

Developing an Integrated Depression Pathway A Partnership Approach

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Disclosures

- I have received an honorarium from Lundbeck Ltd. for this presentation
- I have received honoraria from the following organisations:
 - 4 Mental Health for Suicide Mitigation Training

Why was depression chosen as a priority focus area in Northampton?

- Depression has high prevalence and is increasingly costly to Northamptonshire Health Care Partnership
 - Estimated total cost of £38.6m in 2016/17, a 28% rise from 2014/15¹
- Acute trust activity (admission to district general hospitals) was the main cost driver
 - 61% of total costs for Northampton in 2016/17¹
- Treating depression has been shown to reduce healthcare resource utilisation for people with long-term conditions (LTC); possible reduction by 28%²
- Treatment resistant depression (TRD) costs around £7,000 - £8,000 per patient per year, often for many years³
- There is no clearly defined pathway from public health through to TRD, and prescribing is not optimised according to NICE guidelines⁴

1. Impact of Depression Resource. Provided by Wilmington Healthcare with data provided under licence from NHS Digital. (Accessed April 2019)

2. Bhattacharya et al. BMC Psychiatry 2016; 16: 247

3. Morriss R et al. The Lancet Psychiatry 2016; 3: 821–831. doi: 10.1016/S2215-0366(16)30143-2

4. Depression: the treatment and management of depression in adults. NICE Depression Update; Full Guideline (October 2009)

Case for change:
bringing
stakeholders
across health
and social care
together

- Opportunity for “left shift” - investment in:
 - Improving Access to Psychological Therapies (including long term conditions)
 - Primary care (pharmacists)
 - Social prescribing impact bond (Northamptonshire County Council)
 - Emerging centre of excellence for Treatment Resistant Depression
- Clinical leadership: myself and Dr Alex O’Neil Kerr (Medical Director Northamptonshire Healthcare Foundation Trust)
- Agreement of the STP Clinical Leaders Group and prioritisation
- Task group of Mental Health Transformation Board
- Recent development of place based approach, working with two emerging Primary Care Networks

Integrated Depression Pathway

- Place Based Approach

Depression Pathway

	Self Care and Prevention	Primary Care	Enhanced Primary Care	Urgent and Crisis Response	Emergency/ Acute
Diagnosis	None	Depression	Depression with LTC/ Other	Needs help now	Needs more help/ specialist
Future Vision (in no specific order)	Social Prescribing GREAT DREAM Happy Café NHS Health Checks Trilogy Public Health Promotion Materials Action for Happiness Hub Suicide Mitigation Recovery College	Prescribing/ Formulary IAPT - GP / Self-referral/ Care Navigator/ Triage Control My Wellbeing Plan GREAT DREAM Social Prescribing Breathing Space P1VOTAL	GPEA - MDT review • Group Therapy • Change to Care Plan • Social Prescribing • Electronic Option Collaborative Care Approach (Community Navigator) GREAT DREAM	Crisis Café (increased access) Crisis Resolution Home Team Triage Car (CPN/ Police) Acute Hospital Liaison UCAT Front Line Staff Training GREAT DREAM Hospital at Home	Admission to Berrywood NHFT Specialist Options Treatment Resistant Depression (TRD) Front Line Staff Training GREAT DREAM PCART (PCLW)



*Total Patient Population 64015 (Sept. '18)

Social Prescribing

“Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being”

