WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
MAY 2018

TITLE OF REPORT:	Primary Care Counselling Service
AUTHOR(s) OF REPORT:	Ranjit Khular, Primary Care Transformation Manager
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To provide the Primary Care Commissioning Committee with a progress report on the Primary Care Counselling service which is being funded from PMS premium monies.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• The Primary Care Counselling service was commissioned as a six month pilot scheme commencing in June 2017 which was subsequently extended following a positive evaluation report. • A contract for a three- year service operational from 1 April 2018 to 31 March 2021 was awarded to a consortium lead by Relate Birmingham. • The report summarises activity to date and presents some patient outcomes/ case studies
RECOMMENDATION:	For Primary Care Commissioning Committee to note the contents of this report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Reducing Health Inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings

1. BACKGROUND AND CURRENT SITUATION

1.1 In line with the Mental Health Five Year Forward View for Mental Health which proposed to improve the outcomes, physical health and experience of care of people with mental health problems, and a reduction in avoidable harm and stigma, the CCG have been working to improve the experience of those experiencing common mental health disorders such as stress, depression and anxiety.

1.2 In recognition of this the CCG commissioned a local Primary Care Counselling Service as a six month pilot project. This mini- procurement process was facilitated by the Central Midlands and Lancashire Commissioning Support Unit. . The procurement was undertaken as an Expressions of Interest process. The expressions of Interest went out to a number of local organisations.

1.3 The mini-procurement concluded in April 2017. The successful bid was a consortium bid submitted by Relate Birmingham with Aspiring Futures CIC, The Disability Resource Centre and The Haven. The current service went live on 1 June 2017, initially for a six month period.

1.4 The key features of the Primary Care Counselling Service are to provide counselling support to patients with very low level anxiety and depression related to life events within a primary care setting as an alternative referral source for people who do not meet the criteria for Healthy Minds.

The Primary Care Counselling Service currently will provide a number of solution-focussed quality psychological therapy/ counselling interventions to patients. Specifically services include:

- Counselling for Low Mood and Life Events,
- Low level Cognitive Behavioural Therapy
- Focussed counselling for depression anxiety or life events

The following issues are also likely to be relevant in patients referred to the service:

- Physical Illness – and its consequences including Long Term Conditions
- Loss and Bereavement – adjustment to change
- Stress – work, finances etc, trauma, life crisis
- Carer's Issues

1.5 Referrals can only made by GPs or, Primary Care Health Team members. The service is not a crisis service and therefore there is no capacity to offer urgent appointments or to respond to patients experiencing acute mental health crisis or distress.

The service was commissioned to deliver the following level of activity:

2010 hours of counselling at £40.00 per hour over a 6 month period, with an initial 6 week period of delivering 60 hours per week, increasing to 82 hours per week for the last 20 weeks. The service model upon which this resource is based consists of an initial assessment

followed by six 1:1 counselling sessions.

1.6 In October 2017 a report was presented to the Commissioning Committee which presented an evaluation of the current service. This evaluation presented qualitative data on a cohort of patients that had accessed the service which demonstrated a positive impact of the service on patients' mental wellbeing using three different outcomes measures (CORE 10, PHQ9 and GAD7). A series of case studies were also presented which demonstrated positive outcomes reported by patients who had accessed the services.

1.7 On the basis of this recommendation, Commissioning Committee agreed for the contract to be extended to the end of the financial year (end of March 2018) and also recommended that a longer term solution was scoped and presented back to the Committee.

1.8 Following the discussion at October 2017 Commissioning Committee a meeting took place with representatives from Contracting, Primary Care and the Mental Health commissioner to consider options for the future commissioning of this service. The following agreements were made:

The group recommended the procurement of the Primary Care Counselling service over a longer period of time e.g. three years. Assuming that the service is commissioned as per the existing hours of provision at the same hourly rates this indicates that the value of the contract over a 12 month period would be as follows:

82 hours of counselling x 52 weeks per year =	4264 hours
4264 hours x £40 =	**£170,560**

A three year contract would therefore equate to a total contractual value of **£511,680.**

A report was presented to Commissioning Committee where this recommendation was supported.

