

Introducing the Q Lab and Mind

The Q Lab – part of Q – provides opportunities for individuals and organisations to collaborate and make progress on complex challenges that are affecting health and care in the UK. To do this, the Q Lab convenes people with expertise and experience in the topic.

q.health.org.uk/q-improvement-lab

Mind, the mental health charity, provides advice and support to empower anyone experiencing a mental health problem. Mind campaigns to improve services, raise awareness and promote understanding. Last year, through a network of 125 local Minds, 396,000 people received support in local communities across England and Wales.

mind.org.uk

Q connects people who have improvement expertise across the UK and is delivered by the Health Foundation and supported and co-funded by NHS England/Improvement.

q.health.org.uk

About this guide

This is a practical guide to support people to improve health and care services for people living with mental and physical health problems. This is based on exploring the needs of people living with mental health problems and persistent back and/or neck pain.

It is aimed at health care professionals and commissioners who are wanting to improve local services. This can include services that are specifically set up to support people with mental health conditions, physical health conditions, or both.¹

It includes information about common problems that services may be experiencing in delivering high quality care and potential solutions to address these, with examples from others delivering health and care services across the UK.

This guide is designed to be accessible to a broad range of people who are affected by this challenge, including people with lived experience and health care professionals who don't consider themselves 'experts' in providing integrated mental and physical health support.

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Introduction

Introduction

Integrating care to meet people's mental and physical health needs

Between September 2018 and September 2019, the Q Lab and Mind worked in partnership to explore how care could be improved for people living with mental and physical health problems and persistent back and neck pain.

We chose this topic because mental health and persistent pain are both big issues for people living in the UK. We believe exploring this topic in depth will help us to understand some of the wider challenges in providing high quality integrated care to meet people's mental and physical health needs. While the research that has informed this guide is based on the more focused topic, the learning has relevance to others tackling complex, cross-boundary challenges affecting health and care.

Mental health and persistent back and neck pain

Mental health problems and persistent back and neck pain affect many people living in the UK and experiencing either condition increases the likelihood you will experience both. People often experience both at the same time:

- Around 50% of people with persistent pain experience depression.²
- People with symptoms of depression are one and a half times more likely to experience back pain than those who don't experience depression.³

The interrelationship between these conditions, which affects how people experience them and the support that's needed from health and care services, is not well understood.

A lot of attention has been given to mental health problems and persistent pain as individual conditions, but more needs to be done to bring them together. To find out more about our learning from this project, take a look at our research findings.

qlabessays.health.org.uk

Collaborative research and testing

This guide is based on evidence and experiences from people who have worked in collaboration with the Q Lab and Mind to explore this topic. This included research with around 150 people between September 2018 and February 2019, and in-depth work with five testing teams between February and September 2019.

Throughout this guide we have included examples from the five testing teams because their learning has relevance to other health care professionals wanting to start their own improvement work.

It brings to life many of the important challenges encountered that often get ignored when talking about interventions after they are developed.

The ideas developed by testing teams are grounded in a good understanding of the problem locally and align with national evidence. They are at an early stage of development and will continue to be tested and evaluated.

You can follow their progress at
q.health.org.uk/q-improvement-lab

Collaborative research activities



140 people responded to a survey to share their experiences and knowledge of existing research and services

Desk research looking at existing published evidence, interventions and policies

25 Lab participants attended 3 research sessions to share their insights

Six interviews with people with lived experience, interviewed by people with lived experience

35 telephone interviews with health care professionals

Workshop with 30 Lab participants to feed back on emerging insights

Collaborative testing activities



Five testing teams were selected to develop ideas and solutions to improve care

Each testing team built local partnerships with involvement from over 12 organisations

Q Lab supported workshops with 52 people to explore the issues that are being experienced by services locally

44 people attended two workshops to hear learning from testing and provide insights about their local contexts and challenges

Why we've developed this guide

The Q Lab aims to shine a light on the best ideas for providing high quality care, so that others are inspired by and can act on this learning.

We know there are many challenges in doing this well. This guide aims to make it easier by providing ideas and learning to support health care professionals. Throughout the guide we draw out issues health care professionals face and make suggestions for what to pay attention to, or how to overcome them. In doing so, this guide aims to support practitioners to consider their local context and ways to translate other people's learning so that it can inform their own improvement work.

How it can inform improvement work

Finding examples and learning from good practice: Members of the Q community have helped to surface examples of good practice from across the UK. **Many of the best ideas to improve care are not new, and some may seem obvious, but that doesn't mean that implementing them is easy.** We hope this guide helps health care professionals to take inspiration from elsewhere, and also to consider how to make it work for local contexts and circumstances.

Adapting ideas to your context: The Health Foundation's work on spread⁴ has shown that to implement a successful idea in another context the factors that made it successful need to be understood. Picking up and adopting an idea to your context will require just as much effort as discovering it for the first time. We won't be able to provide sufficient detail here for you to pick up and implement an intervention; instead we hope the examples will provide inspiration to make change. Where possible we have included links to further information.

How to use this guide

This output is structured around six of the most common problems that are affecting health care delivery for people living with both mental health problems and persistent back and neck pain, and the relevant solutions that can address these challenges. This is based on research, interviews, practical learning and conversations that we’ve had in the Q Lab this year. There is no distinction made between services primarily focused on mental or physical health as our learning highlights that many issues cut across the different services.

Depending on the service and its starting point, different sections may be more useful. You can either read through all the problems and solutions, or click through to those you are most interested in.

Many of the solutions are linked, with the earlier solutions providing important foundations for other solutions to be realised. Each solution provides intervention ideas for how to achieve them in practice and common challenges to prepare for. While some can be addressed individually, they are closely interconnected. It is likely that, in order to provide a high-quality service, you will need to adopt a blend of solutions based on your diagnosis of the problems you’re experiencing locally.

We hope this format will support you to start conversations locally with colleagues and service users, in order to understand different people’s perspectives on your local context and how the issues may be playing out.

Understanding what matters to people with lived experience

All improvement work should begin by understanding what matters to people living with the conditions. Alongside this guide, we have co-produced a set of **service principles** that describe what matters for people living with mental health problems and persistent pain. These may be useful alongside this guide.

Information in each section

Problem

Solution

How to achieve this in practice

What you can try

Challenges to prepare for

Examples to learn from

Section 01

Local knowledge

Problem: *The service does not have the expertise in-house to support people's holistic needs, or to signpost to the support that is available elsewhere*

Solution: *Build and improve local relationships to take advantage of local assets*

How to achieve this in practice

What you can try

- Research what services exist locally
- Identify and share patient information
- Look for signposting support
- Connect with other services

Challenges to prepare for

- How do you make the case for this work?
- How do you ensure information is up to date?

Examples to learn from

- Working with volunteers to improve signposting
- Small changes, one conversation at a time
- Developing local networks



“When I was first diagnosed I was definitely lost. Had there been any indication of where to get support, or find out more about the condition, that certainly would have helped.”

Lab participant (lived experience)

Problem

The service does not have the expertise in-house to support people's physical and mental health needs, or to signpost to support that is available elsewhere

We know that many health and care services are commissioned and set up to primarily support *either* people's mental health or their physical health.⁵ But often the reality of how we experience our health and wellbeing cannot so easily be separated in that way.

The health and care sector needs to be able to support people's needs holistically, which will often mean that more than one service is involved in providing high quality care. But what we've heard is that health care professionals aren't always aware of where they could signpost or refer their patients to; or they may lack the knowledge of, or confidence in, other local services to make a referral.



Problems this can lead to

Patient experience and health outcomes

People can experience disjointed care that fails to address all of their health needs. People can end up feeling lost, not knowing how and where to get treatment and support. This can result in delayed care and can have a negative impact on someone's health.

Staff satisfaction and wellbeing

Staff can feel they are not providing the necessary care and support to patients. This can add to workload pressures if patients don't make progress with their treatment or intervention.

“I have no idea about the services [in X location]. It'd be good to know about what is available nationwide, local area specific and having something clear for us [physios] to say: for this person presenting with this, this would be perfect for them, it's the right level.”

Focus group participant

Solution

Build and improve local relationships and knowledge, to take advantage of local assets

If the service doesn't have the expertise to provide combined mental and physical health support in-house, or resources to change this, then look at ways to better signpost or refer people to other resources and services.

A good knowledge of, and relationship with, other local services is vital for giving people choice and responding appropriately to what matters most to them, and their individual strengths and needs.⁶ This may include support for all areas of someone's life, including issues relating to work, relationships, debt, housing and loneliness. This means that health services need to understand what other support is available and work collaboratively, including with services outside traditional health care settings, to enable people to access them.

"I think someone saying 'I'm not skilled in this but can pass you on to someone who can help' is the beginning of a good relationship... not all health professionals should have every skill, they should work together."

Lab participant (lived experience)



The impact you can achieve

Improved patient outcomes

If patients and their carers are accessing the right services at the right time for them, they will have a more positive experience of the health system, their long-term health can improve, and self-management strategies are more likely to be successful.⁷

Staff satisfaction

Staff will be more able to support patients to access services that address their needs. It's likely that local services facing similar issues will be keen to share their learning and expertise.

