



The First Five Years of the NHS Practitioner Health Programme

2008 - 2013

Supporting the health of health professionals

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Contents

Executive Summary	4
Introduction	6
Report Purpose	6
Who are the NHS PHP?	6
Why do doctors and dentists need a specialist service?	6
A patient Journey	7
Five Years in Review	8
Registrations	9
Age and Gender	9
Ethnicity	10
Geographical Location	11
Speciality and grade	14
Presenting Problem.....	16
Regulator Involvement.....	17
Caseload.....	18
Return to Work Rate	19
Finance	19
Practitioner Patient Feedback.....	20
Conclusion.....	21
Summary	21
What we have learnt.....	21
Next Steps	22

Executive Summary

Over the last five years more than 1000 practitioner patients have been seen at the NHS Practitioner Health Programme. These are doctors and dentists for whom the mainstream NHS care available either was not accessible or did not meet their specific needs. What started out as a pilot in 2008 has demonstrated not only the need but also huge impact a specialist service can have on the lives of clinicians and on their own patients. The service has also demonstrated the economic benefit in getting these practitioner patients well and back to safe, effective practice.

Of the doctors attending PHP, and averaged across the five years, around 80% have mental health problems (commonest problem being depression, which accounted for 55% of mental health diagnosis) and 20% have problems with addiction (around 66% had alcohol dependence). Very few patients presented with physical health problems alone.

There are many reasons put forward as to why doctors are at particular risk of developing mental health problems, but fall into two main areas: occupational risk factors (risks associated with the job itself) and individual risk factors (personality traits and psychological vulnerabilities which may interact with occupational risk factors to create psychological distress).

Occupational risk factors (clinical) might include the emotional demands of working with patients, patients' high expectations putting unrealistic pressure on doctors, aggression (both verbal and physical) from patients and easy access to prescription drugs. The structural risk factors include heavy workload and working hours, long shifts and unpredictable hours and lack of cohesive teamwork and social support

At the individual level the personality traits of many medical professionals, such as perfectionism, can lead individuals to become increasingly self-critical, unhelpful coping strategies such as emotional distancing, excessive sense of responsibility, desire to please everyone, guilt for things outside of one's own control, self-doubt and obsessive compulsive traits all contribute to the risk.

What has also become clear over the last five years is that not all doctors have the skills and knowledge to be a doctor to a doctor. Practitioner patients have reported examples of poor care provision or even refusal of care. PHP has identified those traits that are unique to a specialist clinician providing care to other health professionals and has worked with the Royal College of General Practitioners, Royal College of Psychiatrists and Faculty of Occupational Medicine to turn these into a competency based framework.

Over the past five years demand for the service has been increasing year on year, rising from 195 patients in 2009 to 242 in 2013. What has also changed significantly is the age of the patients presenting for care. Since 2009, a falling proportion of older doctors and an increasing proportion of young doctors have presented themselves to the service.

The proportion of women attending the service has increased considerably over the five years, and now young women (under 35 years of age) represent the majority of the patient population, with a reduction in the proportion of older men. The commonest age for presentation of both sexes is 29 to 30 years old.

No speciality is exempt from mental health problems – though some are over represented in particular categories at PHP. Anaesthetists, dentists and emergency medicine doctors have the highest proportion of their speciality presenting with addiction problems, and paediatricians, physicians and Foundation Trainees the least.

The outcomes of the service have remained consistently high. On average over the five years:

- 76% remained in or returned to work whilst a practitioner patient
- 79% abstinence rate for those treated for alcohol or drug addiction (compares to 10% -20% of those treated in the general population)
- Evaluation through a range of recognised, validated questionnaires demonstrates improvements on all measures including, mental health, social and work functioning.

The key strengths of PHP are clear. Provision of a service that is for practitioners, run by practitioners: specialists in treating doctors and dentists with addiction, mental health and physical health issues. To provide a clear process and a focus on the main goal of facilitating practitioner recovery and returning them to, or assisting them with their continuation with work. The service includes all health issues: treating the whole person rather than the presenting issue. There is absolute transparency about confidentiality: mapping out parameters and consulting with the practitioner-patient at every stage.

It has become clear over the last five years that health professionals, doctors and dentists in particular, do have special health needs and problems that are particular to them in accessing health care, especially when their needs are related to mental health issues. When provided with specialist services their health outcomes are excellent and are able to return to work with improvements in their mental health and well-being.

PHP has met an unmet need and has demonstrated that investment in these types of specialist services is both economically and clinically effective.



Lucy Warner

Chief Executive

Introduction

Report Purpose

This report will provide an overview of the NHS Practitioner Health Programme service (PHP) and the support it has provided for its practitioner patients over the past 5 years. It will give an insight into the treatment commissioners are funding for patients living in their borough, why practitioner patients require such a service, and provide details of the financial benefits to this system.

This report will show our reflection on the past 5 years of the NHS Practitioner Health Programme, from the day the service first opened its doors to practitioner patients.

Who are the NHS PHP?

The NHS Practitioner Health Programme is an award winning, confidential service for medical and dental practitioners with issues that may relate to a mental or physical health concern or addiction problems, in particular where these might be affecting work.

In 2008 the Hurley Group was awarded the contract to deliver the PHP service. The service operates in central London, led by Dr Clare Gerada FRCP FRCGP MRCPsych, both her and the PHP team have expertise in managing addiction and mental health problems, along with experience of treating health professionals.

PHP enables doctors and dentists to be treated confidentially, eliminating the peer and patient pressure that they might otherwise encounter. Recognising the issues the patient presents, understanding the constraints they are operating under, and quickly treating them to reduce any further self-harm and ensuring they practice safely. Ensuring practitioners seek help before their work and personal lives are adversely affected by their health issues. Confidentiality is a primary tenant. As well as ensuring practitioners are able to access care and reduce the stigma that practitioners have around admitting to a health concern, particularly those relating to mental health.

PHP is designed to enhance rather than replace existing health services for practitioners by providing advice on access to local health services and prompt access to confidential treatment where local services are unable to meet their needs.

Why do doctors and dentists need a specialist service?

Poor practitioner health adversely affects the care of patients, healthcare costs, the lives of the physicians' colleagues, family and friends, and the physician themselves.

The 2009 Boorman review of the health of the NHS workforce showed how this patient group have little or poor access to mainstream NHS care - due to structural issues - getting appointments, frequent changes of address which means that it is hard for them to main continuity of care for mental health problems, confidentiality - especially so in large trusts where they are likely to be treated by a colleague – but also in smaller areas where they might know the local GPs or psychiatrists.

Doctors and dentists are like everyone else and encounter all types of health problems. The focus of this programme is on early intervention, to support the health of doctors and dentists so that wherever possible they can continue providing safe and valued care to their patients.

