



Managing patients with complex needs

Evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service

This new report sets out the findings of an evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS), an innovative outreach service provided by the Tavistock & Portman NHS Foundation Trust which supports GPs throughout the London boroughs of City and Hackney to manage patients with complex mental health and other needs that result in frequent health service use.

The service improves health outcomes and leads to a reduction in health service use in both primary and secondary care settings. The resulting financial savings are equivalent to about a third of PCPCS treatment costs. The service also achieves very high satisfaction ratings among local GPs.

Supporting GPs

The PCPCS is designed to meet the needs of specific groups of patients who fall through gaps in existing service provision and may be difficult to manage in primary care because of the complexity of their conditions. They include patients with:

- medically unexplained symptoms or
- personality disorders or
- chronic mental health problems which are not currently being managed by secondary mental health services.

Many of their patients have two or more of these problems at the same time, often accompanied by poor physical health and social difficulties.

The PCPCS supports GPs in the management of these patients through case discussions and training and by providing a direct clinical service to referred patients through assessments and a range of brief psychological interventions.

40-50 patients a month are referred to the PCPCS service, over 60% of whom are from black and minority ethnic groups.

Case study: Mrs A

Mrs A was referred because of her difficulty in coping with her multiple health problems, including diabetes, high blood pressure, a liver problem and multiple pains, particularly in her back. She also struggled with the emotional challenge of helping mentally ill family members, particularly a daughter with severe bipolar disorder who had been sectioned under the Mental Health Act.

Mrs A attended 13 sessions of Brief Dynamic Therapy. During the treatment, she identified how her anxiety contributed to the deterioration of her physical health. She noticed that the more stress she was under, the more pain she felt. She was able to find ways to deal with this anxiety.

She was also socially isolated and this was an area she discussed. She was happy with the possibility of joining a carer support group. She found a group she felt able to join and was very proactive in organising the paperwork needed to take part in this group.

Outcomes

Her GP attendances fell from 34 in the year before treatment to none in the year after. Her depression and anxiety measures show scores which changed from being above clinical thresholds at the start of treatment to being below them at the end.



Outcomes for patients and services

Information on outcomes for their patients is available using three different measures, relating to the severity of depression, the severity of anxiety and the ability of individuals to carry out day-to-day tasks.

Averaged across these measures, about 75% of all patients show improvements in their mental health, wellbeing and functioning as a result of treatment. About 55% are shown as having “recovered”, meaning an improvement in mental health which moves a patient to below the threshold after treatment.

These improvements compare favourably with those achieved by IAPT services, even though the latter typically treat less severe and complex cases.

Detailed information on health service use was collected for a sample of 282 patients treated by the PCPCS, covering three time periods: 12 months before the start of treatment; the period during treatment, which on average lasted 10 months; and 12 months after the end of treatment.

Based on this data, it is estimated that treatment by the PCPCS reduced the costs of NHS service use by £463 per patient in the 22 months following the start of treatment. Savings in primary care accounted for 34% of this (mainly fewer GP consultations) and savings in secondary care for 66% (fewer A&E and outpatient attendances and inpatient stays). Just over a third of the overall fall in service use occurred while treatment was in progress and the remaining two-thirds in the following year.

Compared with the year before referral, the average number of GP attendances per patient seen by the PCPCS fell by 25% in the year after treatment.

A typical course of treatment by the PCPCS lasts for 12 or 13 sessions, at an estimated average cost of £1,348 per patient. The subsequent savings from reduced health service use are equivalent to about a third of this cost: a significant offset.

Cost effectiveness

Based on the cost-effectiveness framework used by NICE, it is estimated that treatment by the PCPCS has a cost per QALY (quality-adjusted life-year) of around £10,900. This is well below the NICE threshold range of £20,000 - £30,000, indicating that the service is good value for money.

For a number of reasons, this assessment of cost-effectiveness is almost certainly conservative. For example, because of limitations in data availability, it assumes that the benefits of treatment by the PCPCS last for only one year. More generally, it takes no account of a growing body of evidence which suggests that the QALY as conventionally measured substantially under-estimates the value of mental health, particularly in relation to physical health.

GP satisfaction

A survey of local GPs using the PCPCS found very high levels of satisfaction with the service, covering such aspects as the referral process and the accessibility and responsiveness of the service. On a 1-10 rating scale, average scores were typically in the range 8.5 – 9.0 for each question in the survey.

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See the full report on our website at: www.centreformentalhealth.org.uk where you can also sign up for our email bulletins.

Centre for Mental Health, Maya House, 134-138
Borough High Street, London SE1 1LB

020 7827 8300

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Patients' profiles

The clinical profile of patients treated by the service is:

- 49% with medically unexplained symptoms;
- 51% with personality disorder; and
- 52% with chronic or severe mental illness.

The figures add up to over 100% because of a high level of co-morbidity. Overall, around half of patients seen by the PCPCS have two or more mental health disorders at the same time.

