Welcome to the latest update on Cambridgeshire and Peterborough NHS Foundation Trust’s (CPFT) new mental health primary care service – Prism.

Over the past few months, Jules Mackenzie, GP Engagement Project Manager, with the help of Dr Adnan Tariq, Dr Ben Curtis and Dr Susan Behr, have visited 40 GP surgeries across the county (and have booked in to see 29 more) to talk about the Prism service and how it will support GPs and practice staff.

Jules and the three GPs seconded to Prism will be continuing their visits over the coming weeks. If you haven’t had contact don’t worry – the team will be in touch soon to arrange a meeting. So far, the response the engagement team has received from practice staff has been extremely positive.

As Jules has been going round, practice staff have raised questions about Prism. Overleaf, we’ve attached some of those questions and answered them.

Please contact us at prismmailbox@cpft.nhs.uk if you have any further queries.
PRISM: GPs - your questions answered

1. What is Prism?

Prism is our new primary care service for mental health and run by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The service puts specialist mental health staff in GP surgeries so that patients with moderate to high mental health conditions can be seen in a familiar less anxiety provoking environment with reduced bureaucracy. Our Prism staff are also there to provide GP surgery staff with specialist mental health advice on patient care. Having these staff in your surgery takes away the need to use our Advice and Referral Centre. Our staff can assess the patient, develop management plans for their illness and signpost them to other services (including secondary services) if needed.

2. Why have you set up the service?

In NHS England’s *Five-Year Forward View for Mental Health*, the national picture suggests that 90% of adults with mental health challenges are supported in primary care. This puts a huge amount of pressure on GP practices – themselves also under time and financial pressures. PRISM puts specialist mental health staff in GP practices to promote early assessment, treatment and/or onward referral and be recovery focused.

3. Who can use the service?

Prism is for anyone aged between 17-65 years with mental ill health of moderate to high severity. The Prism team will make onward referrals to other specialist mental health services (for example, Early Intervention in Psychosis Service (CAMEO), Personality Disorder Community Service (PDCS), Locality Teams (Community Mental Health secondary service)) if there are concerns that the patient’s needs cannot be appropriately met in the primary care setting.

4. What about people outside that age group?

Children’s referral routes would currently stay the same

Older people will continue to be referred via the ARC. ARC will not close entirely for the foreseeable future. They will continue to handle a number of functions including older people’s mental health referrals. Psychological Wellbeing Service (PWS) referrals can be made by the patient themselves.

5. What Prism staff will support us?

Prism teams will cover a number of surgeries and have a mix of staff. Teams will include a mental health liaison practitioner (band 7), a mental health practitioner (band 6), and healthcare assistant. They will work in partnership with the Recovery Coach team which provides mental health coaching and peer support. The Prism staff will also try to work closely with the health trainers, already in many surgeries. The health care assistant is to support your surgery to deliver physical health interventions primarily for people on your serious mental illness register, but for others who are also
seen as having possible co-morbid presentation of a moderate to high mental illness and physical health challenges.

6. How do I access Prism?

To make a referral to Prism you will need to have a discussion with your patient and gain their consent to discuss their case with a Prism staff member and to share their primary care clinical record. Once this has been agreed you can either have a discussion with Prism staff and they will provide advice, or you can make an e-referral to Prism via either Systm1 or EMIS. Prism staff will then have access to the patient record. They will then triage the referral and decide whether the person needs a routine or more complex assessment which will determine the seniority of the assessor, or whether they may need a telephone call only. Staff will then make the appropriate booking with the patient.

7. Do we have to provide a room for the Prism staff?

Yes. Prism staff will be having patient consultations with your patients. Therefore it’s important the patient feels comfortable and safe, as they would if they were seeing a GP or other practice staff. The room needs to be private confidential space appropriate to a patient consultation.

8. Prism sounds a great service but our GP practice is really small and we don’t have any spare rooms for another team. What happens?

Where surgeries are small or are a partner to a larger practice, then we would ask you to consider liaising with your partner venue to co-locate the provision of clinical space. We would still like the mental health staff to be able to visit all surgeries - particularly to meet the GPs and ensure we have the opportunity to build relationships and interfaces which both parties would find helpful, outside of clinic times. It is for these reasons and for patient benefit that clinic space is best provided in the GP surgeries and not at an unrelated venue elsewhere. We want patients to feel this is a familiar environment in which they can feel comfortable and is easy for them to access.

9. Who will hold clinical responsibility for patients in Prism?

GPs will remain the responsible clinician while the service-user is being seen by the Prism service.

10. Will our surgery be expected to host patients from other surgeries?

This will not usually be the case. However, if your surgery has an agreed collaboration between surgeries who do not have space to host Prism teams, you may host patients from a partner practice.
11. Will Prism mean more work for GPs?

It is difficult to predict the actual effect on workloads. The service is designed to assess patients in a timely manner and to make it easier for GPs to access extra support, and so it should reduce GP workloads. This is borne out by the experience in the proof-of-concept stage.