There is a tendency for doctors and dentists to manage their own health problems, to self-medicate, or to chat informally to colleagues etc. rather than seek appropriate consultation and treatment. They often find innovative ways of obtaining health care and are at risk of inappropriately self-diagnosing, self-prescribing and even self-referring. For this reason many problems go unreported or unrecognised.

This service seeks to provide a way that doctors and dentists can access support and advice that they need in a confidential and understanding environment.

A patient Journey

PHP was funded by all London PCTs through the London Specialised Commissioning Group, this has now changed as of the 1st April 2013, PHP is now funded by all London CCGs through the London Specialised Commissioning Group. This funding entitles all London resident doctors and dentists with GMC/GDC registrations to self-refer to the service.

Practitioner patients who lived outside of the London catchment area needed to ask their GP to obtain funding from their local PCT. Once funding was approved, the patients GP could then refer them on to the service.

Once a referral has been made an initial assessment is booked with a clinical member of the PHP team. The practitioner patients' case is then brought to the weekly multidisciplinary team meeting for clinical discussion and a treatment plan is created. Depending on the patient need, treatment can either be given in-house (PHP1) or through an approved external provider (PHP2). Some patients can be referred back to local NHS services for local treatment.

Specialist services (PHP2) are provided by a number of selected providers. These include:

- The South London and Maudsley NHS Foundation Trust
- Efficacy
- Catio-Nightingale
- The Tavistock and Portman NHS Foundation Trust.
- Inpatient detoxification facilities at Clouds House.

In some circumstances practitioner-patients can be referred to providers other than those listed above.

Individual practitioners approaching PHP for advice or treatment will be assured that their case will be handled on a strictly confidential basis. Only in exceptional circumstances will confidentiality be breached. This will be where there are serious and unresolved concerns that the practitioner-patient maybe putting themselves or their patients at risk.

PHP will continue to treat the patient until they are safe and well enough to return to local NHS services, or to be discharged.

Five Years in Review

The NHS Practitioner Health Programme has an integrated multidisciplinary team which enables quick access and treatment for practitioner patients and allows the most effective use of clinical resources ensuring that practitioner patients are matched with the most appropriate clinicians and interventions using a stepped care approach. The service is embedded within a “normal” general practice, though has its own administrative, medical, nursing and management team, computer server and consulting areas.

PHP provides a multi-disciplinary stepped care model of treatment which includes the following:

- confidential first contact by telephone or email including signposting as appropriate
- assessment, formulation and treatment planning
- multi-professional approach to care
- brief interventions, motivational interviewing and relapse prevention
- cognitive behavioural therapy
- psychiatry
- psychodynamic psychotherapy
- prescribing
- community based detoxification and access to inpatient alcohol detoxification
- substitute medication for opiate addiction
- therapeutic blood, urine and hair testing
- access to inpatient residential rehabilitation
- advice and advocacy on return to work strategies
- case management / care co-ordination
- support for attendance at GMC / GDC hearings
- attendance at employment tribunals or other work-related hearings
- direct liaison with defence organisations / barristers / solicitors / BMA representatives
- signposting to money advice and charities for financial assistance

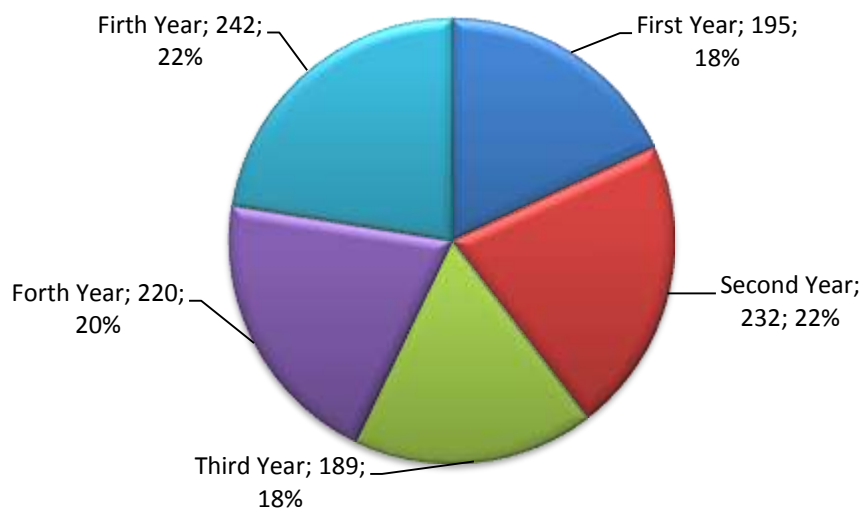
PHP is not an occupational health service, but can liaise with occupational health. The service provides assessments with respect to work place and supports return to work planning and implementation. PHP receives a number of referrals from occupational physicians.

The PHP team is made up of a multi-disciplinary group of experienced clinicians including General practitioners, psychiatrists, specialist nurses and therapists. Each clinician manages a caseload relevant to their skill set and experience, however all cases are coordinated through MDT review and discussion. Complex cases or those with a range of co-morbidities may be case managed across a number of clinicians, each providing their clinical expertise. Referrals, medication and treatment plans whilst led by an individual clinician are routinely discussed and agreed across the MDT and with the practitioner patient themselves.

Registrations

Over the 5 year period since the 2008 launch the NHS Practitioner Health Programme has registered 1078 practitioner patients. Figure 1 demonstrates how many practitioner patients registered each year. In year 3, between November 2010 until March 2011, intake of new practitioner patients was reduced as it was unclear if funding would be approved for the following year, as year 3 was the last year of the prototype phase.

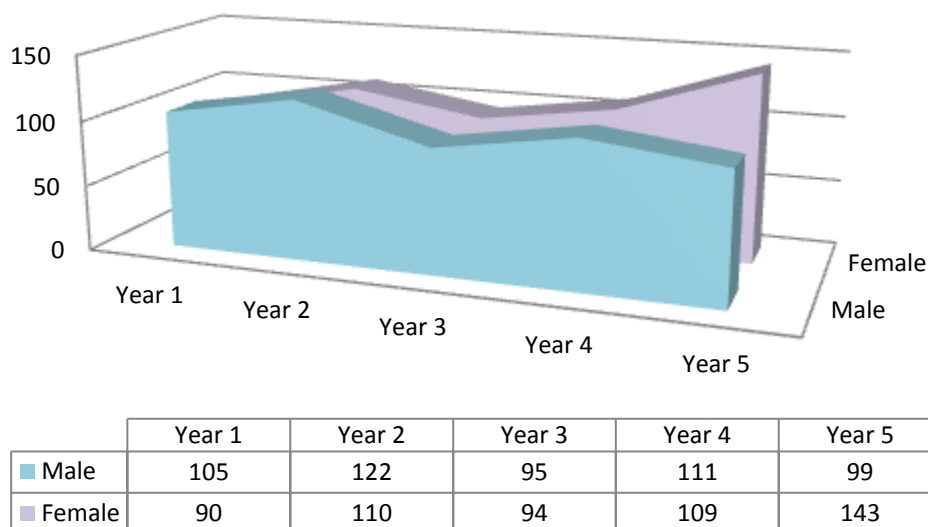
Figure 1: Practitioner patient registrations by year