Service costs

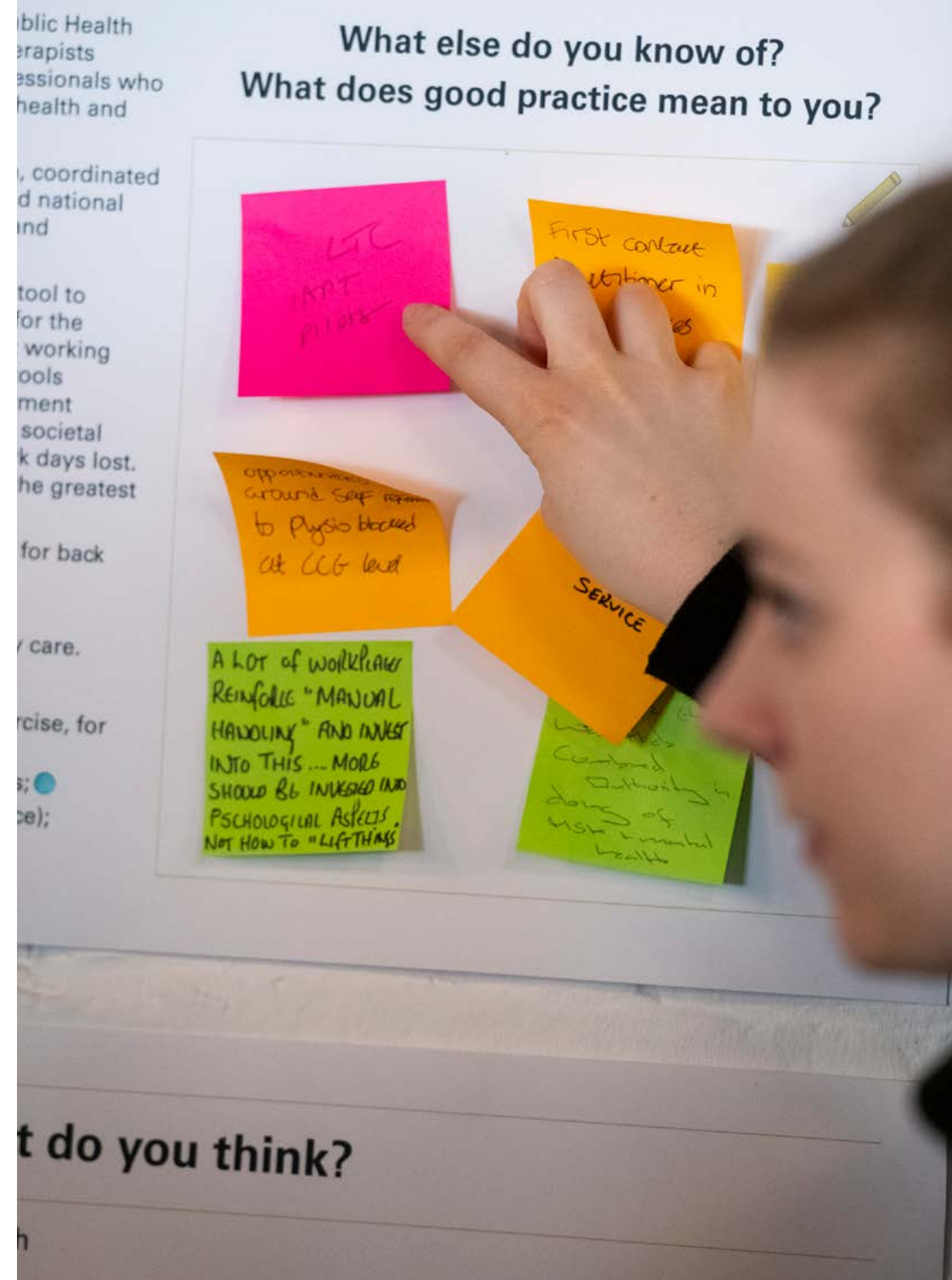
When people are supported to effectively self-manage their health it can reduce the demand on GPs and emergency care.⁸ Connecting local assets takes advantage of the expertise and resources available – including across primary, secondary, community care, and the voluntary sector – to reduce duplication and work more efficiently.

Increased collaboration

Relationship building can lay the groundwork for more formal collaborations and partnerships in the future to co-deliver services more cost effectively. This is therefore an important first step for making larger scale improvements that involve collaboration and cooperation with others.

“My colleague and I each do a monthly talk with GPs so when it came to doing [our pathway redesign and new service] the GPs knew us: we had a personal level of influence that allowed it to be smoother.”

Lab participant (health care professional)



How to achieve this in practice



What you can try

- Research what services exist locally
- Identify and share patient information
- Look for signposting support e.g. community navigators, link workers or buddies
- Connect with other services through networking sessions

Challenges to prepare for

How do you make the case for this work?

Getting to know people who work across different organisations and services that you refer or signpost to takes time, and the benefits of these relationships may not be immediately tangible or be included in existing performance measures and service outputs. Convincing others of the value of this work can be hard.

Ideas:

- **Highlight the evidence base.** The emerging learning on integrated care systems provides a convincing case for investing in relationship development.^{9 10 11}
- **Recognise the long-term commitment needed.** Finding the people that are doing similar work already or have expertise to share will save you time in the long run. But it takes time for change to happen, to get to know people, to feel able to communicate honestly and challenge each other openly in order to work together well and improve care.¹² Relationship-building and partnership development are fundamental to working successfully across boundaries. People need time and space to develop these relationships and their understanding of other services. Often it should not be considered to be *part* of an intervention or improvement programme: *it is* the improvement programme/intervention that can lead to improved care.¹³
- **Identify the shared expectations and benefits.** Agree the change that you want to see to improve patient care. There may be 'hard' outcomes, such as increased referrals or participation at events, skills exchange through training and 'softer' outcomes such as increased trust and confidence.
- **Share responsibility across the team.** Non-clinical staff and volunteers may be in a better position to lead some of this work or provide additional support, which can reduce pressures on clinical time.
- **Find accessible and informal ways to engage.** The logistics of working with busy clinical teams, particularly working at different sites, can be challenging. Therefore, offer a variety of ways for people to engage, such as making use of online meeting tools, informal drop-ins and lunchtime networking.

How do you ensure information is up-to-date?

Good local knowledge about services is important to ensure that referral processes and eligibility criteria are followed. This can be difficult for a number of reasons: it is time-consuming to keep information of other local services and relevant contacts up-to-date and many services lack consistent teams if they have high turnover, use agency staff or contracts go to new organisations. In this environment, it can then be challenging to forge relationships and ensure people have the relevant information about local service offers to support referrals.

Ideas:

- **Local networking.** Regular networking groups can help to share information, and develop and maintain relationships between individuals and services throughout staffing changes. This doesn't have to be formal – invite local stakeholders or referrers to informal drop-in sessions to find out more about their service and how you can work better together.
- **Involve everyone in the team, not just one or two individuals.** Build relationships across services, rather than just with individuals. This helps colleagues to support each other to embed the learning and is less reliant on a single person championing it or maintaining a relationship, which is unsustainable if they leave or have other priorities to focus on.
- **Make the most of individuals or organisations that can provide a 'bridging' role.** Make use of peer support networks, social prescribing schemes or patient navigators to help share knowledge.

Examples to learn from

Working with clinicians and volunteers to improve signposting

The testing team from *Keele University and Midlands Partnership NHS Foundation Trust* worked with physiotherapists and volunteers at the Haywood Hospital to understand ways to improve support for people who access their musculoskeletal (MSK) service and also have mental health needs. The driver for this work was the results of a local study of 2,000 patients accessing MSK services that revealed that 55% of patients had chronic pain for over one year, 76% had a major physical limitation and 49% of patients suffered with anxiety. Depression was reported by 37% of patients. Of those employed, 45% had taken time off work because of their MSK problem in the previous six months.¹⁴

They learned, through mixed stakeholder workshops, that clinicians were aware that some of their patients experience unmet mental health needs, but that they did not necessarily have the confidence to discuss mental health needs with their patients, and were not sure where to signpost them to for further support.

To raise awareness of the services and support that are available, the team worked with the volunteers in the Patient Information, Education and Resource Centre at the Haywood Hospital to develop a local repository to inform patients and clinicians about local services that support mental health and wellbeing. This idea was put forward by volunteers, who have committed to keeping the information up-to-date in the future. The team began by developing a prototype of the repository in paper form, to test its usability, before making it available digitally.

Small changes, one conversation at a time

The testing team at *Robert Jones and Agnes Hunt Orthopaedic Hospital* is based in a specialist orthopaedic hospital that has no dedicated mental health service. After an initial scoping workshop, with representatives across the region, they found there were many opportunities to improve care and support for people with mental health problems. The challenges and opportunities identified in this workshop were too big for the limited time and resources available to work with Q Lab and Mind.

The team were enthusiastic and engaged yet struggled to build the momentum to drive the project forward within a six-month time frame. Therefore they decided to focus on a bounded improvement area, that would begin to raise awareness with staff and patients. The team prototyped a patient information leaflet that was designed for people accessing the MSK services, introducing information about depression and anxiety and where to go for help. They got direct feedback from patients by setting up a stand in the hospital cafeteria. While the leaflet is a small intervention, it is an important first step to increase awareness and normalise conversations about mental health in a physical health setting.

Find out more: q.health.org.uk/q-improvement-lab

Developing local networks

There are a number of existing networks, special interest groups or communities of practice that provide opportunities to meet or connect online to hear from others working in this area. The ***Q Community***, of which the Q Lab is a part, provides opportunities for people to share ideas and learn from others through online or face-to-face events and activities. Many of the Academic Health Science Networks (AHSNs) in England run events on specific themes.

The ***Health Innovation Network***, the AHSN for South London, have an 'MSK Improvement and Innovation forum' which provides opportunities to people working in MSK services to hear about local and national initiatives and meet with others. The Integrating Mental & Physical healthcare: Research, Training & Services (IMPARTS) initiative by ***King's Health Partners*** in London runs a seminar series that focuses on bringing mental and physical health services together.

Find out more: healthinnovationnetwork.com and www.kingshealthpartners.org/our-work/mind-and-body/our-projects/imparts

Section 02

Skills and training

Problem: People working in the service are not confident and fully able to discuss and support people with their mental and physical health needs

Solution: Improve training and support for health care professionals so they are more confident and able to provide holistic care

How to achieve this in practice

What you can try

- Awareness training in pain/mental health
- Communications skills training and support
- Mentoring between clinicians

Challenges to prepare for

- Unwillingness to change
- Training becomes a 'tick-box' exercise

Examples to learn from

- Engage stakeholders from the outset to build momentum
- Bring people together with different expertise
- Training as part of wider mental and physical service integration
- 'The human element': providing mentoring and ongoing supervision

Problem

People working in the service do not feel confident and fully able to discuss and support people with their mental and physical health needs

We have heard from health care professionals that there are gaps in the training and support they receive. In particular this is around mental health and persistent pain awareness, knowledge of the support that can be offered, and communication skills to discuss issues that are outside their clinical specialism.

Despite evidence about the interconnection between mental health and persistent back and neck pain, and the prevalence of people living with the two conditions,²³ we've heard from health care professionals that insufficient training means many are neither equipped with the right knowledge, nor feel they have the confidence to explore this with their patients.¹⁵ Furthermore, people presenting with persistent pain often carry complex inter-relating health or social wellbeing concerns that may not have been previously recognised or treated, which can be challenging for health care professionals to consider.¹⁶



Problems this can lead to

Patient outcomes

People are more likely to seek support for physical rather than mental health problems.¹⁷ Misdiagnosis or symptoms being ignored or overlooked leads to missed opportunities to provide appropriate treatment or support. It can also result in people being referred for unnecessary clinical investigations or being offered invasive or inappropriate treatments.