1.9 A full service specification for the Primary Care Counselling Service was developed. GP members were invited to comment on a draft service specification which was presented to the Clinical Reference Group in December. The specification which was subsequently amended and approved by the Primary Care Commissioning Committee is included in Appendix 1 of this report

The value of the three year contract came within the EU procurement threshold of £589k, as per Public Contract Regulations 2015. This meant that the CCG was not required to conduct a formal procurement exercise.

1.10 Instead it was recommended to the committee that a mini-procurement process was conducted whereby expressions of interest would be sought from potential providers. The existing provider Relate was clearly be in a strong position to bid but rather than directly award the three year contract to the current provider , it was considered best practice to undertake a competitive process particularly in view of the specification being revised. The following organisations were invited to bid for the contract:

- ACCI
- Relate

- Terence Higgins Trust
- Wolverhampton Voluntary Sector Council
- Kaleidoscope
- Base 25

Tender submissions were received from the following organisations:

- Kaleidoscope
- Relate

1.11 A tender evaluation session took place with representation from the Primary Care Team, Contracting and Quality to evaluate the submissions.

The outcome from the tender evaluation process was that a three year contract was awarded to Relate. Relate is the lead provider in the consortium with partners Aspiring Futures CIC, The Disability Resource Centre and The Haven, Base 25 and Terence Higgins Trust.

As the new contract has been awarded to the existing lead provider there was no gap in service delivery between the two contracts.

2. ACTIVITY AND OUTCOMES

2.1 Referrals to the service

Since the service was commissioned the number of referrals by month have been as follows:

Month	**Number of referrals**
2017	
June	51
July	73
August	67
September	78
October	115
November	135
December	73
2018	
January	86
February	121
March	144
April	125

A breakdown of referrals by individual practice has been provided in Appendix 2.
Of the 943 referrals made from June 2017 to March 2018:

142 patients did not respond to the provider when contacted to arrange for an initial assessment

89 patients did not wish to engage with the service at that point in time. On these occasions the provider notified the referring GP of the outcome.

54 patients referrals were not considered appropriate for the service, and the provider notified the referring GP of the reason why it was not considered an appropriate service for the patient at that point in time.

86 patients did not attend all the appointments as agreed

Reasons for referral:

Of the 943 referrals received between June 2017 and March 2018, the reason(s) for referral has been recorded as follows:

Reason for referral	**Number of referrals ***
Physical Illness – and its consequences including Long Term Conditions	99
Loss and Bereavement – adjustment to change	195
Stress – work, finances etc, trauma, life crisis	595
Carer's Issues	34
Other reason	248

*Referring GPs can record more than one reason as a reason for referral.

There has been a spread of referrals across all practice groups and individual GP practices, and regular communications have been included in group level newsletters. The service have also requested an opportunity to address local GPs as part of an upcoming Team W session.

2.2 Patient level outcomes

The service routinely administers a number of patient reported Outcome tools which are as follows:

2.2.1 CORE Assessment

The CORE assessment tool is a generic measure of psychological distress and draws upon the views of what practitioners considered to be the most important generic aspects of psychological wellbeing health to measure. The CORE comprises 4 domains: Well-being (4 items), Symptoms (12 items) Functioning (12 items) and Risk (6 items)

Across a sample of 100 patients the average measures against the CORE tool were **20.9** before the intervention and **13.5** after the intervention.

2.2.2 PHQ9

Patient Health Questionnaire (PHQ-9) it is used to monitor the severity of depression and response to treatment. Assessment against the tool will stratify the patient at on of the 4 tiers:

- Minimal depression 0-4
- Mild depression 5-9
- Moderate depression 10-14
- Moderately severe depression 15-19
- Severe depression 20-27

Across a sample of 100 patients the average measures against the PHQ9 tool were **15.5** before the intervention and **8.8** after the intervention.

2.2.3 GAD 7

Generalised Anxiety Disorder Assessment (GAD-7) This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD)

The scores from the assessment indicate as following:

- 5- 9 mild anxiety disorder
- 10-14 moderate anxiety disorder
- 15 or above severe anxiety disorder

Across a sample of 100 patients the average measures against the PHQ9 tool were **13.8** before the intervention and **7.8** after the intervention.

