

Spring Symposium 23.3.17

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The NHS GP Health Service

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**Health for Health
Professionals - PHP**

Supporting the health of health professionals

Introduction

Why has the service been introduced

- **What** is the service
- **How** GPs requiring support can access the service
- **Who** is providing the service
- **Key principles** of GPH
- **Interface** with the regulator
- **Uptake and Outcome**

Understanding why doctors present late

“Health Professionals suffering from mental disorders and/or addiction are one of the most unattended populations with regard to treatment.”



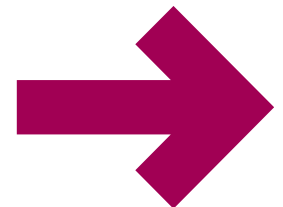
1st European Conference PAIMM
2001.

Why has the GP Health service been introduced?

- The General Practice Forward View made a commitment to support general practice.
- Improving recruitment, retaining GPs and supporting those who wish to return to general practice is a key focus.
- It is recognised that GPs are under pressure and are unlikely to access mainstream NHS services when they need support, primarily due to issues of stigma and confidentiality.
- **Supporting GP mental ill-health, including stress and burnout, is the focus of the new GP Health service.**
- This will be achieved by:
 - providing an equitable service across England
 - easy and timely access to the service and ensured confidentiality

Why is the GP Health service needed?

- Mental ill-health in doctors is a global phenomenon and doctors experience more mental ill health than other professional groups (Brooks et al 2011)
- In UK around 10-20% of doctors become depressed
- Doctors more prone to 3D's depression, drink, drugs
- Higher rate of suicide (US, UK), especially women (Meltzer, 2008)
- Historically high rates of benzodiazepine use
- In US, around 10-12% develop substance misuse
- Anaesthetists, GPs, Psychiatrists of both genders have significantly higher rates of suicide than other doctors



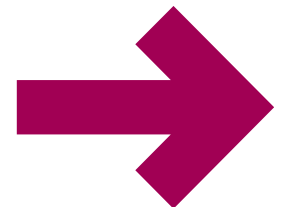
- **British Medical Association (BMA)**
 - 68% of GPs described their workload as unmanageable
 - GPs were much more likely than other groups to report their workload as being unmanageable or unsustainable
- **Medical Protection Society (MPS)**
 - 85% of doctors have experienced mental health issues
 - stress (75%), anxiety (49%), low self-esteem (36%), Depression (32%), suicidal feelings (13), heavy workload (76%) and long working hours (70%)
- **Royal Medical Benevolent Fund (RMBF)**
 - 82% of doctors know of other doctors experiencing mental health issues such as depression and anxiety
 - 84% doctors unlikely to reach out for fear of discrimination or stigma from colleagues
- **Cardiff University**
 - 82% of GPs experienced mental illness
 - 84% of GPs say they would disclose mental illness but only 39% actually do so

Why GPs?

- NHS England is accountable for the delivery of core GP services
- NHS England holds the National Performers List and is responsible for GP appraisals, revalidation, and responding to concerns
- NHS Trusts/Foundation Trusts as employers or Clinical Commissioning Groups as their commissioner may commission additional support for mental health and wellbeing for their staff, for example through Occupational Health Services; current occupational health services in primary care doesn't usually extend beyond the baseline needs of services available to primary care staff in comparison
- GPs are independent contractors supporting staff on a much smaller scale compared to NHS Trusts, and therefore independently commissioning additional health and wellbeing services for just their practice isn't likely to be sustainable
- There are national workforce challenges in general practice, with retention of GPs a high priority

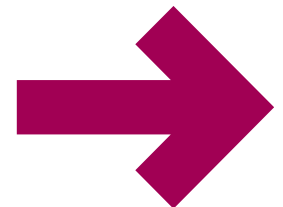
Why are doctors reluctant to seek help?

- Concerns about professional future
- Awareness of implications
- Feelings of shame/embarrassment
- Experience of how other colleagues have been treated
- Personality
- Confidentiality
- Reluctance to miss work/cause colleagues to have increased workload.
-



Issues arise when a doctor treats a patient who is a doctor

- Embarrassment
- Short-cuts
- Assumptions
- Does the patient know more?
- Is a prescription given?
- Who is responsible for results, referral, follow-up?
- Is advice given?



What is the NHS GP Health service?

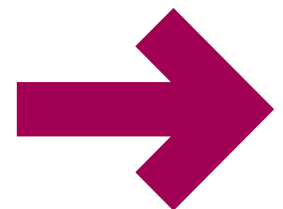
- A free and confidential service for GPs and GP trainees working or looking to return to clinical practice in England who are suffering with mental health or addictions issues.
- **The NHS GP Health service will help GPs with:**
 - Common and more complex mental health conditions
 - Mental health conditions relating to a physical health issue
 - Substance misuse including support for community detoxification
 - Rehabilitation and support to return to work after a period of mental ill-health.
- **The service may be accessed by:**
 - Any general practitioner or GP Trainee who is registered on the National Performers List in England.
 - Any GP or GP trainee who is looking to return to clinical practice after a period of absence.

