

# Developing an Integrated Depression Pathway A Partnership Approach

**Dr David Smart**

Clinical Director GPA Federation Northampton

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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 2014/15<sup>1</sup>
- Acute trust activity (admission to district general hospitals) was the main cost driver
  - 61% of total costs for Northampton in 2016/17<sup>1</sup>
- Treating depression has been shown to reduce healthcare resource utilisation for people with long-term conditions (LTC); possible reduction by 28%<sup>2</sup>
- Treatment resistant depression (TRD) costs around £7,000 - £8,000 per patient per year, often for many years<sup>3</sup>
- There is no clearly defined pathway from public health through to TRD, and prescribing is not optimised according to NICE guidelines<sup>4</sup>

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
<b>Diagnosis</b>	None	Depression	Depression with LTC/ Other	Needs help now	Needs more help/ specialist
<b>Future Vision (in no specific order)</b>	<b>Social Prescribing</b> <b>GREAT DREAM</b> Happy Café NHS Health Checks Trilogy Public Health Promotion Materials Action for Happiness Hub Suicide Mitigation Recovery College	<b>Prescribing/ Formulary</b> 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 <b>Collaborative Care</b> <b>Approach (Community</b> <b>Navigator)</b> GREAT DREAM	<b>Crisis Café (increased</b> <b>access)</b> 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 Resistent Depression (TRD) <b>Front Line Staff Training</b> 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”*

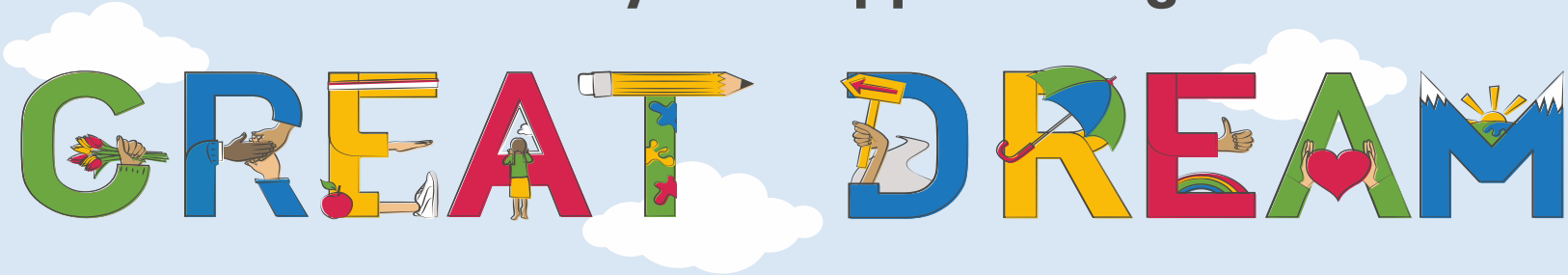
# Target cohorts across Northamptonshire



**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

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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%<sup>1</sup>
- 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

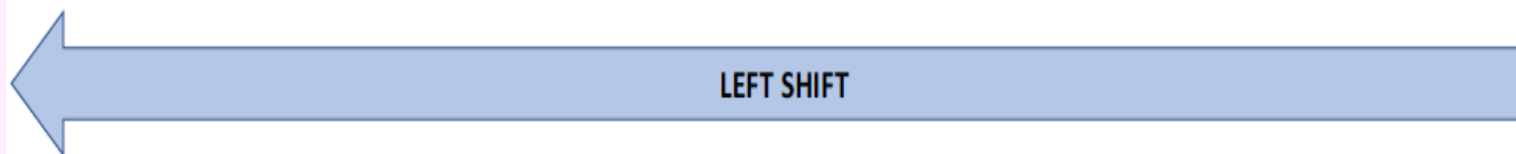
# Partnership working through the project and the value working with different organisations has provided