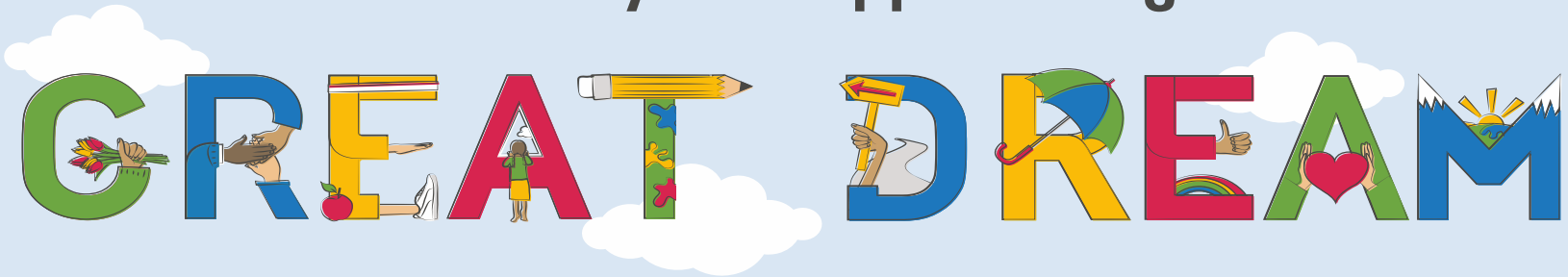
Target cohorts across Northamptonshire



People Living with Long Term Conditions
People with Mental Health and Wellbeing Issues
Support for Carers
People Living in Social Isolation



Ten keys to happier living



GIVING



Do things for others

RELATING



Connect with people

EXERCISING



Take care of your body

AWARENESS



Live life mindfully

TRYING OUT



Keep learning new things

DIRECTION



Have goals to look forward to

RESILIENCE



Find ways to bounce back

EMOTIONS



Look for what's good

ACCEPTANCE



Be comfortable with who you are

MEANING



Be part of something bigger

ACTION FOR HAPPINESS

NICE guidelines: Primary care pharmacological pathway

- Broadly, for individuals with less severe depression (mild and lower half of moderate depression), NICE recommends psychological interventions such as those provided by IAPT.
- For more severe depression (upper half of moderate and severe depression) NICE recommends the combination of psychological interventions with antidepressant medication.

Normally choose an SSRI in generic form:

- Sertraline
- Escitalopram

When switching antidepressants, consider: initially a different SSRI, or a better tolerated newer-generation antidepressant:

- Sertraline or escitalopram
- Mirtazapine

NICE TA367: Vortioxetine is recommended as an option for treating major depressive episodes in adults whose condition has responded inadequately to 2 antidepressants within the current episode

or

Subsequently, an antidepressant of a different class that may be less well tolerated (such as venlafaxine, a TCA, or a MAOI)

Based on:

Rush AJ *et al.* Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. *Am J Psychiatry* 2006; 163(11): 1905-1917.

Depression: the treatment and management of depression in adults. NICE Depression Update; Full Guideline (October 2009)

NICE Technology Appraisal 367: Vortioxetine for treating major depressive episodes (November 2015)

MDT Approach to frequent attenders

- Identify top 0.2% of frequent attenders
- Identify usual Dr and encourage continuity of care
- Offer Multidisciplinary Team (MDT) review, consent for record sharing
- Attend MDT (GP, Mental Health Nurse, Care Navigator and Social Worker). Develop personalised management plan
- Access community resources (including IAPT) with follow up facilitation by Care Navigator
- Continuation of personalised plan by GP
- Hypothesis is a substantive number of people will have Treatment Resistant Depression / Health Anxiety

Treatment Resistant Depression

- Treatment resistant depression - failure to respond to at least 2 antidepressants and psychological therapy
- Little incentive to diagnose TRD
- New neuromodulation mechanisms are relatively cheap and non invasive
 - Repetitive Transcranial Magnetic Stimulation (rTMS), Theta Burst Stimulation (TBS) and Direct Current Stimulation (tDCS)
 - Ketamine infusion*
 - Vagus Nerve stimulation
- Northamptonshire Healthcare Foundation Trust commissioned Prof Sir Muir Grey to provide a healthcare cost evaluation of Treatment Resistant Depression (TRD) - Completed in 2019

TRD in Northampton

- One rTMS machine could treat 100 patients
- Remission/response rates 30-45%¹
- A healthcare cost evaluation of TRD by Prof Sir Muir Gray, commissioned by Northamptonshire Healthcare Trust showed that:
 - Cost of rTMS for 100 patients @ £5,000 (average) per treatment = £500,000
 - 45 of 100 patients respond generating yearly savings of £11,181 each over 12m = £503,145
 - Reduction of:
 - 74 acute trust inpatient admissions.
 - 158 acute trust outpatient attendances.
 - 162 A&E attendances per year