NHS GP Health Service

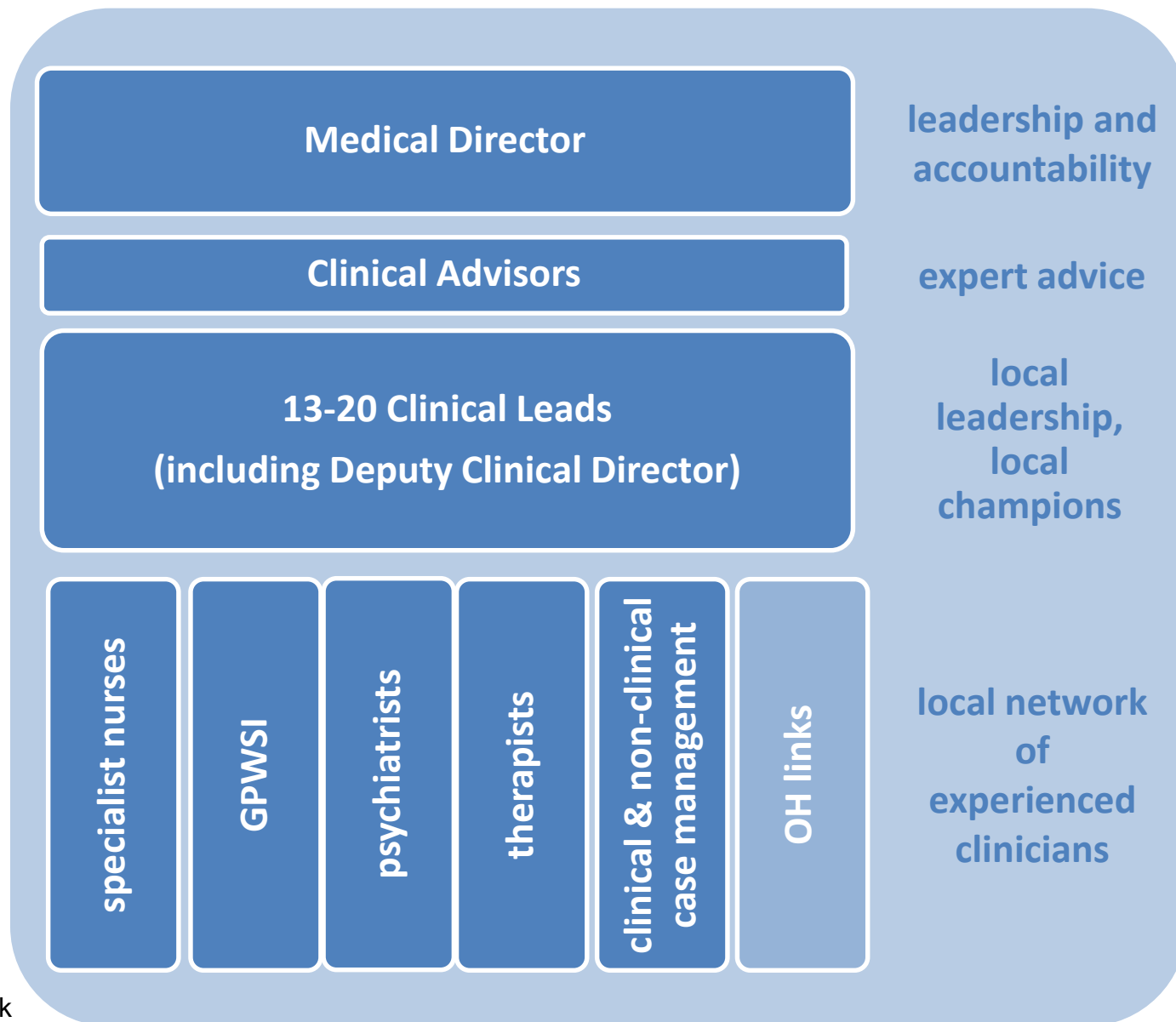
- **Service went live on 30th January 2017**
- Available to more than 50,000 GPs and GP trainees in England
- **Objectives:**
 - Retain in work
 - Return to practice
 - Reduce stigma

Key principles

- Confidentiality
- Nationally consistent offer across England
- Easy to access the service
- The service does not replace NHS and is NOT an OH service

