For better
mental health

Briefing on: Commissioning mental health services

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About Mind

Mind is the leading mental health charity in England and Wales. We work to create a better life for everyone with experience of mental distress by campaigning for peopleôs rights, challenging poor practice and informing and supporting thousands of people on a daily basis. A fundamental part of Mindôs work is provided though our network of over 180 local Mind associations who last year worked with over 220,000 people running around 1,600 services locally. Services on offer include supported housing, crisis helplines, drop-in centres, counselling, befriending, advocacy, and employment and training schemes.

Introduction

Mind welcomes the opportunity to provide evidence to the Health Select Committee on the move to GP Commissioning. Mindôs response to this inquiry is underpinned by a single principle: that these reforms do not result in any disruption to peopleôs access to health services and, ultimately, result in improvements to their quality, availability and the outcomes that they deliver.

Mind believes the Government must address three key areas to ensure that mental health services are not adversely affected by changes to commissioning: GPsôcompetence and confidence in mental health commissioning; improving pathways to recovery; and vulnerable groups and people with a limited voice.

Competence and confidence in mental health commissioning

1. We recognise that PCTs have not always commissioned mental health services well, although there are signs that things are improving. It is imperative that the progress that has been made is embedded within any new system and that any new system ensures further improvements in both quantity and quality of commissioning. This will

ensure that those with mental health problems have access to the care and support that they require.

2. The shift to GP-led commissioning is an opportunity to improve the commissioning of mental health services. However, anecdotal evidence from service users indicates that many GPs do not have sufficient understanding even of mental health in primary care, and may not be best placed to commission secondary care. Recent findings from the charity Rethink[1] indicate that GPs themselves do not yet feel confident to take on commissioning and commissioning for mental health in particular. This knowledge gap needs to be filled before GP consortia take on commissioning. If GPsô understanding of mental health services is not addressed, mental health service provision will not improve. Consortia that do not fully understand the breadth and range of mental health treatments and services may well fail to commission the right services.

3. It is imperative that GPs are supported in commissioning mental health services. Whilst this support will come primarily from the NHS Commissioning Board, it is important that expertise within PCTs is also utilised and not lost.

4. The expertise of those involved in the delivery of services ï e.g. psychiatrists, social care professionals, nurses and occupational therapists - should be utilised, as should the expertise of the third sector and, most importantly, mental health service user groups and individual service users themselves.

5. It is important that NHS, social care, and public health strategies are fully integrated. We hope that at a local level, mental health commissioning decisions will not be taken in isolation from public health and social care decisions. This coherent approach will deliver both greater efficiencies and a more effective series of interventions.

6. All commissioning decisions should undergo a thorough impact assessment to ensure that particular groups within a locality are not adversely affected. Robust evaluation will assess a GP consortiumôs performance in delivering on key outcomes, such as recovery and patient experience with be needed. However, the information gathered and evaluated must be consistent across the country so that the performance of different consortia can be accurately assessed. This will highlight cases of good and bad practice, and enable patients to make informed choices.

Improving pathways to recovery

7. People with mental health problems often rely on a range of services across health, social care and public health services. It is vital that the

[1] http://www.rethink.org/how_we_can_help/news_and_media/press_releases/white_paper_to_hand.html

commissioning process allows for joined up, coherent care packages to be put in place without the individual having to undergo repeated assessments.

8. Recently service providers have improved their ability to collaborate, delivering full packages of services for PCT commissioners. These packages will often cross boundaries between the statutory, private and voluntary sectors. Collaborative approaches place the patient at the centre and lead to a much better patient experience and faster recovery. However Mind is concerned that this approach may be judged anti-competitive by the new economic regulator, Monitor.

9. It is vital that a service user's journey along the care pathway is smooth. However, as the market opens up, this will increase the numbers of individual providers. If an individual patient has to access a greater number of specialised providers, his/her journey may become more complicated and potentially more stressful. The White Paper's emphasis on choice is welcomed, but could exacerbate this complexity.

10. A potential solution could be an expansion of the use of navigators and advocates, as currently provided by some services. These are designed to support people in accessing a range of services and travelling along their care pathway.

11. Mind is also aware that in many cases services are better provided closer to the individual's community, and so potentially as an extension to primary care. We are not clear how GP consortia would be able to commission such services or whether these would need to be centrally commissioned.

Vulnerable groups and people with a limited voice

12. The White Paper indicates that transparency will be the main mechanism for ensuring consistently high quality services across the country. This approach relies on patients being able to access, understand and analyse information before making a decision about the services they need. However people with mental health problems, when they are unwell, are often less able than other groups to access and analyse information. Furthermore, many mental health service users are not in a position to travel and cannot simply transfer to another provider if they experience a poor service.

13. Stigma and discrimination is a significant problem for mental health. It is not well understood by the public, and therefore fails to generate much public sympathy. GPs groups have already expressed a fear that they will be subjected to doorstep lobbying, and pressured into commissioning those services that enjoy the most vocal and widespread public support. Mind is concerned that mental health will lose out in the battle for resources.

14. The role of local HealthWatches will become crucial. They must ensure that the experience of all patients from all backgrounds are heard and fed into the commissioning process. In particular, they must ensure that the voices of the least vocal and most disadvantaged members of a community are actively sought out and communicated. A failure to do so could well result in a decline in the availability of mental health services.

15. Mind is concerned about the lack of a formal complaints procedure for dealing with problems that arise from the commissioning process. While complaints regarding the quality of a service can be communicated to a local HealthWatch, and escalated to the Care Quality Commission, no such process exists for complaints about the commissioning process. This is a concern, particularly if commissioning decisions seriously fail to consider the interests of a vulnerable group, such as those with mental health problems. Mind would like to see the establishment of a formal complaints procedure by which serious complaints can be dealt with by the NHS Commissioning Board.