A full summary of the outcome measures for a sample of 100 patients is presented in Appendix 3.

A proportion of the activity delivered by this service contributes towards the CCG's target of delivering access to the Improving Access to Psychological Therapies (IAPT) programme target. Work is being undertaken with the provider to ensure that the relevant activity is being recorded as IAPT activity.

3. CLINICAL VIEW

3.1. The service has been well received by GP colleagues. The following comment was made by a referring GP:

"Feed back from patients has been excellent and I am less stressed as I can access timely and excellent care for patients that were previously waiting for 6 months with healthy minds and therefore seeing me a lot whilst waiting."

Dr G Pickavance, Newbridge Surgery

4. PATIENT AND PUBLIC VIEW

4.1. The provider has collated a series of care studies from patients who have been referred to the service. A sample of these can be found in Appendix 4 of this report

5. KEY RISKS AND MITIGATIONS

5.1 The provider asked the CCG to fund the cost of interpreters in attendance during counselling sessions for two patients during the course of the pilot scheme. This provision comes at a significant cost to the provider During the period of the pilot scheme the cost of interpreters has been met by the CCG on a case by case basis. However for the duration of the new contract the cost of the interpreter is to be met by the provider.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The overall cost of the service equates to £170,560 per year

Quality and Safety Implications

6.2 This service is deemed to be an early intervention as it is supporting those with mild to moderate symptoms of stress, depression.

The outcomes data presented in the report indicates that the intervention is bringing about an improvement in the mental wellbeing of patients.

Equality Implications

6.3 A full EIA is currently being completed in retrospect; the provider has access to Interpreter services where the language needs of a service user cannot be met by the counsellors.

Legal and Policy Implications

6.4 Referrals are made from GPs/ Practice teams to the provider by nhs.net secure email. The provider is working towards the NHS Information Toolkit and has been allocated a secure nhs.net email to receive referrals securely.

Other Implications

N/A

Name	**Ranjit Khular**
Job Title	**Primary Care Transformation Manager**
Date:	**11 May 2018**

ATTACHED:

Appendix 1	Service specification
Appendix	Volume of referrals to the service by practice group/ practice June 2017 to March 2018
Appendix 3	Case Studies
Appendix 4	Qualitative evaluation of the Primary Care Counselling service

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**R Khular**	**12 May 2018**

APPENDIX ONE - Service specification

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	**Primary Care Counseling Service**
Commissioner Lead	**NHS Wolverhampton CCG**
Provider Lead	
Period	**1 April 2018 – 31 March 2021**
Date of Review	**31 March 2019**

1. Population Needs

1.1 National/local context and evidence base

"The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services".

Mental health problems are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence. According to the Five Year Forward View for Mental Health, one in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS.

Commissioning and delivery of safe, sound and supportive mental health services and care pathways is a key strategic priority for our health and social care economy and is aligned with a number of other key deliverables such as reducing health inequalities, reducing the impact of long term conditions upon quality of life and improving patient experience as outlined in our Wolverhampton Health and Well-Being Board Strategy, the CCG's Operational Plan and the CCG's 5 Year Strategic Plan.

The commissioner seeks to promote the well-being of individuals in the Wolverhampton community by providing accessible, quality counseling services for adults over the age of 18, utilising a system that emphasizes trust, respect, confidentiality, and compassion.

We are committed to quality mental health care that is provided in a collaborative effort with the patients overall health strategies and an array of medical services offered within primary care services. We are further committed to the philosophy of a recovery and solution focused service, in line with counselling services offered by non-statutory providers across our city.

A significant proportion of consultations with GPs are related to mental health difficulties. Approximately half of the 9000 practices in England employ a counsellor. Current evidence suggests that counselling can be useful in the treatment of mild to moderate mental health problems in the short-term (up to 6 months).

In the provision of any service the CCG would encourage practices to demonstrate collaborative working with other practices within their clinical network or beyond which will enable coverage of the provision across a range of locations.

There is evidence to suggest that counsellors working in primary care can reduce the overall cost of care by causing a decrease in the number of referral to psychiatrists, and ordering fewer prescriptions (Bower, 2000).

