

SOCIAL COMMISSIONING OF 10 WEEK MINDFULNESS MEDITATION COURSES FROM SECTCo

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Mission of SECTCo From medication to meditation

'Give a man pills and you mask his symptoms for a day.

Teach him mindfulness meditation and he can heal himself for life.' (Misquoting Ghandi)

Abstract

This brochure sets out a **blue print** for a new system of **social** commissioning NICE-recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week courses, whereby GPs can prescribe them as easily as Prozac on vouchers, and patients can cash the voucher within a few weeks for a course in their neighbourhood. This would give GPs an alternative treatment to drugs, and solve the crisis in primary care caused by adverse drug reactions. It would enable patients with medically unexplained symptoms (MUS, also known as 'heartsinks', as the doctor's heart sinks when he sees them) to be taught ways of dealing effectively with their emotions, to help them to heal and cure themselves, and stop clogging surgeries and A&E. If commissioned at scale, the outcome could be a halving of the public health statistics by 2020 at 20% less cost to the taxpayer.

1 Summary. Proposal for a 'chemist shop' network of therapeutic course centres

- a) The **cause** of the crisis in primary care which is overwhelming GP surgeries and A&E is GPs inability to prescribe **effective treatments**. This is why 97% of GPs say that: '*they did not think they were positively influencing people's lives or accomplishing much in their role*, 'and 43% are on the verge of burnout. (Survey of 2,000 GPs published in Pulse June 2013) This shows that the doctors in whom we trust the nation's health have no faith in the efficacy of the billion prescriptions pa that they write for half the population of 30 million patients who are on 3 drugs continuously, adverse reactions to which have become among the three biggest killers together with heart disease and cancer.
- b) **Antidepressants** are the only treatment that GPs can readily prescribe for the 1 in 3 patients with anxiety or depression, (numbering about 1 in 10 of the population) On the patient information leaflet, this 'treatment' doesn't even **claim** to be able to cure them, and admits that it may compound their problem with side effects such as making them suicidal or homicidal. For example, the question should be asked: 'was the 15 year old school boy in Leeds who knifed his teacher Ann McGuire to death on 28.4.14 on **drugs** (such as Prozac) that made him aggressive and took him out of his mind?' Seroxat was banned for children after dozens committed suicide.

- c) The **solution** to the crisis in primary care is to empower GPs to get back to the calling implied in their name 'doctor' (which comes from latin: 'doctare' to teach) by being able to prescribe therapeutic courses as easily as Prozac. These courses should empower patients to manage their emotions, and should start with NICE-recommended Mindfulness Based Cognitive Therapy – MBCT – which is 100 times more cost-effective than Cognitive Behaviour Therapy (CBT) promoted by the Improving Access to Psychological Therapies (IAPT) programme. A news bulleting on 28.5.14 said that NICE has recommended 12 week private sector weight loss educational programmes to reduce obesity.
- d) An **agency** (such as SECTCo) should be set up in each locality (such as the city of Brighton and Hove) to run a '**chemist shop' network** of facilitators and venues where these therapeutic courses can be run for classes of 10-20 patients, such as GP surgeries, community centres, public sector offices, etc, in exchange for prescription **vouchers**, by which the facilitators of these courses can be paid.
- e) New **contracts** should be drafted, tendered and let between Clinical Commissioning Groups (CCG) and these agencies, (such as SECTCo) they in turn should let sub-contracts with facilitators who are now providing these courses in the third sector at going rates between £100 and £400. A model contract is shown in appendix 1, and a model sub-contracts is shown in appendix 2. A model voucher is shown in appendix 3.

2 The problem - England is a 'Prozac' nation, addicted to drugs and doctors.

The NHS sees a million patients every day, and is overwhelmed by the demand, which they cannot meet, so patients go round and round in a revolving door of dissatisfaction. Primary care (general practice and Accident and Emergency - A&E) has 300 million patient contacts pa. Last year 3.8 million patients visited A&E, which rises every year. One in three patient contacts is for mental sickness (anxiety or depression) numbering 100 million pa, or 13 per GP per day.