Patient experience

Poor communication can result in inadequate support. People's trust and experience of health services will be poor if they feel that they are not believed or their health concerns not taken seriously enough.¹⁸

“I think when I was at [university] you get taught about the biopsychosocial model but it is all abstract, they are talking about it and it's so theoretical. But when it's actually in front of you, you don't know how to manage the person.”*

Focus group participant (health care professional)

* The biopsychosocial model, developed by George Engel in 1977, acknowledges and recognises the combined and complex interactions of biological, psychological and social factors that determine our health and wellbeing.



“I had excellent mental health care that really helped [. . .] develop me as a person – but they never looked at my physical health. They were brilliant in so many ways – taking me off medication I didn’t want to be on – but they never looked at my physical health, even though I was sitting in a wheelchair and talking about pain.”

Lab participant (lived experience)

Solution

Improve training and support for health care professionals so they are more confident and able to provide holistic care

Addressing this problem requires changes to the education and training that is provided. Given the prevalence of mental health and persistent back and neck pain as a comorbidity, staff working in services that support people living with these conditions should have a foundational knowledge in the conditions.¹⁹ Training should equip them to be confident exploring a person's needs that may be beyond the boundaries of their own specialism.

“We are trying to upskill community physios to better support people who disclose mental health issues [...] It's not your job as a physio to unpack their history of ABC [traumas/abuse] – just about understanding the link with their recovery and having the tools to respond appropriately and who to refer them to so they get the right support.”

Lab participant (health care professional)



The impact you can achieve

Patient experience

People who report having good communication with their health care professionals – who take account of their holistic needs – report increased satisfaction and engagement with their care.^{20 21} Effective communication with the person living with the condition, as well as their family and carers, means they have the information they need to help them be better supported in the home, local community and workplace.

Patient outcomes

Training staff, alongside access to screening, can address diagnostic overshadowing* which delays access to appropriate treatment and support.²²

Health service utilisation

By reducing unnecessary referrals or inappropriate treatments, and upskilling non-specialist staff to deliver appropriate interventions, it reduces costs over the long-term and makes better use of existing capacity for specialist appointments.

* When physical symptoms are overlooked or misattributed to mental health problems.

“I did experience a good relationship with a GP. It was her capacity to understand where I was and give the power back to me. It was her capacity to say you know what is best for you and I will support you and facilitate it.”

Lab participant (lived experience)



How to achieve this in practice



What you can try

- Awareness training in pain/mental health
- Communications skills training and support
- Mentoring between clinicians

Challenges to prepare for

Unwillingness to change

People leading improvement may encounter resistance to a new way of working. There may be entrenched ways of working that are hard to change, or disagreement about the scope of clinical roles.

Ideas:

- **Staff anxiety is an important barrier to overcome.**
Unwillingness to change or do things differently may be linked to capability and confidence issues: people experience anxiety and fear when they are outside of their comfort zone, which can prevent them from putting training into practice or implementing new protocols.²³ Acknowledge this challenge and ensure the appropriate support is in place.
- **Change takes time; staff need to support each other.** Play to your strengths and where there is demand. Acknowledge that implementing new processes and tackling challenging problems requires time and 'headspace'.⁴ Involve staff in exploring the problem and possible solutions to ensure it meets internal demand and promotes ownership over the changes.

- **Have the right professional support in place.** Having conversations about mental health can have an emotional impact on clinicians, so support is needed for staff who are regularly having difficult conversations. Identify people in your team or from other services who have the relevant expertise and are able to lead training and/or mentor others and embed it into supervision.

“It’s not always easy. Sometimes I find myself thinking, ‘Do I really want to go there?’ You have to be ready to ask those questions. [...] It may be easier for them and me if a patient comes in, gets a prescription and leaves. But that’s not a long-term solution. If you are reasonably honest, and say, ‘This needs more time than I can give it today,’ people are very accepting of that.”²⁴

Jo Thompson (GP)

Training becomes a ‘tick-box’ exercise

Without ongoing support or meaningful organisational commitment, training can become a ‘tick-box’ exercise that does not result in embedded learning or changed behaviours. Another issue is that training could be considered a solution on its own without enough attention given to other changes or cultural factors that need to sit alongside it.

Ideas:

- **Involve the whole team.** Try and make it everyone’s responsibility
- **Provide ongoing support and mentoring to embed learning.** Embed new training or awareness courses into existing training or multidisciplinary team meetings. Ensure there is ongoing supervision and mentoring available, potentially from outside the service.
- **Ensure a high quality of training is maintained.** People’s experiences of the availability and quality of training can either help or hinder implementation and the successful rollout of a new intervention.²⁵ Measures will help to ensure consistency and review the extent to which the training is continuing to meet people’s needs and knowledge gaps.
- **Training is important, but it isn’t the whole story.** Consider not just training itself, but what sits around it. For example, there may be **technical** changes needed such as changes to

administrative systems to enable staff to easily put learning into practice and follow processes required. This may also include IT changes to automate prompts to ask screening questions, or to refer to other services. It is also important to consider the **social and cultural** changes needed so that training leads to a supportive and reinforcing environment.⁴

- **Tailor training to suit organisational context.** Involving staff in the design of the training can help increase ownership and ensure it is relevant to the organisational context, which can help build and sustain commitment to applying the learning into practice.
- **Consider the language differences between services.** The way different services describe what they do can be a barrier to working together and reinforce clinical or professional differences.* In particular, staff may prefer the language of ‘wellbeing’ rather than ‘mental health’. When staff are uncomfortable with language or find it too intrusive, it has an impact on their ability to provide a more holistic service. It may mean that they don’t want to use standard screening questionnaires or case recognition tools to identify mental health concerns in patients, or they adapt it which reduces its quality and effectiveness.²⁵ It is worth engaging with local providers to ensure a single shared understanding of the language used.

* For example, the language of ‘mental health disorder’ is not acceptable to pain specialists; the term ‘medically unexplained symptoms’ is not acceptable to people living with persistent physical symptoms or many professional groups.

Examples to learn from

Engage stakeholders from the outset to build momentum

The *Health Innovation Network* worked with physiotherapy teams at *St George's Hospital* and *Kingston Hospital* as part of Q Lab's testing process to explore and develop training to increase the confidence and skills of physiotherapists delivering psychologically informed physiotherapy. As part of the project's development, the team ran two focus groups with 30 physiotherapists to explore the topic and understand their needs. This process proved to be valuable to provide a safe space for physiotherapists to share their challenges and the current barriers they experience, as well as providing them with an opportunity to reflect on the reasons for the gap in their skills and confidence.

By involving them from the outset, the project team felt there was momentum from physiotherapists to be part of the solution and explore solutions that would genuinely address the problems identified. The team is now planning to work with the *Physiotherapy Pain Association* to test and redesign an existing online training package for face-to-face delivery. This also provides ongoing, experiential opportunities for physiotherapists to develop and test their skills, and access ongoing support through online conferences and small group work with clinical scenarios.

Find out more: healthinnovationnetwork.com/persistent-pain-and-mental-health-improving-care-and-wellbeing/

Bring people together with different expertise

As part of their work with the Q Lab, the team at *Keele University* and *Midlands Partnership NHS Foundation Trust* have developed a mental health awareness training programme that is designed to be delivered with health care professionals and volunteers at the same time.

The content of the training includes information on: the recognised link between pain and mental health; how this might be assessed during a consultation; a discussion on risk and safeguarding; how to improve our communication skills; resources that may be available locally and nationally. The training is designed to be delivered to clinicians and volunteers at the same time to ensure people accessing either the MSK or volunteer-led services receive consistent information. This joint-learning experience was also designed as an opportunity to nurture collaboration between clinicians and volunteers. In developing the content for the training, the team considered how best to meet the learning needs of this mixed group, and to create an environment in which participants feel comfortable and able to work well together.

In the first training session the team actively encouraged the groups to mix; people naturally clustered among their peers, so some prompting was needed. This approach helped to enrich the learning experience as different perspectives could be shared among participants, particularly during group work and feedback opportunities. It was expected that these interactions and conversations would help to broaden the awareness of both clinicians and volunteers and ultimately facilitate more informed signposting for patients.

Find out more: q.health.org.uk/q-improvement-lab

Training as part of wider mental and physical service integration

Integrating Mental & Physical healthcare: Research, Training & Services (IMPARTS) within *King's Health Partners* in London is a package for physical healthcare settings designed to support clinical teams in providing timely, tailored, evidence-based care to patients. The package includes:

- a screening tool, that is integrated within a patient's electronic health record to provide real-time feedback
- pathways that meet patient needs identified through screening
- training for clinical teams in core mental health skills, alongside support and supervision from a mental health specialist
- bespoke self-help materials are also developed for the patients.

The Musculoskeletal Physiotherapy department at King's College Hospital are one of the services using IMPARTS. While the process of implementing this intervention presented challenges – for IT systems, staff training and ensuring patients complete the screening questionnaires – it has helped them highlight an unmet mental health need among their patients, and has led them to redesign their service to enable the provision of more tailored support for people identified as being at either medium or high risk of developing persistent pain.²⁶

Find out more: www.kingshealthpartners.org/our-work/mind-and-body/our-projects/imparts

'The human element': providing mentoring and ongoing supervision

Sarfraz Jeraj is a clinical psychologist working in the *Lambeth Increasing Access to Psychological Therapies (IAPT) service*. He co-leads on developing the long-term conditions integrated pathway, giving supervision and training to staff providing one-to-one therapy for people with mental and physical health problems. His experiences highlight the importance of providing ongoing, tailored support as staff are developing their skills and knowledge on unfamiliar conditions and confidence working with new colleagues in physical health specialisms. He highlights the value of taking time at an individual level to understand their challenges and concerns. This includes giving time for self-reflection and providing a mutually supportive environment to enable health professionals to overcome personal concerns and fear.