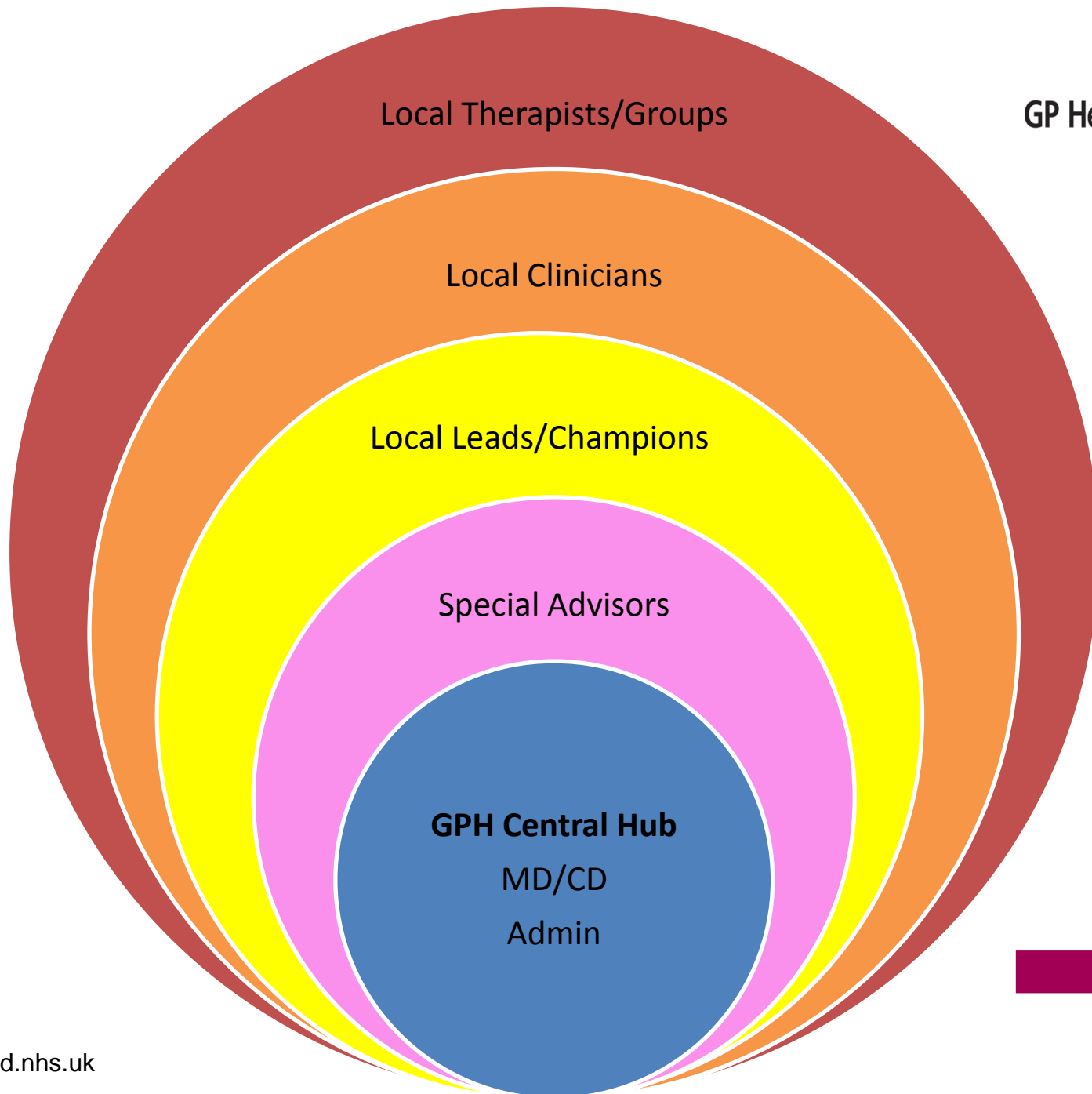


What is the service structure?