Last year, over a **billion** monthly prescriptions were written by doctors for free drugs on the NHS, indicating that about half of us (30 million) are on 3 prescription drugs continuously. In our taxes we pay over £15 bn pa for these drugs, of which 88% don't work, as public health statistics are getting worse, not better.

Many of these drug treatments are doing us more **harm** than good with side effects. Some of these drugs (such as Seroxat) can make patients suicidal or homicidal, but are still licenced for adults, although withdrawn for children about a decade ago after many committed suicide. Adverse Drug Reactions (ADRs) have become one of the three biggest causes of death, being neck and neck with heart disease and cancer.

To end the Prozac nation, in 2006 (8 years ago), with all party support, the then health secretary Patricia Hewitt launched the Improving Access to Psychological Therapies (IAPT) programme. This was supposed to get commissioners to commission *talking* therapies - Cognitive Behaviour Therapy (CBT) and *decommission* antidepressants, which have been scientifically proved not to work to cure mental sickness, (see books such as 'The Emperor's New Drugs' by Irvine Kitch 2010).

Unfortunately for everyone (except Big Pharma) the outcome of IAPT to date has been that the annual prescribing rate for antidepressants has almost doubled from 30-54 million monthly prescriptions per annum. This shows that 4.5 million of us (1 in 12 of the population) are now taking them, presumably for clinical depression. There are 30,000 with this long term condition in the city of Brighton and Hove.

The intention behind IAPT is right, because nobody wants to be a prescription drug addict for the rest of their life. However, the main talking therapy prescribed – CBT - only cures about 1 in 10 patients referred to it. Moreover, waiting times in Sussex for one to one CBT are 5-6 months from GP referral to start of treatment, which means it is too little too late.

GPs are caught in a toxic NHS system. A poll of 2,000 GPs published in Pulse in June 2013 showed that **97%** said that they: '**did not think they were positively influencing people's lives or accomplishing much in their role**', and **43%** were: '**at very high risk of burnout**'. A headline in the Guardian in April 14 said that 6 out of 10 were thinking of retiring early. This shows that the mental health needs a solution urgently, for the sake of doctors, patients and taxpayers.

3 The solution – Mindfulness Based Cognitive Therapy (MBCT) 8 week courses

Fortunately there is a better talking therapy – Mindfulness Based Cognitive Therapy (MBCT) which works for 2 out of 3 patients, and is done in classes of 10-20 patients. This makes it about 100 times more cost effective than CBT. In trials it was shown to **halve** the 5 year relapse rate for patients who have had 3 or more bouts of depression, and it has been shown to cure addiction. A Department of Health NW officer says publicly about this course: 'One of my clients was a drug dealer, and he is now sharing a platform with me telling others how to kick the habit.'

Everyone, including the government is calling for better **outcomes**, which means change **treatments which don't work (such as antidepressants), for treatments that do, such as the MBCT course.**

Many GPs have got this message, (such as Dr Jonty Heavesage, who wrote the book: the Mindful Manifesto) and he is on his CCG in SE London. However, the present system of buying treatments (called 'commissioning') is not fit for purpose, having been inherited from the old Primary Care Trusts. Furthermore, many of the officers of the new CCGs are recycled members of the 'old guard', who are stuck in their old thinking.

However, another problem making change to MBCT courses is the old contracts, which cannot be broken before they expire, and even then are full of legal hazards, (such as non-disclosure agreements - gagging clauses) and other impediments which seem designed to preserve the status quo, and thwart and frustrate every effort to change the treatments or management procedures. The jobs of thousands of NHS staff depend on these contracts, which is why the unions are opposed to breaking them, called 'privatising the NHS.'

Hitherto, CCG procurement departments have only **recycled** old block contracts for mental health services when they fall in every 3-5 years. This has locked the whole system into a permanent state of paralysis, in which patients continue to be given drugs with adverse drug reactions, instead healing and curing, GPs continue to be given frustration instead of job satisfaction, and taxpayers money continues to be spent on drug companies and funeral directors, instead of public health.

