

Primary Care Resilience Webinar Series

Connect, rebuild and move forward

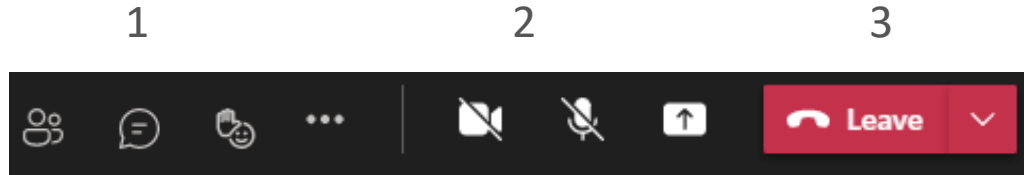
Introduction and Scene Setting

Adeline Tan (she/her)

Improvement Advisor, Primary Care Improvement
Portfolio

Healthcare Improvement Scotland

Housekeeping



1. **Open and close the chat panel** – use the chat box to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Participants will have their cameras and mics automatically off** - The facilitators may ask you to elaborate on a specific point, in that case we will enable you to unmute your microphone.
3. **Leave the meeting** – use this to leave this webinar at the end.

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.



Aims of the webinar series

- Reflect on what we have learnt from the response to COVID-19
- Explore what changes we have made and what we need as we move forward
- Connect and learn from each other

TODAY:
**Mental Health and the Primary
Care Multidisciplinary Team**

Session 1

National perspective on MDT working in primary care services

Michelle Watts

GP, Senior Medical Advisor
Scottish Government

Session 1

Supporting Mental Health MDT working in primary care

Alastair Cook, PhD

Principal Medical Officer for Mental Health,
Scottish Government

Session 1

**Person-centred care – insights into
people with lived experience of accessing
mental health services in primary care**

Gordon Johnston

Public Partner, Healthcare Improvement Scotland

Workforce Specialist Service

National Wellbeing resources

Dr. Kirsten Woolley

Salaried GP and Professional Advisor for health and social care practitioners'
wellbeing for Scottish Government

YOUR WELLBEING

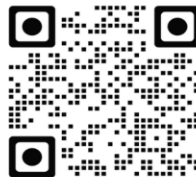


@NatWellbeingHub



The Wellbeing Hub provides a range of self-care, wellbeing resources and support services – including apps, articles, tips, videos, podcasts, and webinar recordings – for everyone who works in health, social care and social work in Scotland.

Visit our website: www.wellbeinghub.scot



Coaching for Wellbeing

Tailored coaching support offered through a digital platform. 2 hours of coaching at no cost for all health, social work and social care staff.
Available via the Wellbeing Hub

Workforce Specialist Service

Confidential mental health assessment and treatment for regulated health, social care and social work professionals.
Available via the Wellbeing Hub

National Wellbeing Helpline

Access to 24/7 mental health support, hosted by NHS24's Mental Health Hub. Trained practitioners offer callers a compassionate listening service, as well as advice and signposting.

0800 111 4191

The Resilience Puzzle



- Doctors are highly resilient
- BUT, have very high rates of psychological ill health



Caring | Discovering | Growing | **Together**



Confidential assessment:

- **Parity** of confidentiality and **therapeutic relationship**
- **MOU** with regulators
- **Principles of Working** with employers/RO's

*To ensure practitioners can access treatment,
when they come, they get well.
When they get well, they can return to work.*

Specialist treatment:

- Expertise at the **interface** between regulation, (employment) and illness
- Specialism of caring for **practitioners as patients**
 - Impacts of emotional labour
 - Mental Illness presentation and prevalence, Health behaviours differ



Podcasts & webinars

Key dates

Individuals ▾

Managers ▾

Help for you ⓘ



The WSS, delivered by NHS Practitioner Health, is a confidential multidisciplinary mental health service with expertise in treating regulated health and social services professionals. They specialise in caring for regulated professionals as patients, and as such are experts at the interface between regulation, employment and mental illness and addiction.