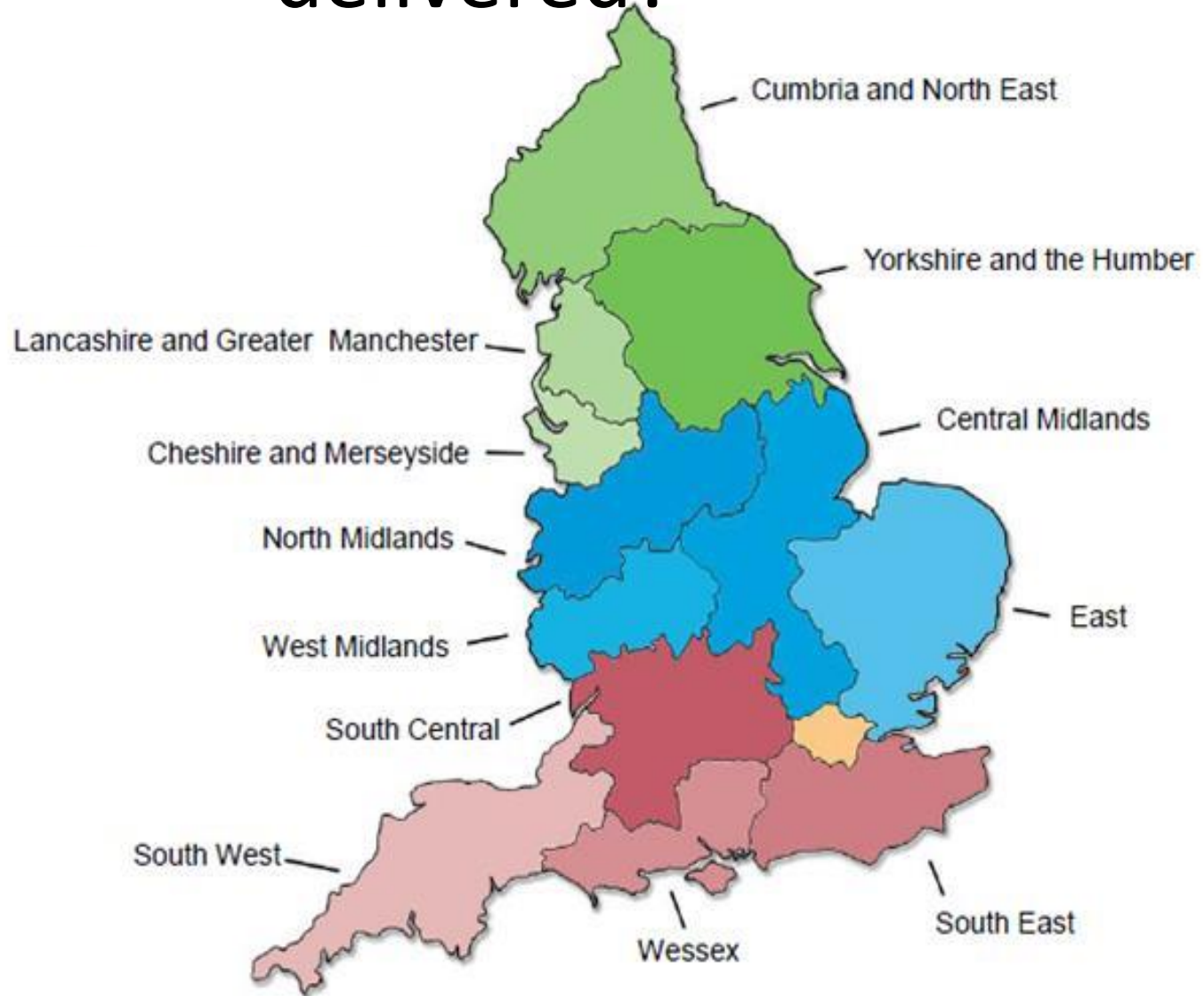


The NHS GP Health service

- **is not an Occupational Health service**, it is a treatment service. GPH clinicians may link with local OH services to support a GP patient's return to clinical practice. If OH support is what you need, please contact the NHS England regional team to identify your local OH provider.
- **is not a replacement for mainstream NHS services**, nor is it designed to offer a second opinion. GPs who are currently supported by NHS mental health services would be encouraged to remain with their local team, but could seek guidance on particular aspects of care, or support for return to work.
- **does not play a part in NHS England's responsibility to manage professional standards**. This service has no role in the clinical oversight of GPs, supporting clinical investigations, or informing PAGs or PLDPs.



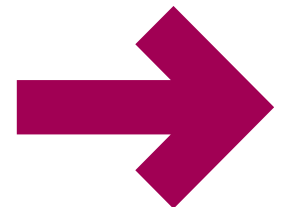
Where will the services be delivered?



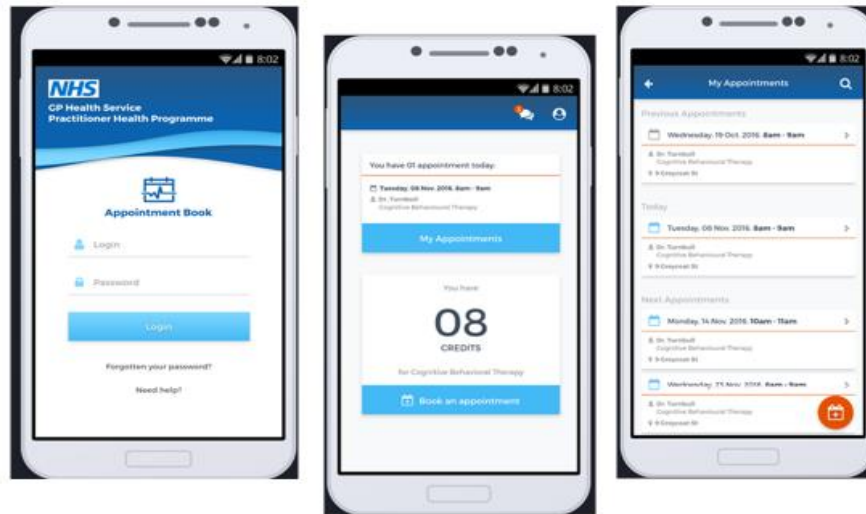
- The NHS GPH service is an England-wide service
- It will be provided in all 13 NHS areas of England
- Local Clinical Leads will lead the service in each of these areas
- Building local networks and providing local NHS GPH input to
 - Education
 - Liaising with the local NHS
 - Local Leadership
 - Local Service Development

How will patients access NHS GP Health? GP Health Service

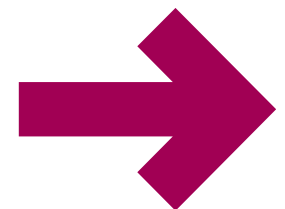
- National telephone number - **0300 030 3300**
- E-mail - **gp.health@nhs.net**



- Telephone assessment – 1-2 days
- Book face to face assessment via Mobile App



- MDT discussion to agree treatment plan
- Referral code issued to patient
- Further appointments booked via Mobile App