However, the good news is that GPs are now legally in charge of commissioning £65 bn pa worth of the NHS budget (£100 bn pa) so they have the power to change to mass-commission the MBCT course if they collectively so decide in their CCG boards. Furthermore, they have the potential help from public health teams, which are now with the Local Authorities, and the councillors who sit on the Health and Wellbeing Boards, who now have the power to approve (or dis-approve) the plans of the CCG. They are used to managing public money to get best value, and can help get them to solve the problem.

4 MBCT waiting times have to be reduced from over 20 years to under 18 weeks

Since 2004, when it got NICE recommendation, the MBCT course has had the gold standard of evidence. Furthermore, since Jan 2010 patients have had the statutory right to this course under the NHS Constitution if their doctor says it is clinically appropriate. Most GPs would say this for the 1 in 3 of their patients presenting with anxiety or depression, including the above mentioned 4.5 million in England, and 30,000 in the city of Brighton and Hove.

However, despite this legal right, unless you are suicidal, GPs can't prescribe a MBCT course for you, because the waiting time on the NHS in Sussex is over 20 years. This is because so few courses are commissioned, and so few contracts to provided are in place. However, the government's Mandate to the NHS requires the waiting time for mental health treatments to be reduced by April 2015 to the same as physical treatments, which is less than 18 weeks. This implies a 50 – 100 fold increase in supply provision of MBCT courses. To meet this, Clinical Commissioning Groups (CCGs) should invite third sector organisations (like SECTCo) to bid to run MBCT courses under contracts.

5...SECTCo's offer

In anticipation of being invited to tender for contract to provide MBCT courses, we make the following standing offer to run the following courses in the city, as shown in table 1. To prepare ourselves to be able to deliver at this scale, we have been running courses and training MBCT facilitators.

TABLE 1 NUMBER OF MBCT COURSES NEEDED TO IMPROVE MENTAL HEALTH IN THE CITY, WHICH SECTCO HAVE OFFERED TO PROVIDE

Year	Number of courses pa	Number of participants taught pa @ 15/course	Number of full time facilitators	Number of full time administrators	Cost to the commissioners £million pa
1	200	3,000	20	10	1
2	400	6,000	40	20	2
3	800	12,000	80	40	4
4 and after	1,600	24,000	160	80	8

6... What are SECTCo's chances of winning this contract?

We believe that our chances are good because although £1 m pa may sound a lot, it is only 0.25% of the city's health budget (£500 million pa). Furthermore, mindfulness is getting much publicity because it works not just for depressed people, but for everybody in enhancing performance in whatever you are doing. Searching on Google produces 5 million results, and Amazon has more than 6,000 titles. Goldie Hawn spoke to the world's political and economic leaders about it at Davos on 23.1.14.

It is now being taught in corporate bodies, such as Transport for London (20,000 staff) where it reduces staff absence by 73%. It is also being taught in schools, and the Department of Education is seriously considering putting it into the PHSE curriculum (www.mindfulnessinschools.org) Courses are being run in the House of Lords, House of Commons, and for the staff of the Palace of Westminster, and for the staff of the Brighton and Hove Clinical Commissioning Group in Lanchester House, Trafalger Place, Brighton.

7... Political interest in mindfulness

There is an All Party Parliamentary Group on wellbeing, which considered mindfulness at its last meeting on 9.4.14 (see <http://parliamentarywellbeinggroup.org.uk/>) which recorded the following in its minutes:

- Well-being must be seen as integral to core policy objectives in health and education, and not separate from them: mental health is inseparable from physical health, and children's mental health and well-being is inseparable from their capacity to learn and achieve. A more holistic approach is needed.
- Implementing mindfulness in healthcare faces many familiar challenges for the wider well-being agenda: for instance, the difficulty of co-ordination between different actors, and the long-term and diffuse nature of the potential savings to the public purse.
- In both health and education, a key challenge for scaling up mindfulness programmes is building the stock of trained mindfulness teachers whilst maintaining standards. It was suggested that mindfulness should be included in teacher training and in medical students' training as a matter of course – bearing in mind that mindfulness can benefit doctors and teachers as much as it can patients and pupils.

