the moment GP's refer patients they feel would benefit from the service directly to the service. It is not possible to self-refer and it is unlikely that this will change going forward as the GP needs to make the clinical judgement as to whether or not the patient is suitable for the service. Patients are then assessed by the Psychological Therapist and are either placed on their waiting list or passed on to the Clinical Psychologists who see patients with moderate mental health difficulties (Tier 3)

This business case proposes to complement the existing service by establishing 4 Psychological Wellbeing Practitioner (PWP) posts offering Tier 1 high volume, brief treatment packages consisting of 1-2-1 guided self-help and group-work based therapy.

These posts aim to provide core evidence-based treatment in line with clinical treatment guidelines (NICE, the Scottish Matrix) for Tier 1 (mild) mental health problems which are diagnosable within clinical diagnostic frameworks such as ICD-10**,** or symptoms which present as a precursor to clinically diagnosable conditions, in order to prevent their progress to more serious mental health problems. At present no comparable service exists within Aberdeen City and so the needs of this patient group remain largely unmet, or are met less appropriately within higher tiered services. Referrals to this new service will be made via the GP, from other tiers of the PT Service, Link Practitioners or as a self-referral. Secondly, the role would provide clinical input for patients who are currently accessing Beating the Blues computerised CBT. There is substantial evidence that rates of engagement with the programme and clinical outcomes are significantly improved by such input. (Richardson & Richardson 2012, Palmqvist 2007).

It is proposed that the service will be available during the day and in the evenings to provide maximum flexibility and access. Links will be made with communities to utilise existing resources to deliver the group work.

This proposal looks to open and enhance referral pathways in order to ensure seamless service for those patients requiring onward referral (as appropriate) to other services. This frees up clinical and administrative time and speeds up the process.

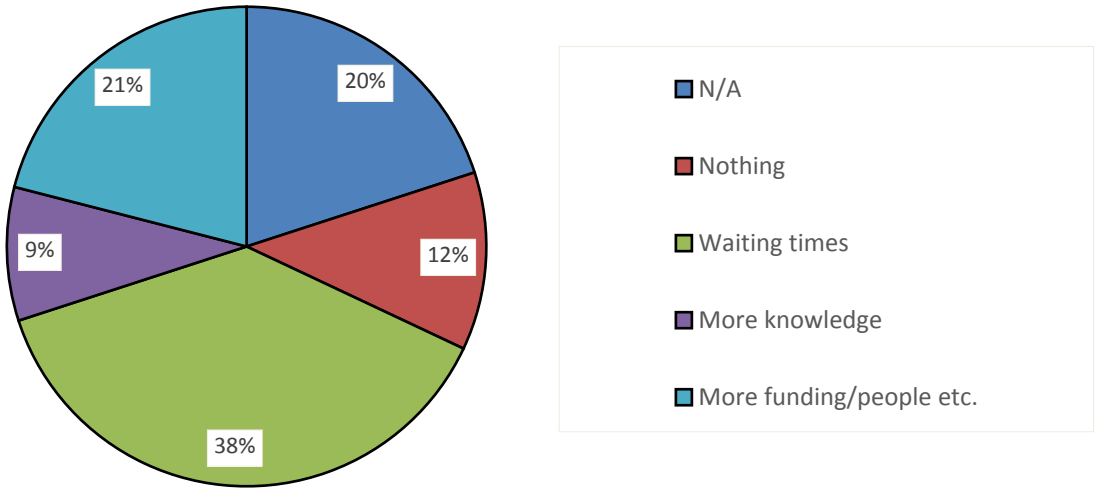
The additional workforce will include people who are degree-qualified however do not require specific formal mental health qualifications and experience. Training and supervision will need to be provided, thus bringing a much needed new pool of candidates into the workforce. Recent recruitment to these posts in the Aberdeenshire primary care psychological therapies service received 58 applicants of whom 26 were selected for interview and 11 recruited to 9wte posts.

Relevant Data

In the calendar year 2018, the Tier 2 service received 1807 referrals. The waiting time for first appointment of assessment and treatment in December 2018 ranged from 3 to 46 weeks. In June 2019 the waiting times ranged from 2 (new surgery) to 49 weeks, with 44% of GP surgeries not meeting the SG HEAT target of 18 weeks from referral to treatment.