The WSS understands your needs as professionals with mental health and/or addiction problems, how this might impact on your ability to seek out help, and how your condition might impact on your work and potentially those in your care. The WSS provider is skilled at helping professionals return to work or training, and they treat practitioners with mental health conditions such as depression, anxiety or with more severe illnesses, such as bipolar affective disorder, personality disorders and with a range of addiction issues.

If you are a regulated practitioner working in Scotland, you can get a better understanding of what the service provides and refer yourself by visiting:

[Accessing the service in Scotland \(practitionerhealth.nhs.uk\)](https://www.practitionerhealth.nhs.uk) or you can also email prac.health@nhs.net or call 0300 0303 300.



Find help near you

View help and resources specific to your area in our Find Help section

[View map](#)

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[Cookie settings](#)

ACCEPT

Open "https://www.practitionerhealth.nhs.uk/accessing-the-service-in-scotland" in a new tab

*"I am overwhelmed by the service I have received from your team - the staff are professional and expert This may in fact **save my career and my mental health**"*

<https://wellbeinghub.scot/the-workforce-specialist-service-wss/>

YOUR WELLBEING
#NotWellbeingHub

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0800 111 400

Discussion

Session 2

Examples of MDT working

Scott Jamieson
GP, NHS Tayside and
RCGP Scottish Council

Session 2

Integrating Community Mental Health Team (CMHT) and Primary Care Multi-Disciplinary Team (PCMDT) professionals in a primary care setting

Karen Darroch

Integrated Service Manager in Mental Health and
Substance Use, Midlothian HSCP (NHS Lothian)

Primary Care Mental Health overview

Brief overview of the following:

- Background for primary care mental health
- Establishing Midlothian's model
- Midlothian's primary care structure
- Integrating primary care and secondary care
- What we have learned, enablers, barriers, how we overcame challenges and the impact of the service model
- Feedback
- What's next

Primary Care Mental Health

Mental Health Strategy 2017-2027

- The Scottish Government set out a vision for mental health services in 2017, to achieve the vision requires prevention, early intervention and access to right person at the right time in the right place. They suggested that mental health services should be person centred and open to acknowledging the benefits of fast and effective interventions
- Action 15 of the strategy sets out how this will be realised – by increasing the mental health workforces to give access to mental health professionals in all areas including GP practices
- Evidence of achieving this vision will be an increase in the proportion of the population accessing mental health care

Primary Care Mental Health

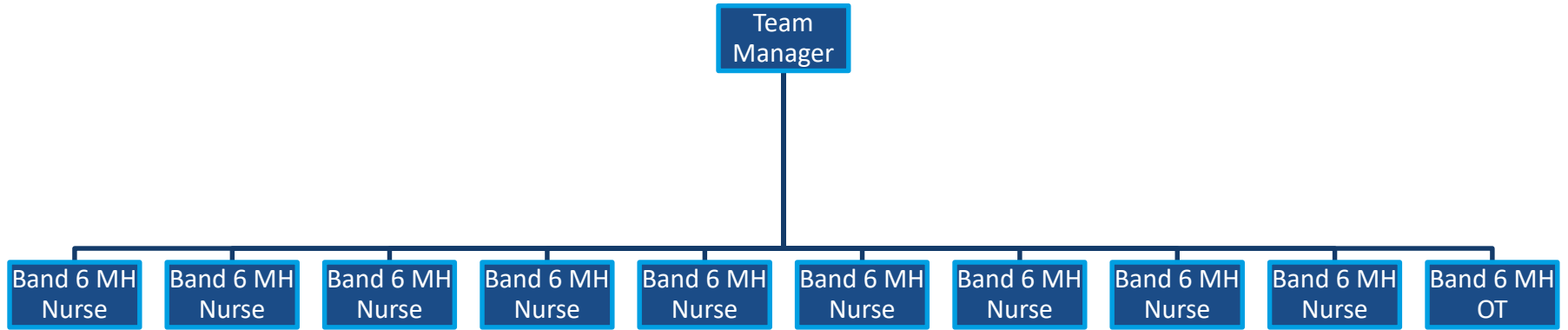
Primary Care Transformation

- In 2018 the General Medical Services Contract in Scotland came into effect; representing a significant change in how general practice operates
- The new contract set out the role of GPs as Expert Medical Generalists – changing the workload and responsibilities to accommodate this
- To facilitate this there was investment in a wider multidisciplinary team to support general practice