The CCG wishes to improve access to low level and preventative interventions that support patients to achieve a more optimal state of mental well-being in a less structured and more flexible way than is sometimes offered by statutory services providing psychological therapies as per IAPT models and guidance.

This service is commissioned in line with the national strategy '***No Health without Mental Health'* 2011** which states as outcomes, amongst others:

> More people with mental health problems will recover. i.e. more people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live
>
> In addition, more people will have a positive experience of care and support, and fewer people will experience stigma and discrimination.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	yes
Domain 4	Ensuring people have a positive experience of care	yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	yes

2.2 Local defined outcomes

Improved mental health, as measured by recognised outcome measures used by the service Positive recovery outcomes for individuals include:

- Increased ability to manage mental health
- Encourage social networks, including an increase in the ability to find work, training and access education
- Improvement in the ability to develop and maintain personal and family relationships
- Increase in self-esteem, trust and hope.

3. Scope

3.1 Aims and objectives of service

Aims:

- To alleviate mental distress and contribute towards to improvement of mental health through a local Primary Care Counselling service.
- To ensure access for all groups within the local community
- To deliver an evidence based intervention to patients

The aim of this service is to provide solution focused and supportive counseling to patients with very low level anxiety and depression related to life events within a primary care setting as an alternative referral source for people who do not meet the criteria for Wolverhampton Healthy Minds.

The model enables counselors to gain experience within a supportive, well supervised, setting.

The intended outcome is to improve well-being, and speed the recovery of patients, which will also release general practitioner consultations for other patients.

The Primary Care Counselling Service currently will provide a number of solution- focused quality counselling interventions to patients. Specifically services include:

- Counselling for Low Mood and Life Events,
- Low level Cognitive Behavioural Therapy
- Counselling interventions to support patients who have anger management issues / difficulties
- Focused counseling for depression anxiety or life events

The following issues are also likely to be relevant in patients referred to the service:

- Physical Illness – and its consequences including Long Term Conditions
- Loss and Bereavement – adjustment to change
- Stress – work, finances etc, trauma, life crisis
- Anger management issues
- Carer's Issues

In all instances the privacy, safety and dignity of the patient will be paramount and the counselling service will work with the GP and Primary Care and Secondary Care professionals where / as required to ensure that patients requiring higher levels of support are identified and referred into the appropriate services in a timely and effective manner.

The service will be delivered in community settings including GP surgeries where possible.

The provider will use a range of marketing tools to promote and raise the profile of the service. Examples of this include a leaflet and information for professionals and patients. The provider will promote the service in GP practices through the provision of leaflets and posters.

All counsellors delivering the interventions will as a minimum:

- Be qualified to Diploma level
- Have attended mandatory training which must be renewed every 2 years
- Have up to date DBS checks
- Have access to regular supervision, both individual and group level

- Have at least 4 years' experience of delivering counselling to individuals with relevant presenting issues

3.2 Service description/care pathway

Referrals can only be made by GPs or, Primary Care Health Team members. This is not a crisis service and therefore there is no capacity to offer urgent appointments or to respond to patients experiencing acute mental health crisis or distress. The service will not accept self referrals

It is intended that the counselling service will be offered to patients with low levels of mental health need who would not meet the criteria in terms of level and types of need for referral into secondary mental health services and / or the primary care facing secondary mental health services such as IAPT (Integrated Access to Psychological Therapies), that are provided by Wolverhampton Healthy Minds / The Well-being service.

This means therefore that the counselling service is suitable for patients who have been assessed as not meeting 'caseness' , require 'watchful waiting' and / or patients who require lower levels of support than those offered by these services.

Referrals can be made to the service by any General Practitioner or member of the Primary Care team. All referrals to the service must be made by using the referral form which is uploaded onto GP clinical systems. The completed referral form must be transmitted by secure email to the providers secure email.

Upon receipt of the referral, the provider will contact the service user within 7 days to book a convenient time for an initial assessment within 14 days. If the assessment indicates that the counselling service is appropriate for the patient, the counselling will commence as soon as possible, with dates and times agreed with the patient. The provider will work to a 7 session model –offering an assessment and up to 6 further appointments per case. The provider will offer all appointment sites to all patients to enable patients to have a choice of times and locations.

