Developing an Integrated Depression Pathway
A Partnership Approach

Dr David Smart
Clinical Director GPA Federation Northampton

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• 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

- Acute trust activity (admission to district general hospitals) was the main cost driver
  - 61% of total costs for Northampton in 2016/17

- Treating depression has been shown to reduce healthcare resource utilisation for people with long-term conditions (LTC); possible reduction by 28%

- Treatment resistant depression (TRD) costs around £7,000 - £8,000 per patient per year, often for many years

- There is no clearly defined pathway from public health through to TRD, and prescribing is not optimised according to NICE guidelines

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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Self Care and Prevention</th>
<th>Primary Care</th>
<th>Enhanced Primary Care</th>
<th>Urgent and Crisis Response</th>
<th>Emergency/ Acute</th>
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</thead>
<tbody>
<tr>
<td>Future Vision (in no specific order)</td>
<td>Social Prescribing</td>
<td>Prescribing/Formulary</td>
<td>GPEA - MDT review</td>
<td>Needs help now</td>
<td>Needs more help/specialist</td>
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<tr>
<td></td>
<td>GREAT DREAM</td>
<td>[IAPT - GP / Self-referral/]</td>
<td>[Group Therapy]</td>
<td>[Crisis Resolution Home Team]</td>
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<td>Happy Café</td>
<td>Care Navigator/Triage Control</td>
<td>[Change to Care Plan]</td>
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<td>NHS Health Checks</td>
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<td>Trilogy</td>
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<td>[Electronic Option]</td>
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<td>Materials</td>
<td>Breathing Space</td>
<td>Approach (Community Navigator)</td>
<td>GREAT DREAM</td>
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<td>Action for Happiness Hub</td>
<td>PIVOTAL</td>
<td>GREAT DREAM</td>
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*Total Patient Population 64015 (Sept. '18)

“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

GREAT DREAM

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.

Based on:
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

*Not licensed for depression in the UK
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

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

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<td>NHFT Specialist Options</td>
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#### Future Vision (in no specific order)

- Social Prescribing
- GREAT DREAM
- Happy Café
- NHS Health Checks
- Trillogy
- Public Health Promotion
- Materials
- Action for Happiness Hub
- Suicide Mitigation
- Recovery College

#### LEFT SHIFT

*Total Patient Population 64015 (Sept. '18)*

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% Change Antidepressants
Sep, Oct, Nov 2018 vs Dec, Jan, Feb 2019

- Vortioxetine
- Venlafaxine
- Sertraline Hydrochloride
- Paroxetine Hydrochloride
- Mirtazapine
- Lofepramine Hydrochloride
- Fluoxetine Hydrochloride
- Escitalopram
- Duloxetine Hydrochloride
- Dosulepin Hydrochloride
- Citalopram Hydrobromide
- Agomelatine

Northamptonshire CCGs
Trinity
Ten keys to happier living

**GREAT DREAM**

- **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*
Questions?