

Focus on Mental Health DES – Wales 2013/14

Why was the previous Mental Health DES changed?

The new Mental Health Measure implemented across Wales in Autumn 2012 no longer included reference to enhanced CPAs therefore the old DES became obsolete.

The identification and management of the physical health needs of patients with serious mental illness remains a priority for WG - these are included in QOF mental health indicators.

This DES has enabled the monies linked to the old scheme to be retained within the Enhanced Service budgets.

Will Health Boards have to commission this?

Yes it is a DES

It will be in place for 3 years after which time the effectiveness / impact will be reviewed.

What is the aim of the Mental Health DES?

To facilitate engagement of the whole practice team (clinical, managerial and administrative) in understanding:

- ❖ the impact that mental health issues can have at any age
- ❖ the management of suicide and threatened suicide
- ❖ links of mental health to physical illness
- ❖ how to respond to a patient's needs

Can practices pick any area of Mental Health?

Welsh Government in conjunction with GPC Wales have identified priority areas for practices that will meet the aims. These include:

- ❖ Service user led training on understanding the experience of mental illness from a service user's perspective;
- ❖ Mental health and physical co morbidities; health promotion and reducing risks and inequity in primary care;
- ❖ Diagnosis and management of depression in the elderly;
- ❖ Understanding the mental health needs of young people and local pathways and support, working with local CAMHS services;
- ❖ Recognition and management of threatened suicide and self-harm; and
- ❖ Early identification, effective management, advice and support for people with dementia and their carer

What do practices need to do to deliver the DES?

- ❖ Deliver a practice based education session of minimum of 1x2 hour or 2x1hour sessions focussing on one of the above areas.
- ❖ The practice needs to change the subject area covered for each year that the DES is in place (3 years in the first instance)

A minimum of 85% of practice staff need to attend a session – Welsh Government have agreed this can be delivered over a series of sessions rather than having to have ALL at the one session if that is more convenient for practices.

What will Health Boards require as proof of meeting requirements?

A report needs to be submitted to the Health Board within 28 days of 31st March 2014.

The report needs to include the following elements:

- ❖ Date of training sessions
- ❖ Programme content
- ❖ Confirmation that 85% of practice staff have attended
- ❖ Reflections on learning including any suggestions to Health Board for service improvement

The DES specifies that practices should retain a copy of the report.

What resources can practices consider?

- ❖ Practices can work together to deliver the DES e.g. 2 neighbouring practices sharing an education session
- ❖ Welsh Government Mental Health leads have indicated that engaging local secondary care consultants would be an excellent way of facilitating primary/secondary care communication and they will be happy to be involved where possible
- ❖ WaMH in primary care has an online learning tool for dementia & Information sheets that are relevant and can be used as a basis for training / discussion
- ❖ The “Lester UK adaptation” toolkit provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in patients with psychosis receiving antipsychotic medication. It's a one page algorithm and user friendly.
<http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx#cmhresource>
- ❖ Welsh Deanery resource locator on MARS (appraisal and revalidation website) has a vast array of over 180 resources – these include many specific to mental health including ones on eating disorders and Post Traumatic Stress Disorder
<https://nhs.walesappraisal.org.uk/>
- ❖ RCGP eLearning modules and discussion / reflection on same
- ❖ NICE guidance: there are a number of clinical and service user NICE guidelines on the above priority areas which could be utilised as a basis for discussion
- ❖ Consider using voluntary / third sector e.g. MIND, Gofal Cymru, Alzheimer’s Society, Age Concern for training of practice staff
- ❖ Consider using expert patients OR patient council members of local psychiatric hospital for highlighting the service user perspective

The above list is not exhaustive.

If in doubt, liaise with the Health Board BEFORE putting on the session.

What fee can be claimed for completion of the DES?

Practices will be eligible for a payment of £100 / 1000 patients registered on the Exeter database – this will be rounded down to the nearest whole pound.

We recognise that for some practices with a high population previously on enhanced CPA programmes that there will be, on paper, a drop in income. However, we believe that this DES is deliverable for practices. Also, taking out the time element and resource needed to complete the previous SMI forms, we believe that practices won't see any real terms reduction in income.

Who can the practice contact in the event of any concerns / problems?

If any queries / problems that cannot be resolved with the Health Board, or for any queries, then please contact GPC Wales via committee secretariat: jbeddoes@bma.org.uk