Incorporating
digital
technology to
support
implementation
of the pathway

- P1vital
 - Online programme enabling early recognition of impact of antidepressants
 - Opportunity to switch medication within the first 3 weeks
 - Online patient monitoring enabling resources targeted to those in need
- Use of My Wellbeing Action Plan
 - Ten Keys to Happier Living hyperlinked to local resources
 - Includes details around key contact telephone numbers and safety planning information

Partnership working through the project and the value working with different organisations has provided

- Developing a robust case for change, coordinating data
- Overcoming barriers of siloed commissioning
- Providing “Head Room”
- Horizon scanning – new medications around the corner
- Place based approach around emerging Primary Care Networks, with new GP contract
 - Social Prescribing
 - Pharmacists
 - New ways of working

Place Based Approach with 2 Primary Care Networks

Depression Pathway

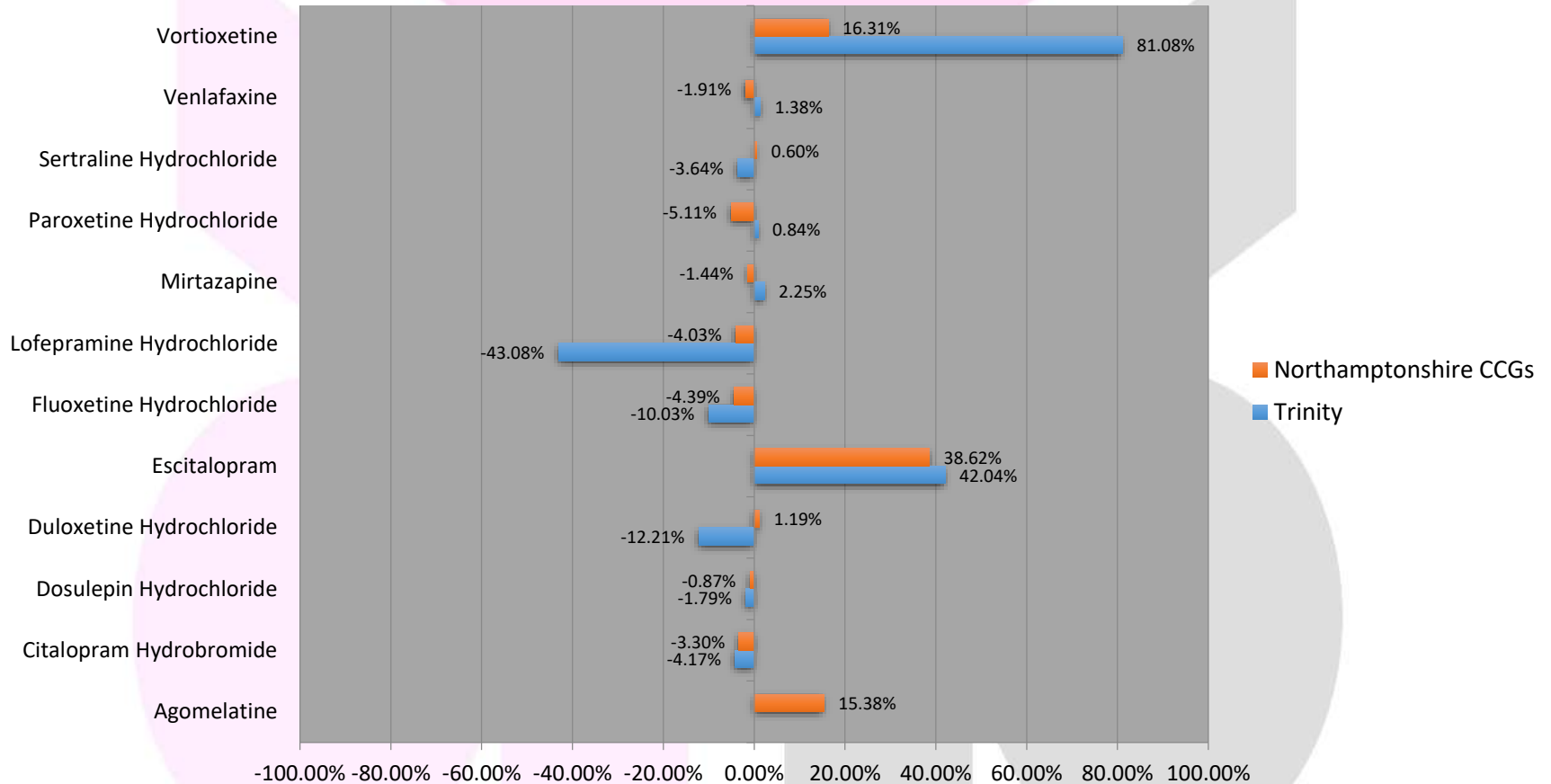
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Diagnosis	None	Depression	Depression with LTC/ Other	Needs help now	Needs more help/ specialist
Future Vision (in no specific order)	<p>Social Prescribing</p> <p>GREAT DREAM</p> <p>Happy Café</p> <p>NHS Health Checks</p> <p>Trilogy</p> <p>Public Health Promotion</p> <p>Materials</p> <p>Action for Happiness Hub</p> <p>Suicide Mitigation</p> <p>Recovery College</p>	<p>Prescribing/ Formulary</p> <p>IAPT - GP / Self-referral/</p> <p>Care Navigator/ Triage</p> <p>Control</p> <p>My Wellbeing Plan</p> <p>GREAT DREAM</p> <p>Social Prescribing</p> <p>Breathing Space</p> <p>P1VOTAL</p>	<p>GPEA - MDT review</p> <ul style="list-style-type: none"> Group Therapy Change to Care Plan Social Prescribing Electronic Option <p>Collaborative Care Approach (Community Navigator)</p> <p>GREAT DREAM</p>	<p>Crisis Café (increased access)</p> <p>Crisis Resolution Home Team</p> <p>Triage Car (CPN/ Police)</p> <p>Acute Hospital Liaison</p> <p>UCAT</p> <p>Front Line Staff Training</p> <p>GREAT DREAM</p> <p>Hospital at Home</p>	<p>Admission to Berrywood</p> <p>NHFT Specialist Options</p> <p>Treatment Resistant Depression (TRD)</p> <p>Front Line Staff Training</p> <p>GREAT DREAM</p> <p>PCART (PCLW)</p>



