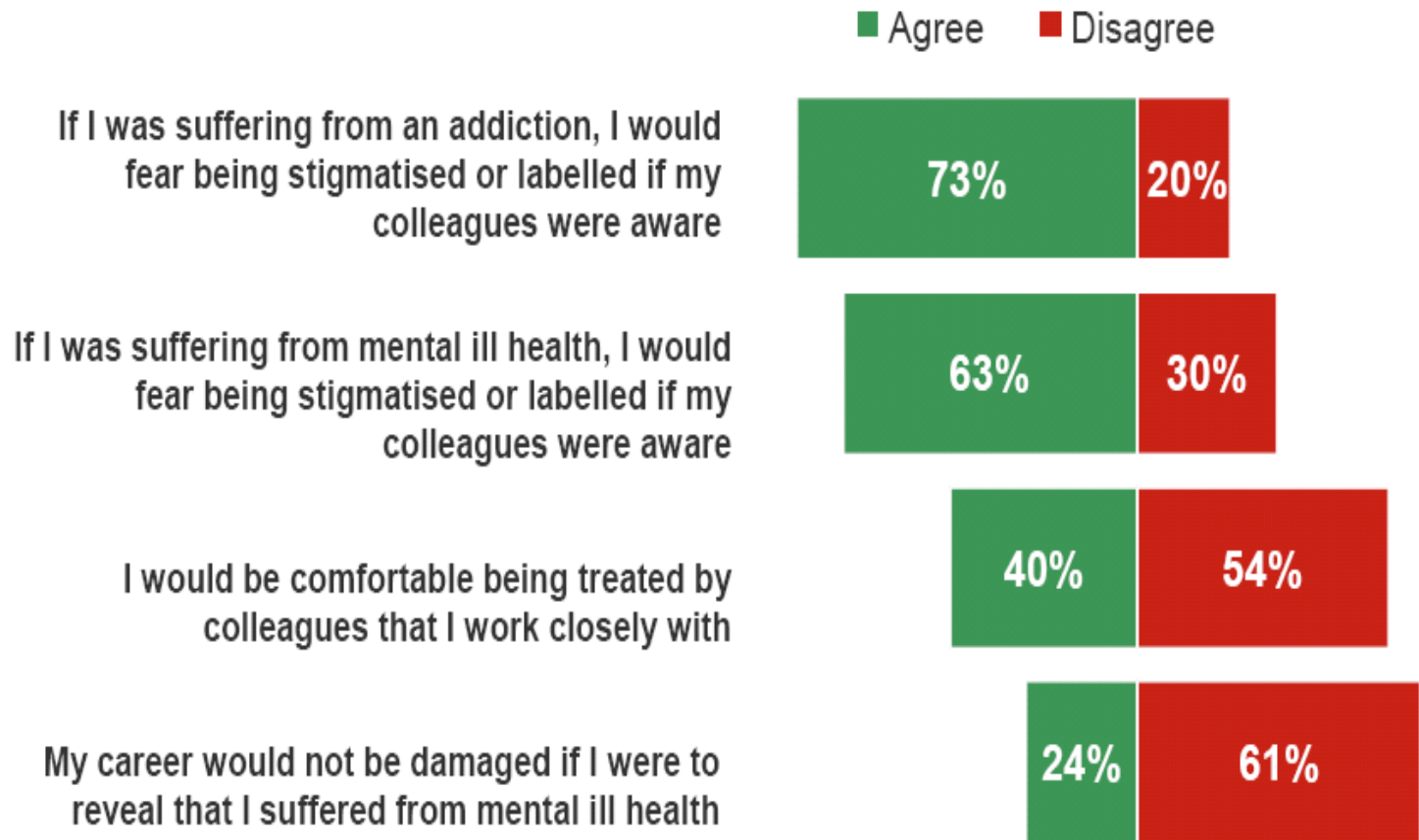


A Commissioner's Perspective
The Impact of the NHS PHP

