NHS
Practitioner Health

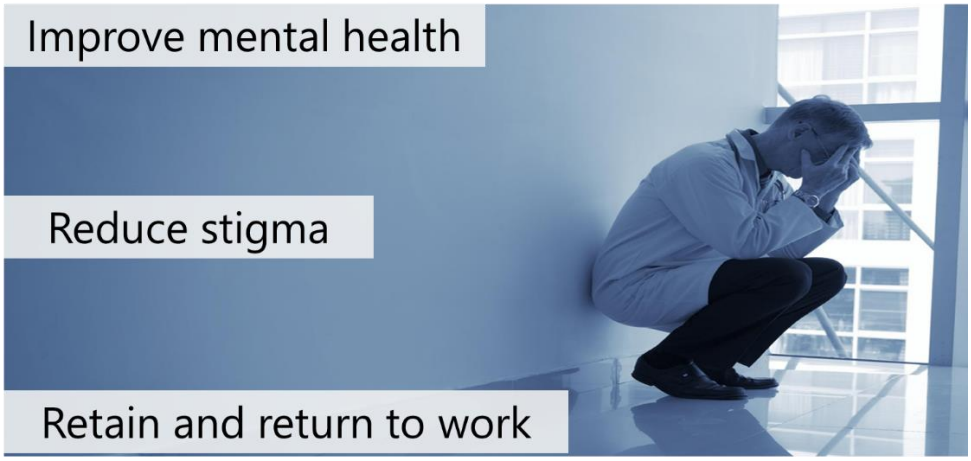
NHS Practitioner Health: a brief overview

WHAT IS NHSPH

- NHSPH is a confidential mental health treatment service with expertise in treating healthcare professionals. We work in the unique interface between health practitioners as regulated professionals and as patients with a mental illness, and as such are experts at the interface between regulation, employment and mental illness and addiction.
- We understand the special needs of healthcare professionals with mental illness, how their role might impact on their ability to seek out help; and how their condition might impact on their work and potentially their own patients. We are skilled at helping health professionals return to work or training. We see and treat practitioners with mental health conditions such as depression, anxiety and obsessive-compulsive disorder. We also see doctors with more severe illnesses, such as bipolar affective disorder, personality disorders and psychosis and with a range of addiction issues.
- The service is a multidisciplinary, integrated team, drawing together GPs, psychiatrists, nurses and therapists into a single network with shared objectives, jointly caring for our patients.

MISSION

- NHSPH aims to improve the clinical health and mental wellbeing of the workforce and support them to remain in or return safely to work.
- It hopes to reduce the stigma of mental illness in those who provide care to others.



- Through its delivery of care to the workforce, and engagement with the wider professions of health and care, the service aims to contribute to a collaborative and compassionate culture within health and social care.
- The service aims to support the development of practitioner style services in other countries by sharing our learning and research, developing standards and training and coordinating networks to influence and deliver service improvement.

WHAT NHSPH DOES NOT PROVIDE

It is important to say what we do not provide.

- *NHSPH is not a specialist mental health service*. This is a subtle but important distinction. We do not limit our care to any particular mental health disorder (such as depression or addiction), nor any patient demographic.
- *NHSPH is not an occupational health service*. We help with returning healthcare professionals to work, but we do not carry out return to work assessments, or assessments which might be required to formulate reasonable adjustments.
- *NHSPH is not a replacement for mainstream NHS services, nor designed to offer a second opinion for mental or occupational health, nor is it a shortcut to obtaining a medico-legal opinion.* Healthcare professionals who are currently supported by NHS mental health services are encouraged to remain with their local team, though we are happy to offer guidance on particular aspects of care or support them for their return to work. This means that patients with, for example, acute psychotic illnesses, patients with severe eating disorders, or patients who require assertive outreach or home/in-patient treatment must be seen by local services.
- *NHSPH plays no part in managing professional standards and has no role in overseeing doctors in disciplinary processes, supporting investigations into their practice or informing performance assessment processes.*
- *NHSPH is not an emergency or urgent service* but try to be as responsive as possible where doctors are in crisis.

Notwithstanding all of the above, we are a comprehensive, integrated service providing care across the physical, social and psychological domains.