“I draw on my experience: you have to go back to a place when you have felt de-skilled, and remember how you got through that. It's about being around people that trust you. Being curious, and being around colleagues, a mentor/supervisor who is not going to judge you for not knowing and is going to do more than give you a book chapter. That's what makes a difference: the human element.”²⁷

Sarfraz Jeraj (clinical psychologist)

Section 03

Environment and processes

Problem: The service does not have the environment and supporting processes to provide high quality holistic care for people's mental and physical health needs

Solution: Improve the environment and what sits around the consultation so that it's more supportive of people's combined mental and physical health needs

How to achieve this in practice

What you can try

- Flexible appointment times to allow some longer slots across a clinic
- Review the clinical environment and explore how it can improve experience

Challenges to prepare for

- Inflexible policies
- Lack of physical space

Examples to learn from

- Offering remote access
- Trialling the service in a new setting
- Implementing a proactive and flexible approach to supporting patients



“I think our paperwork doesn’t help, there is not enough room to explore things and to really talk about sleep, stress. Where do you record it? You only have a tiny slot to write, having that piece of paper can lead you down a certain way.”

Focus group participant (health care professional)

Problem

The service does not have the environment and supporting processes to provide high quality holistic care for people's mental and physical health needs

As we've heard from Lab participants, health and care services often face barriers to making improvements to support more holistic care due to issues with the physical environment, or inappropriate or inflexible systems and processes.

This can include processes and policies that specify the time and location of appointments, and challenges with information sharing between services.

“Often it comes down to IT in the NHS – [we] might have a lot of great ideas about what to do but it is futile if systems don't talk to each other.”

Lab participant, health care professional



Problems this can lead to

Patient outcomes

The clinical environment has an important effect on a patient's experience and their ability to respond well to health professionals.²¹ Individuals may struggle to have an open conversation about the impact of their health conditions on their lives if consultations are rushed, or not held in private rooms.

Patient experience

Without supportive systems and processes to access relevant information, enabling referrals and information sharing, care can be disjointed. This can result in people having to retell their stories, which is frustrating and contributes to poor patient experience.

Solution

Improve the environment and what sits around the consultation so that it's more supportive of people's combined mental and physical health needs

There are steps services can take to improve patient experiences that relate to in-service changes, such as attendance policies and processes: the way appointments are booked; the time of day or location of the appointment; the content of patient leaflets or letters; screening tools or shared conversation tools and guidance. This can also extend to changes that involve referral pathways such as how information is shared between different services.



The impact you can achieve

Improved patient experience and outcomes

By reducing barriers to access and ensuring coordination between services, patients have a better experience which can improve their ability to adhere to an intervention and improve their health outcomes.

Health service costs

By enabling health professionals to proactively support individuals to access appropriate support earlier on, this can reduce unnecessary or ineffective treatments, and reduce costs.

“It’s hard in an environment with curtains and a load of noise, and hard also with patients who are upset and anxious. There is only so much they will share in the environment we are in versus what I used to get in, say, a closed clinic room environment.”

Focus group participant (health care professional)

“The venues that we use [at leisure centres], people have enjoyed coming to and found them accessible and we’ve had patients going on to use the facilities through the Sheffield physical activity referral scheme [...] They’ve got used to it. They’ve seen the gym, they’ve seen the staff and they found it easy to accept a referral.”²⁸

John Firth (physiotherapist and psychological wellbeing practitioner)



How to achieve this in practice



What you can try

- Flexible appointment times to allow some longer slots across a clinic
- Review the clinical environment and explore how it can improve experience

Challenges to prepare for

Inflexible policies

Inflexible operational policies or performance pressures can prevent services from making changes needed. This can include concerns around infection control, or health and safety preventing services from changing their clinic location to community settings. This may include inflexibility in adjusting the time of a clinic or the length of an appointment. It may also refer to IT or monitoring and outcome measurement processes that can be deemed unhelpful. It can be unclear whether clinical or administrative staff have the autonomy and authority to make adjustments.

Ideas:

- **Review the rationale for policy decisions.** Operational policies may be out-of-date and not always grounded in the latest evidence base, or how things work in practice. Find evidence to support changes in practice. This may involve:
 - reviewing latest clinical guidelines
 - conducting a light-touch audit: after every patient take one minute to record what could be done differently. Collate this data to build the case for the changes that would help provide better care
 - reviewing complaints and patient feedback. Speak to the local Patient Advice and Liaison Services (PALS) to understand the patient experience, and if they have received feedback and complaints that support a change in practice.
- **Build a shared understanding.** Seek to understand why certain policies or concerns exist. Bring different stakeholders together to develop a shared understanding and explore the problems to better enable you to identify solutions together.
- **Find others who want to make improvements.** Some people will need to see a 'proof of concept' before they come along with you, or will seek direction from funders or clinical leads. Use local networks and meetings to find people that will work with you to make it happen.
- **Involve patient groups.** Find active patient groups and charities who can advocate for the changes that are needed.

Lack of physical space

Services may want to co-locate with others or want to implement closer multidisciplinary team working but lack physical space to enable this.

Ideas:

- **Explore remote access options for co-location in community settings.** Services that were part of NHS England's Increasing Access to Psychological Therapies long term conditions pathway (IAPT-LTC) found lack of clinical space was more of an issue in health and care settings (hospitals, GP surgeries) than in community and third sector organisations.²⁵ There may also be benefits to patients in locating services in the community, or that enable easier access to other relevant services. For example, the Sheffield IAPT service delivers its back pain course at a local sport and leisure centre, which makes it easier for people to access the gym before or after the course.²⁸

Examples to learn from

Offering remote access

The *Powys Health Teaching Board* Pain and Fatigue Management Service based near Brecon covers a quarter of Wales, which means people regularly travel for a long time for their appointments. This can lead to a number of issues for people using the service; some may be anxious and/or experiencing mental distress and struggle with a long journey, others find it inconvenient to take a whole day off work to attend. Travel time also impacts on staff. Being in a rural location, the team have introduced Skype consultations so people can access the service in a way that suits them, meaning they are more likely to engage and benefit from the service. This is now a core part of their service and the team employ telehealth facilitators to support staff and people using the service to learn how to use the technology and be comfortable in sessions. They also have a partnership with the library service to enable people to access computers in confidential booths if they are unable to access Skype at home.

While their rural environment was a driver for this work, there can be equally important barriers in urban areas. Remote access can reduce inequalities of access by providing more flexibility for people with mobility issues; for people who are unable or will have financial impacts when taking time off work; or for people that have family or caring responsibilities.²⁹

Fine out more: q.health.org.uk/q-improvement-lab/

Trialling the service in a new setting

When adopting or rolling out an intervention to increase the chance of success, it is important to ensure it complements and fits within the existing service. This was the experience of the *Health Innovation Network* (HiN) who worked alongside community-based mental health charity *Sydenham Gardens* to test the Joint Pain Advice (JPA) intervention in a mental health setting as part of the Q Lab testing process.

JPA focuses on supporting people with knee, hip and back pain to have a better understanding of their condition and increase healthy behaviours that will support them to manage and live well with their pain. It offers four one-to-one advice and support sessions over a six-month period. HiN trained staff and volunteers at Sydenham Gardens to deliver the intervention, and adapted the content to suit their skills and knowledge. Getting this into place was straightforward because it aligned with their existing service and the staff involved identified the need for the solution for the people using their service.

One area of challenge was the rigorous outcome measurement processes required by JPA, as this is very different to the approach at Sydenham Gardens. The teams had a good relationship to discuss this challenge. Their learning shows the importance of surfacing differences and potential concerns in ways of working, operational processes and governance to ensure expectations are met.

It's also important to acknowledge that it can be hard to identify partners that 'fit': HiN were hoping to test JPA in another mental health service during the six-month testing process, but were initially unable to find the right service that had these conditions in place. HiN are looking to 'codify' what type of partners are best placed to deliver JPA in their next phase of work with the Q Lab: they are being more deliberate in specifying which organisations will be the right fit to deliver the core elements of the intervention. They will soon begin trialling the model in a local IAPT service.

Find out more: q.health.org.uk/q-improvement-lab/

Implementing a proactive and flexible approach to supporting patients

Hartlepool and Stockton CCG and Darlington CCG worked with the *Northern England Clinical Network for Mental Health and Dementia*, and the *North East and North Cumbria AHSN* to run a small project with GP surgeries to improve the identification and management of people with persistent physical symptoms, which can include people with persistent back and neck pain. This included:

- training GPs to increase their knowledge of persistent physical symptoms and improve their skills in supporting people with these symptoms
- the proactive identification of people who frequently attended the surgery and were considered to be appropriate for the intervention, and inviting them to a series of tailored consultations to support them to manage their health.

The project required the surgery to offer patients a longer introductory appointment to enable health professionals to have open conversations about the symptoms and to explore the biological, psychological and social factors contributing to their experience. This was proactively followed up with standard appointments where the focus was on shifting the conversation from 'search and fix' to acceptance, understanding and living well with their conditions. The practice staff training sessions were well received and there were positive outcomes relating to consultation techniques and practice-wide communication.

However, the project struggled to recruit enough GPs to successfully adopt the intervention. This was largely due to capacity issues, for example reducing the number of patients they were seeing each day in order to increase the appointment time. This was particularly challenging as some surgeries that did attempt this, and made space for longer appointments, reported high levels of patient non-attendance. Another challenge this project identified was that, by identifying people based on the number of times they had already sought support from the GP, it didn't address the problem of people waiting too long to access the right information and support: that the symptoms have to be severe or entrenched before they get referred on to the right service.³⁰

A proactive approach is however working successfully in some areas. The *Temple Sowerby Medical Practice* in Cumbria use a proactive approach to go through a stress cycle model with patients with persistent physical symptoms. This enables GPs to book longer appointments with patients and follow up with phone calls to provide reassurance and support.

“We operate a telephone triage system and book all our own appointments, so I try and book a longer appointment slot, often half an hour initially, knowing that I am going to have to sit with them, and gently unpick, their symptoms.”

Jo Thompson (GP)

As a result, this surgery has reduced contacts from people frequently attending the surgery from over 30 times a year to below ten.^{24 31}

Find out more: www.ahsn-nenc.org.uk

Devon Doctors, in partnership with Plymouth Marjon University, are also trialling a more responsive appointment model through shared medical appointments to address the high use of strong painkillers and opiates among their local population. The project is looking at whether this model can support people to have more confidence and control over their condition and lead to a reduction in medications, primary care appointments and hospital attendance.