The NHS Practitioner Health
Programme

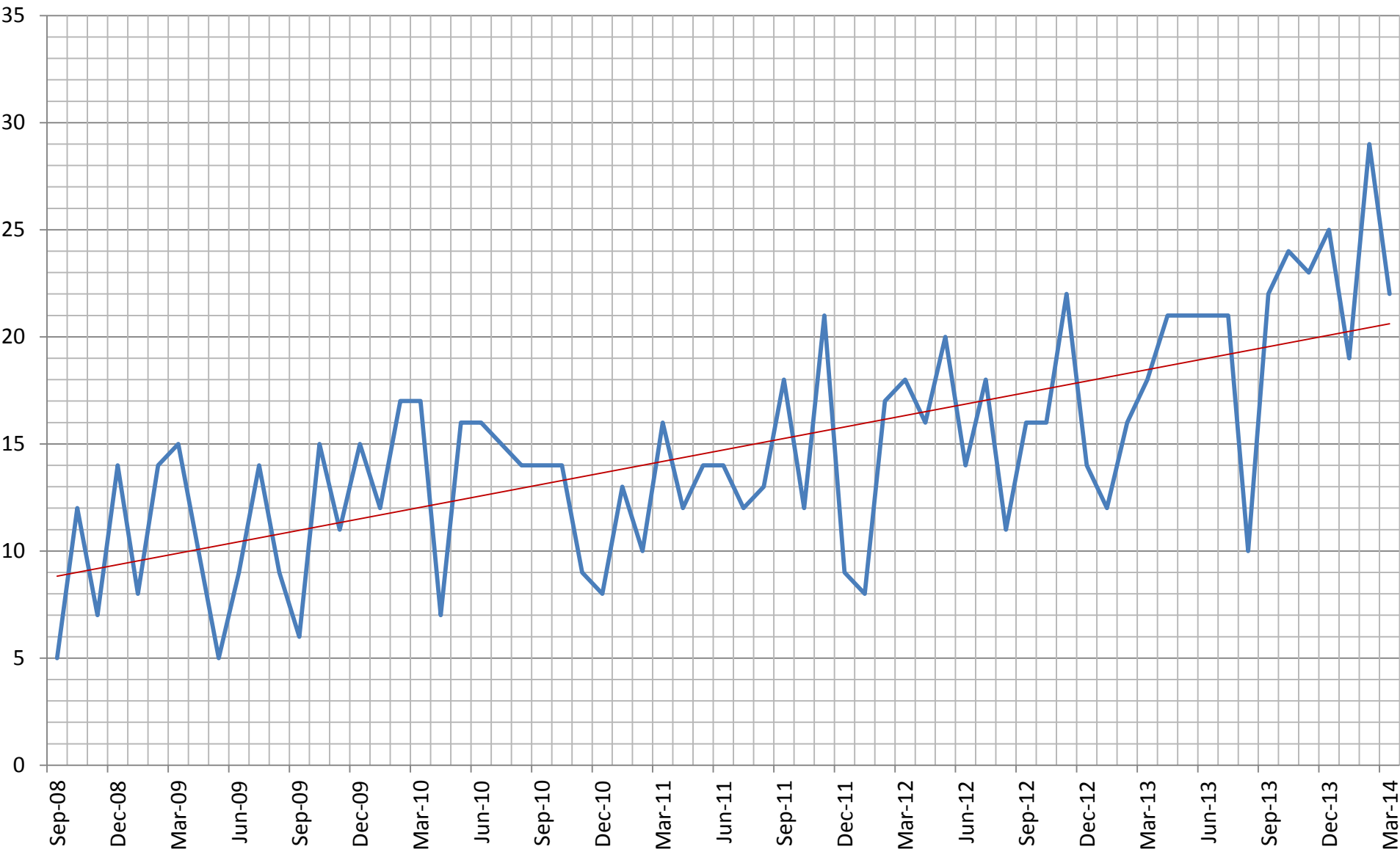
Stigma