Age and Gender

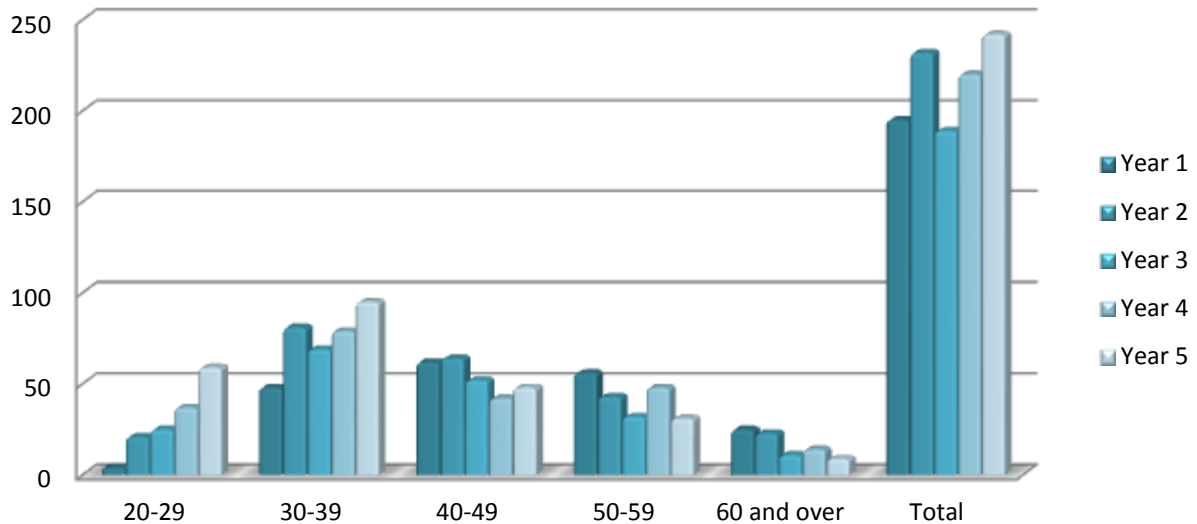
Figure 2 shows that initially, in the first 4 years of the service, more male practitioner patients were accessing the service, however, recently in year 5 more females are now registering. The average of the male referrals for the first four years is 52%, in the fifth year 59% of referrals were female. However, these are slight variances; PHP continues to see a fair split between male and female practitioner patients.

Figure 2: Registrations by Gender



In the first two years the most common age at registration was 40-60 years old, from year three onwards there was an increase in younger patients in the 20-40 years age range— see Figure 3.

Figure 3: Registrations by age shown by year

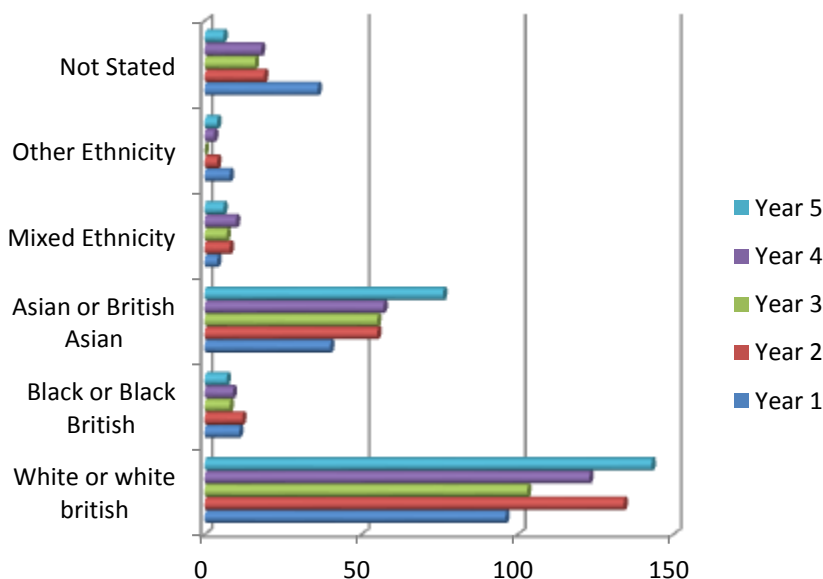


Ethnicity

PHP have seen a mix of referrals in the 5 years in terms of ethnicity, gender and age. The ethnicity for patients attending for initial assessments is shown in figure 4. Since patient numbers are small the Office of National Statistics census categories for ethnicity have been grouped. The five groups are those used by the NHS in classifying the Hospital and Community workforces. The graph shows that patients from a wide variety of ethnicities are attending the service.

The most common ethnicity to register with PHP has remained consistent as White or White British and Asian or British Asian. Comparison to London population ethnicity data and evidence regarding the ethnicity of UK doctors shows that PHP is attracting practitioner patients from all ethnic backgrounds, and the practitioner patient split is in line with what might be expected.

Figure 4: Practitioner patients by ethnicity



Geographical Location

The PHP service has been commissioned by London CCGs to provide services for doctors and dentists who live in London on a self-referral basis. PHP can also see practitioner patients outside of London where funding is secured. During the prototype phase (first 3 years) of the service PHP could also see practitioner patients working in London.