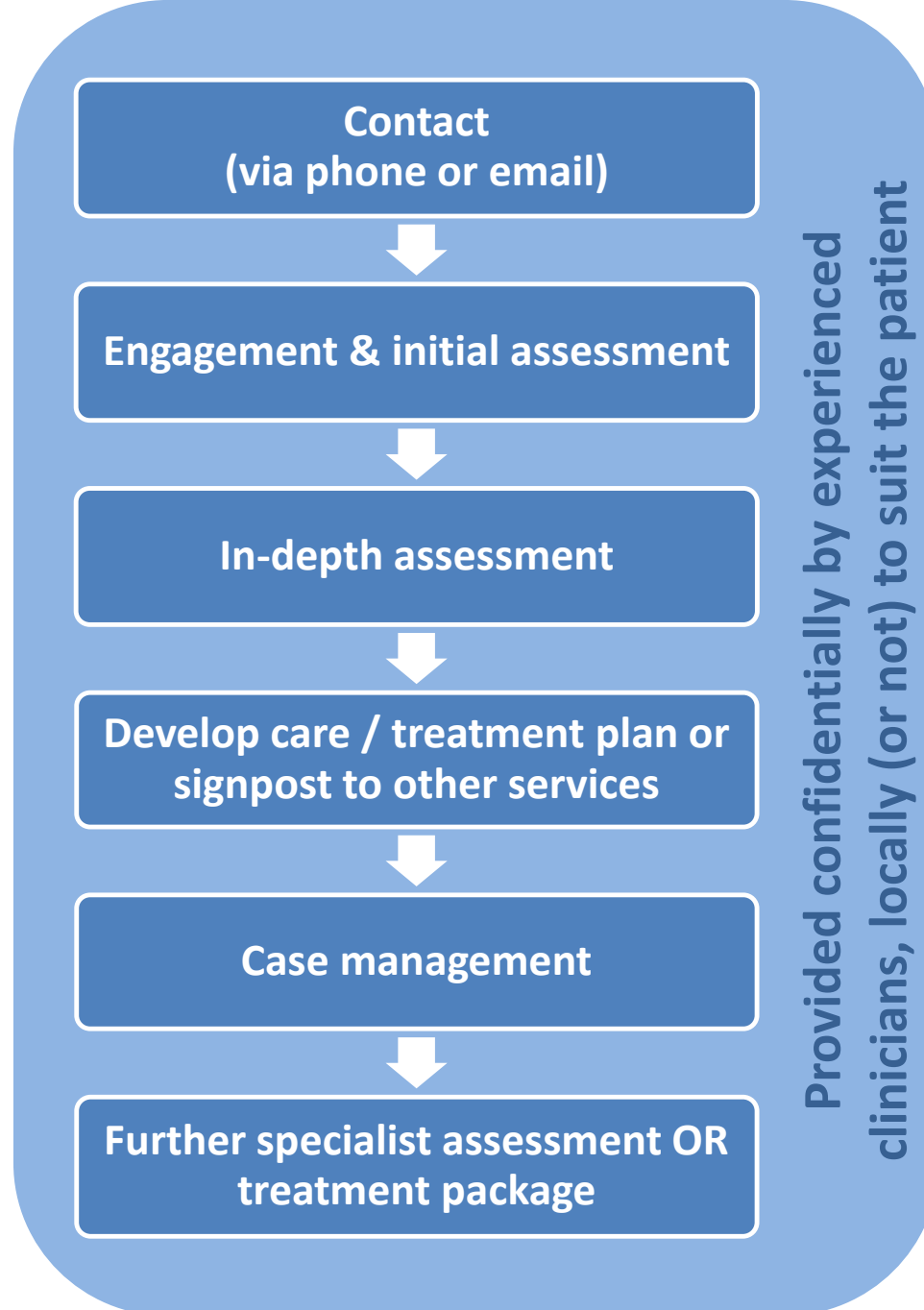


The opening hours are: 8.00 – 20.00 weekdays and 8.00 – 14.00 Saturdays (except bank holidays)

The service is **self-referral only**. This service will not accept referrals from third parties.

The service may be able to provide advice to third parties to effectively signpost GPs to self-refer, but the service will not approach GPs direct to help them access the service.