I believe that if MBCT courses were run in the city at the scale envisioned above, by 2020 the public health statistics would be halved as shown in table 2.

TABLE 2 HALVING OF CITY'S PUBLIC HEALTH STATISTICS BY 2020

Target number	Statistical number of people pa affected in city	2009	2020 (50% of 2009)
1	Deaths from all causes pa	3,000	3,000
2	Iatrogenis (doctor induced) deaths (note 1)	200	100
3	Hospitalisation from iatrogenesis (ADRs) (note 2)	5,000	2,500
4	Deaths from suicide pa	36	18
5	Drug users	2,250	1,125
6	Alcoholics	50,000	25,000
7	Obese	60,000	30,000
8	Clinically depressed	30,000	15,000
9	Smokers	50,000	25,000
10	Long term conditions	40,000	20,000
11	Teenage pregnancies	40,000	20,000
12	On disability benefit (2.5 m nationally)	12,500	6,250
13	Hospital admissions	200,000	100,000
14	GP contacts (300m nationally)	1,500,000	750,000
15	Deaths in preferred place (home)	750	1,500
16	No of patients dying with living wills	Hardly any	1,500
17	Dementia patients killed by drugs (note 3)	9	4
18	Public sector staff off sick (note 4)	1,200	600

19	Prescriptions written (note 5)	5 million	2.5 million
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Notes to table 2

1 Assuming 40,000 deaths pa nationally (Panorama programme Nov 2000)

2 Nationally 1 million people were hospitalised by ADRs in 2011

3 Banajee report 2009, 1,800 deaths pa nationally

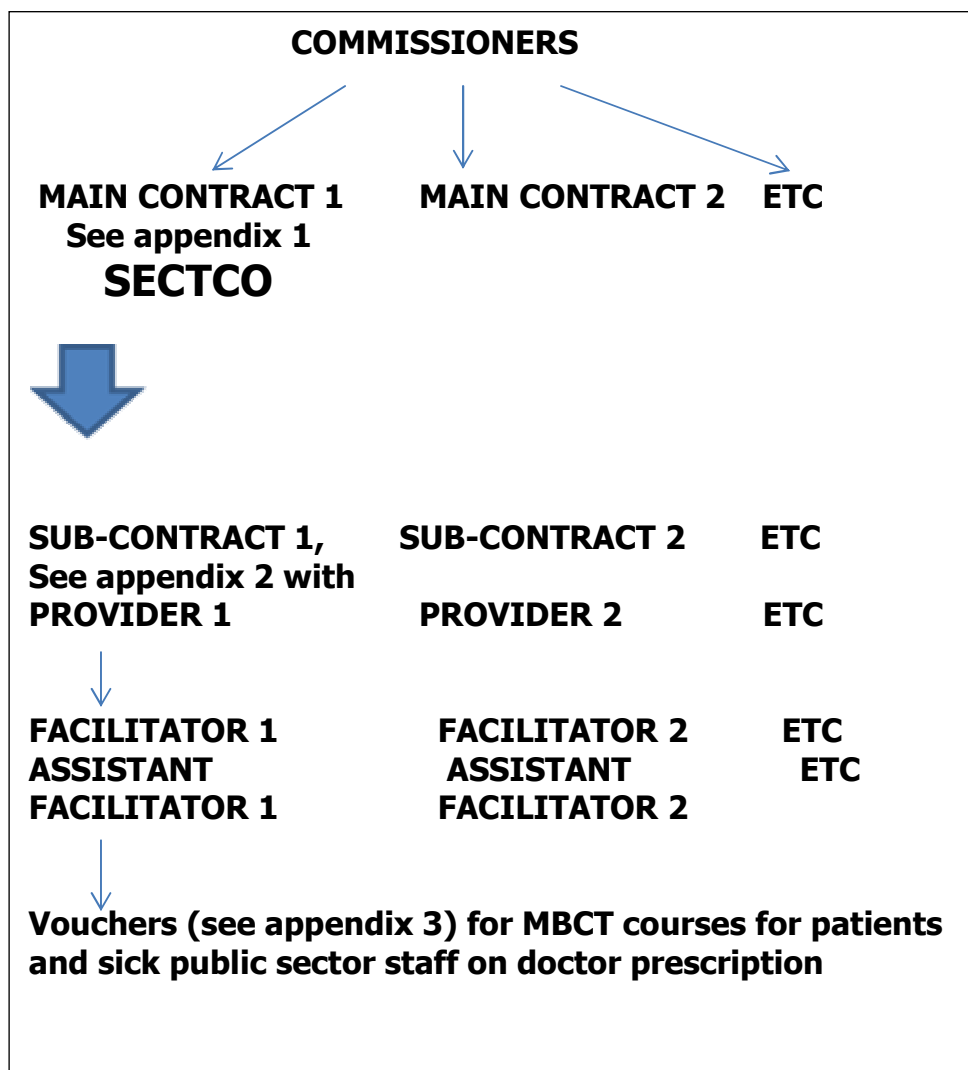
4 Assuming 30,000 public sector staff with average sickness rate of 4%.