A cohort of people with chronic pain are invited to a two-hour monthly consultation session. The consultation covers all aspects of care; for example, patients can get their prescriptions filled, and a wellbeing practitioner is present to support their non-medical needs. Patients can share their own experiences with others creating peer support.

An outcome of this work is that it provides the opportunity for the GPs running the appointments to be part of an open conversation that enables them to have a more holistic understanding of their patient's health and the impact on their life.

“I've known some of these people for years and in a few months, I've learned more about them beyond their medical history – how pain affects their life including anxiety, sleep etc and what's going on in their lives.”

Ed Parry-Jones, GP

Find out more: www.health.org.uk/improvement-project/shared-medical-appointments-for-patients-with-chronic-pain

Section

04

Patient expectations and understanding

Problem: People accessing the service are not expecting to discuss their mental and physical health needs, and there are issues around stigma and moving the focus away from finding a cure towards supporting self-management

Solution: Change focus about what the service can offer, to increase understanding and meet shared expectations

How to achieve this in practice

What you can try

- Improve patient information
- Build information and education into the service pathway
- Use triage or screening tools to identify different needs
- Embed peer support in services

Challenges to prepare for

- It's difficult to open up conversations about the psychological causes for pain

Examples to learn from

- Reviewing patient information materials
- Involving people in service co-design and building in peer support options
- Giving people more ownership over clinical communications

Problem

People accessing services are not expecting to discuss their mental and physical health needs, and there are issues around stigma and moving the focus away from finding a cure towards supported self-management

Some people may not be expecting to discuss their mental health in a physical health setting and vice versa. Due to cultural expectations of health and care, many people will be seeking a diagnosis and 'cure'; or consider self-management information and advice as being 'fobbed off'. We have heard from Lab participants how coming to terms with persistent pain can involve a process of grieving, with people having to accept that parts of their 'old life' are gone.

Both social stigma and self-stigma about mental health are barriers for people identifying and being open about the impact of persistent pain on their mental health. Many people are unaware of the interaction between mental health and persistent pain, and this can stop people from engaging in positive health behaviours and responding to recommended interventions.



Problems this can lead to

Patient outcomes

People report feelings of not being heard or of their pain not being taken seriously when health care professionals suggest psychological approaches or self-management programmes.¹⁸ People who are referred for psychological support, without it being based on an understanding about the interconnection with their pain, may not be responsive to treatment.

Common cultural expectations of health and healthcare, for finding a 'cure' and seeking medical solutions, can contribute to inappropriate and unnecessary diagnostic procedures and investigations, long-term use of opioids, and challenges with self-management.¹⁵

Service costs

Mis-matched expectations of what the service offers can result in people not attending, or getting re-referred at a later time.

“You’ve got to get your head around the fact that your life isn’t going to be the life you were expecting, and that can be really, really hard.”

Lab participant (lived experience)

Solution

Change focus about what the service can offer, to increase understanding and meet shared expectations

Preparing people to know what to expect from a service is important for a good experience and positive outcomes. This can be built into the pathway so people are ready for, and expect health care professionals to consider and address both their mental and physical health needs.

Health care professionals can equip people to do this by providing them with access to information and supporting them to learn more about their health, self-management and treatment options using a range of different formats and platforms. This should build on relationships with other local services so that referrals into the service are appropriate and people being referred are given the right information.



The impact you can achieve

Patient outcomes / experience

People with a better understanding of the interconnection between mental health and persistent pain, and who are more engaged with decisions about their treatment and care, are more likely to accept and be open to holistic treatment and support.³² A collaborative approach can help the person living with the conditions come up with a realistic plan and set goals to manage their health, and focus on re-engaging with the activities they define as most important to them, resulting in improved adherence and improved outcomes.

Health service utilisation

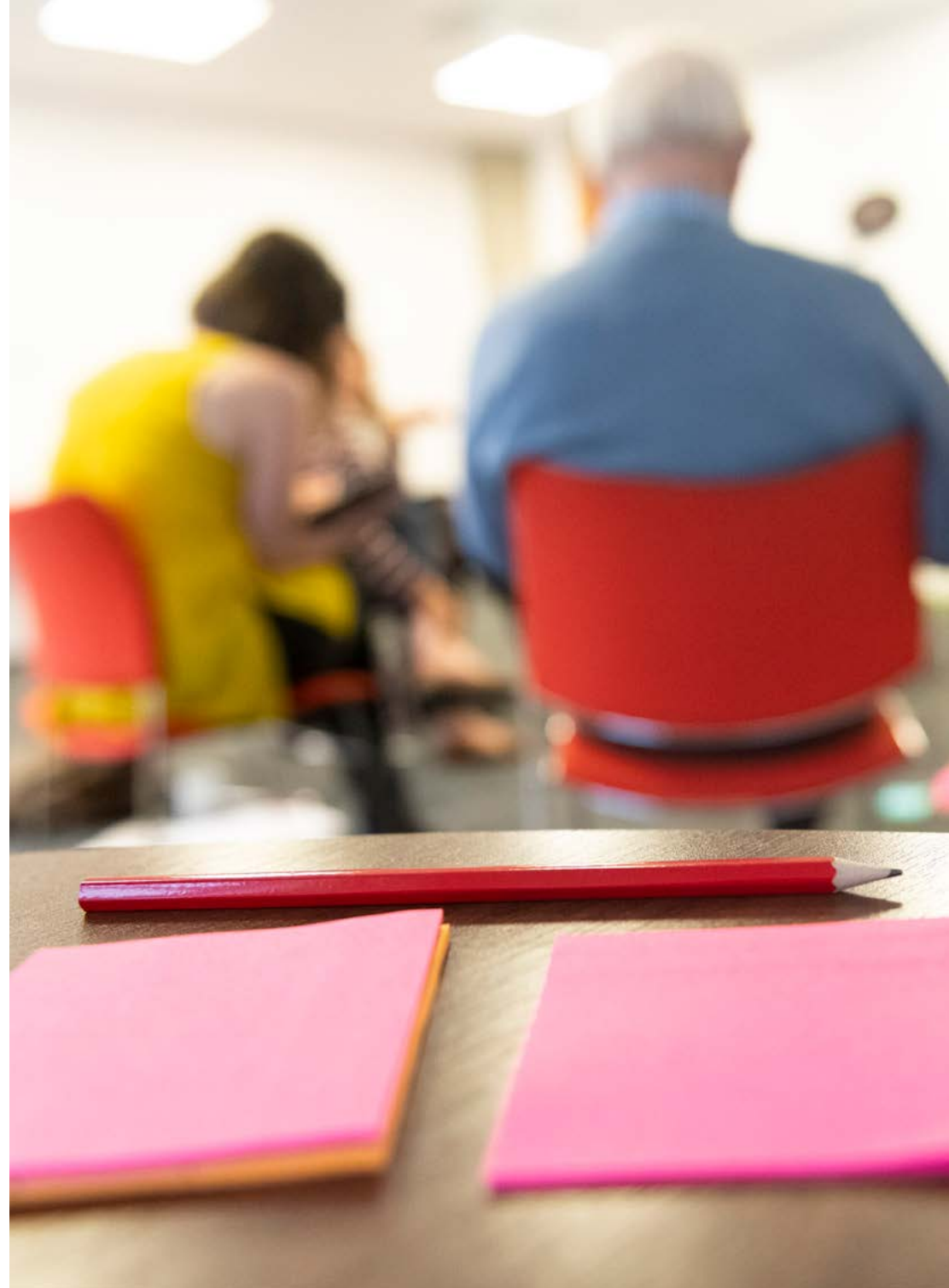
By ensuring people coming into the service are 'right' for what the service offers, services can reduce unnecessary referrals and make better use of resources.

“Pain doesn’t equal damage, or that people can’t live a full life. Education is the most important thing. It is about setting realistic goals.”

Lab participant (health care professional)

“By using the language of ‘What matters to people’ not ‘What’s the matter with people’ – give people permission to talk rather than focusing on what’s wrong with them.”

Lab participant (lived experience)



How to achieve this in practice



What you can try

- Improve patient information
- Build information and education into the service pathway
- Use triage or screening tools to identify different needs
- Embed peer support in services

Challenges to prepare for

It's difficult to open up conversations about the psychological causes for pain

When supporting someone experiencing persistent pain, there can be pressure to take a medical route, either led by the person living with the condition or the health care professional.^{33,34} Having an open conversation about the range of factors that contribute to someone's experience of mental health or persistent pain can be challenging.

Ideas:

- **Ensure health care professionals have the communication skills and confidence to have open conversations.** Patient feedback highlights how poor communication with health care professionals is a barrier to shared decision-making.³⁵ Health care professionals need skills to explore the psychological and emotional factors impacting on people's motivations, self-management, communication, and decision-making. Useful resources are available from the Making Every Contact Count (www.makeeverycontactcount.co.uk) and Time to Change (www.time-to-change.org.uk) campaigns.

- **Review patient information materials, including the extent to which it is clear and explains the service well.** Work with others along the pathway to ensure information is consistent and accessible to patients at the right time.
- **Focus on the primary concern for that individual.** A fundamental aspect of person-centred care is exploring what matters most to someone and what the barriers might be, so that you can support them to address it.⁶ If someone does not identify with having a 'mental health problem', they are unlikely to engage in a 'mental health' or 'psychologically-informed' intervention. Use the words the patient uses and identifies with when describing what their concerns are, and consider the language used to describe interventions as this may be a barrier to engagement.
- **Involve family members, carers or others with lived experience.** People are often more responsive to a friend, family member or peer telling them something than a health care professional.³⁶

"I did experience a good relationship with a GP. It was her capacity to understand where I was and give the power back to me. It was her capacity to say you know what is best for you and I will support you and facilitate it."

Lab participant (lived experience)

Examples to learn from

Reviewing patient information materials

Powys Health Teaching Board's Pain and Fatigue Management Service use the values of shared decision-making to engage and support people to develop their confidence and self-manage. When looking at their 'did not attend' and engagement rates, they realised more needed to be done to enable and support people when accessing the service for the first time.

As part of the Q Lab testing process they brought health professionals and service users together to understand where the engagement issues were by undertaking user journey mapping. The team started by focusing on initial engagement with the service when a shared decision tool is sent to the individual. This tool lists the different options available and people are encouraged to pick what they would like to explore in their appointment. When looking at this, people using the service fed back that the amount of information was overwhelming.