An analysis of the Patient and GP experience surveys carried out by two Career Ready interns recently highlights that 18% of patients felt that having to wait 6 – 12 months for an appointment was too long. In addition the highest percentage of responses (38%) from the GP's to the question "Do you have any suggestions about how we can improve the service" cited waiting times as in issue. 21% of GP's also stated "more funding/people etc." as a way to improve the service. Therefore 59% of GP's surveyed felt that the service would benefit from additional resource to reduce waiting times.

3.) Do you have any suggestions about how we can improve the service?



An audit of cases since the service database began in January 2017 has shown that 9% of cases referred to the service have depression and anxiety scores which would place them in the mild category demonstrating that they would be appropriate for treatment at Tier 1. This does appear low, however GP's do not currently refer patients suitable for Tier 1 as they are below the threshold for the Tier 2 service and therefore this figure is not surprising as it does not present a complete picture of the demand. Should the Tier 1 service exist, GP's and patients would be able to refer/self-refer, therefore reducing waiting times for the Tier 2 service, resulting in people receiving help sooner. In addition the workload of GP's would be reduced, which is one of the primary aims of the new GMS Contract, as the Tier 1 patients that they are currently seeing would be referred to the PWP's.

There is a large body of evidence from other areas of the UK that Improved Access to Psychological Therapies (IAPT) services, all of which include Band 5 PWPs, as to the benefits of this role. The most recent review from IAPT (IAPT NHS Digital 2019) shows that of the 49,389 cases treated in 2018/19, 52.9 % moved to recovery (that is, moved from having clinically significant symptoms to no longer having these symptoms) following treatment within IAPT services, more than 50% of whom have been seen by PWPs

Evidence suggests nine out of 10 adults with mental health problems are supported in primary care and broadening the range of services means local health services are better equipped to deal with patients' physical and mental health needs (NHS England, 2018).The evidence suggests that one in six people will be diagnosed as having depression or chronic anxiety disorder at any given moment, and one in three families will be affected (Psychiatric Morbidity Survey).

If this is looked at in terms of the population of Aberdeen, there are 190,985 over 16's in Aberdeen city (www.aberdeencity.gov.uk). If the prediction is 1 in 6, this equates to 31,837 people who will have a diagnosis as having depression or chronic anxiety disorder. The

prediction is that 15% of those will seek psychological therapy which in the Aberdeen context will mean 4775 people will be seeking treatment from the existing service per year. With current staffing levels, this equates to 397 cases per Psychological Therapist per year.

In addition, a clinical audit has shown that patients receiving treatment through the evidence based Primary Care Psychological Therapies Service within Aberdeen City improved significantly in terms of symptoms of both depression and anxiety following treatment (Battersby 2017, Spry 2018).

Positive Impact
In addition to reducing pressure on GPs, and the Tier 2 psychological therapy service and in completing the tiered model, this service will ultimately reduce the pressure on secondary care mental health services. The effect of the service to date on secondary care services is evidenced by the reduction in referrals to adult mental health Psychology at Royal Cornhill Hospital with a corresponding reduction in waiting times for that service. Over 80 fewer referrals were received in 2018 compared with 2016 as many patients are now seen by the Tier 3 Psychologists working in primary care in line with the ethos of “right person, right place.”

Grampian continues to have some of the lowest levels of psychological therapists in post compared with the rest of Scotland (ISD 2018) (see Appendix 2) and this expansion of the current PT service would go some way to addressing this. Appendix 2 shows that Grampian psychology services have a WTE of just over 11 per 100,000 population compared with the Scottish average of just under 16. This places Grampian the second lowest of all mainland Boards.

In terms of patient outcomes we would see reductions in anxiety disorders and depression which have been evidenced in other areas using the PWP service model (NHS Digital 2019). There is substantial evidence that such interventions lead to reduction in healthcare usage overall including reductions in repeat prescriptions, GP appointments, in outpatient procedures, inpatient bed days and benefits & sick pay (Layard 2006)

Stakeholder Engagement
A stakeholder workshop was held on 7th August with representatives from statutory services and third & independent organisations. (attendees are included in section 20) The purpose of the workshop was to discuss the options outlined in previous versions of this plan and to discuss the risks, advantages and disadvantages. This was done in a world café open discussion format to allow for honest discussion and debate. It was positively received and the scoring of the options from the day has been included.