Midlothian PCMHT

- PCMHT was established in 2017 as part of the Mental Health Strategy 2017-2027 to provide dedicated mental health professionals within GP practices
- PCMHT in Midlothian is present in every GP practice; proportionate to the GP list size (as they were when the service was established in 2017)
- The PCMHT is designed to provide patients with direct and timely access to triage, assessment brief, low intensity evidence-based interventions to patients presenting with mild to moderate mental health difficulties
- To improve access, reduce barriers, to improve individuals' journeys to flow through the continuum from primary care to secondary care and back to primary care. (Being seen by the right person at the right time dependent on need)
- The team is largely funded by Action 15 monies with contribution from PCIF

Midlothian primary care team structure



Total WTE : Nursing Team Manager 1 WTE
Registered Mental Health Nursing 8.8 WTE
Occupational Therapist 1 WTE

What's been done to integrate CMHT and PCMDT

- Midlothian's Recovery hub – integrated building, Adult MH, SUS and Justice. Also includes Third sector, peer and host services
- The team manager sits in the administrative base within the CMHT as a visible presence and a point of liaison
- Representation at multidisciplinary “sector” meetings as a point of contact, to discuss referrals to and from the CMHT and PTS
- Primary care staff have direct access for advice and support via telephone and email with consultant psychiatrists attached to the GP practices
- Secondary care staff have clinics within the GP practices
- Members of the CMHT attend team meetings as guest speakers to outline their role, the role of the team and to take questions. The rationale is to build an understanding of the varied roles and build relationships between the teams.
- GP practice “huddles” PC staff in the practice meet with other disciplines, partners’ coffee time also provides an opportunity to meet the wider teams
- Multi agency meetings
- Shared care

What have we learned from this process

Enablers/benefits

- Improved access and reduced barriers
- Individuals having access to the right care to meet their needs
- Mental health specialist working in the heart of the community
- Improved relationships across the wider teams; improving communication and smoothing out the patient's journey and care provision
- Improved collaborative working – multi agency discussions/meetings
- There are opportunities to share expertise and knowledge, training and development – education sessions have been implemented
- Delivering on primary care transformation

What have we learned from this process

Difficulties/barriers

- Demand outweighs the capacity
- Covid 19 - PC
- Environmental issues – building space
- IT systems
- Workforce
- Financial – cross cover
- Recruitment
- GAP – 65 +

How were they overcome

- Team manager is working with secondary care colleagues and PCMHT to develop relationships and opportunities to work more closely
- Retain flexible working model WFH/Practice (environmental)

Impact

- “Since having a PCMHN, we have seen a decrease in MH issues booked in with GPs” (GP)
- 37.25 days in clinic provided by the team, 199 triage appointments provided, 167 return appointments provided on a weekly basis – 11 session model
- Improved collaborative working across primary care and secondary care – improved patient pathways, communication
- Increase demand – access/reduced barriers
- Positive outcomes for individuals across the spectrum

Feedback

- Feedback on the service is generally very positive by patients and key stakeholders
- The service is considered to be invaluable, to offer value to the GP practice and to the patients improving access to the right support at the right time in the right place
- Patient feedback tends to be more verbal and written about the difference the PCMHN made

Sample Feedback comments

- “Cannot emphasise enough how important and valuable I think this service is.” (GP)
- “Highly valued service” (GP)
- “It’s been really good to talk to you. You’ve been really helpful” (patient)
- “Very helpful, very easy to talk to you.” (patient)
- “You’ve listened, been supportive and very empathetic towards me.” (patient)

What's next

- To look at opportunities to enhance the primary care arm of mental health services
- Improve DATA collation
- Improve Patient feedback
- Exploring over 65+ pathway
- Core group established to continually review current pathways to enhance collaborative and partnership working across the spectrum

Session 2

Establishing and embedding Mental Health services within North Angus hub

Gail Forrest and James Kennedy

Programme Manager and Clinical Lead, North Angus Hub,
NHS Tayside

Background & Conditions for Change

- National Drivers
- Local Drivers
- Local Intelligence



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What is the Mental Health & Wellbeing Enhanced Community (ECS) Hub?

