

Mental-Physical Comorbidity Network

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Network vision

The AHSN area will act as a beacon for NHS England in the achievement of fully integrated mental and physical care.

How we will achieve our vision

- Map existing services
- Bring together experts in the AHSN area
- Review relevant evidence
- Pilot outcome measures
- Increase awareness of mental-physical comorbidity
- Create practical guidance for commissioners

Map of existing services

Phase 1 Mapping

• Liaison psychiatry & psychological medicine

Phase 2 Mapping

- Mental health professionals in acute trusts
- Community psychological medicine services
- IAPT for patients with comorbidity
- Specialist services (cancer, women's)

Collaborations: Services & MH professionals, SCNs & other AHSN best care programmes

Liaison Psychiatry & Psychological Medicine for Acute Trust Inpatients

Milton Keynes Hospital	 Mental Health Hospital Liaison Team provided by Central & North West London Foundation Trust
Royal Berkshire Hospital	 Psychological Medicine Service Older People's & Working Age Adult Teams provided by Berkshire Healthcare Foundation Trust
Frimley Health	 Older People's & Working Age Adults Psychological Medicine Services provided by Berkshire Healthcare Foundation Trust
Buckinghamshire Healthcare	 Psychiatric In-Reach Liaison Service provided by Oxford Health Foundation Trust
Oxford University Hospitals	 Integrated OUHT Psychological Medicine Service for inpatients EDPS provided by Oxford Health Foundation Trust

Map of existing services

Inpatient services all relatively new & developing

Majority provided by mental health trusts & funded directly by CCGs

Provider is usually accountable to funder (not acute trust clinicians, managers or patients)

Bringing together experts

- Reference group
 - Commissioners, patients, clinicians
- Working group
 - Psychological medicine clinicians

Review of relevant evidence

- Reviews of prevalence & treatment of mentalphysical comorbidity
- Important questions generated by stakeholders
 - Prevalence of depression in medical inpatients
 - Use of CBT in medically ill

Pilot outcome measures

- Brief questionnaire designed in collaboration with 50 patients
- Tested with >300 patients in AHSN area

1.	 Please circle which of the following you have experienced during your hospital stay: [circle all that apply] 											
	Confu	sed	Worri	ed	Frig	ghtened	Ang	Angry		ted	Sad	
2.	Overall, how would you rate how well staff addressed these experiences during your hospital stay?											
	0 Poor	1	2	3	4	5 Average	6	7	8	9	10 Excellent	
3.	. How is your state of mind today compared with the start of your hospital stay? [state of mind here means how well you are feeling in yourself, mentally and emotionally]											
	0 Much	1 worse	2	3	4	5 No chang	6 je	7	8	9	10 Much better	
4.	How do you feel physically today compared with the start of your hospital stay?											
	0 Much	1 worse	2	3	4	5 No chang	6 je	7	8	9 I	10 Much better	
5.	5. How would you rate your overall experience of care during your hospital stay?											
	0 Poor	1	2	3	4	5 Average	6	7	8	9	10 Excellent	
P	Please provide any additional feedback:											

Increasing awareness of mentalphysical comorbidity

- 289 stakeholders from across the AHSN area
- Successful network launch & educational events
- 3 major events planned for
 - Obstetrics & gynaecology clinicians (8th September)
 - Oncology clinicians (1st October)
 - Physicians & GPs (January 2016)

Guidance for commissioners

- Developed with commissioners, clinicians and patients
- Practical guide to developing and evaluating psychological medicine services

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