The service will be available during normal working hours (9am to 5pm) Monday to Friday. In addition to this there will be a minimum of one evening session.

The provider will deliver the interventions from a range of locations within the city, allowing patients to exercise choice. Where possible interventions will be delivered from GP surgeries, if appropriate intervention rooms are available.

The provider will administer the following diagnostic tests at the beginning of the intervention to establish a baseline of the service users mental wellbeing:

PHQ9 which is a multipurpose instrument for diagnosing, monitoring and measuring the severity of depression

GAD7 which is a self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder

CORE 10 which is a generic, short, and easy-to-use assessment measure for common presentations of psychological distress in UK primary care mental health settings.

The provider will repeat the above tests at the end of the intervention as a means of measuring the progress made by the patient.

After the initial assessment the provider will agree a date, time and venue for the next intervention. The patient will receive up to 6 one hour sessions with the counsellor.

Individual counselling sessions should last one hour, of which a minimum 50 minutes should be face to face between the counsellor and client.

If a client has complex needs or requires help beyond the capability of the service, they should be referred to the Community Mental Health Team, with appropriate notification to their GP, subject to consent.

At the end of the counselling sessions, clients should be given information on ways to sustain progress they have made, and seek further support as required.

3.3 Population covered

Any patient registered with a Wolverhampton GP aged 18 or over can access the service upon referral from their GP or any member of the primary care team.

3.4 Any acceptance and exclusion criteria and thresholds

The following patients are not deemed to be appropriate for the service:

- Patients experiencing acute mental health crisis or distress
- Patients under the age of 18

3.5 Interdependence with other services/providers

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The following are applicable in the delivery of this service:

NICE Clinical Guideline: Depression in adults: recognition and management (CG90)

NICE Clinical Guideline: Common mental health problems: identification and pathways to care (CG123)

NICE Clinical Guideline: Depression in adults with a chronic physical health problem: recognition and management (CG91)

NICE Quality Standard: Anxiety disorder quality standard: QS53

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards.

- The service must be free at the point of use.
- Rooms used for counselling purposes should be private and free from interruption, furnished appropriately and when counselling is taking place, used exclusively for that purpose.
- Outcome measures must be used for all clients and these must be reported to the commissioner to inform evaluation of the service.

The provider will report the following to the Commissioner:

- Number of referrals in the reporting month
- Number of referrals accepted onto the providers caseload
- Number of referrals by referring General practice
- Issues most pertinent to the referral:
    - Physical illness - & it's consequences incl long term conditions
    - Loss & bereavement - adjustment to change
    - Stress - work, finances etc trauma, life crisis
    - Carers issues
    - Other

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

5.2 Applicable CQUIN goals

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

APPENDIX TWO

REFERRALS BY GP PRACTICE GROUP/ PRACTICE JUNE 2017 TO MARCH 2018

PRIMARY CARE HOME 1

PRACTICE	NUMBER OF REFERRALS
M92016 - TUDOR MEDICAL CENTRE	29
M92629 - DRS KHARWADKAR & MAJI	21
M92019 - KEATS GROVE SURGERY	-
M92030 - CHURCH STREET SURGERY	14
M92649 - DR MUDIGONDA	1
M92630 - EAST PARK MEDICAL PRACTICE	10
M92012 - DUNCAN STREET PRIMARY CARE PARTNERSHIP	126
M92029 - NEWBRIDGE SURGERY	132
M92607 - WHITMORE REANS MEDICAL PRACTICE	7
TOTAL	**340**

PRIMARY CARE HOME 2

PRACTICE	**NUMBER OF REFERRALS**
M92647 - BRADLEY MEDICAL CENTRE	0
M92003 - DR SURYANI	0
Y02736 - SHOWELL PARK HEALTH CENTRE	7
M92609 - ASHFIELD ROAD SURGERY	38
M92039 - DR ST PIERRE-LIBBERTON	28
M92009 - PRESTBURY MEDICAL PRACTICE	24
M92013 - WODEN ROAD SURGERY	25
TOTAL	146