Following very interesting discussions it was decided by those present that the options should be distilled to 3 (see section 3 below). The group were then asked to individually blind score the options using the objectives below. Other relevant representatives were also asked to score the options to ensure a balanced view was captured.

2. Objectives
To improve individual mental health and wellbeing through timely access to appropriate services by offering high volume, rapid access treatment and support options.
To meet the currently unmet demand for Tier 1 services thereby reducing Tier 2 waiting times.
To reduce pressure on primary care and GP practices by having a dedicated team to deliver Tier 1 interventions locally in a primary care setting.
To continue to deliver the most appropriate and effective form of evidence-based treatment for patients with mild mental health problems, contributing to the achievement of the 18-week HEAT standard.
To provide an efficient, cost-effective service that meets the needs of the population of Aberdeen.
To complete a seamless suite of treatment options from Tier 1 to Tier 3 within primary care.
To contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years.
To overcome typically encountered problems with recruitment and retention within mental health services in order to provide a sustainable service
To meet the requirements of the timescales of Action 15 of the SG Mental Health Strategy
To contribute to partnership working and the achievement of ACHSCP's strategic plan and integration aims.

3. Options Appraisal

3.1. Option 1 – Status Quo - There is no financial impact of this option, however, by not expanding the service there will be unmet patient needs.

3.2. Option 2 - To permanently fund the resourcing of a city-wide service to provide group work psychological therapy via statutory sector – Staff would be employed on permanent contracts adding to the establishment ACHSCP.

3.3. Option 3 - To externally commission third/independent sector to employ PWPs who are embedded into the current psychological therapies service.

4. Options Scoring

Objectives		Option 1	Option 2	Option 3
1	To improve individual mental health and wellbeing through timely access to appropriate services by offering high volume, rapid access support and treatment options.	-1	3	3
2	To meet the currently unmet demand for Tier 1 services thereby reducing Tier 2 waiting times	-1	2	2
3	To reduce pressure on primary care and GP practices by having a dedicated team to deliver Tier 1 interventions locally in a primary care setting.	-1	3	3
4	To continue to deliver the most appropriate and effective form of evidence-based treatment for patients with mild mental health problems, contributing to the achievement of the 18-week HEAT standard.	0	3	3
5	To provide an efficient, cost-effective service that meets the needs of the population of Aberdeen	-1	1	3
6	To complete a seamless suite of treatment options from Tier 1 to Tier 3 within primary care	-1	3	2
7	To contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years.	-1	3	3
8	To overcome typically encountered problems with recruitment and retention within mental health services in order to provide a sustainable service	0	2	3
9	To meet the requirements of the timescales of Action 15 of the SG Mental Health Strategy	-1	3	3
10	To ensure delivery of integration and partnership working via the strategic plan aims	0	0	3

	Totals	-7	23	28
	Rank	**3**	**2**	**1**

Scoring
Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1

4.1. Recommendation

Following the workshop and the scoring process, Option 3 is the preferred option: **Commissioning third/independent sector to deliver Tier 1 embedded into the current psychological therapies service**.

While the service will be commissioned, work will need to be done to devise a framework with regard to how the successful third/independent sector organisation and the existing Psychological Therapies service will dovetail, how training will be delivered and supervision of staff provided through existing Partnership resources. Data sharing protocols do exist for the Link Practitioners and these could be used/adapted for this element of the service also.

The total annual costs are estimated to be:

Year 1: £171,297;

Year 2: £170,135

Year 3-4: an option of a further 2 years to extend (projection based on year 1-2 costings)

Total cost for approval for 4 years: **£691,429**

5. Benefits

5.1. Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Reduced symptomatology & psychological distress and improved functioning in those treated by the service	Depression	PHQ 9	Scored on initial Assessment	Improved scores	On discharge	Per patient
	Anxiety	GAD 7	Scored on initial Assessment	Improved scores	On discharge	Per patient
	Impaired social and occupational functioning	Work & Social Adjustment Scale	Scored on initial Assessment	Improved scores	On discharge	Per patient
Shorter waiting times	Average waiting time from referral to commencement of treatment.	Service data	Current wait times	Wait times reduced	12 months post imp.	6 monthly

5.2. Staff Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Less pressure on 3 GP time	GP consultation type	Vision/Emis	Current	Reduced MH consults	At 12 mths	Annually

Less pressure on Tier 2 within the primary care psychological therapies service	Referral rates	Inhouse database	Tier 2 = 1807 referrals in 2018	Reduced waiting times at Tier 2	At 12 months	Can be tracked monthly

5.3. Resources Benefits (financial)

Benefit	Measures	Source	Capital or Revenue?	Baseline (£'000)	Saving (£'000)	Expected Date	Measure Frequency
Reduced medication following treatment	Prescribed medicines	Service data	Rev	TBC	TBC	Per discharged patient	Per discharged patient
To reduce demand on higher tier services.	TBA						
	TBA						
	TBA						

6. Costs

6.1. Project Revenue Expenditure & Income

The total contract cost Is to provide a 4WTE Psychological Wellbeing Practitioner posts for Aberdeen City.