12. Self-referrals do not work: will I still be able to refer my patients to counselling?

The Prism practitioners will advise, signpost and provide support to those who need it to access other services. You will still be able to refer patients to the Psychological Wellbeing Service (PWS) directly - however, we promote self-referral as an indicator of motivation which is key to the success of psychological treatments. Prism may be able to access support from Recovery Coach Team to support referral and access to other services such as PWS.

13. When will I know whether my practice will be hosting a Prism team?

We are currently recruiting across the county. We have a GP liaison team which will keep in touch with you as the process of appointments and roll-out to your surgery becomes possible. We want to work closely with you to ensure we deliver something that works for you in your surgery so will not impose staff on you until we have introduced staff and agreed clinic days, etc. There will also be regular updates on our Prism webpage.

14. Where does the Prism worker fit in? Will we keep staff who currently support us with mental health?

Currently we have a small number of Mental Health Liaison Practitioners across the county. They will remain the same but transition into Prism. We are adding to their numbers by providing Mental Health Practitioners to provide more time in each surgery. Their work will be supervised by the existing Liaison Practitioners.

15. What’s the difference between Prism, the Psychological Wellbeing Service and First Response Service – aren’t they all doing the same sort of thing?

No, each of these services support patients depending on what their mental health need is. The Psychological Wellbeing Service (PWS) is there for people with mild to moderate mental health issues. PWS can help those patients with mild to moderate depression, anxiety, post-traumatic stress, panic attacks, phobias or OCD. Patients can refer themselves to PWS and we would encourage you to tell them that if you think it’s appropriate.

Prism aims to help those with moderate to high mental health issues.

The First Response Service is for those in crisis who would otherwise turn up at A&E.
16. Who will pay for the phone bills made from the surgery?

Prism staff see your patients. CPFT is providing a service to support these people in primary care. We understand this may incur some minimal cost to your practice, but we hope the cost benefits will out-weigh these.

17. Can we have a poster of the Prism team for our wall?

Yes, we can arrange that for you once the teams are in place. Staff are currently discussing job titles for the new teams. If you have any suggestions, please let us know via prismmailbox@cpft.nhs.uk

18. Can GPs have flowchart on how to refer patients into Prism?

The referral for Prism will be e-referral so you won’t have to choose which member of staff to refer to - we will do that for you. We hope to provide a flow chart or diagram of some kind to assist you with referral choices but, if in doubt, just ask your Prism worker when they start with you.

19. Can we have a duplicate template to the one designed for System 1?

E-referral will provide a template which will automatically populate your referral to Prism.

20. What will happen with ADHD/autism – can we ask the MHLP what they currently do with these cases?

There is currently no commissioned service for ADHD and autism. People can still access the assessment and diagnostic service. Prism maybe able to help with signposting to agencies and services that can support people in other ways.

21. Will Prism be cost effective for the practice and can we have an independent audit to test this?

The Prism service will be reporting on a range of data to ensure its efficacy is proven. CPFT will report this to the CCG, which commissioned the service.

22. ARC covered referrals after hours. How will Prism cover out of hours?

The First Response Service will take crisis referrals out of hours.

23. Will there be cover when the practice MH nurse goes on leave?

We have developed a staffing structure that has built into it some capacity to cover leave, etc. However, as with all things, our ability to deliver is determined by recruitment and retention. We will endeavour to ensure smooth running of patient services.
24. Will Prism discharge after 1 DNA or 2?
This will depend on the nature of the referral. The staff member will consider the reason for the referral and the level of concern expressed by the referrer. They may also discuss the decision with the GP and make this together.

25. Will Prism initiate prescribing?
No. The Prism staff will be able to access advice from a consultant psychiatrist, but prescribing will need to be done by the patient’s GP.

26. Will Prism monitor medications of people stepped down from secondary care?
Prism plans to develop physical health checks for people on specific medications which cause associated physical health concerns and for people on your SMI register. Prism staff will help you to deliver your annual physical health checks for people on this register. Prism will provide limited follow-up to people stepped down from secondary care where it is thought the transition may be challenging. However, this will need to be agreed with the GP and secondary care team prior to referral to Prism.

27. Will the Prism team have contact numbers in case they are not at a practice in the next few days and we need to discuss a case?
Yes - all staff will have mobile phone numbers. These are not to be given out to patients. Prism will also have an e-mail address and a central landline where messages can be left

28. Who covers Prism admin work if they are based in practices?
As the ARC is gradually replaced by Prism, the ARC administration staff will increasingly take up Prism administration.

29. How do I refer people to secondary care for severe cases or patient with hallucinations, which are not suitable for Prism?
All referrals will go via Prism. Prism will ensure rapid access where required to the appropriate team. All emergency / crisis referrals go via the First Response Service.

30. How will you keep us updated about the roll-out process?
We will be sending out regular e-mail updates to all GP practices in Cambridgeshire and Peterborough informing you of the PRISM roll-out and any new developments. If you would like to speak to someone face to face or over the phone, we’d be happy to come out to see you and your staff. You can contact us via e-mail at prismmailbox@cpft.nhs.uk.