MEDICAL CHAMBER

PRACTICE	**NUMBER OF REFERRALS**
Y02757 - BILSTON URBAN VILLAGE MEDICAL CENTRE	9
M92015 - IH MEDICAL (DRS PAHWA)	7
M92627 - DR SHARMA	28
M92040 - MAYFIELD MEDICAL CENTRE	-
M92024 - PARKFIELD MEDICAL CENTRE	103
M92043 - PENN SURGERY	63
Y02636 - INTRA HEALTH LIMITED (PENNFIELDS)	7
M92640 - THE SURGERY - DR WHITEHOUSE	1
M92010 - LOWER GREEN HC- TETTENHALL	26

M92008 - CASTLECROFT MEDICAL PRACTICE	37
M92022 - DR RAJCHOLAN	1
M92041 - PROBERT ROAD SURGERY	24
M92014 - FOWLER	11
M92001 - POPLARS MEDICAL CENTRE	5
M92004 - PRIMROSE LANE PRACTICE	-
M92026 - DR BILAS - Ashmore Road	41
TOTAL	**358**

PRACTICES ALIGNED WITH ROYAL WOLVERHAMPTON NHS TRUST

PRACTICE	**NUMBER OF REFERRALS**
M92007 - LEA ROAD MEDICAL PRACTICE	26
M92002 - ALFRED SQUIRE MEDICAL PRACTICE	19
Y02735 - ETTINGSHALL MEDICAL CENTRE	6
M92654 - BRADLEY CLINIC PRACTICE (MGS)	2
M92042 - WEST PARK SURGERY - DRS SIDHU KOODARUTH	5
M92044 - DRS DE ROSA & WILLIAMS	8
M92011 - PENN MANOR MEDICAL PRACTICE	31
M92006 - COALWAY ROAD MEDICAL PRACTICE	-
M92028 - THORNLEY STREET MEDICAL CENTRE	2
TOTAL	**99**

APPENDIX THREE

Qualitative evaluation of the Primary Care Counselling service for a sample of 100 patients accessing the service

		CORE 10 SCORES			PHQ-9 SCORES			GAD 7 SCORES		
CLIENT NO	GENDER	START SCORE	END SCORE	DIFF	START SCORE	END SCORE	DIFF	START SCORE	END SCORE	DIFF
1	F	30	26	-4	22	14	-8	17	13	-4
2	F	26	20	-6	21	17	-4	17	16	-1
3	F	2	1	-1	1	0	-1	2	1	-1
4	F	22	10	-12	20	4	-16	18	5	-13
5	M	13	5	-8	6	4	-2	4	3	-1
6	M	20	29	9	27	20	-7	15	14	-1
7	F	29	11	-18	19	4	-15	18	3	-15
8	F	20	15	-5	21	7	-14	15	0	-15
9	F	6	9	3	5	4	-1	5	4	-1
10	F	27	2	-25	23	2	-21	16	1	-15
11	M	3	2	-1	7	0	-7	2	0	-2
12	F	19	21	2	17	8	-9	17	5	-12
13	F	14	7	-7	12	2	-10	11	2	-9
14	F	25	16	-9	8	14	6	6	12	6
15	F	29	9	-20	16	7	-9	15	6	-9
16	F	18	15	-3	8	10	2	5	4	-1
17	F	24	7	-17	24	2	-22	21	8	-13
18	M	21	11	-10	12	6	-6	14	9	-5
19	F	21	22	1	16	19	3	16	17	1
20	M	20	20	0	6	12	6	11	12	1
21	F	30	15	-15	17	10	-7	21	9	-12
22	M	32	15	-17	20	6	-14	19	5	-14
23	F	15	6	-9	10	4	-6	13	5	-8
24	M	20	3	-17	10	2	-8	21	6	-15
25	M	21	9	-12	15	4	-11	17	6	-11
26	F	27	22	-5	15	13	-2	19	12	-7
27	M	24	11	-13	21	6	-15	17	6	-11
28	F	23	21	-2	22	12	-10	19	10	-9
29	F	15	8	-7	8	5	-3	13	9	-4
30	M	27	27	0	20	20	0	18	15	-3
31	F	10	6	-4	6	0	-6	7	1	-6
32	F	9	15	6	6	9	3	9	11	2
33	M	25	18	-7	21	11	-10	14	8	-6
34	F	20	16	-4	17	15	-2	24	28	4
35	M	17	8	-9	17	10	-7	13	5	-8
36	F	10	12	2	3	6	3	20	2	-18

