The following extracts provide either one example of a Board’s depression improvement activity or a brief summary of a Board’s current and planned activities in depression; further details are available from their local programme manager. The aim of these summaries is to support ‘collaboration’ between Boards by enabling you to identify who else is working on something of interest to you and then make contact to share ideas.

NHS Ayrshire & Arran

- Local Staff have conducted a comprehensive audit within 3 GP Practices (together with their linked CMHTs, Psychological and Counselling Services), with a view to developing a detailed “Service Improvement” action plan based on the overall evaluation. Specific agreed improvements to be implemented using PDSA cycles. The pilot Practices and Teams will also be developing reporting structures that enable ongoing, informed evaluation of improvements and the sharing of good practice. An adjunct to this work will in turn, be on testing out and ensuring much wider reporting and shared learning across all primary care areas to enhance overall capacity and to build on relevant improvement work;

- Value stream mapping is being built into ICP generic/depression pathway developments to ensure that service efficiency from the service users perspective is central and that all “Service Improvement Plans” dovetail with ICP generic and specific standards. Further detailed consideration is being given to engaging with service users with more recent lived experience;

- Staff are developing and testing out a comprehensive data extraction tool for pilot GP practices to obtain more detailed information about prescribing and patient review patterns (linked to QOF), with pharmacy prescribing advisors specifically involved in audit of prescribing practices;

- Also planning a Protected Learning Time Event for all primary care staff to include feedback from early Collaborative pilot/and other service improvement work;

- The guideline for treatment of depression in Primary Care is also currently being reviewed and preparation underway to engage with Practice Managers re all mental health HEAT Target workstreams;

- The Wiseman Workload Measure Tool will shortly be tested out in three PCMHTs with a view to informing the DCAQ modelling work.

Further details are available from Anne.Gerard@aapct.scot.nhs.uk
NHS Borders

- NHS Borders is working with practices who have identified anti-depressant prescribing as an area for review under the MED 6 and MED 10 Medicines Management elements of the GMS Contract. There is engagement with Pharmacy, Psychology and the Mental Health Collaborative to take this work forward. Key aims are:
  - To identify total numbers of patients receiving anti-depressants in NHS Borders;
  - To identify appropriateness of use by drug/dose/frequency, relative to diagnosis and PHQ9 score;
  - To identify average rates of compliance with the prescribed drugs;
  - To identify numbers receiving for an ‘anxiety’ diagnosis and to determine the appropriate psychological support needed in a sub-group of anxious patients;
  - To provide the appropriate psychological interventions if available and assess outcomes;
  - The ICP for depression is currently being piloted in one area of Borders. An element of this is a single point of access for community mental health and clinical psychology, aiming to deliver earlier assessment and subsequent intervention and reduce waiting times for clinical psychology. Consistent reductions in waiting times are currently being shown but a full evaluation will be conducted;
  - In addition, Borders is currently analysing prescribing and access to other services, e.g. Doing Well, Living Life, Clinical Psychology to inform future improvement work.

Further details are available from Pauline.Burns@borders.scot.nhs.uk

NHS Dumfries & Galloway

- NHS Dumfries & Galloway have been using the diagnostic toolkit to assess and monitor their progress in meeting the target. Clinical leads and General Managers have a standing invitation to the 4 Local Health Partnerships (LHP) leads meetings. These meetings take place monthly where any issues or concerns about prescribing patterns, are taken forward by the LHP pharmacists;
  - The development of Dumfries and Galloway’s “Moodjuice” web based resource (managed via NHS Forth Valley) will help to improve access and offer more alternative choices for patients;
  - The Stewarty CMHT in Castle Douglas have participated in a pilot study using the DCAQ model which is currently being evaluated. Following this evaluation the DCAQ model will be available for PCMHTs to use;
  - Some process mapping work was carried out in the initial stages of ICP development and it is planned to do more specific process mapping work once the analysis of the self help referral data is completed. This will highlight hotspots for which further process mapping will be of benefit;
  - Have had a GP and primary care staff training event which focused on alternatives to prescribing using a case study approach;
- Version 1 of the depression ICP has been published;
- Self help staff have been visiting all GP practices to raise awareness of the service, and are also included in the registrars’ training programme;
- Ongoing detailed analysis of prescribing patterns etc by GP practice, including comparison with referral rates to self help and psychology;
- Psychological therapies training plan approved and implementation commenced;

Further details are available from linda.mckechnie@nhs.net;

**NHS Fife**

- Information on work of pharmacists and general practices has been circulated to regional group;
- Session arranged on general practice protected learning time for work of the Mental Health Collaborative;
- Antidepressant prescribing to be analysed by practice.