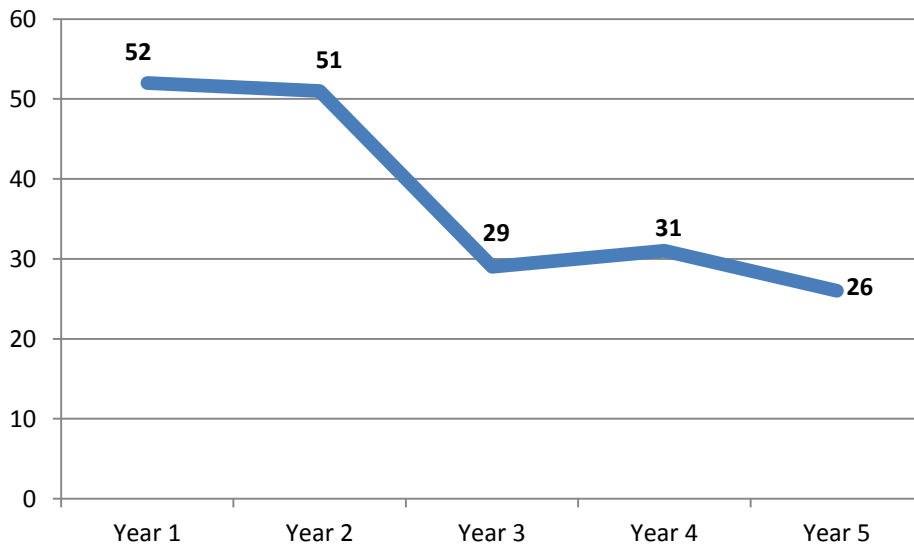
Based on PCT of residence PHP service saw practitioner patients from almost every SHA in England and also a small number from Scotland. During the 5 years PHP has seen 189 practitioner patients who live outside London. Figure 5 shows the overall amount of patients registered by their residence. Over the 5 years, London has been the most common patient residence.

Figure 5: Residence of patients registered over 5 year period



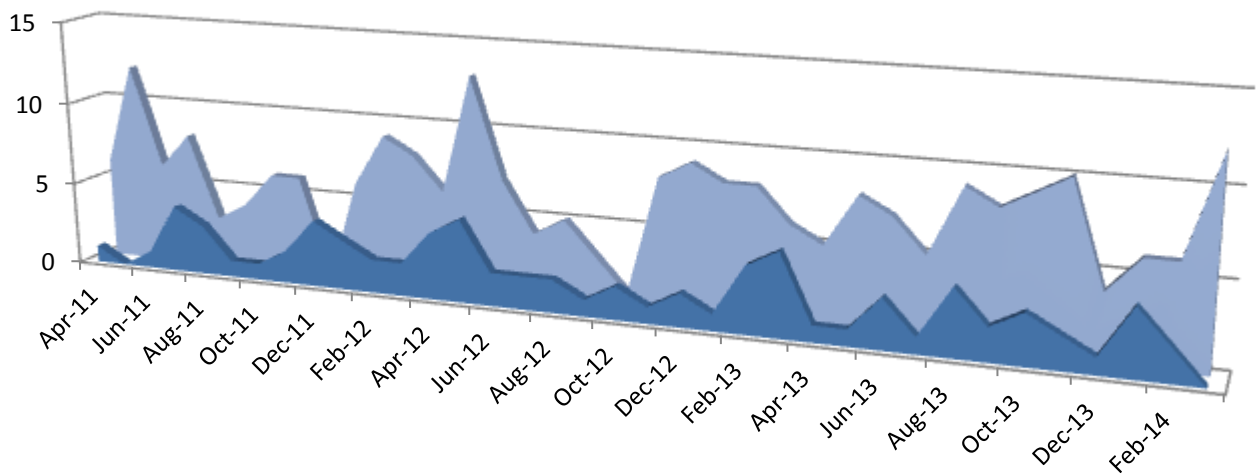
Since the end of year 3, PHP has been accepting referrals on a cost per case basis from areas across the UK. PHP continues to see an increase in Out of Area (OOA) enquiries. Where these enquiries cannot be followed with approved funding for care (often for confidentiality reasons) PHP is unable to treat these practitioner patients meaning that these doctors and dentists are not currently able to access the care they are seeking. PHP will however provide signposting including some telephone support for practitioners in these instances. Figure 6 demonstrates the decrease in Out of Area referrals since the end of the prototype period. A decrease is also seen in year 3, this is due to the reduction of new patients PHP could register owing to the uncertainty of future funding.

Figure 6: Decrease in Out of Area Registrations since end of prototype



From April 2011 PHP was contracted by the London Specialist Commissioning Group (LSCG) for London patients on a self-referral basis. Practitioner Patients living outside London are able to be seen on a cost per case basis, overall out of area (OOA) practitioner patient referrals reduced due to difficulties with obtaining funding from their local commissioner. Figure 7 shows the difference in Out of Area enquiries and conversions to referrals from April 2011, on average, where unfortunately only one in four OOA patients who wish to register with PHP receive funding for treatment.

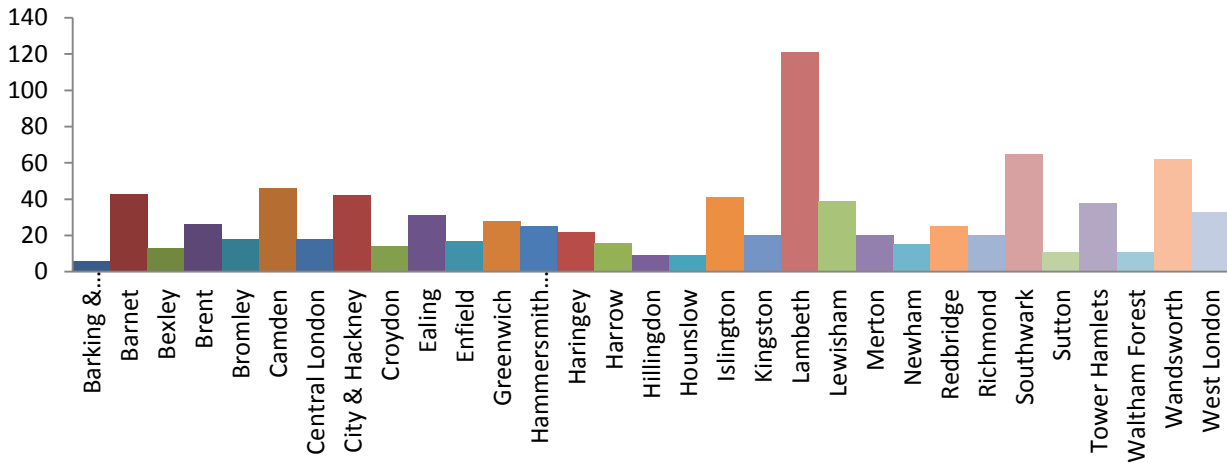
Figure 7: Out of area enquiries and conversions to referrals.