The “Hub” is an enhanced community support referral screening hub which is delivered by staff from Community Mental Health Teams (CMHTs), Angus Integrated Drug and Alcohol Recovery Service (AIDARS) Angus Psychological Therapy Service and Mental Health and Wellbeing Support (Third Sector).



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Project Aims

- A clear referral process with one entry route, and one referral to GAP CMHT, AIDARS, and Psychology, resulting in a quicker referral to treatment time, and a shorter duration of treatment.
- All agencies will work together to promote recovery, treatment and support opportunities.
- Reduced duplication of support, better transitions, and increased coordination of services.
- No referral will be rejected. Everyone referred to mental health services will be offered advice or support from one of the mental health services, including contracted services.
- Referrals will be tracked, and outcomes analysed to further develop improvements in the service.



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Process

A protocol with all information, processes and forms was developed to ensure the following:

- MDT meets daily
- No rejected referral
- Single point of access
- Self Referrals accepted
- Decisions made on the day
- Electronic feedback to referrer on the same day
- No re-referrals needed from GP
- One referral - co-morbidity/complex referrals all dealt with in the hub, multiple referrals not required by GP
- Access to the wider Angus Mental Health Family of Resource



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Implementation in the North East

Implementation took 6 months and the key areas for success to note are:

- Clear Project and Action Plan
- Steering Group with key stakeholders
- Regular Steering Group Meetings
- Established with NO funding



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Evaluation

- Initial 6 month evaluation of North East Hub with Hub Team, Referrers and Patients
- Ongoing evaluation 6 weekly by project steering group
- Followed by an annual review
- No change to the initial test of change



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Benefits

- Shared knowledge between individuals/services and organisations
- One referral for GP's
- Patients not requiring to tell their story multiple times
- Co-located in GP Surgery
- GPs having direct access to Hub Staff
- No financial implications
- Roll out of model
- More than 3000 referrals to the Hubs with NO rejected referrals
- Project and Quality Improvement approach
- Significant National Interest in the model

Barriers

- Difference between the Hub in North East and North West
- Premises
- Dedicated admin support
- Buy in to the change



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Next Steps

- 6 month review of the North West Hub
- Roll out to the South of Angus before the end of 2023
- DBI
- Self Harm/MIIU
- Cost of Living – DWP/Citizens Advice/Welfare Rights



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Discussion

Thank you

Any questions?

James Kennedy, Nursing Team Leader,
CMHT North Angus, Angus HSCP
james.kennedy@nhs.scot

Gail Forrest, Lead Officer
Angus Adult Integrated Mental Health Services,
Angus HSCP
forrestg@angus.gov.uk



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Closing remarks

Adeline Tan

Improvement Advisor, Primary Care Improvement
Portfolio
Healthcare Improvement Scotland

Next steps



Evaluation
survey – link in
the chat box



Follow up
email
circulated soon

Achieving Diagnostic Excellence in Primary Care

part of the SPSP National Learning Event: Creating the Conditions for Safe Care

At the webinar you will:

- hear our guest speaker Professor Hardeep Singh discuss:
 - how we identify and understand diagnostic errors and their contributing factors in clinical practice, and
 - solutions, including how clinicians can learn from diagnostic errors and interventions, to achieve diagnostic excellence.
- have an opportunity to contribute to an exploration of key issues and priorities for patient safety in primary care in Scotland.



20 September 2023



2.00-3.30pm

Register NOW!



Keep in touch



ihub.scot/primary-care



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**THANK
YOU**