37	F	23	14	-9	20	14	6	8	7	-1
38	F	33	14	-19	23	0	-23	14	0	-14
39	F	19	21	3	14	18	4	10	16	6
40	M	31	28	-3	21	2	-19	20	2	-18
41	F	32	31	-1	23	22	-1	21	21	0
42	M	28	7	-21	20	6	-14	19	6	-13
43	F	24	30	6	12	22	10	7	21	14
44	M	27	13	-14	21	17	-4	17	14	-3
45	F	30	24	-6	24	13	-11	21	15	-6
46	F	23	0	-23	14	1	-13	20	0	-20
47	F	8	2	-6	9	6	-3	6	4	-2
48	F	18	8	-10	11	5	-6	11	4	-7
49	F	13	1	-12	15	0	-15	13	0	-13
50	M	26	14	-12	21	8	-13	18	8	-10
51	M	23	13	-10	19	3	-16	16	6	-10
52	F	11	1	-10	7	0	-7	8	0	-8
53	F	10	3	-7	8	3	-5	9	1	-8
54	F	25	21	-4	8	5	-18	17	7	-10
55	F	21	18	-3	22	16	-6	16	16	0
56	M	21	9	-12	10	5	-5	14	9	-5
57	F	27	0	-27	22	0	-22	19	0	-19
58	F	16	22	6	12	14	2	12	14	2
59	M	18	20	2	13	14	1	16	19	3
60	M	17	27	10	21	14	-7	19	10	-9
61	F	17	7	-10	14	2	-12	12	2	-10
62	F	21	10	-11	13	2	-11	10	2	-8
63	M	27	13	-14	17	3	-14	15	4	-11
64	F	13	5	-8	4	0	-4	4	1	-3
65	F	22	12	-10	16	13	-3	14	8	-6
66	M	10	7	-3	10	8	-2	8	7	-1
67	M	14	8	-6	19	6	-13	19	4	-15
68	F	19	17	-2	16	16	0	14	13	-1
69	F	33	26	-7	23	18	-5	20	14	-6
70	F	29	6	-23	21	0	-21	21	1	-20
71	M	26	9	-17	20	9	-11	11	5	-6
72	M	24	27	3	19	19	0	15	11	-4
73	F	28	30	2	21	22	1	19	15	-4
74	F	14	0	-14	5	0	-5	6	0	-6
75	F	19	15	-4	11	10	-1	13	9	-4
76	F	14	24	10	7	23	16	6	21	15
77	M	29	24	-5	15	17	2	17	13	-4
78	F	18	7	-9	13	3	-10	12	3	-9
79	F	29	16	-13	16	11	-5	15	8	-7
80	F	12	7	-5	4	5	1	3	1	-52
81	M	22	12	-10	20	3	-17	21	6	-15

82	M	18	9	-9	13	7	-6	15	9	-6
83	F	28	15	-13	18	15	-3	21	16	-5
84	M	27	12	-15	14	7	-7	18	9	-9
85	F	34	26	-8	25	21	-4	19	17	-2
86	M	19	13	-6	18	4	-14	8	6	-2
87	M	25	9	-16	11	2	-9	9	0	-9
88	M	15	17	2	15	12	-3	11	10	-1
89	F	18	13	-5	16	19	3	11	17	6
90	M	23	17	-6	16	11	-5	12	8	-4
91	F	13	12	-1	10	9	-1	10	7	-3
92	F	24	11	-13	23	12	-11	14	12	-2
93	M	14	6	-8	15	4	-11	10	4	-6
94	F	19	8	-11	18	2	-16	11	3	-8
95	F	16	5	-11	15	9	-6	14	4	-10
96	F	17	7	-10	13	3	-10	8	2	-6
97	F	29	33	4	23	23	0	13	16	3
98	F	23	24	1	20	16	-4	1	2	1
99	F	26	12	-14	21	9	-12	20	6	-14
100	F	17	6	-11	13	4	-9	14	6	-8
	average	**20.8**	**13.5**	**-7.3**	**15.3**	**8.8**	**-6.6**	**13.7**	**7.8**	**-6.5**

APPENDIX FOUR

Case Study 1

Presenting Issues

Stress, Anxiety, Anger, Loss. Low self-esteem coming mainly from his disbelief of how his deceased uncle and his son have treated him.