- 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

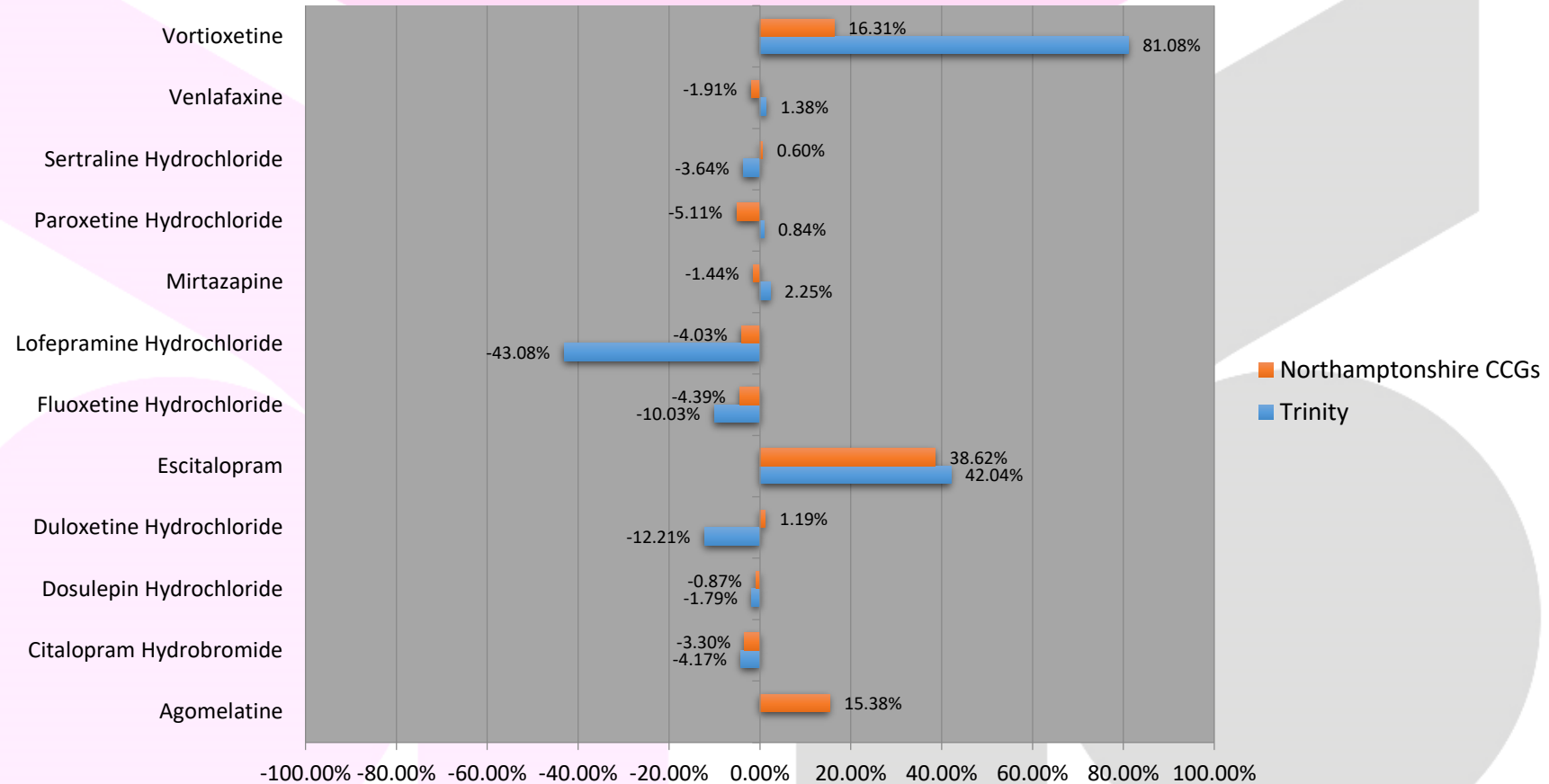
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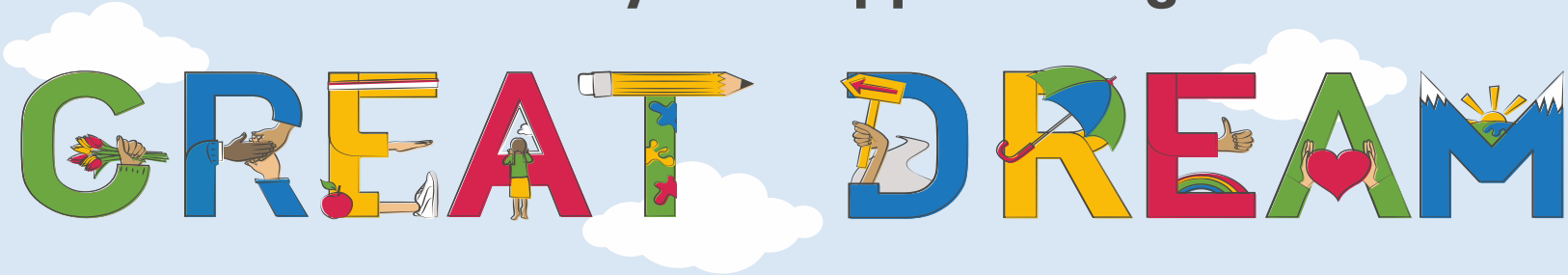
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# % Change Antidepressants

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



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Questions?