	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	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

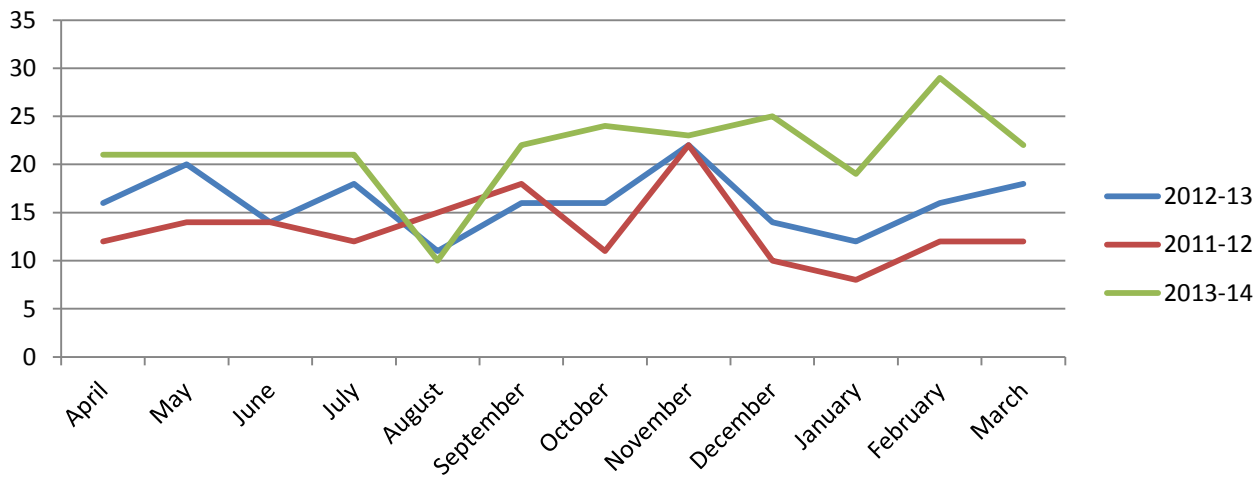
84% of the practitioner patients registered from 2008-2014 are London patients. Figure 8 shows these London patients by the PCT they live within.

Figure 8: London registered practitioner patients by PCT of residence



PHP's London caseload continues to grow each year, figure 9 demonstrates the increase over the past three years.

Figure 9: New London patients per month



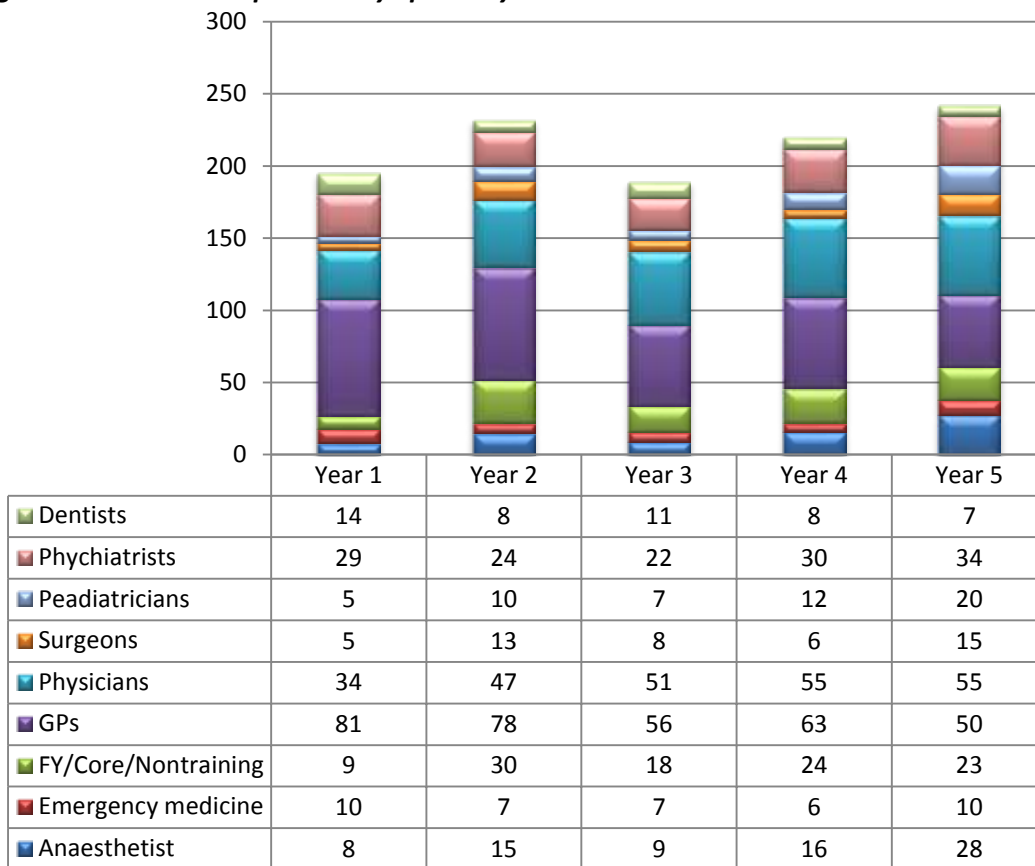
Speciality and grade

Over 5 years PHP have seen 1078 practitioner patients, the majority of which are medical, and a small minority (5%) are dentists.

Figure 10 shows patient registrations by specialities. The specialities are grouped due to identifiable small numbers. 'Physicians' cover all other specialities.

The chart shows that each speciality has increased each year other than Emergency medicine, which has roughly remained the same, and that GPs are slowly reducing with a decrease of 21% from year 1 compared to year 5.

Figure 10: Practitioner patients by Speciality



The following chart shows how the practitioner patient grades are grouped due to identifiable small numbers.