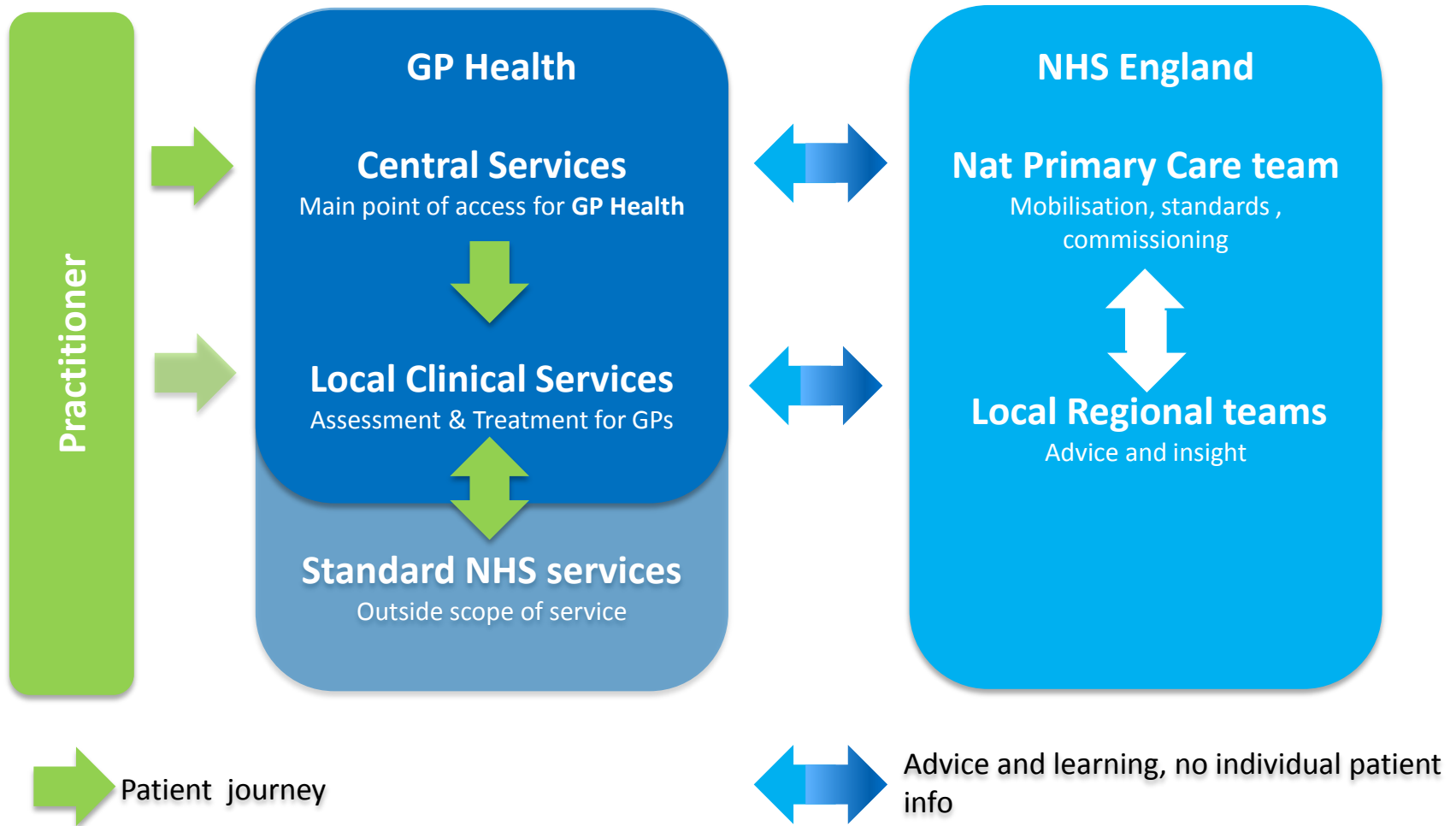
What can GPs expect when they access the service?



Confidentiality & professional standards

- **The NHS GP Health Service is a confidential service** and patients can expect the same level of confidentiality as all other patients.
- The GPH will not disclose information to any third party, unless there is a legal, regulatory or public interest reason to do so.
- The practitioner's consent will be sought prior to disclosure.
- Disclosed information will be kept to a minimum.

NHS England's relationship with the service



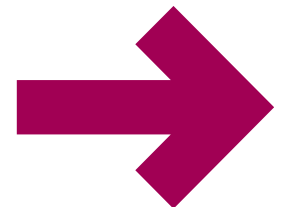
Examples of treatment available

- Assessment and case management provided by GPs, psychiatrists, and specialist mental health and addiction nurses
- General psychiatry
- Addiction psychiatry
- Psychological therapies, e.g. Cognitive behaviour therapy (CBT)
- Short term psychotherapeutic intervention
- Local interventions groups (therapeutic groups to address specific issues affecting mental health in a particular area)

In very exceptional circumstances, on an anonymous pre-approval basis inpatient addiction rehabilitation may be available.

Logistics

- All records and consultations on shared clinical record
- Prescribing via formulary
- Tests – Urine, Bloods, Hair and CDT
- Report requests – confirmation of fact/attendance only, all other reports fee based
- Liaison with others only with consent



Central Services Team

- Dr Clare Gerada - Medical Director
- Richard Jones – Clinical Director
- Lucy Warner – Chief Executive
- Lynne Simpson – Director of Strategy & Services
- Special Advisors - Dr Tony Grewal/ Dr Angelika Luehrs/ Jenny Keen/ Rory O'Connor/ Richard Jones / Dr Gill Mezey
- Psychiatrists- Dr James Anderson, Dr Deborah Brookes, Dr Elinor Hines, Dr Shivanthi Sathandan
- GP and CBT Therapist Dr Claire Gallagher
- CBT Therapists –Simon Lyne, Ruth Deighton
- Psychotherapist –Sheila Jones

