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PHP 5 Years On

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Thank you for inviting me to be here on behalf of the Department of Health to celebrate and recognise the success and achievements of the NHS Practitioner Health Programme as we look back on its first five years and look ahead to the future.

When I went to Medical school many years ago, we were told of the dangers of becoming a doctor – high rates of mental ill health, drug and alcohol related disease, divorce and suicide. All expressed as multiples of the average rates for the rest of the population. Interestingly though we were never told what to do in the event of these circumstances arising. And over the years as a clinician I had the misfortune, as I expect you have too, to encounter several colleagues and friends experiencing such traumas often with unsatisfactory and sometimes with tragic outcomes.

We often hear that doctors and dentists make poor patients. We tend to present late. We may avoid accessing services due to perceived stigma or concerns about confidentiality. We may self-medicate or self-treat. Actually I think clinicians make quite good patients – with expert help they often achieve better outcomes than other patients groups and they also make great patient advocates – But we have to recognise that the difficulty clinicians experience in accessing health care particularly in areas like mental health and addiction are very real and do need to be addressed.

Mental health problems, alcohol related disease and addiction are particular problems. We know that these problems in doctors and dentists can lead to anguish for the practitioner themselves and their families. They may also lead

to sickness absence and sometimes early retirement. The stoical nature of the medical dental community may also lead to clinicians working when they are unwell. This presenteeism can have consequences for clinical quality and poor service delivery and also for patient safety.

One of the tragic aspects of mental health and drug and alcohol problems in clinical practitioners is that in many cases the response to treatment and help when they do seek assistance is very good and much of the sickness absence and some of the early retirements are preventable with early and effective intervention enabling many sufferers to return to safe practice.

There is a wealth of evidence from reports over the last 10 years of the need for specialist practitioner services to ensure that practitioners can access high quality services in a timely manner.

Good Doctors, Safer Patients, DH 2006

Trust Assurance and Safety White Paper 2007

Boorman review of NHS workforce and wellbeing 2009.

And in the midst of this The NHS Practitioner Health programme was born. It began as a pilot project funded by the DH and was enthusiastically supported by the former CMO Professor Sir Liam Donaldson in 2008. The vision was to provide an accessible confidential service to this group of patients through a primary care led multidisciplinary team of experts.

The evaluation of the programme after two years was extraordinarily positive demonstrating not only that the programme was effective in supporting the clinicians using the service with high recovery rates and high user evaluation scores, but also that it was cost effective for the NHS and good for patients. The service was endorsed by among others, the BMA, Defence organisations, Academy of Royal Colleges and NCAS. Unsurprisingly it became a mainstreamed funded service in London after the pilot period ended. It is now funded through NHS commissioners in London.

Since 2008 NHS PHP has treated over 1200 patients, making it one of the largest practitioner health programmes in the world. Outcomes for the patient group have improved and are excellent compared to other patient groups for

example in terms of return to work and abstinence rates. The demand for the service is high and it is much appreciated by the practitioners and their families, by their employing organisations and by their patients. In these austere times I should also emphasise that the programme also shows a remarkably healthy return on investment through reduced sickness absence and other costs such as agency staffing and administration costs - such that it pays for itself many times over.

It is great to see that the service has continued to develop and improve over time and quality measures and outcomes are now even better than they were in the pilot phase.

Given the benefits to practitioners and their families, patients and employers, I think one can only conclude that a service like PHP is not a nice to have, but an essential to have component of a modern healthcare system.

Of course there are still some potential developments to contemplate and expansions to consider.

For example, although we know that there are differences between specialties, suicide rates for example are higher in GPs, psychiatrists and anaesthetists, and we might therefore expect some differences in referral rates - the uptake of the PHP service from surgeons has been low and it would be interesting to know whether this reflects the particular resilience of the surgical community or whether they are an even harder to reach group than other clinicians who are experiencing similar problems but not accessing services.

Also, the increasing number of younger doctors seeking help is a concern. Perhaps this is a reflection of an increasingly demanding and stressful working environment or model of care provision and there may be lessons for us to learn which are applicable to the wider NHS. We have to think in terms of prevention as well as assessment and treatment.

And perhaps we should be looking at replicating or expanding the model elsewhere in areas where clinicians still find it difficult to access services. It may be that the model works best in a large metropolitan area but it might be useful in other circumstances too.

Today's event provides an opportunity to consider these sorts of issues, bringing together the providers and users of this programme as we contemplate the future of this excellent innovative service and to think together about the way forward.

One final thought is that this programme has been undoubtedly hugely successful in effectively meeting a need that was formerly unmet and poorly recognised. Such success does not arise by accident and I would like to express my admiration and thanks to the leadership of the project and those who work tirelessly on a daily basis to make it happen. It is very reassuring to me to know that you are there should I ever need you.

So thank you for inviting me and I wish you all a very successful day.