The team were introduced to the concept of 'designing for extremes':³⁷ it can be misleading to design for the 'average' user, and by designing for the 'extreme' user this will benefit the majority of users too. In this instance, the extreme users were people who didn't engage with the service: they are also the people the team struggled to engage with participatory co-design events to help identify improvements.

The team created two personas that were based on behaviours rather than demographics.³⁸ The team developed the personas by discussing hopes, fears and personal barriers of a potential participant to understand more about the underlying motivations for someone not attending the service. The personas have helped the team bring their unengaged users to life in their subsequent design sessions and base their assumptions on real behaviours. This has helped inform several prototypes of their options booklet that included more simplified information to test more widely.

“[User-journey mapping] has been really helpful – trying to put ourselves in the service user perspective, where they engage in services and how they engage.”

Testing team participant (health care professional)

We've heard from services that have made similar changes to patient information materials based on participant feedback. **Solihull Pain Management Programme** made changes to the first letter people received on being referred to the service to make it more like an invitation, and less like a clinical instruction. As one of the healthcare professionals involved in the programme explained, it's a nuanced change: rather than saying 'you must turn up at 10am on X date' it's more of an invitation: 'come along and see whether this will work for you'. They have also amended the information leaflet to explain more about what the programme involves, and to include a statement that says explicitly: "we believe your pain is real."

Find out more: q.health.org.uk/q-improvement-lab

Involving people in service co-design and building in peer support options

Lab participant Adrian McGregor was involved in reviewing the content for the Pain Management Programme run by **Connect Wolverhampton**. The Clinical Psychologist running the programme invited him to support its development after hearing him talk about his experiences of living with persistent pain and accessing health care services. This highlighted a number of changes the service could make to increase focus on the issues that matter most to people living with persistent pain, such as sleep. Adrian was also invited to attend the weekly sessions in a consultative role alongside clinical staff, and co-facilitates sessions that align with his experience.

For Sophie Gwinnett, the Clinical Psychologist who manages the service, the benefit of having someone involved with lived experience is that it helps participants relate to the content more easily:

“Having facilitated pain management programmes for many years, it often took several weeks for participants to ‘buy in’ to our approaches. For patients who have had a lot of contact with medically-dominated healthcare systems, our self-management approach is sometimes met with understandable scepticism and caution. I felt that having somebody like Adrian, with lived experience, would help to facilitate hope that pain management (as opposed to ‘pain cure’) could be achieved.”

Sophie Gwinnett (clinical psychologist)

The service has positive outcome data based on the before/after surveys, with participants often commenting on the value of Adrian’s participation. For others thinking about involving patients in this way, the experience from this service highlights that it is important to:

- consider contracting policies to ensure people can be paid where possible
- consider how to position lived experience within the group: “we do have to regularly reiterate that these are personal experiences and [not necessarily what is] promoted by the NHS. However I’m not sure that participants always make this distinction.”
- ensure ongoing support is provided: “some sessions can raise complex issues such as suicidality, historical trauma, etc. It is important that we offer our team an opportunity to reflect and debrief after sessions.”³⁹

Find out more: www.connecthealth.co.uk/services/wolverhampton/

Giving people more ownership over clinical communication

Solihull Pain Management Programme have adopted a process for participants to complete their own discharge letter.⁴⁰ This is completed in the final week of the ten week programme. One copy to sent to their GP and another to the participant.

This gives participants the opportunity to feedback to their GP about their learning and perceptions of the group, in particular what they would like their GP to help them with. It gives the participants ownership over the outcome of the programme and overcomes barriers relating to poor communication between referral agencies. The service is required to include a clinical discharge letter for formal purposes, but the emphasis is on the participant's letter.

An unintended outcome for the team is that it is a learning tool for the team delivering the service as it helps them understand more about what has resonated with participants, and what's important to them.

Find out more: www.enablingselfcare.com

“What I’ve found most interesting is that even if people haven’t been explicit in the group, many people recognise that what is affecting their pain is nothing to do with the biomedical presentation of it. We’ve had people saying what the GP can help them with – exercise on prescription, local groups, marriage guidance, bereavement counselling. Even though we haven’t explicitly mentioned all these things, people have thought about what it is that is affecting their pain.”

Lab participant (health care professional)

Section 05

Coordination, access and collaboration

Problem: People are ‘falling in the gaps’ between mental health and pain services, being seen too long after they started to experience health and wellbeing problems, or don’t have access to the right support, which has led to negative experiences

Solution: Redesign pathways that embed multi-professional working and make sure people are seen in the right place at the right time

How to achieve this in practice

What you can try

- Co-locate or co-deliver services
- Develop multidisciplinary working
- Use triage and screening tools to identify needs

Challenges to prepare for

- Lack of protected time for working with other professional groups
- Competition between services or professional groups
- Complex commissioning between mental and physical health trusts
- Poor IT infrastructure and data sharing

Examples to learn from

- Cross organisational working to improve capabilities
- Embedding multidisciplinary care working
- Building trust and transparency across organisations and with funders

Problem

People are ‘falling through the gaps’ between mental health and pain services, being seen too long after they started to experience health and wellbeing problems, or not having access to the right support

There is a lack of joined-up working between services. This impacts on the quality of care that people receive, and can lead to duplication or the wrong advice being given. We’ve heard from Lab participants that people are not getting access to the care they need, often because understanding the connection between their mental health and pain is happening either too late or not at all.¹⁵

“You go to A&E and they won’t treat you at all and they say, ‘See your pain consultant on Monday.’ You phone the pain consultant and his receptionist says, ‘He doesn’t have a space for the next four months.’ You’re like, ‘What am I supposed to do?’ This is what it’s like, you just get passed around and around.”

Lab participant (lived experience)



Problems this can lead to

Patient outcomes

Delays accessing the right support results in a negative impact on people’s quality of life. This results in poorer health and treatment outcomes, and increases their risk of social isolation, unemployment and physical inactivity.²²

Often the burden of responsibility falls on the individual or their carers to coordinate their care, which can increase their stress and anxiety.¹⁵

Patient experience / increased service costs

Research shows that co-morbid mental and physical health problems increase costs by 45%.⁵ This isn’t always inevitable and can be the result of inefficient services, delayed care, duplication and inappropriate treatments and interventions. People can experience uncoordinated and fragmented care, resulting in them looping around services without their health improving. People can fall between services when they are told that either their mental health or persistent pain needs to be resolved, or medications reduced before other issues can be addressed, rather than addressing them as related issues.



“The biggest barrier is who the patients meet along the way – it’s snakes and ladders. If you met the right person, you are better able to manage symptoms and if you didn’t, you quickly deteriorate. It’s chance whether you hit a ladder or a snake.”

Lab participant (researcher)

Solution

Redesign pathways that embed multi-professional working and enable people to be seen in the right place at the right time

As mental health problems and persistent back and neck pain can be closely related, reviewing the pathways and bringing services together is a logical step to ensure services are reducing duplication. While this requires action at a national level to change commissioning policies and address workforce challenges, some improvements are within a service's control. Services that support people with these conditions benefit from working in teams that include a mix of specialisms and disciplines in order to manage the inter-related aspects of that person's needs, and to identify which specific interventions and support will be best suited to them. Services need to have flexibility in order to support people to access a range of interventions that best suit their needs, while providing consistency and coordinating care.

“Great to have a champion but unless other members of the practice are willing to engage, it's tricky. When you get the whole practice training together and give them the same tools and upload them all on the computer then it works a dream. But if it doesn't work in that way – training and project management support – you get a blip, and people just do their own thing.”

Lab participant (health professional)



The impact you can achieve

Improved patient experience and outcomes

People have better health outcomes and a more positive experience if they receive the right intervention and support at the right time, and are supported in a coordinated way across services. People's physical functioning and self-management skills can improve when they have access to appropriate interventions early on in care pathways.³²

Staff experience and health utilisation

Staff can have a positive experience working collaboratively with different professional groups. Services working effectively together can reduce costs associated with unnecessary treatment and high demand on GPs and emergency care.⁴¹

Improved staff experience

Improving communication and trust among different professionals working together improves staff experiences can lead to better team working, better meeting of patients' needs, and reduced repeat attendances – which can improve workload pressures.^{23 42}

“Everybody continues to operate in siloes and you can’t do that with pain. [...] Unless you have [a] quality [service] manager – to knock sense into services to work together – they all do their own thing and the patient spends their life between them. Bring the services together and the patient will have access to high quality.”

Lab participant (health care professional)



How to achieve this in practice



What you can try

- Co-locate or co-deliver services
- Develop multidisciplinary working
- Use triage and screening tools to identify needs

Challenges to prepare for

Lack of protected time for working with other professional groups

We know that lack of clinical cover or protected time is a barrier to engaging with other services or professional groups, establishing relationships, developing improvements or embedding new learning.

Ideas:

- **Support staff (both managers and front-line staff) to realise that changing ways of working can save time.**
Working with different professional groups, or consulting with others, can take time. But evidence shows that it also helps to save time by enabling more effective and efficient case management and referral.¹³
- **Time may disguise other issues.** Research by the King's Fund highlighted that 'lack of time' is not the only issue, and could be used to disguise issues that are more amenable to change around skills and confidence, habitual ways of understanding role boundaries, or stigmatising attitudes towards mental health problems.⁴³

- **Build this work into existing protected time.** The Q Lab's work with testing teams highlighted the benefit of protected time to progress improvement work. For professionals who don't have this opportunity, the involvement of external parties (which can include commissioners, funders or partners) can help to secure additional time, and/or provide momentum and strategic importance within the organisation due to reputation, contractual obligations and access to additional resource.

“We had some feedback from a person with lived experience that the programme was really quite daunting. For patients and volunteers it's a lot to ask. Perhaps need to be more mindful of someone living with mental health problems experience of a fast-paced session covering a lot of content.”

