**Title:** Primary care depression advice clinic


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This innovative project aims to improve the care delivered to people suffering from treatment resistant and recurrent depression through the provision of a specialist Depression Advice Clinic (DAC) in a primary care setting. The concept of collaboration across primary and secondary care is in line with the NHS Five Year Forward Plan1 and the local Rushcliffe CCG multi-specialty provider vanguard. It also enables a key aim of the Shape of Training Review into Postgraduate Medical Training2 to be met by giving a Health Education England funded Fellowship the opportunity to experience training that bridges traditional boundaries of primary and secondary care.

AIMS AND OBJECTIVES OF DAC

The aim of the Depression Advice Clinic (DAC) was to provide timely specialist advice on depression management within a primary care setting. This is in line with other collaborative care approaches as outlined in the updated draft NICE Guidance on Depression in Adults (NICE 2017) and the usual practices of the Specialist Depression Service (SDS) at Nottinghamshire Healthcare NHS Foundation Trust (NHTF), as described in Morris et al 2016. The clinic was set up and led by a Health Education England Post Core Training Fellow, under the supervision of the sector consultant psychiatrist and with the collaboration of the primary care lead GP for mental health and the support of the Rushcliffe Clinic Commissioning Group as part of the Principia Multi-specialty Community Partnership vanguard.

The clinic was located in a primary care centre and offered:

- one-off 30 minute assessments to patients referred by their GP
- comprehensive psychiatric history and examination
- diagnosis and bio-psycho-social formulation.

Following discussion with the supervising consultant psychiatrist a letter with recommendations for next step treatments was sent to patient and their GP.

RESULTS

At 12 months:

- 127 referrals were received
- 124 assessment appointments offered
- The mean wait for assessment was 23 days (in secondary care this is closer to 70 days)
- The completed assessment rate was 92% (in local audit of secondary care services this was 81%)

Outcomes following initial assessment:

- 96% patients were discharged to their GP with advice on lifestyle, self-care and next step pharmacological and psychotherapeutic management options.
- 4% of patients were transferred directly to secondary/tertiary care psychiatry, for reasons including severity, risk or initiation of medications that could not be carried out in primary care under local prescribing guidance (e.g. Lithium).

FEEDBACK FROM STAKEHOLDER SURVEYS

**GP**

- 100% are satisfied (40%) or highly satisfied (60%) with the services offered by DAC
- 90% feel more confident in managing the care of their patients

**Patients and Rushcliffe Residents**

- Only 40% were satisfied by services offered for the management of depression in primary care
- 100% agree/strongly agree that having a DAC is a good idea

What works well about the DAC:

- "Given the GP a better understanding and different ways to treat depression"
- "Bringing care options closer to home"
- "Unique service that is effective and enables a rapid service"
- "Giving the GP a much better idea about a patient’s problem as a result of her intervention”.
- "Lack of patient awareness of its existence.”

What does not work well about the DAC:

- "Not a good idea"
- "Cost of patient awareness of its existence”.
- "Patient knowledge of its existence”.

DISCUSSION

Referral rates, completed appointment rates and stakeholder feedback suggest that the DAC was an operationally feasible way of working across primary, secondary and tertiary care, whilst also being acceptable to both GPs and patients.

One of the primary aims of the clinic was to provide timely assessment and advice for people suffering from treatment resistant or recurrent depression. It has achieved this aim with most patients being seen much sooner than they would have had they been referred to secondary care.

There have also been some surprising, and potentially significant, findings from the clinic:

- More men were referred to the clinic than would have been expected to be seen in secondary services
- Patients and practitioners felt that the service was changing in over a third of patients.

There may be several reasons for the finding that the majority of patients seen in the DAC had their primary diagnosis changed following assessment. Further investigation would have to be undertaken to understand the reasons for this. It is plausible that the length of the DAC appointments, together with the specialist knowledge of the Fellow, allowed for a more comprehensive assessment than is possible in primary care.

RECOMMENDATIONS

- Further research needs to be carried to understand why more men were being referred to the clinic than would be expected. It may be of great significance if clinics such as this can improve engagement with mental health services for men suffering from depression – it could save lives.
- The project has demonstrated that there is value in giving trainees the opportunity to lead on innovative projects in order to gain leadership and management experience. Every trainee should be enabled and encouraged to seek out similar opportunities.