Process

The client was unsure whether he would attend the session. He could not see how counselling could help. He realised that he was a fixer but could not fix his sons alcoholism. He equally admitted that his uncle, who was his closest friend, had left him in a state of shock because of the vicious attack on him personally. His uncle's severe mental health in his latter years had caused the vitriol and abuse. The client saw that his lack of control of these issues made him annoyed and even angry at members of his family. The family is important to him, He said in closing the first session that he was glad that he had decided to attend.

He had thought a lot about the first session and had more understanding of his role in his life. He said that he now realised as a pleaser/fixer he had always followed his mother's example of how to "not rock the boat". This was causing problems at work as well as at home and giving him extra stress. His son and daughter were leaving home and although he didn't like the family diminishing at home it was the best thing for him. He recalled a trauma while on holiday recently in Madeira .While there he had taken ill and was hospitalised but the insurance company did not pay the bill quickly and he was not allowed to leave. He knew that he suffered from the "White Coat Syndrome" but until his now recent realisation had not understood that it was his lack of ability to fix that was the major problem.

No need for sixth session. The client was more than happy with his progress and has come to the conclusion that his wants are more important and therefor he has a far greater belief in himself .

His home life and work life are much better .

Core 10 at last session now 2. PHQ-9 now 0. Gad-7 now 0

Case study 2

Counsellor/psychotherapist :Yasmeen Bibi

Client: White British female 20 +

Presenting issues:

Low mood, mild depression, stress, low confidence, loss, bereavement, trust issues. Client presented a history of self-harm and tried to commit suicide *in* 2015.

Client *is* taking anti-depressants.

Safe guarding and risk assessment form was completed with the client. Since she didn't present a current threat no action was taken.

Process:

Client was feeling very overwhelmed and cried in her first two sessions. She was holding on to a lot of guilt. She tried to commit suicide just a few months before her mother died of undiagnosed cancer.

Client was able to explore her history starting from her childhood. She had a secure childhood. She was bullied in school. There was a traumatic event in her life during her teen years that resulted in her feeling isolated. She started to self-harm. She reflected that she has suffered from low self- esteem all her life but it went bad and she tried to kill her-self. A couple of months after her mother died of undiagnosed cancer, leaving her with a constant feeling of mourning. She has been off work since Feb 2017. She was unable to go back to work.

Client was able to reflect that she was holding on to a lot of shame for letting her mother down just before her death. Client was also able to see that she was going through her own emotional and self- esteem issues that were making her feel very isolated. She was able to rationalise that there was no way she could have known that her mother was not well or going to die just a couple of months
after her attempted suicide.

We worked together to make an action plan for the client. This helped her to identify her needs, set goals and take actions to achieve those goals giving her a choice to celebrate her life without feeling guilty.

It was also identified that the client was scared of forgetting her mother's memory, hence she would spend a couple of days every week to mourn/cry/feel overwhelmed. That had become a ritual with the client. It was discussed there may be other ways to celebrate the memory of her mother by celebrating life, doing well and feeling happy for herself. She reflected that her mother was a happy person and she would want her to be happy.

During therapy client went back to part time work and was looking forward to full time work in a couple of weeks6.

Outcome:

On her last session the client said that there had been no episodes of low moods for the last 2 weeks. She is going back to full time to work. Client started meditation and breathing exercises and said feels at peace and contended. She said she feels that she has a voice and she is able to express her feelings of love towards her siblings.

Core 10 score at assessment: 23

Core 10 score at the last session :2

Client's feedback:

"Counselling has helped me rationalise things and see a different perspective. It's helped me to realise I can change things and feel good and not worry about other people's opinion.