Base: All stakeholders (600); 22 June – 10 July 2009

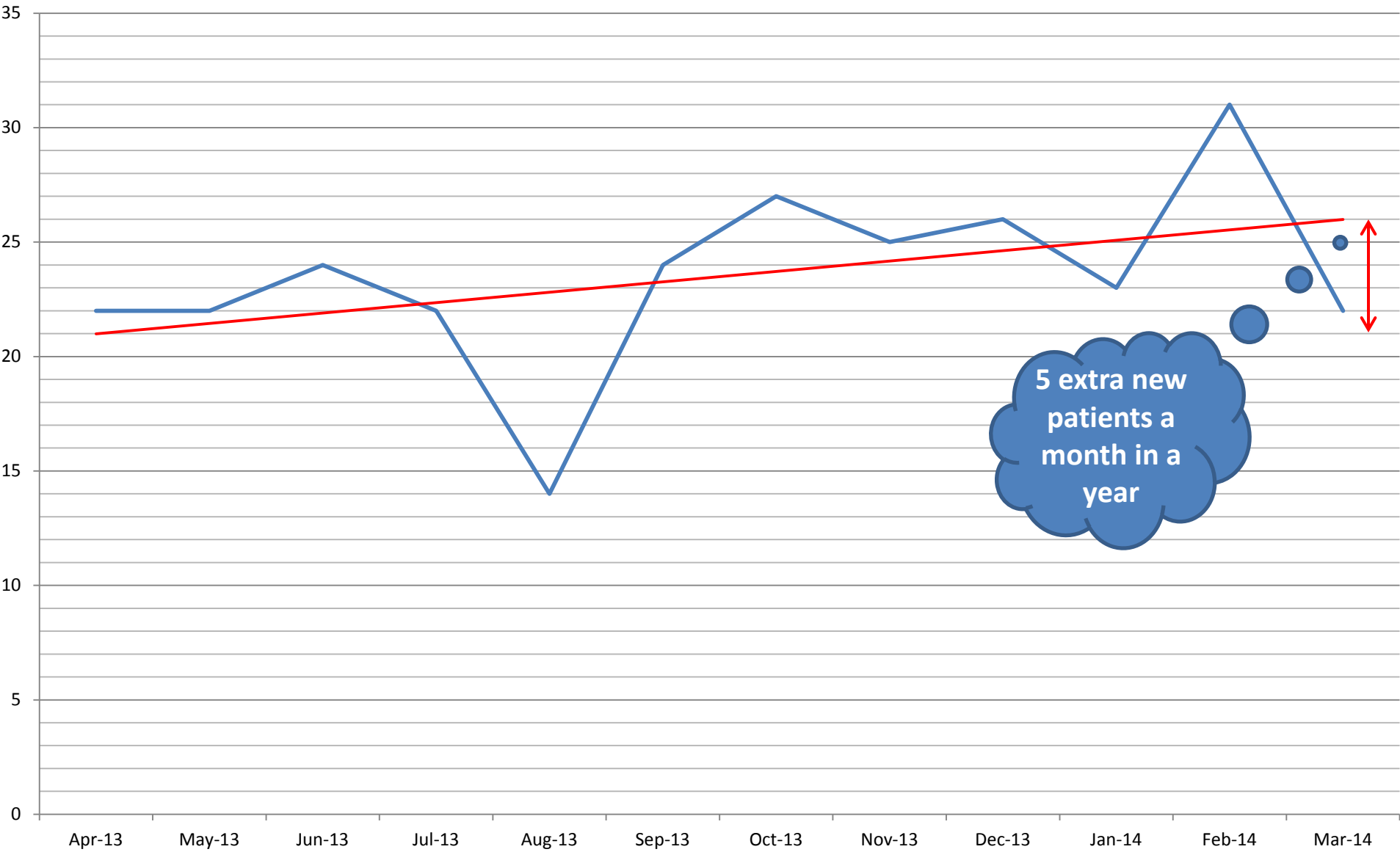
Source: Ipsos MORI