Testing team participant (health care professional)

Competition between services or professional groups

Perceived or real competition between services or professional groups, or lack of understanding about what a service provides, prevents people from different teams or services from working well together. This can be linked to funding, professional hierarchies or 'protectionism' that prevents services from working in a truly collaborative way.²³

Ideas:

- **Get the right people in the room and create the right environment to work together well.** Bringing together staff and patients from different organisations and groups can help people break out of old working patterns and think differently. From the Q Lab testing teams we learned that engaging relevant people from the start, making sure they feel listened to and their concerns are being addressed, is important for breaking down the barriers that put services in competition with each other. But it's also important to create a psychologically safe space for people to be honest and challenge existing assumptions and power dynamics. Particularly when engaging with people with lived experience, the right inclusive environment for them to contribute needs to be provided. The Q Lab drew on tools from Q's Creative Approaches to Problem Solving toolkit⁴⁴ and Liberating Structures⁴⁵ to identify different workshop and meeting formats to help people work differently together, as well as the National Collaborating Centre for Mental Health's guidance to co-production.⁴⁶
- **Surface the similarities in values and mission.** Bring people together to identify a shared vision, that encompasses patient's perspectives and experiences. Use service principles to put people's lived experiences at the heart of the work. Develop a shared narrative with partners to explain why this work matters.¹³
- **Agree a formal decision-making process.** It may be necessary to work through differences in clinical opinions: this is a particular challenge when someone fails eligibility to a service because of their interconnected conditions. For example, mental health services not treating people if they are on opioids or until their pain is addressed, or pain services that say they cannot treat someone until their depression is addressed. For Buckinghamshire IAPT service, they manage this by having one person responsible for making the decision if there is a conflict.
- **Get to know what other services provide.** What we've heard from Lab participants is that competition or poor relationships between services can stem from the belief that someone is being referred from one service to another if that services or treatment has 'failed', when in reality it may be that it wasn't right for that individual in the first place. Getting to know the expertise within different services, and setting up a triage process, or a multidisciplinary team meeting to work together is vital to establishing a more effective assessment and referral process.

- **Acknowledge that it's hard!** Co-designing and delivering services requires a mindset shift and takes time. It's important to acknowledge that working in different ways – with new types of organisations – and developing skills, capabilities and knowledge in new areas, can be uncomfortable and challenging. To better enable holistic, integrated care across boundaries, effective multidisciplinary teams including representation from community providers and patient public involvement groups require clarity and confidence in the role everyone has.¹² It also requires time to develop shared understanding and establish ways of working.⁴⁷

Complex commissioning between mental and physical health trusts

Existing commissioning and organisational structures across mental and physical health can be incompatible and inconsistent, making it much more challenging to work together.

Ideas:

- **Co-design and bring commissioners into the conversation.** Working through complex commissioning arrangements will take time and involve different people. Bring relevant stakeholders together to understand the evidence base and strategic priorities that can drive changes or improvements to existing practice.

Poor IT infrastructure and data sharing

Use of technology and IT is integral to many of the solutions in this guide. It is essential for rapid and easy communication and information sharing between services, as well as for making referrals and the effective use of screening tools in short appointments. However, we know that developing IT systems is time-consuming, complex and costly.

Ideas:

- **Work with commissioners:** they can provide the 'carrot' by way of funding to implement new systems, as well as the 'stick' so services can work together to facilitate and prioritise this work. It is however, important to factor in time to do this work and overcome teething issues.
- **Persevere with relationship development and patient information solutions.** A full IT integration may not be needed, or be feasible within the parameters of the service. It's important to understand what can be achieved with existing systems and how possible it will be to set up data sharing agreements. Staff may also find that doing activities such as a 'light-touch audit' to keep track of interactions and issues is helpful for building a case for improved systems.

“Referrals – to refer someone you need a lot of information about them, or to know what services exist.”

Lab participant (health care professional)

Examples to learn from

Embedding multidisciplinary care working

The *Integrated Pain and Spinal Service* (IPASS) was developed collaboratively between clinicians, commissioners and patients at Berkshire West CCG, Royal Berkshire Foundation Trust and Berkshire Healthcare Foundation Trust (now the Berkshire West ICS). It provides multi-disciplinary specialist assessments and treatments for patients with persistent pain. People are referred to the service following assessment by GPs using the STarT Back screening tool, to help identify people at risk of developing persistent pain. It uses a holistic approach to assess the specific physical and mental health needs of patients, and offers a range of interventions appropriate for that individual. These could include one-off support, one-to-one sessions with a psychologist and referral to pain management services.

The driver for the redesign was a review of patients with persistent pain conditions. This revealed that within a 5-year period the cost associated with the top 20 people attending multiple appointments totalled £1m. Their work showed how people were moving from one department to the next without improving their health and wellbeing outcomes.

Once the scale of this challenge was identified, it wasn't difficult to secure buy-in for the work, but raising awareness of the new service and ensuring consistent referrals took time. New software was developed to support the assessment and referral process, as one of the project team explained:

“Within the first year, we still had GPs referring individuals to separate services. It took a year and a half for the GPs to realise that they needed to refer to IPASS. We use technology to make sure the referral form is as simple and quick as possible so that it is easy to do in a short consultation. The form is uploaded on their desktop. But we had teething issues because GPs were not on the same software. This was a key challenge for 18-24 months but the way we overcame it was to keep up education to build GPs' awareness of the service, while also working with IT to get a uniform interface to make the form as simple and quick to fill out as possible. That has made the difference, but it's taken 18-24 months.”

ARMA webinar, 'Integrated Pain Assessment and Spinal Service'

Find out more: <http://arma.uk.net/musculoskeletal-networks/msk-kn-webinars-nhse-arma/#spinal-service>

Building trust and transparency across organisations and with funders

Oldham Persistent Pain Service was started in 2015 as part of a service redesign. A driver for the redesign was that both commissioners and clinicians recognised, and had anecdotal evidence, that the current pathway wasn't working for people: there were several disparate and fragmented pathways; it wasn't holistic or based on the latest NICE evidence, and there were concerns about the impact of the pain service costs on secondary care. This led Oldham CCG to commission an external review to provide impartial evidence to understand what the problems were.

A team from three organisations working across the pathway came together to identify ways to improve: Pennine MSK Partnership Limited (small private company), Pennine Care NHS Foundation Trust (mental health provider) and Pennine Acute Trust (secondary care provider). Together they developed a new service specification for an integrated pain service. The service provides a single point of entry and standardised assessment processes. Care is provided by a variety of health care professionals depending on the person's goals and the outcome of an initial biopsychosocial assessment. There are also regular multidisciplinary team meetings between professionals, who may work for different providers, to both discuss the care of people with more complex needs and facilitate inter-professional learning. One of the changes that has resulted from this integrated service is an expansion of the workforce providing psychological therapy and mental health support to people with persistent pain. This has involved integration with Improving Access for Psychological Therapies services in primary care.⁴⁸

Due to the number of providers involved, the funding arrangements are complex. A key factor in their success is that staff within the CCG and lead provider organisations have established good relationships with regular and open communication to work through governance and operational issues. Having clinicians from the three organisations on board, from different specialist areas, has also helped the organisations to establish a way of working that moves away from a transactional funder/provider relationship. The team report a more dynamic, transparent and supportive relationship that enables clinicians and commissioners to have the right conversations, and enables them to achieve improved outcomes for people.

Find out more: www.pmskp.org

Cross organisational working to improve capabilities

The Chronic Pain and Fatigue Management Service run by **Buckinghamshire Healthcare Trust** are taking a phased approach to pathway redesign. They have been working with a number of stakeholders on a comprehensive redesign of the whole MSK pathway to better align with NICE guidelines, enabling early access to appropriate interventions, and to break down the professional silos that exist. They have also redesigned their pathway to integrate more effectively with the IAPT service to ensure they can work better together to make the best of staff expertise in either service and enable patients to access support for them.

A challenge to closer integrated working is that the services are run by different organisations. The drive for change came from the head of the service who works for both the Pain and Fatigue Management Service and the IAPT service. While this is a relatively unusual situation, they have looked to extend this practice with other staff in the services and offered secondment opportunities:

- The IAPT service has seconded staff into the Pain and Fatigue Management Service so they can work alongside the existing multidisciplinary team to add their expertise. They have also provided additional training to enable the integrated IAPT workers to participate in the interdisciplinary assessment process.

- The Pain and Fatigue Management Service has seconded a psychologist into the IAPT service to provide supervision, training and advice to the IAPT workforce on pain. As the national training on pain for the IAPT workforce is relatively brief, this ongoing supervision and support to upskill them and provide them with confidence to support people with pain conditions is vital.

In addition to the benefit from seconded staff supporting to develop expertise of others in the team, they also provide extra resource to redesign their offer to patients through a triage process and stepped care model. Previously they didn't have the resource to provide one-to-one psychological therapy to people who need it, so they had to refer people outside of their service. This was disruptive for individuals, particularly as the communication between services was not straightforward.

They are now able to support 800 people per year, up from 200 people, by offering a pain management workshop as a first step, to hear options and enable people to make a choice about where they want to go next. The team offer individual telephone or face-to-face triage if this group session isn't appropriate for them. People are then able to access the interventions that are most appropriate for them. This includes an interdisciplinary assessment; an online pain management programme;⁴⁹ guided self-help treatments, and IAPT one-to-one psychological therapy.⁵⁰

Find out more: <http://arma.uk.net/musculoskeletal-networks/msk-kn-webinars-nhse-arma/#iaptsupport> and www.england.nhs.uk/mental-health/adults/iapt/mus/

Section 06

Developing the evidence base and business case

Problem: The service has sustainability and funding issues in demonstrating a business case or broadening the service offer to provide care for people's mental and physical health

Solution: Develop the business case for your service to influence referrers and decision makers

How to achieve this in practice

What you can try

- Co-design with stakeholders
- Use service principles to create a shared understanding

Challenges to prepare for

- It's not a local priority
- Lack of 'the right' evidence

Examples to learn from

- Service principles to highlight what's important
- But even services with robust evidence struggle to get commissioned
- Using emerging evidence to redesign access

Problem

Sustainability and funding issues means that it's difficult to demonstrate a business case to broaden service offers for people's mental and physical health

Despite a large population affected by mental health problems and persistent pain, investing in the services that support people living with these conditions is not a local priority for many commissioners. While mental health is increasingly being recognised as a priority by national policy makers, there is currently huge expansion and demand on mental health services which means that this is one of many local priorities commissioners need to consider.^{51 52}

“I have a brilliant service, and the demand and patients are there – however, money hasn't followed patients. We have systems and people ready, but not the resource.”

Lab participant (health care professional)



Problems this can lead to

Competition between services

Collaboration and shared working across teams and services will be hampered if there is perceived to be competition between them for funding or resources, or that their service will be decommissioned in favour of another.