CONFIDENTIALITY

- We understand how important confidentiality is for doctors and how they fear the loss of confidentiality more than anything else. Patients must trust our service and really believe that they will be treated in confidence.

- We have a series of measures to ensure confidentiality is secure, including:
  - All electronic correspondence uses the patient's registration number, not their name.
  - We avoid paper correspondence wherever possible.
  - Patients can register using a pseudonym (we recommend using their mother's maiden name).
  - All staff have to adhere to our confidentiality policy.

- A patient has a right to bar any NHSPH clinician from seeing their records or being present at discussions about them (medicine is a small world).
- We are mindful of, and mark the notes accordingly, where we might have members of the same family or close friends/colleagues also attending the service (which often happens).
- We send reports in draft form to the patient for fact checking.
- We use a specific medical electronic record system not linked to the NHS Spine.
- We do not disclose records to any third party except where required by law. Where a patient has given consent for information to be shared we check this on each occasion.
- We work on the principle that there is 'nothing about me without me'. This means that, bar exceptional circumstances, what is said in the service stays in the service and the patient's confidentiality is paramount.
- How to maintain confidentiality is part of our training and induction process.

PATIENT PATHWAY

- NHSPH is a self-referral service, although we are able to provide general advice to family members and employers. The act of self-referral is key as this acknowledges recognition of need, preparedness to trust the service and willingness to engage in treatment.

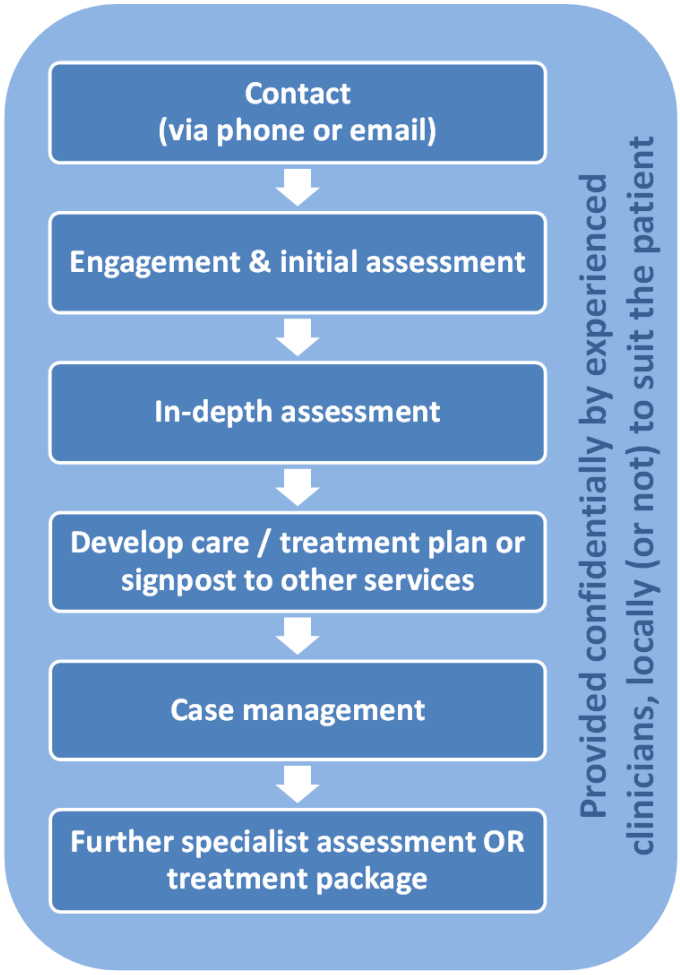
- Healthcare professionals can contact the service via text, phone (0300 0303 300), email (prac.health@nhs.net), web (www.practitionerhealth.nhs.uk), or letter (NHSPH, Riverside Medical Centre, St George Wharf, Wandsworth Road, London SW8 2JB). We are also available via social media sites – Twitter, Facebook and Instagram.

- An online registration form is available on our website and our phoneline is open between 8am to 8pm weekdays (excluding Bank Holidays) and between 8am and 2pm Saturdays.

- The registration form includes several wellbeing assessment questionnaires which enable us to identify an early risk assessment including clinical factors for the patient and those that might affect the wider services of health and social care, including risk of harm to patient/client.