New London patients - monthly trend



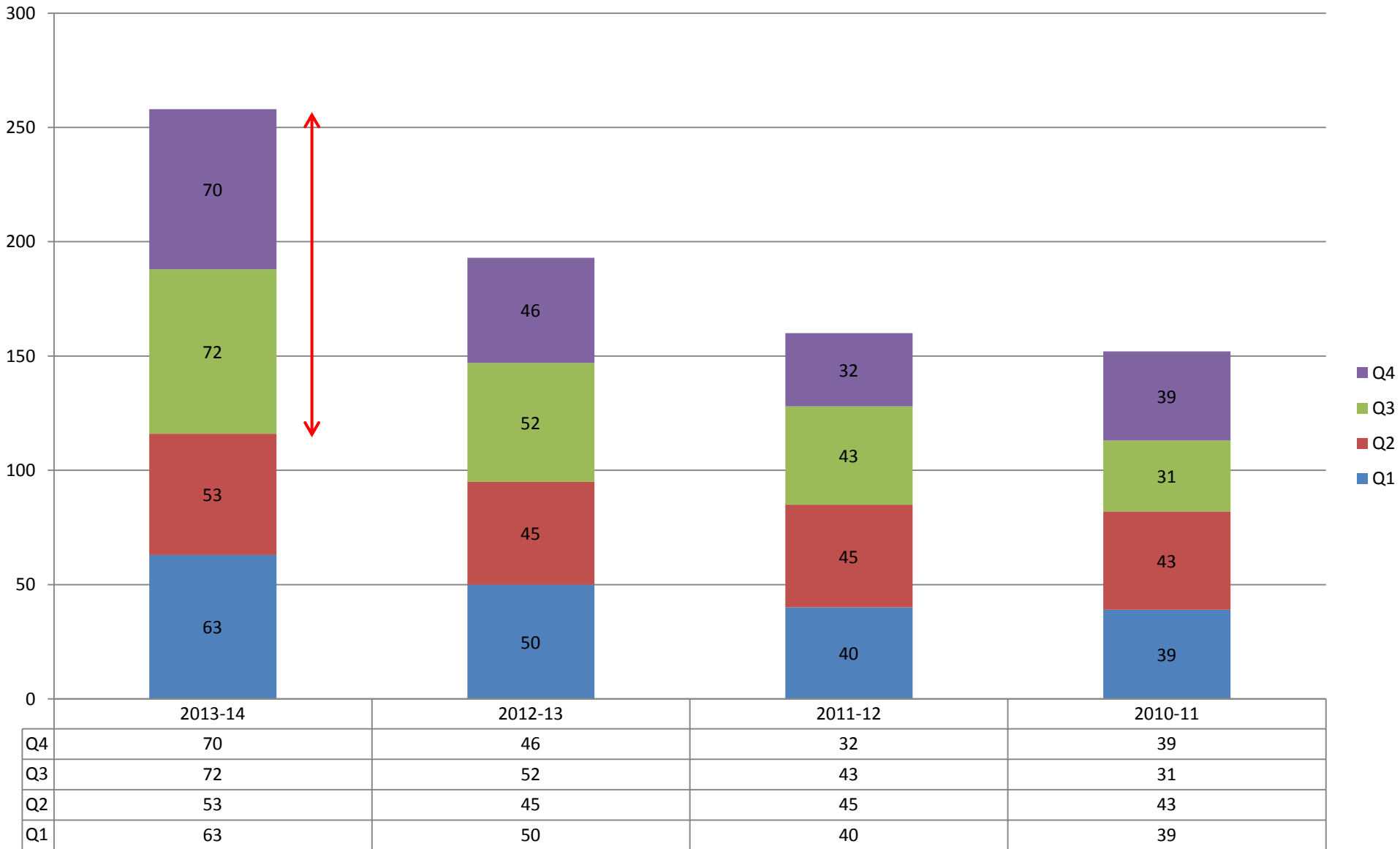
15/05/2014