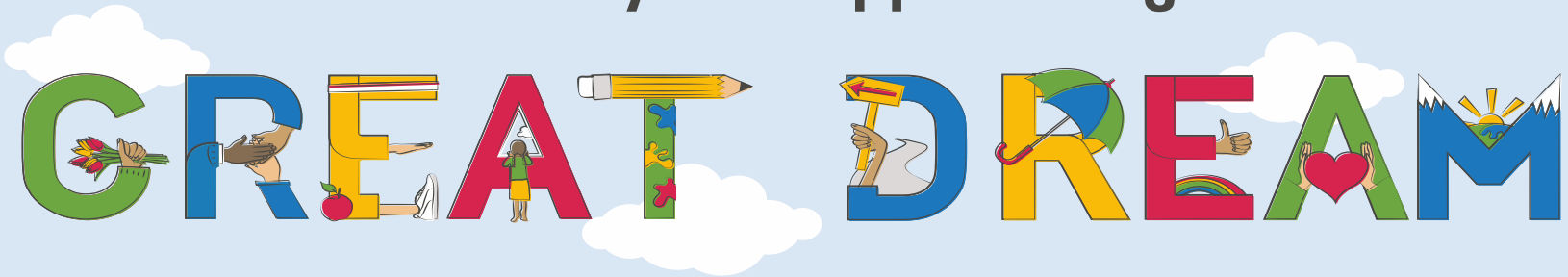
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% Change Antidepressants

Sep, Oct, Nov 2018 vs Dec, Jan, Feb 2019



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Questions?