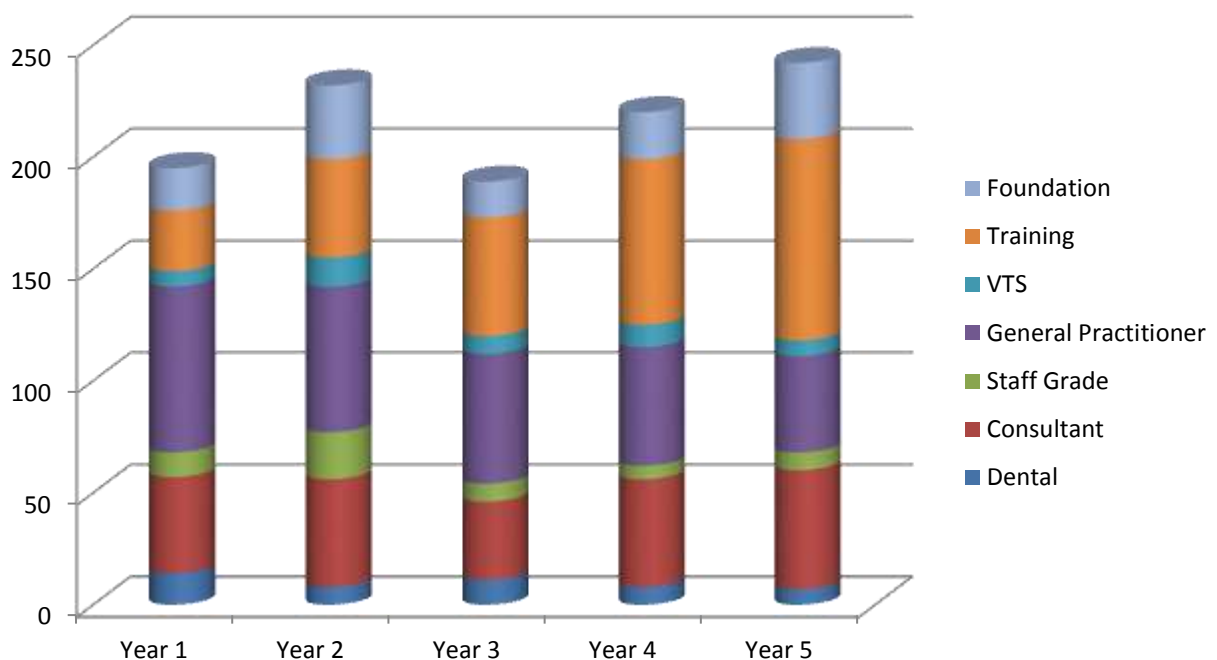
Dental	Consultant	Staff Grade	General Practitioner	VTS	Training	Foundation
•Dentist	•Consultant •Associate Specialist	•Staff Grade •Other Grade	•GP Locum •GP Partner •GP Principal •GP Salaried	•GP Registrar	•CT 1-4 •ST 1-8 •SPR •Clinical Fellow	•Foundation Doctor •SHO

PHP has seen an increase of practitioner patients at foundation and training grades registering with the service.

It is interesting to note that over the 5 years of service we have noticed that:

- Dental registrations have reduced
- Consultants continue to present at a consistently high registration rate, an average of 45 referrals per year
- Numbers of staff grade registrations remain at an average of 11 patients, however there was a peak of 21 patients referring in year 2
- VTS registrations have remained at an average of 9 patients whereas General Practitioners have reduced
- Foundation doctor registrations have increased from 19 patients in year 1 to 34 patients in year 5
- Training grade practitioner patient registrations have increased from 27 referrals in year 1 to 90 in year 5.

Figure 11: Practitioner patients by Grade

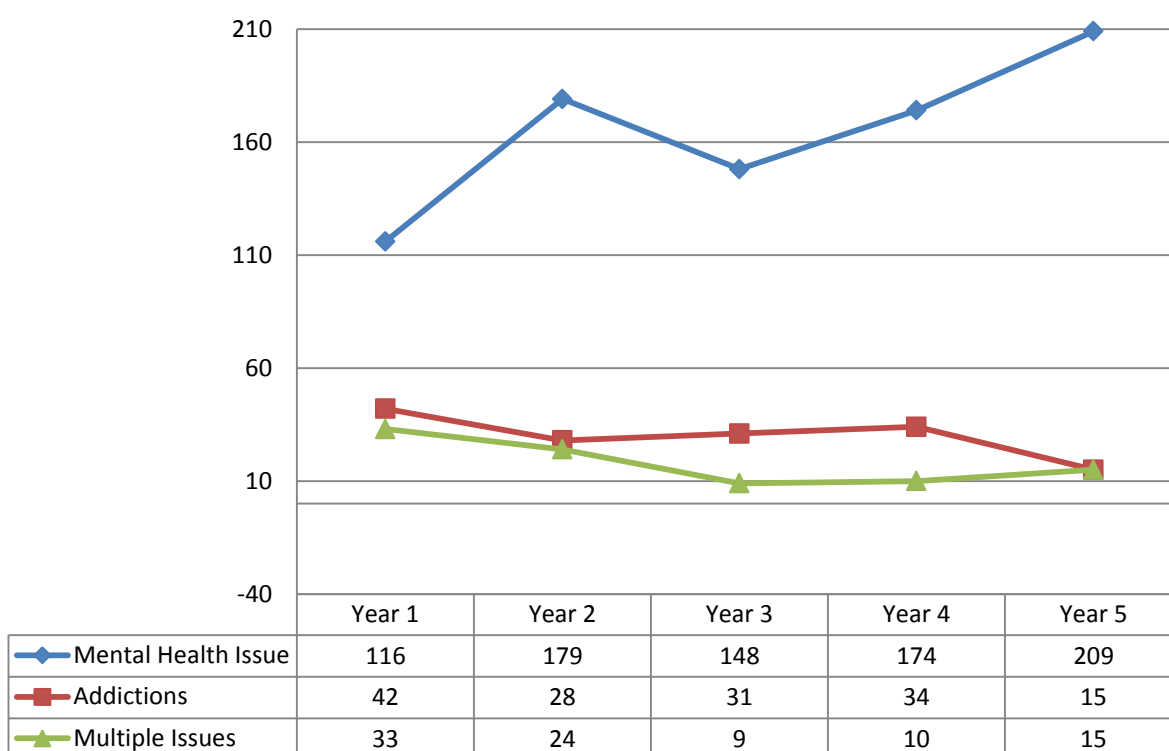


Presenting Problem

The most common presenting problem for the practitioner patients is mental health. Physical health presentation has remained low throughout the years and most commonly presents alongside a primary mental health or addiction issue. It should be noted that the multiple issues covers co-morbidities as practitioner patients can present with more than one problem.

Addiction referrals have reduced; we believe this to be due to treating patients who had initially been suffering in silence due to the lack of confidential care available to them. Also PHP are able to treat patients earlier on before their conditions worsen.

Figure 12: Presenting problem by year



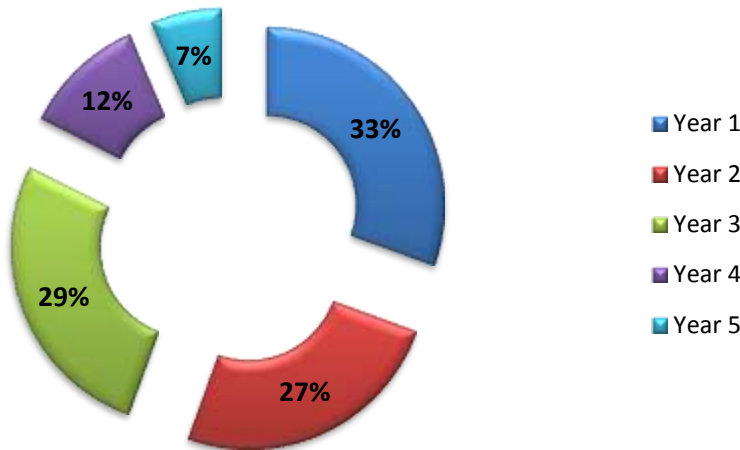
Regulator Involvement

In some cases the GMC/GDC recommend that practitioner patients voluntarily attend the PHP to benefit from the service and, in most cases, prevent the patient from receiving restrictions or undertakings on their practice. PHP are also able to assist and support practitioner patients who have pre-existing conditions when they register with the service.