^Estimate as will be dependent on contract value.

7. Key Risks	
Description	**Mitigation**
Workforce availability for recruitment (we know from recent Shire recruitment that this workforce is readily available however may destabilise market)	This is an acceptable risk due to ensuring increase market facilitation and to attract new pool of individuals into the workforce.
There are time pressures to spend appropriate funds and ensure projects and staff are delivered on time.	Working to tight deadlines and ensuring project management and commissioning capacity will be crucial. Discussions with Scottish Government have ensured funds will be made available on the basis of approved business cases.
Risk to patients in terms of unnecessary deterioration and resulting disability associated with potentially long delays whilst the commissioning process is undertaken.	As above.
Risk to staff retention if more favourable terms & conditions are available in other areas for similar posts.	This risk is system wide.
The training required is supplied by NHS Education for Scotland (NES). They have indicated that 3rd Sector would take lower priority than NHS if a request is made for training but would be able to give this training. This option requires agreement and further discussion about training and supervision in order to enable it to happen using the best resources available to the partnership.	NES colleagues are working towards integration and therefore we will work with colleagues and give early warning of requirements to ensure the appropriate training is provided in a timely manner.
Training and supervision could be delivered as part of the job roles of those already in the primary care delivery team, or from specialists with an interest in supporting these areas. However this is a risk in terms of impacting current capacity.	The risk to not supporting these roles is greater. There will be a short-term impact for a long term gain in terms of stemming demands on the services and that referrals are dealt with by the most appropriate person.
Whilst it is not anticipated that the entire predicted numbers of people seeking assistance for mental health issues will utilise this service, there is a risk that the service could become overwhelmed	Appropriate caseloads will be agreed in line with relevant guidelines

8. Time

8.1. Time Constraints & Aspirations

After IJB approval, the procurement process will take around 4 months to complete. It is therefore anticipated to have a contact in place by January 2020 and service operational by early 2020.

After this the project would run for 2 years with a potential extension of a further 3 years. It would be agreed that service testing and development should run through the course of the project to ensure outcomes are best met.

8.2. Key Milestones

Description	Target Date
Programme Board approval	July-August 2019
IJB Approval	3 Sept 2019
Tendering process begins	Nov 2019
Contract in place	Jan 2020
Service operational	Apr 2020
Evaluation	Ongoing

*Note – this is a summary version of the Business Case, the full Business Case is available on request to IJB board members.