Further details are available from elizabethsparling@nhs.net

**NHS Forth Valley**

- A pilot to increase the availability of CBT in all 7 GP practices in Clacks has been completed and is being evaluated by the University of Stirling. The evaluation will report on clinical outcomes from CBT, any impact on prescribing, and GP satisfaction with the CBT service;
- An audit of Consultant Psychiatrist prescribing of antidepressants is being planned jointly with Clinical Pharmacists. This will be useful in identifying compliance with tiers 3 and 4 of the NHS Forth Valley guidance on the drug treatment of depression;
- All GP practices in all 3 CHP areas are being audited on compliance with the NHS Forth Valley guidance on the drug treatment of depression. The audit will identify areas of good practice and aspects that can be improved upon. It will also inform current revision of the guidelines;
- An audit of the uptake of alternatives to prescribing antidepressants will take place. This will focus on Beating the Blues and will compliment the Clacks CBT pilot outlined above. The audit will also inform a revised strategy for promoting the use of Beating the Blues and other potential alternatives. This may involve a trainee doctor carrying out an audit of referrals to BtB by local CMHTs.

Further details are available from graham.mclaren@fvpc.scot.nhs.uk
NHS Grampian

- NHS Grampian has appointed a Clinical Lead and 2 General Practitioner leads along with a systems analyst;
- Initial work has been to examine the state of primary care treatment of depression in Grampian by deploying a raft of PDSA cycles;
- Detailed analysis of the prescribing behaviour of a sample of more than 30 GPs assessing close to a thousand consecutive practice attenders (independently rated for depressive symptoms) reveals that inappropriate antidepressant prescription occurs in less than 1% of those so treated. At any visit, some 50% of patients with symptoms of sufficient severity to prompt antidepressant treatment are not recognised, though some may eventually be picked up. Of those most suitable for low level interventions, even more remain unrecognised. In Grampian, therefore, our ‘Action’ focus is now on the quality of all treatment responses, in addition to enhancing access to non-pharmacological interventions (NPIs);
- To help meet Collaborative depression assessment quality aspirations, we will shortly report on our programme to evaluate self-report measures for use in determining treatment selection in primary care. We have tracked the suitability (or otherwise) of a range of measures already in clinical use to assess severity and, importantly, suitability to establish symptom trajectory over time. Our previously reported demonstration of discrepancies between the behaviour of the HADS and PHQ9 has now been widely replicated in the UK and beyond. Interestingly, in the course of this PDSA cycle we have observed wide inter-practice variations in depressive symptomatology: it is unsurprising – and appropriate – that this drives variation in prescribing and other treatment responses. A significant proportion of the variance in mood symptoms is accounted for by deprivation, of course;
- As we move into the action phase, we have appointed a primary care based NPI ‘champion’ to coordinate our primary care mental health workers, and develop new models of care and supervision which we hope will extend the reach and efficiency of our low level intervention programmes - as well as the delivery of more advanced psychological therapies to those who need them. In concert with practice managers and health intelligence colleagues we are building information systems to track patient detection and treatment, and determine the quality and distribution of both pharmacological and NPI efforts, particularly with regard to outcome;
- Aware that many patients are already in long term treatment programmes for depression; our next PDSA cycle will explore options for reviewing longer term care and its outcomes;

Further details are available from william.cowling@nhs.net

NHS Greater Glasgow & Clyde

- Audits in GP practices, practices have been categorised into either high/medium or low prescribers with prescribing advisors per CHCP leading on audit work. Data is readily available and monitored through PRISMS for formulary compliance, for practices and CH(C)Ps;
Data extraction tools (linked to GPASS) have been developed and refined for large scale audit of individual practice antidepressant (ADM) prescribing (excluding amitriptyline). This has been carried out in 4 practices and demonstrates 4.3% to 18.1% are prescribed ADMs, (there are other key findings which can be discussed in more detail);

An ADM facilitation model has been used in 4 practices which appears to have improved use and recording of rating scales as well as other measures;

Focused work is being carried out within primary care, specifically with practice managers and GPs to increase their awareness of the target. A GPA GP event is planned for the 27th of October where Professor Jill Morrison will present her findings from her recent research around prescribing in primary care;

NHSGG&c is well equipped to provide alternatives and has Primary Care Mental Health Teams in each CHCP, these services are currently being reviewed around things like service models including access and data recording;