5 Nationally 936 million monthly prescriptions were written in 2011.

If we win the contract we will develop this table, taking into account the latest Department of Health statistics (taken from SECTCo's business plan written in 2011, and in need of revision)

8 Summary of what SECTCo offers – to treat your heartsink patients with medically unexplained symptoms if you contract with us.

The Social Enterprise Complementary Therapy Company (SECTCo) was created on 4.5.10 to be a contracting **agency** between commissioners and providers, (such as Any Qualified Provider (AQP))of NICE-recommended complementary therapies in the city of Brighton and Hove, as shown in the diagram below.



This brochure sets out a new way (called 'social commissioning') by which commissioners can improve public health at less cost by commissioning therapeutic courses, such as the NICE-recommended MBCT 8 week course. These should be tendered for on outcome-based contracts (see model contracts shown in the appendices) which incentivises providers to pass the friends and family test by healing and curing patients.

Patients have a statutory right to MBCT courses under the NHS constitution if their doctor says they are clinically appropriate, so commissioners who do not commission enough risk being taken to judicial review without a legal leg to stand on.

These proposed Service Level Agreement contracts (see appendices) are paid by results, so give best value for taxpayers' money. They empower GPs and A&E doctors to socially prescribe these mindfulness courses as easily as Prozac, by voucher prescription, which patients can cash for courses at venues such as surgeries, pharmacies and public sector offices.

As there are no known contra-indications to mindfulness courses, so they can be safely prescribed to virtually any patient. GPs could refer their heartsink patients to our courses, which would break their habit of coming back, clogging the system, and causing the current crisis in general practice and A&E.

We offer contracts on any scale, from pilots in a GP surgery or public sector office, to a city-wide £ multi million service. Patients referred to us would get up to 9 hours per day for 10 weeks (90 hours) of improved social support, and learn how to self-manage their condition.

The outcome for patients would be increased wellbeing. The outcome for GPs would be reduced attendance at primary care, reduced secondary care admissions, and less prescribing costs. Another organisation offering similar courses is Pathways2Wellbeing in Hitchin, Hertfordshire (www.pathways2wellbeing.com) who report 383 hours pa increased GP capacity, and savings of £4,500 pa per patient referred to them.(1)

Mindfulness meditation is not just an add-on to CBT, but a crucial ingredient of transformation, healing and curing. It is NICE-recommended for depression (under CG23, 2004, and CG 123, 2011) and now has an evidence base of over 1,000 papers, (www.mindfulnet.org) It has proved effective for 2 out of 3 patients on average, including drug and alcohol addicts, as witnessed by a director of the Department of Health NW who says publicly: 'one of my clients was a drug dealer, who is now sharing a platform with me telling people how they can kick the habit.'



The reason why the MBCT course works is because we have to go beyond our mind in meditation to 'download' better software as an 'aha' moment of revelation of a new attitude.

Also, two facilitators can teach a class of 10-20 patients, who also benefit from peer support from other members of the class. This makes MBCT courses about 100 times more cost effective than one to one CBT.