New London patients: April 13 to March 14

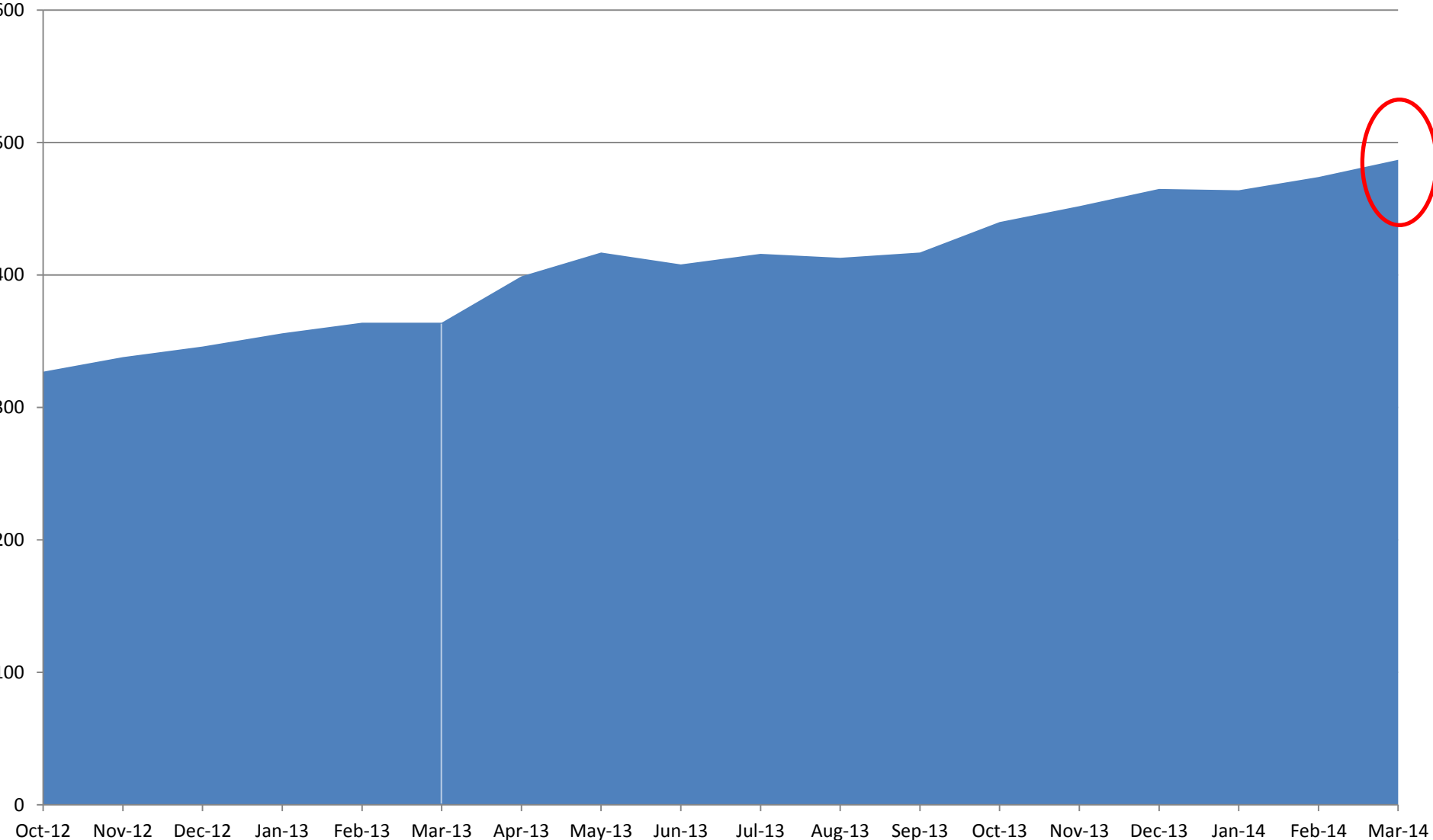


15/05/2014