Meet the team: Clinical Leads

- North: Dr Richard Duggins, Cumbria and North East
Dr Zoe Neill, Yorkshire & Humber
Dr Leon Francis, Lancashire & Greater Manchester
Dr Justin Haslam, Cheshire & Merseyside
- Midlands & East: Dr Maurice Conlon, West Midlands
Dr Vanessa Manley, Central Midlands
Dr Lucy Henshall, East
Dr Chandra Kanneganti, North Midlands
- London: Richard Jones & Dr Jane Marshall
- South: Dr Andrew Tresidder & Dr Linda Barry, South West
Dr Andrea Gibson, South Central
Dr Nigel Cowley & Dr Andreas Lehmann, Wessex
Dr Kate Little, South East

Practitioner Health Programme PHP

- Located in an established GP surgery
- Confidential
- Separate IT systems
- Separate staff
- Separate rooms



Factors impacting on doctors' health

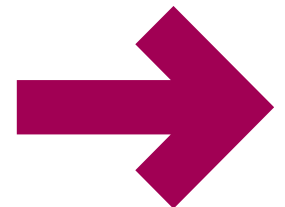
- Royal Society of Medicine Conference Nov 2013
Doctors' Health and Well Being
- Dr Max Henderson Consultant Liaison Psychiatrist at PHP drew attention to Karasek's model of job strain: considers psychological demands of a job (increasing) versus ability to control job(decreasing)
- Same factors as affect everyone else: loss, physical illness and domestic unhappiness
- Helps to be valued, appropriately managed and given the tools to do the job



Factors impacting on doctors' health

(continued)

- Dr Anthony Garelick, Consultant Psychiatrist in Psychotherapy at MedNet noted a progressive increase in self-referrals to MedNet. He looked at
- Work environmental factors-loss of team structure, efficiency savings, rapid turnover, clocking in and out-loss of altruism
- Physician personality factors eg perfectionism
- Impact of looking after ill patients
- Societal factors-scapegoating



Factors impacting on doctors' health

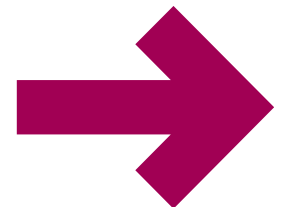
(continued)

- Dr Rob Hale Consultant Psychiatrist in Psychotherapy (Formerly Director of the Portman Clinic and Postgraduate Dean of the Tavistock Clinic) at RSM focused on:
- Doctors individual defence mechanisms eg workaholism or use of black humour
- He described the role of holding on to the doctor patient's anxieties until they are able to hold onto them themselves in the future
- Patients may inject unpleasant feelings into the doctor



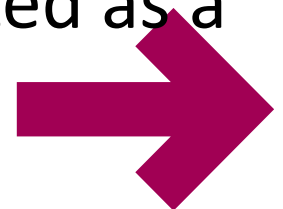
Factors impacting on doctors' health (continued)

- Dr Jane Marshall Consultant Psychiatrist in the Addictions at PHP spoke at the RSM conference about medicine being a stressful occupation and some doctors learn to cope in a maladaptive way by using alcohol and other drugs.
- Ease of access, ability to prescribe, knowledge, ability to inject.
- Highlighted: GPs-drugs from medical bag
- Anaesthetists-easy access to major opiates
- Psychiatrist –access to mood altering drugs



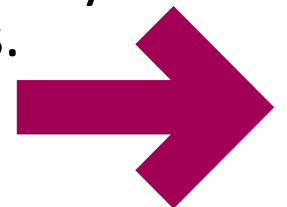
Factors impacting on doctors' health (continued)

- Dr Julia Bland Consultant Psychiatrist in Psychotherapy at Mednet noted the stress of being a doctor with an ill family member
- Paradox that doctor may be struggling at work but if work is removed they decompensate further
- Help someone develop narrative to understand their current mess
- Doctor patients value competence, communication, confidentiality, being treated as a patient, validation that legitimate.



GMC Good Medical Practice:

- You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care.
- You should not treat yourself
- If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague.
- You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

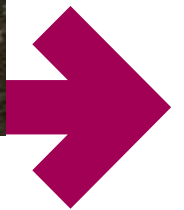


Health for Health Practitioners RCGP

Part 1 course (5hrs CPD)

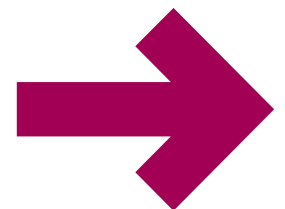


Is the doctor treating the doctor
patient acting as they usually do...



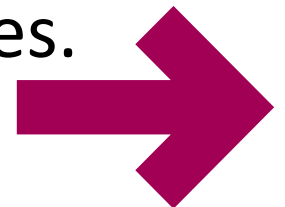
Think of a doctor or dentist who you have seen as a patient.....

- What challenges did it bring?
- What were the boundaries like?
- How far from your usual practice was it?
- What support do you have locally when dealing with doctors or dentists with mental illness or addiction, who pose a risk to their patients as well as themselves?



