

## Hillingdon IAPT Partnership with Primary Care Network

### What is it?

Development of a multi-morbidity clinic hosted by Primary Care Networks (PCNs) with engagement from IAPT services to provide integrated care for patients.

### How does it work?

The IAPT team piloted a multi-morbidity clinic in one GP surgery. They developed a model where IAPT staff initially trained reception, healthcare and social prescriber staff to call and prepare patients for the new clinic and its format. The aim of the clinic was to promote values-based self-management with social, medical and mental health support and it was important that all support and clinical staff promoted this approach to managing multiple health problems. Morning appointments included wrap around care with appropriate testing e.g. taking bloods, foot checks etc, as well as the PHQ4 administered by a social prescriber or healthcare assistant 'Health buddy'. Afternoon appointments with a Talking Therapies clinician were offered to anyone scoring 3 or above on PHQ4 where a brief triage and consultation was completed, with recommendations to refer in to IAPT, to review at a later clinic or as a standalone support contact. Patients also attended an afternoon appointment with the GP, to develop a care plan including any recommendations from the Talking Therapies clinician.

### Any challenges?

The intention was to roll this out in April 2020, however Covid caused this to be delayed. However, as some GPs from the pilot are now involved in multidisciplinary clinics for post-Covid recovery, the model may be used going forward to include management of multi-morbidities.

### What was the impact of the pilot?

The pilot saw 12 people through clinics over 4 weeks. 8 people scoring high on PHQ4 were then seen by an IAPT clinician: 6 people were brought into the service and 4 went on to treatment with a range of clinical presentations. They were reviewed at regular interviews. This management aimed to ensure that people weren't referring themselves to GPs, but would have a key worker/health buddy to try and contain and maintain contact and support patients quickly until their next planned care review, to avoid sporadic appointments at the surgery where non-medical support was mostly needed.