Some analysis has been carried out around referral numbers to mental health teams as different referral methods are used across NHSGGC, comparisons are difficult. Each team leader will be involved in training in improvement methodologies, this is planned for October;

Much of our current activity is around gathering intelligence, for example, in one CHCP we are piloting a range of projects with the aim of increasing awareness and engagement in alternatives to prescribing. This has included (1) offering a direct alternative within a high prescribing GP Practice, which appears to be having a positive impact on prescribing behaviour, (2) undertaking GP training on the anti-depressant HEAT target and alternatives to prescribing, which is being positively received by GPs's and (3) making contact with those on anti-depressant medication as a way of engaging them in alternatives;

Information on getting the most out of anti-depressants (as a way of improving knowledge and compliance of patients) is being distributed across the board area to pharmacies and GPs;

There is a lot of work planned for the future including materials on coming off anti-depressant medication, again for the use of patients, and the development of a separate website on anti-depressant medication, for use by patients and health professionals. We aim to use the ADM facilitation model (described above) in 9 further practices across 3 CH(C)Ps.

Further details are available from Amanda.Waters@ggc.scot.nhs.uk

NHS Highland

- Flow modelling of current processes within psychological therapies service and process redesign using modelling software to establish a model that reflects best use of resources;
• Clinical audit to cross reference %age completion of PHQ9s with recorded severity scores;
• Pilot use of treatment algorithm that underpins depression ICP, focussing on identified hot spots. Working with MH colleagues to develop a web-based support tool for patients and care providers. Quantify referrals for talking therapies by area;

Further details are available from lynda.forrest@nhs.net

NHS Lothian

• Implementation of the depression ICP/alternatives to prescribing through practice visits/awareness sessions and protected learning time event.
• Audit of the uptake of alternatives to prescribing.
• Process mapping/analysis and rapid improvement events to improve waiting times for psychological therapies.
• Developing an audit of antidepressant prescribing to identify prescribing trends in practices and inform future improvement work.

Further details are available from Kerrie.Buhagiar@nhslothian.scot.nhs.uk

NHS Lanarkshire

• NHS Lanarkshire will use the achievements and experiences of the ‘mild to moderate project’ completed in two localities. The findings will be disseminated to the remaining eight localities by means of meetings with local stakeholders, including GPs and Practice Managers.
• Resources associated with Towards A Mentally Flourishing Scotland and the outcome of the local review of psychological therapies will also be introduced as alternative options to antidepressant prescribing;
• A meeting with Lead GPs has taken place to promote their engagement with the MHC;
• We plan to audit the prescribing practice within two GPs surgeries to identify the rate of repeat prescribing and audit the engagement with the information prescribing.

Further details are available from: Karen.Spiers@lanarkshire.scot.nhs.uk

NHS Orkney

• Survey of GP Practices to identify if they are using a severity rating scale and if so which one. Also to identify barriers to use of rating scales;
• Visioning of an ideal pathway from consultation to prescription, which includes pharmacy prescription and prescription (referral) for self help etc. Will process map current pathway and compare with ideal;
• Ask GP practices if prescribing of antidepressants is as per formulary;
• Consultant psychiatrist review of formulary August 2009;
• Referral to treatment time for psychological therapies identified and referral process value streamed;

Further details are available from: John.Trainor@orkney.gov.uk

**NHS Shetland**

• Identify current use of severity rating scales in GP practices and organise small tests of change to introduce standardised use of severity rating scales;
• Availability of and access process for self help/guided self help materials to be identified;
• Prescribing advisor setting up monthly data extraction from PRISM to identify level of compliance with formulary;

Further details are available from erwin.lai@shb.shetland.scot.nhs.uk

**NHS Tayside**

• To provide a mechanism by which important information on patient characteristics can be gathered with minimal effort in primary care;
• Collect sufficient information on patients being prescribed antidepressants to understand patterns in prescribing;
• Describe the characteristics of patients who do not complete guideline-recommended courses of anti-depressants;
• Provide individual GP’s with a personalised list of depressed patients stratified by treatment response;
• To attempt a cost utility analysis of antidepressant treatment of depression in primary care;

Further details are available from lesleyannebrown@nhs.net

**NHS Western Isles**

• Current and future state pathways from primary to secondary care have been mapped;
• Available psychological therapies identified and are planning to monitor waiting times;
• Working to identify referral rates to specialist services;
• Planning to monitor prescribing practise by GP Practice and to audit outcomes of interventions in both primary and secondary care.

Further details are available from anne.hutchison2@nhs.net, which is being positively received by GP’s and (3) making contact with those on anti-depressant medication as a way of engaging them in alternatives.