- At registration we also ask for an In-Case-of-Emergency (ICE) contact (must be someone residing in the UK), which will only ever be used in exceptional circumstances. We also ask for consent for us to communicate with the patient's general practitioner.

- Once registered the patients are then given access to an NHSPH bespoke booking app which passes control passes to the patient with respect to who they see, and where and when they are seen for the first in-depth assessment. This gets over the problem of the patient accidently being booked in with a friend, relative or work colleague. This means patients can directly book with the clinician of their choice. The app allows patients to cancel and reschedule appointments to suit them and to directly message their clinician or therapists regarding the appointment arrangements.



ASSESSMENT AND CASE MANAGEMENT

- Each patient will have up to 90-minute initial consultation where a detailed history and examination would be undertaken. Even though many of our patients present with illnesses similar to those of non-practitioners (depression, anxiety, post-traumatic stress disorder), the context in which their problems sit is different. So often the underlying cause of their illness is due to a combination of work-related stresses, family difficulties, a recent life event, a complaint or adverse outcome at work. As such we take a detailed history of the patient's work, training and other professional issues. At the end of the assessment we formulate what the issues are, taking into account any predisposing, precipitating, perpetuating and protective factors there might be for each individual patient.

- The clinical presentation and professional issues identified would be presented by the case-clinician to the next available MDT meeting (these are held daily) consisting of lead clinicians, psychiatry and therapeutic practitioners. Together, the case-clinician along with the MDT, would agree the diagnoses, treatment plan and case management parameters. The MDT would also support decisions concerning discharge or onward referral as needed.

- The MDT would also discuss the level of risk the patient is posing – to themselves, their own patients or their organisation. Depending on the problem and severity, patients are risk-rated as either green (lowest), amber or red (greatest). The risk

category determines how often the patient is seen and how proactive we are at following them up. The process of ascribing a risk-status to our patients ensures that we look in depth at their special issues and how these might impact on their behaviour (e.g. suicide risk or risk of breaking down at work).

TREATMENT AND CARE OPTIONS

- NHSPH has a number of options available to support and treat the patients who access the service. This could include:
    - Ongoing case management
    - Initiating prescribing (usually with the patient's own GP)
    - Issuing a Fit note to enable time to recuperate
    - Talking therapies - cognitive behaviour therapy, relapse prevention, brief psychotherapy
    - Therapeutic Group support – topic or profession based
    - Specialist psychiatric assessment
    - Access to in-patient addiction detoxification and rehabilitation (sites in England and Scotland)
    - Therapeutic blood or urine monitoring as part of treatment
    - Relapse prevention group
    - Peer support

- Should the clinical needs of a patient be out-with the capability of the service (e.g. complex eating disorders), the service would seek to liaise involvement with an appropriate specialist clinician.

- Patients who are acutely unwell or in crisis are connected with local CMHT/psychiatry services although NHSPH is sometimes able to continue to provide wrap around care.

- The service does not intend to replace the role of occupational health. Where patients would benefit from work related adjustments or other work-related support, the service would encourage patients to engage with the relevant occupational service.

- The service would support patients until appropriate to discharge or it is possible for them to engage with the local services in ways acceptable to them.

INVOLVEMENT WITH OTHER PROFESSIONAL GROUPS

- NHSPH is clinical and is entirely separate in its structures and records from **regulators**, **Occupational Health** providers, patients' **employer** and **training body** or other professional bodies. Patient records remain separate from their usual health records and are not held on the national NHS spine.

- NHSPH holds a memorandum of understanding with GMC, GDC and HCPC and discussions are underway with other healthcare regulators to expand these. The purpose of these is to establish a framework describing how both service and regulator will respond and act when concerns around professional conduct and the health of the relevant person arise. They enable NHSPH to hold an "in-principle" discussion with the regulator regarding the need for a patient to make themselves known. Should concerns regarding patient or service safety and the need to breach patient

confidentiality arise, the decision to escalate to an **employer** or **regulator** would be made at a service level involving consultation with senior clinical team.

For more information regarding the service please visit our website:
www.practitionerhealth.nhs.uk