PHP holds a Memorandum of Understanding with the GMC and GDC covering issues such as confidentiality, information sharing and other issues. This has provided PHP with the ability to discuss cases in confidence with the GMC/GDC and provide written reports rather than full disclosure of medical records.

Patients referring to PHP with regulator involvement is reducing year on year and has dropped considerably between years 1 (33%) to year 5 (7%) - figure 13. We believe this to be due to patient accessing the service before they get to the point where the GMC/GDC need to be involved.

Figure 13: Practitioner patients with regulator involvement



Caseload

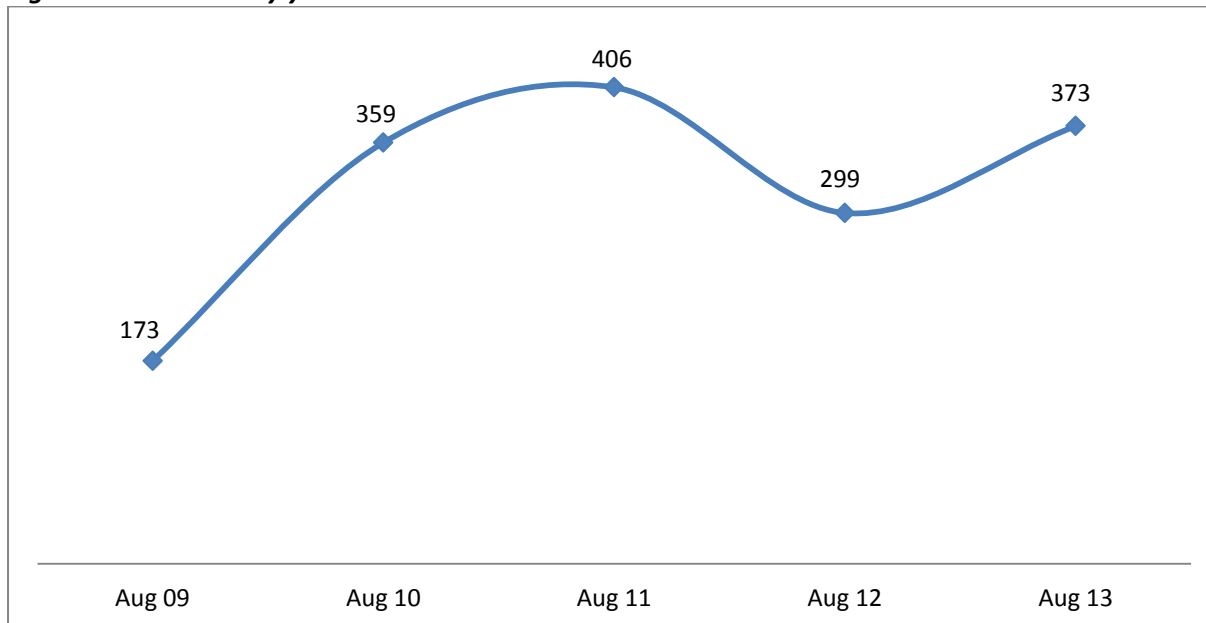
PHP provides an integrated, stepped care model of treatment within a multi-disciplinary team. Primary care (general practitioners with special interests in mental health and addiction; nurse practitioners and specialist nurses) and secondary care practitioners (consultant psychiatrists, psychologists and psychotherapists) work within the single team.

Every practitioner patient has a lead clinician, in most cases this is the assessing clinician. The lead clinician co-ordinates the practitioner patient's treatment and undertakes regular reviews as appropriate. The lead clinician refers practitioner patients' within the multi-disciplinary team and also to other providers for treatment interventions. A practitioner patient's lead clinician may change dependent on their circumstances. Clinicians discuss practitioner patients at the weekly multi-disciplinary team meetings and as required throughout the week.

The PHP clinicians provide a range of treatments including prescribing, psychiatry, cognitive behavioural therapy, motivational support, advocacy, community detox and medication reviews. The specialist nurse caseload includes a liaison and case management role for those patients having CBT and/or psychotherapy treatment who do not require regular GPwSI or psychiatrist input.

There was a particular peak in cases during 2011 as it was not known if funding would be provided following the original pilot. This led to an increase in presentations as practitioners aimed to seek help, concerned that the service may not continue. Thankfully the London PCTS did agree to commission the service and demand has remained high.

Figure 14: Caseload by year

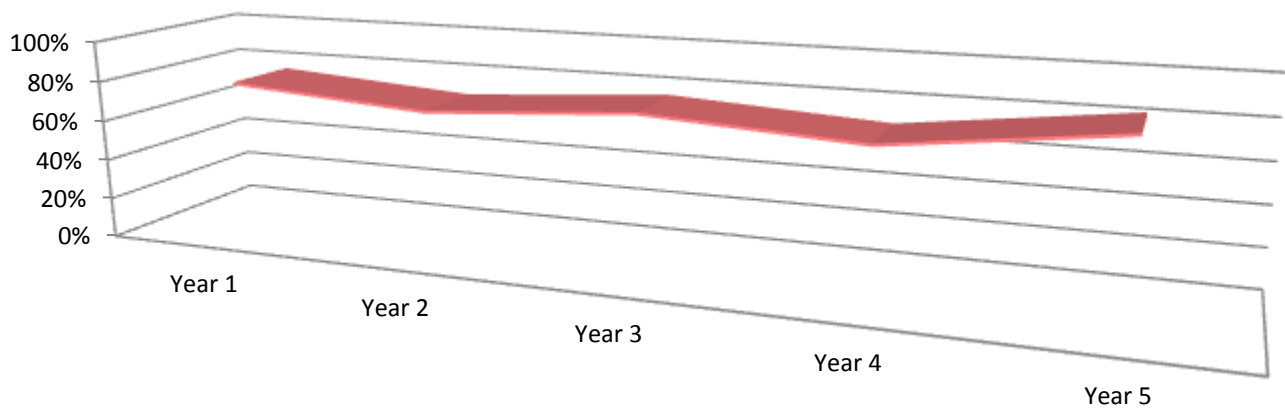


Return to Work Rate

The benefits of maintaining or enabling a return to work increase the overall potential outcome, and the practitioner patients who are not working show higher levels of distress and greater levels of impairment.

