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Case study: Mental health practitioner

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> In my surgery, a suburban, 17,000-patient practice with a high proportion of working-age patients, we had already identified in 2016 that 10% of our GP consultations were primarily related to mental health concerns. We felt that the model 10-minute GP appointment was no longer up to the challenge of fully exploring the individual's concerns and decided to employ a mental health practitioner ourselves.

We did not intend the practitioner to provide talking therapy, but instead to provide a link between primary care and either IAPT or secondary care, depending on needs. We believed many common mental health conditions could be treated entirely by the mental health practitioner, and that the earlier they were identified, the less likely an antidepressant prescription or referral would be needed.

Who we appointed

We were lucky enough to find an RMN who also had experience of working with people with dementia, which was a bonus when looking at the dementia QOF as she is able to undertake annual reviews, including doing home visits for patients with limited mobility. Our RMN also has experience of working with people with eating disorders, including teenagers in an in-patient setting.

In addition, she brings valuable personal qualities as a very warm and positive person, willing to obtain skills in areas useful to the practice. For example, we are in the process of booking training for her in children's mental health conditions as there are long waits for CAMHS in our area.

What she does

Our mental health practitioner provides an additional 40 primary care mental health appointments per week. These are either 20 minutes for a follow-up consultation, or 40 minutes for a new patient assessment. She works three full days a week, including extended hours until 7.30pm to improve access for working patients.

Her remit is to see any patients over 18 years with a mental health problem. Patients are directed to the most appropriate clinician by our experienced patient coordinator team and the duty GP. The appointments are all pre-bookable, typically available within three working days. This means the practitioner often sees acutely unwell patients, and must be able to refer into secondary care as necessary and link in with a duty GP for urgent advice, prescriptions or fit notes.

The job role involves being able to document a robust risk assessment, identify the key mental health diagnoses and formulate a management plan. While she always has a senior clinical staff member available for support and advice, she is skilled and competent and can work independently.

Inevitably, we see a relatively high number of DNAs with these mental health appointments. It is important that the practitioner has administrative work to fill these 20- to 40-minute slots. Our mental health practitioner uses the time to contact patients for mental health and dementia reviews for QOF, keep the waiting room noticeboard up to date, and produce resources such as leaflets to give to patients.

We have ensured our nurse has weekly mentoring sessions of 30 minutes to discuss cases and catch up with the GP mental health lead. We have also factored in regular short breaks in her working day to ensure she can have a breather and relax. She attends regular practice meetings for catch-up with the rest of the primary care team.

How we funded it

We opted to use our own baseline funding to employ a mental health practitioner for three days a week. This gives more flexibility and control over the process, which is important in selecting the right person to fit in with the rest of the team. We had a good pool of job applicants to choose from after advertising the post on NHS Jobs. As a mid-sized practice, we are able to do this; smaller practices may need to consider other options, such as sharing a practitioner with a neighbouring surgery.

In our case, we calculated that employing a mental health practitioner for three days a week would allow us to deal with the same number of appointments as employing a GP for one day a week. We simply recycled that money into employing the mental health practitioner, meaning it was cost-neutral for us.

Our mental health practitioner is covered by our existing defence union policy, with no additional premiums. She has been able to participate in free local safeguarding and CAMHS training.

What are the benefits?

We have seen benefits for both patients and the practice. A year after we introduced the role, we carried out a survey of patients who had seen the mental health practitioner. This indicated that 100% were happy with the treatment they received and found it easy to get an appointment. In addition, 76% of patients said they would have booked a GP appointment if they hadn't accessed this service, so it was clearly saving GP time.

Other benefits we have seen include a 6% decrease in antidepressant prescriptions, which may be due to the increased clinical time now available for patients with mental health concerns – an increase from five hours per week in 2016 to 25 hours per week in 2018. Patients now feel their concerns are fully heard and addressed.

Of interest to CCGs, the number of referrals to secondary care dropped by 24% one year after employing the mental health practitioner.

The challenges

It took some time for patients to become aware of the service, but back-up from our patient coordinator team – staff who are experienced in signposting – made the process a lot easier. We also advertised the service in the practice waiting room, leaflets and website.

Summary

Our mental health practitioner is a key member of our clinical team. She provides an important service to our patients and we plan to carry on the role in the future. It is easy to forget how much she has eased our workload, but we get a glimpse of that when she is on annual leave and the clinics go back to how they used to be.

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