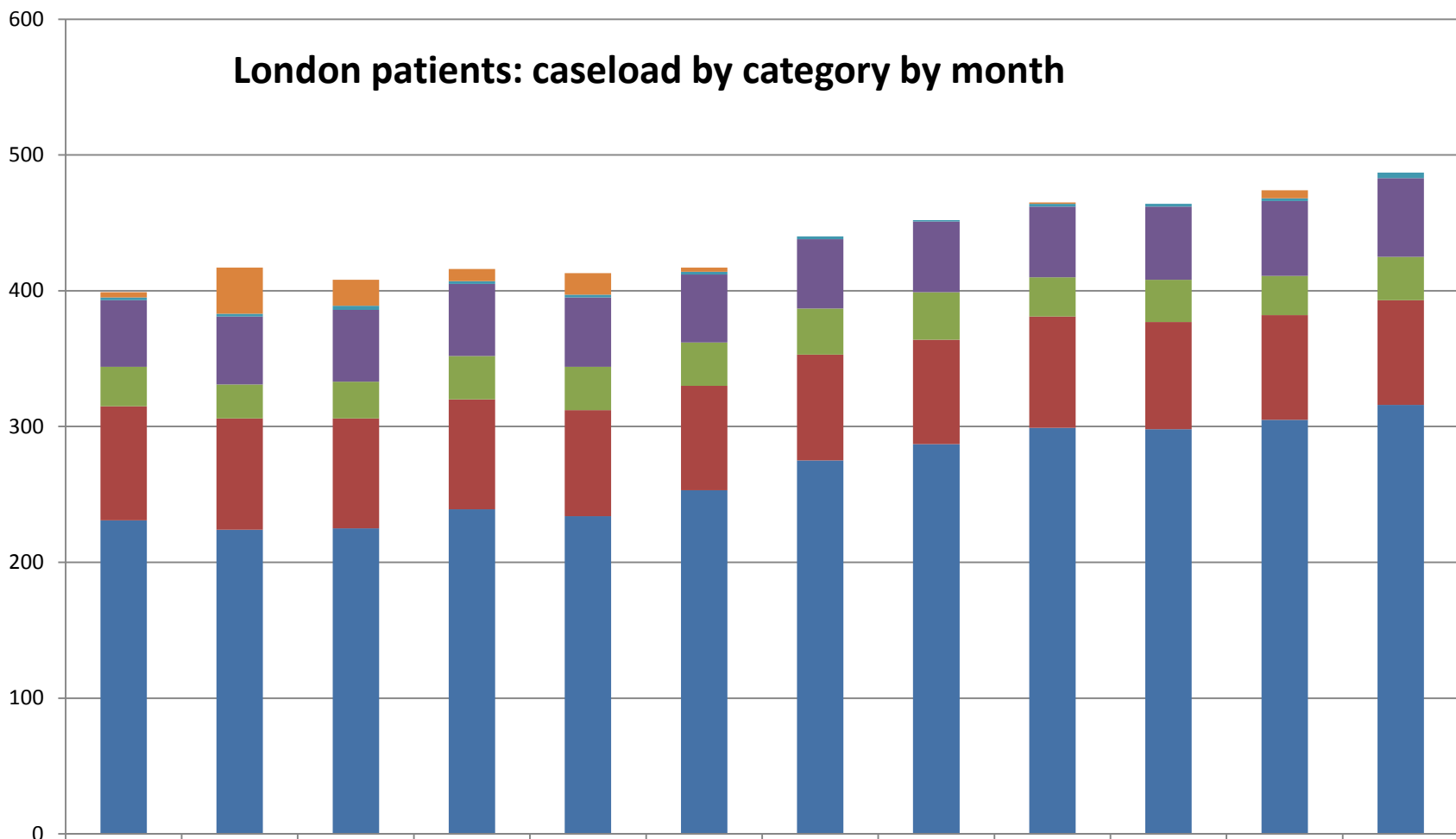
2010-11 to 2013-14 presentations for London by year by quarter