As seen in figure 15 PHP has helped an average of 76% of its practitioner patients to remain in or return to work.

Figure 15: Working Status



	Year 1	Year 2	Year 3	Year 4	Year 5
■ Remained in or returned to work	77%	70%	77%	71%	84%

Finance

Sickness absence is estimated to cost the NHS £1.7 billion each year and presenteeism has been estimated to cost at least £2.55 billion per annum. The cost 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, suspension and cover for everyday duties:

- Suspensions owing to ill health costs £5.5m a year over and above practitioners salaries.
- Dealing with cover for general practitioners on sick leave amounts to £900,000 per 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.

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

In 2014/15 PHP is funded circa £1m per annum by the Office of London CCGs and this provides access for all London resident practitioner patients. There are currently 32 London CCGs funding treatment for London practitioner residents, the cost to each CCG is £31,250 per annum. There are 37,578 registered doctors living in London, so the cost of funding London practitioner patients is £26 per patient.

Practitioner Patient Feedback

'Fantastic service – a huge support through a difficult time and always offers sound service'

'Access to PHP was quick, thoroughly supportive and empathetic, good links to other therapies.'

'A fantastic service – wish I had known about it earlier'

'The services here have been amazing, thank you so much.'

'This service is an invaluable service. All the staff are extremely professional and courteous.'

'I am forever in debt to the priceless advice and selfless care I have received at PHP. And I also wish to praise the work you do as I am still in awe each time I visit that such a set-up even exists for those of us who have suffered alone for so long.'

'I have so much to thank you and the Practitioner Health Programme for in supporting me to acknowledge my health problems and guide me firmly and fairly through taking appropriate proactive and at all times challenging steps to responsibly address them.'

'Absolutely brilliant, PHP have got me through really dark days. It has been really supportive, positive and encouraging which is essential for my confidence at the moment.'

'I found the help from PHP so good – really invaluable, so thank you again for all the work you do.'

'I can't thank you enough for all your help; I know I wouldn't be in the place I'm in now if it wasn't for your help.'

Conclusion

Summary

The NHS Practitioner Health Programme is a high profile confidential service, established after years of debate by Sir Liam Donaldson the then Chief Medical Officer and endorsed by key medical and regulatory bodies. Since 2008, PHP has treated over 1,000 practitioner patients, drawn, due to funding arrangements, mainly from the London area, making it one of the largest practitioner-health programmes in the world.

Independent research shows that patients attending PHP are as sick as any attending mental health services (see the following link - <http://bmjopen.bmj.com/content/2/5/e001776.long>) and its outcomes far surpass any other treatment service dealing with similar patients, in terms of return to work; improvements in health and well-being; sickness rates and abstinent rates.

PHP has now been operating for five years, this report has provided a detailed description of the practitioner patients who have been seen, their demographics, presenting complaints and treatment outcomes.

The service has demonstrated in simple terms that:

- health professionals will use a specialist, confidential service
- when they do come for treatment, they get better
- when they get better, they get back to work safely and effectively

PHP saves money allowing this to be invested back into patient care and improves patient safety overall.

PHP improves the health and wellbeing of the practitioner patients who are treated and most importantly, according to practitioner patient testimony, the service can save lives.

The team involved in the delivery of the PHP service wish to acknowledge the support and assistance they have been given throughout the years and in particular thank all the practitioner patients and their families for their inspiring messages and feedback. The entire team believe that it has been an honour and a privilege to be part of this service.

What we have learnt

PHP first opened its doors to practitioner patients in September 2008, we believed that there were doctors and dentists with mental health and addictions issues which were unable to access the NHS through fear of stigmatisation or having to receive their treatment from colleagues. PHP's aim was to treat these patients and return them to a safe working environment therefore reducing the financial pressures on the NHS for cost on sick leave and locum cover.

Five years on we have learnt the following:

- it is emerging more clearly that certain professional and demographic groups have been identified as more likely to present as practitioner patients, such as
 - GPs and Psychiatrists
 - 25-40 year old females and 40-60 year old males
 - Training doctors

PHP have had discussions with Royal Colleges and support organisations such as the London Deanery to ensure preventative measures can be taken for these at risk groups

- PHP's return to work rates have increased, we believe this to be due to our sound system and professional, experienced team. Also, PHP is becoming better well known so practitioner patients are able to refer themselves before their conditions deteriorate too much.

- Practitioners who live outside of London, that do not come under any pre-existing contract such as Kent, Surrey and Sussex Deanery (KKS) and Brighton and Hove (B&H) are less likely to access the service due to difficulties in accessing funding, either due to confidentiality issues or lack of funds.
- The amount of dentists referring themselves to the service is remaining consistently low; this is regardless of regular promotions directed to them.
- The most common presenting problem is mental health issues, patients presenting with addictions issues is gradually reducing. We believe this to be due to the first 2 years, PHP were treating patients who had initially been suffering in silence due to the lack of confidential care available to them. Also PHP are able to treat patients earlier on before their conditions worsen.
- Patients referring to PHP with regulator involvement is reducing year on year, we believe this to be due to patient accessing the service before they get to the point where the GMC/GDC need to be involved.

The Memorandum of Understanding written for the benefit of communications between PHP and the GMC/GDC continues to enable a smooth passage through the regulatory process for practitioner patients that are engaged with PHP which mostly creates a positive outcome.

Next Steps

PHP has proven in the five year period that doctors and dentists do have difficulties accessing routine NHS care for a range of reasons and for many their contact with PHP is the first time they have sought help for longstanding ill health issues.

The proposed changes to NHS architecture and commissioning arrangements provides both opportunities and challenges with the potential for nationally commissioned services built on the PHP specification.

The future objectives for PHP are threefold.

Firstly to expand our range of commissioned services, giving us both the opportunity and assurances that will allow us to grow the service and to support and treat many more healthcare practitioners. We believe that any individual working in healthcare who cannot access appropriate, confidential care should be offered a route into PHP, or a PHP -type service and we will work with commissioners to drive this agenda.

Secondly we will support the developing networks of specialist clinicians who are undertaking Royal College and faculty training as they begin to see practitioner patients. Alongside this we will support those professional support units (expert, shared resources to support the development and performance of healthcare practitioners) which are being established around the country. Our experience and learning is open to them as they develop and build their own services.

Finally we will continue to deliver a high quality service, evaluate this on an on-going basis, further develop the evidence base to demonstrate the effectiveness of PHP style services and importantly to identify trends and themes that will allow for earlier intervention and where possible prevention of health issues in healthcare professionals.

Our on-going purpose is clear:

- to offer safe, effective, confidential care
- to return people to safe, effective practice wherever possible
- to support the health and wellbeing of the healthcare workforce