Appendix 1

Problem Tier

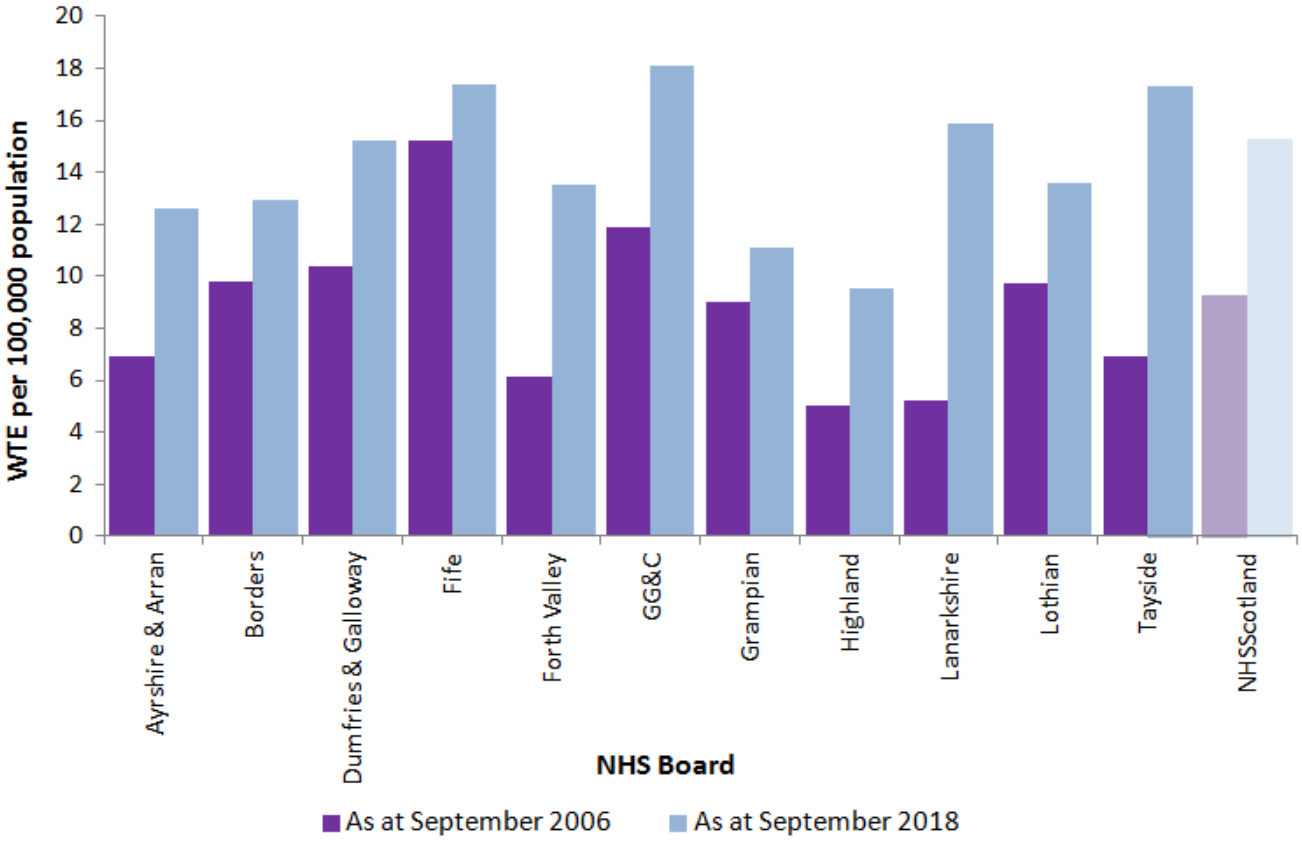
The Northumberland Tiered approach to Psychological Therapies is being developed and proving useful for the delivery of Psychological Therapies in NHS Grampian.

Within the Northumberland model problems are categorised into one of four tiers (see diagram).

Service Example	Problem Tier	Case Examples
Interagency team approach, possible inpatient care, psychosocial interventions, ongoing care as required.	**Tier 4**: Severe mental health problem with significant impairment of functioning and acute unstable, or at high risk	Acute schizophrenia, Borderline PD with high risk, severe mood disorders, severe eating disorders
Psychotherapy and/or drug therapy from appropriately trained professional plus liaison with other agencies as required. Long-term or episodic care. If not treatable at time of referral, advice on management plus support to primary care with the option to re-refer	**Tier 3:** Complex mental health problem that is most likely longstanding and recurrent that significantly impairs the quality of life and some functions.	Severe OCD, more stable schizophrenia, personality disorder (eg Dependent PD, Avoidant PD etc) Hx of physical, sexual or emotional abuse
Specific evidence-based therapy provided by appropriately trained mental health professional. Short-to-medium-term intervention. Group intervention. Medication	**Tier 2:** Moderate mental health problem that unlikely to improve without specialist therapy but does not prevent day-to-day functioning.	Moderate depression and anxiety states. Panic Disorder, phobias etc.
Support and/or counselling from appropriately trained members of the PGT, self-help materials, appropriate medication prescribed by GP, referral to voluntary sector, referral to appropriately rained counsellor, self-help groups, walk-in stress clinic	**Tier 1**: Mid to moderate mental health problem characterised by distress but with limited effect on functioning .	Reactions to life events, mild to moderate anxiety and depression, simple grief reaction, relationship difficulties not of a chronic nature or related to more complex problems.

Appendix 2

Applied Psychologists in Mainland NHS Boards. Change in WTE rates per 100,000 population between 31st March 2006 and 30thSeptember 2018 (ISD 2018)



Appendix 3

References

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