London caseload by month, October 2012 onwards



London patients: caseload by category by month



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Unassigned	4	34	19	9	16	3	0	0	1	0	6	0
Physical	2	2	3	2	2	2	2	1	2	2	2	4
Addictions	49	50	53	53	51	50	51	52	52	54	55	58
Multiple Diagnosis	29	25	27	32	32	32	34	35	29	31	29	32
Major Mental Health	84	82	81	81	78	77	78	77	82	79	77	77
Minor Mental Health	231	224	225	239	234	253	275	287	299	298	305	316

Quantifying the need in London

Estimation difficult

- Evidence from PHP and other services based in Scotland and Spain indicate a prevalence of between 0.5% and 1%
- PHP data to date supports the higher figure, in fact current caseload is equivalent to 1.3% of eligible doctors in London

London plans

- Number of registered doctors resident in London 37,578
- London PHP service planning
 - Addiction 50-55
 - Dual diagnosis 25-35
 - Physical Health 0-5
 - Major mental health 75-85
 - Minor mental health 250-300
 - Total 400-480

How much does it cost?

- PHP for London residents costs circa £1m p.a.
- 32 CCGs in London

 £31,250 each p.a.

The cost of excluding one doctor from work for seven weeks is £29,000
(Invisible Patients, 2010)

- 37,578 registered doctors living in London

 £26 per doctor

- Total London CCG budget of £10 billion

 1/10,000

The cost of ill health

- Sickness absence costs the NHS £1.7 billion each year and presenteeism has been estimated to cost at least £2.55 billion
- The costs of London doctors and dentists who fall ill to the NHS is estimated to be at least £23m a year in terms of sick leave, suspensions and cover for everyday duties:
 - Suspensions owing to ill health cost £5.5m a year over and above the practitioners' salaries
 - Dealing with cover for general practitioners on sick leave amounts to £900,000 a year
 - Sick leave among hospital medical and dental staff is estimated to cost an annual £16.8m
- Presenteeism is estimated to cost at least £25m for hospital doctors and dentists alone

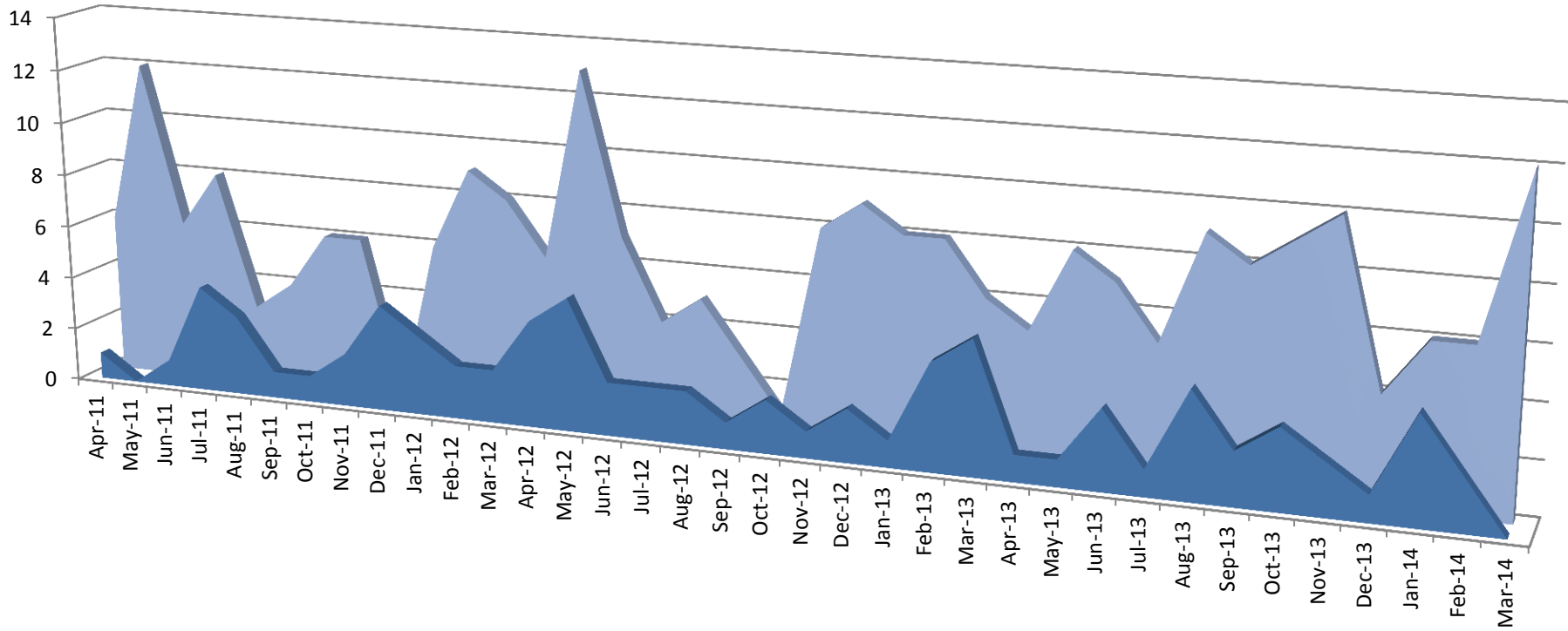
How does PHP save money?