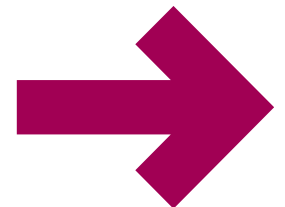
Themes

- The doctor patients who I see at PHP most commonly present with depression and/or anxiety.
- For example: 29 year olds, those with new presentations of Bipolar Affective Disorder, drug induced psychosis, bereavement reactions, an adverse reaction to a complaint, older doctors juggling work commitments with looking after ill relatives or doctors with performance issues.



Case Studies

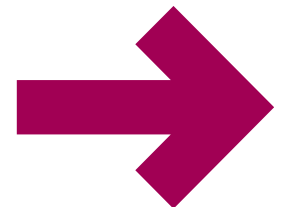
- As GPs these issues can affect us on a number of different levels:
- 1. When another GP/doctor presents to us for healthcare in the GP surgery (or outside)
- 2. When a GP Registrar in training is unwell/ experiencing difficulties
- 3. When a GP Partner or colleague starts acting strangely/out of character
- 4. If we become unwell ourselves.



Warning signs – out of character behaviour

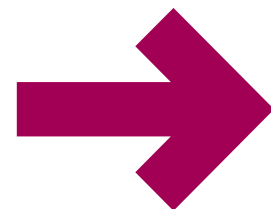
- dishevelled
- lateness or absence on a regular basis
- forgetful or makes mistakes
- obsessive behaviour/inflexible reactions to situations
- rude, aggressive
- crying
- seen drinking, taking drugs or smell of alcohol at work
- unrealistic promises
- unexplained weight loss

Also performance or conduct issues



What helps and future directions

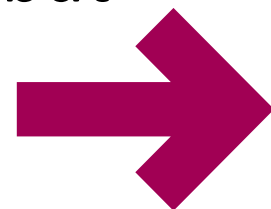
- Dr Max Henderson:
- Look out for each other
- Develop services like PHP
- Support Occupational Health
- Influence how the GMC works-should non clinical staff be responsible for decisions involving the intricacies of mental ill health



What helps and future directions

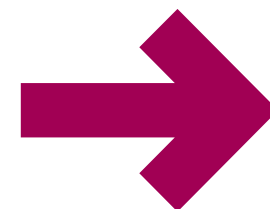
- Dr Anthony Garelick
- Meeting together
- Addressing organisational dynamics
- Flexibility in the workplace
- Access support services
- Holidays/sabbaticals

- “Good doctors are sensitive and receptive-but this can make them ill.”



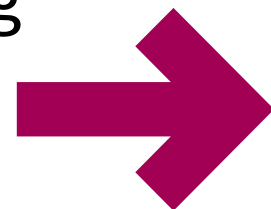
What helps and future directions

- Professor Steve Peters Consultant Psychiatrist and Undergraduate Dean at Sheffield Medical School. Author of 'The Chimp Paradox' and Consultant to the British Cycling Team
- Recommends getting inside someone's head to see it their way. Distinguishes logical thinking and emotional thinking. Addresses impulsive behaviours with a skills based approach.



What helps and future directions

- Mindfulness exercises to help people not to engage with rumination or worry cycles.
- Cognitive Behavioural Therapy
- Resilience training: ‘What are the characteristics of those who do well in a toxic environment?’
- Dr Sebastian Kraemer. Consultant Child and Adolescent Psychiatrist, Whittington Hospital:
- “Medical practice is dominated by the largely invisible management of anxiety. Patients require us to keep our heads even if they are losing theirs.”



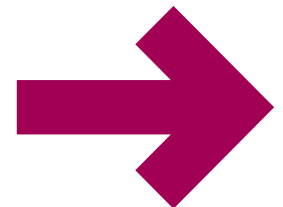
Outcomes

- Nine years of the NHS Practitioner Health Programme demonstrate that –
 - Once in a confidential system doctors who become patients do very well.....and it takes only minutes to take off the white-coat
 - 90%+ of patients abstinent after 6 months – sustained after 6 years
 - $\frac{3}{4}$ stay in or return to work even those who have been out of work for years
 - Benefits outweigh the costs many times over



Summary

- PHP in London is meeting unmet need. Countrywide need also unmet. GPH aims to address this for GPs nationally.
- Doctors and Dentists present late
- Younger doctors are a greater proportion of total doctors presenting now than in 2008
- Once in treatment, outcomes are excellent, in terms of return to work and education and where necessary retirement
- This type of service protects patients, the public and improves the health of health practitioners.

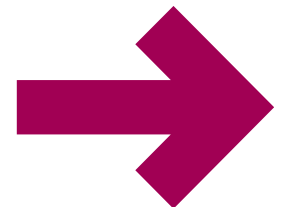


With thanks to

- NHS England
- Lucy Warner, CEO PHP/GP Health
- Dr Clare Gerada , Medical Director PHP/GP Health
- Richard Jones, Clinical Director PHP/GP Health
- Dr Jane Marshall, PHP/GP Health (who also spoke at RSM conference 2013)
- All at Practitioner Health Programme

Speakers from the RSM conference on Practitioner Health 2013:

- Dr Max Henderson
- Dr Anthony Garelick
- Dr Rob Hale
- Dr Julia Bland
- Prof Steve Peters
- Dr Sebastian Kraemer



Any questions?