Patient and staff experience

If local services are not available it reduces choice for people. If people's needs are identified but support is not available, it undermines efforts to enable people to live well with long-term conditions.

“People don't die from this, they just have dreadful care. It's not an area of work that is high profile.”

Lab participant (researcher)

Solution

Develop the business case for the service to influence referrers and decision makers

Developing a business case will require providers, practitioners, commissioners and patients working together at a local level to identify the opportunities for addressing shared problems.

What Lab participants have told us, and what we've observed, is that you often need people who feel passionately about something to persevere and make the change happen. Bringing stakeholders together can help you find these people, identify the relevant local evidence base and persuade others to commit to doing this work with you.



The impact you can achieve

Improved quality

Improved quality of services that are sustainable and offered as 'business as usual' rather than reliant on short-term funding.

Reduced costs

Funding constraints have been a driver for better collaboration between local services and other providers. This has required services to improve use of local resources and assets so that good quality care can still be achieved. When services work together to provide integrated care, the evidence base suggests that it can be more cost effective.⁴⁷ When different organisations and services plan together for people's needs, there can be wide-ranging benefits for the health system and beyond as people are better supported to stay healthy, independent and in work for longer.⁵³

“What is really going to drive change is commissioning. If a service is commissioned it will change.”

Lab participant (health care professional)



How to achieve this in practice



What you can try

- Co-design with stakeholders
- Use the **service principles** to create a shared understanding

Challenges to prepare for

It's not a local priority

The solutions to improve care for people living with mental health problems and persistent back and neck pain may not be high on the local health policy agenda. Services with evidence of good outcomes and a strong business case for meeting local needs still struggle to get funding due to the demands on other priority areas.

Ideas:

- **Develop local relationships.** Work with local commissioners to understand their priorities and the constraints in which they are working.
- **Explore working with partners beyond the NHS.** Persistent pain, MSK conditions and mental health are major health concerns for working age populations and contribute to physical inactivity. This is therefore a priority area for public health services and workplaces where there may be funding opportunities available.

- **Review how well you are engaging with your local population.** Seek to understand local needs to tailor solutions to local health priorities. Prevalence of mental health problems and persistent back and neck pain is higher among people living in the most deprived areas, than those living in the most affluent areas.⁵⁴ The implications of inadequate support on employment and physical inactivity, exacerbates social inequalities. Services have a statutory responsibility to take action.
- **Persevere.** As one Lab participant said: "People will do it when it makes sense for them to do it". What we've seen and heard is that people often work in creative ways with limited resources to get an idea off the ground, or get their 'proof of concept'. Find the people that can work with you to make this happen. This includes working with patient advocates, local policy makers, commissioners and other local services. While funding may be challenging in the short-term, there may be opportunities in the longer term.

Lack of ‘the right’ evidence

We’ve heard a number of challenges in developing the type of evidence that speaks convincingly to funders. This includes the fact that:

- despite the prevalence of mental health problems and persistent pain in the UK population, the availability of data on the prevalence of these conditions as a comorbidity is not straightforward.*
- due to funding constraints, many commissioners need to look at short-term and in-service savings rather than longer term, system-wide savings.
- the evidence base and outcome measurement tools that services are required to use are often based on people living with single conditions. This does not recognise complex conditions and how they affect individuals differently.²¹ As a result, services are not capturing the evidence they see in practice.

“ Things are changing and [service users are] getting the benefit, but the questionnaires are not showing that, so that can be quite difficult.”

Psychological wellbeing practitioner ²⁵

Ideas:

- **Use stories as well as statistics.** Create a compelling case for change that integrates evidence from a range of sources to create passion and urgency that appeals to hearts and minds.
- **Use data from a range of sources.** Reviewing feedback and complaints; the reasons for people dropping out of a service; and data on staff experience and wellbeing to gain insights and indicators that may help to inspire a case for change. Use relevant local data⁵⁵ and commissioning guidelines⁵⁶ to understand local priorities and compare with other local areas. Highlight the evidence on unmet needs.^{57 58} Work with commissioners, universities or Academic Health Science Networks to access the expertise of people who can use the data available to model costs for the service, or provide an independent assessment.
- **Review the evidence base in relevant clinical guidelines and national policies.** Clinical guidelines reinforce a holistic, person-centred approach to care for people living with mental health problems and persistent back and neck pain and provide the evidence-base to underpin the standards services are expected to meet.^{54 59 60 61} NICE has a range of tools available to support services to understand the impact and cost implications of implementing guidelines in practice.⁶² Work with people who have experience of implementing guidelines. The evidence does not provide a one-size-fits-all model or process: it needs to be based on local context so services are empowered to formulate the solutions that work for them.

* Due to inconsistencies in how different conditions are recorded and under-reporting of the issues

- **Review outcome measures the service is using.** Ensure the service is collecting appropriate and high-quality data to evidence the effect of its work. A number of brief and well-validated tools are available for the assessment of pain in non-specialist settings.⁶³ However, it's important to find out what matters and is important to the people using the service, the staff and funders. Services may need to reduce the number of different outcomes they are measuring if they are not deemed to be useful or the quality of the data collected is poor. Involve funders in these discussions.
- **Work with others. Even interventions with a strong evidence base experience challenges getting commissioned.** Develop local relationships to understand the perspectives and contexts of your commissioners; find your allies and people committed to effecting change. Successful roll-out of an intervention requires funding, but also support and strategic alignment from above and below: it needs to align to the priorities of service users and staff as much as commissioners and funders. Find the commissioners and local policy makers who welcome innovations or improvement programmes that put them at the forefront of change.

Examples to learn from

Service principles to highlight what's important

The Q Lab and Mind worked with people with lived experience and health care professionals to create a set of principles for services that describe what matters to people living with both mental health problems and persistent back and neck pain about the care they receive.⁶⁴ Our work on developing service principles was inspired by other organisations who have used principles as a way of distilling the views and experiences of local communities and service users, to ensure they are taken into account when designing a new service or undertaking improvement activity.^{65 66}

North East and North Cumbria AHSN have included the service principles in an e-learning module for health care professionals working in or developing services for people living with persistent physical symptoms. They are being used to articulate the importance of building relationships between health care professionals and their patients. Participants on the training course are encouraged to think about how successfully they are delivering the principles and how they can achieve them in practice.

Find out more: qlabessays.health.org.uk/essay/what-matters-to-me-service-principles-for-providing-care

But even services with robust evidence struggle to get commissioned

Yoga for Healthy Lower Backs (YHLB) is a social enterprise that runs a specialised 12-week group mind-body programme, taught by over 300 yoga teachers based across the UK, for people with persistent low back pain. Extensive research and evaluation evidence has demonstrated that it leads to improvements in both mental and physical health and that it is cost-effective for the NHS and workplaces. It fits with the NICE recommendations for management of back pain and is recommended by Public Health England.⁶⁷

The yoga programme is commissioned in some areas of London as part of the Healthy London Partnership and it has intermittently been offered by GP surgeries in Cornwall. Despite the evidence, the organisation has experienced challenges in getting the programme more widely commissioned within workplaces and from CCGs and councils.

When exploring how to overcome this challenge with participants at a Q Lab workshop, suggestions included exploring co-location with existing health care services; building relationships with social prescribing schemes and other community-based interventions; and making the participant information and resource packs digital to reduce the longer-term running costs.

Find out more: www.yogaforbacks.co.uk

Using emerging evidence to redesign access

The aim of *First Contact Physiotherapists* (FCPs) is to enable earlier access to specialised expertise for people with MSK conditions. When someone contacts their GP with a diagnosed or suspected MSK issue, they are offered support from an FCP within primary care (rather than being referred to another service). This enables earlier access to the appropriate diagnosis and support for the individual; more personalised support to an individual to enable shared decision making and the opportunity for brief interventions to enable supported self management at the start of the pathway.⁶⁸

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Willow Group of GP practices in Gosport, Hampshire were an early implementer site for NHS England's pilot. The organisation provided evidence about potential cost savings to secondary care to ensure the service* could be part-funded by secondary care. Their experience has resulted in a reduction in referrals to secondary care; it reduces the burden on GP appointments and provides more positive patient experience due to having more timely access to support. It has also provided reciprocal learning opportunities for FCPs and GPs: helping to upskill GPs on MSK issues, and giving FCPs more understanding of primary care processes. The team attribute part of their success to the existing good relationship with the MSK service. Their learning has shown the importance of ensuring that people accessing the service have an understanding of who they are being referred to, so they don't feel 'fobbed off' or downgraded by not initially seeing a GP.⁷⁰

Find out more: <http://arma.uk.net/musculoskeletal-networks/msk-kn-webinars-nhse-arma/#fcpforyou>

* Which consists of two 4-hour Band 7 MSK Practitioner sessions

Conclusion

Conclusion

This practical guide is intended to share learning from the Q Lab and Mind's work on how care can be improved for people living with mental health problems and persistent back and neck pain.

We recognise that, for widespread change to happen, there needs to be alignment and support from national bodies with associated funding and policy changes. While there is increasing focus on integrated care and improving local collaborative working, there is still more that needs to be done at a national level to enable integrated care in practice and prioritise improving care and support for people living with multiple long-term conditions across mental and physical health.

Despite the scale of change that is needed, we have seen that there is a lot that is within the gift of individual services and teams. What we've learnt from working with the test teams in particular is that by taking a step back and working collaboratively and creatively with a diverse group of people, services are in a better position to understand and learn together about what is needed to achieve change for people.

We hope this guide provides useful insights and inspiration for health care professionals to take action.

Follow this work at qlabessays.health.org.uk and q.health.org.uk/q-improvement-lab

For more information about the case examples and contact details get in touch at QLab@health.org.uk

Endnotes

Endnotes

1. This refers to primary and community care services, as well as secondary care and specialist services. While the majority of the evidence and learning we have drawn upon relate to the experiences of people living with common mental health problems (such as depression and anxiety) and persistent pain; we know there is an issue with the unmet physical health needs of people with severe and enduring mental health problems accessing support in specialist mental health settings. Therefore the learning from this guide may also be relevant to people working in these services. (Rethink Mental Illness. 20 yearstoo soon. Physical health: the experiences of people affected by mental illness. Rethink Mental Illness; 2012).
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