- It provides appropriate care and support enabling practitioner patients to **get back to work**
- It supports patients appropriately so that when there is involvement with the regulator, PHP patients are allowed to **continue working wherever possible**
- It's a one-stop-shop for practitioners with mental health or addiction problems – an **umbrella from admission to discharge**
- It is able to **refer patients to preferred providers quickly and appropriately**
- The longer the service exists, the more people know about it and trust it, leading to **earlier, less costly interventions**

Outcomes

- Returned to or remain in work
 - In past two years lowest rate has been 74% and the highest rate has been 88%, with the remainder being off sick, unemployed, suspended or retired
- Abstinence rates
 - In past two years lowest rate has been 72% and the highest rate has been 83%, with the remainder being on maintenance or controlled drinking as part of their care plan

Out of area enquiries & conversions to referrals April 2011 onwards



	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	
Referrals	1	0	1	4	3	1	1	2	4	3	2	2	4	5	2	2	2	2	1	2	1	2	1	4	5	1	1	3	1	4	2	3	2	1	4	2	0
Enquiries	6	12	6	8	3	4	6	6	0	6	9	8	6	13	7	4	5	3	1	8	9	8	8	6	5	8	7	5	9	8	9	10	4	6	6	12	

How could a national service be commissioned?

- Currently commissioned in London by 32 CCGs via the Office of London CCGs
- Future?
 - Regionally via 210 CCGs?
 - As a specialised commissioned service?
 - As a directly commissioned service of NHS England, alongside military health?

Any solution must facilitate anonymity, confidentiality & ability to be treated out of area

Military health – a model?

- Health services are directly commissioned due to the nature of the **job**
 - Key principle: that military personnel experience no disadvantage in accessing timely comprehensive & effective health care & that they receive bespoke services for their particular needs
 - The priority is to return injured servicemen and women to work as quickly as possible

Impact on patients & organisations

89% of patients reported that PHP had impact positively on them overcoming their health concern

PHPs help to increase patients' confidence and allow independence to eventually cope without PHP support was reported to have led directly to:

- 65% of service users stating that the programme had a positive impact on their career prospects
- and 44% that the service had had a positive impact on their performance at work

The impact on Occupational Health is highly positive, could alleviate pressure on this sector in the future

Cost of health professionals out of work reduced and should continue to reduce in the future

Improvement in patient safety significant