FIGURE 1 JOHN KAPP FACILITATING A MBCT COURSE IN 2010

9 SECTCo's package menu optional extra meditations

SECTCo offers more than the basic NICE requirement for the MBCT course of 2 hours per week for 8 successive weeks, 16 hours total. We also provide a taster day before, and a reunion after, (10 weeks) and a half hour break, to enable participants to socialise and give each other informal peer support, making the total tuition time 25 hours.

Our client group are often hyper vigilant, and up tight, and may have Attention Deficit Hyperactivity Disorder (ADHD). To make the MBCT course accessible we offer a package of optional extra evidenced-based meditations before and after, as a sandwich. This extends the tuition time together, and creates a healing atmosphere of peer support.

To help them detox their emotions to receive the MBCT course, we provide an hours active meditation to a CD of music and movement called 'dynamic'. After the course, to help them to embody what they have learned, we provide an hours active mediation of music and movement called 'kundalini'. These have been practiced in meditation centres worldwide for over 30 years, and have proved effective in helping participants into the altered stated of consciousness called meditation in which healing can happen. This extends the total tuition time to 5 hours (one morning) per week for 10 weeks, total 50 hours, and is called the '**MBCT sandwich**' course.

What the mind *suppresses* (emotions), the body *expresses* (as symptoms) When we express our repressed emotions in meditative (watched) catharsis in these active meditations, we can download a new attitude, which is healing. Neuro science has shown that if we can remember to think the new attitude for 6 weeks, our brain rewires new pathways, and we are cured. We give our mindbody (psychosomatic) love from these active meditations, and awareness from the MBCT course, which are like 2 wings by which we learn to fly better.

We offer patients further support with family constellation groups in the afternoon, called the '**MBCT enhanced sandwich course**'. These groups have been practiced in Germany since the 1980s, (www.hellinger.com) and have since spread world wide. They are a rapid and effective way of healing our inherited family patterns. Table 1 shows John Kapp's experience in running these meditation groups to date.

TABLE 1 EXPERIENCE IN RUNNING MEDITATION COURSES

Course	From	Hours per course	Number of courses run	Participants taught
MBCT	2009	25	13	130
EBCT	2012	50	2	10
.b (mindfulness in schools)	2014	9	1	5
Dynamic meditation	2003	1	1700	3000
Kundalini meditation	2003	1	600	1000
Family constellation	2008	7	70	200
Total			2,386	4,345

10 Package programme and proposed tariff prices quoted

The menu of our package is shown in table 2, in which B is the obligatory NICE-recommended core MBCT course, and A, C, and D are the optional extras, which should be decided jointly by the GP and the patient at the time of referral, and specified on the voucher prescription (see appendix 2).

TABLE 2 RECOMMENDED PROGRAMME AND TARIFF PRICE FOR 10 WEEK COURSES

Ref	Meditation	Time of day	Hours per course	£ per participant *
A	Dynamic meditation	0800-0900	10	100
B	MBCT standard course	0930-1200	25	400
C	Kundalini meditation	1200-1300	10	100
D	Family constellation	1400-1700	30	400
Total	Full package	0800-1700	90 including breaks	1000

* Assumes that the course is held at a venue free of cost to the provider.

11 How SECTCo's MBCT courses meet the 5 ways of mental wellbeing

The 5 ways of mental wellbeing are specified in the city's mental wellbeing strategy. (see draft minutes of the Health and Wellbeing Board meeting on 5.2.14 on the council website (www.brighton-hove.gov.uk/committees) SECTCo 's MBCT courses meet them as follows:

a)Connect through social and community links

We create a supported group atmosphere, including a buddy system, in which participants connect with each other socially, before and after, and in the refreshment breaks, particularly if the option of the enhanced sandwich course is taken. We have been running this programme at our own therapy centre at 3, Boundary Rd Hove BN3 4EH, which is an open house for participants to meet, drink, eat and socialise together. We invite anyone interested to drop in un-announced and observe us in action, and to interview us and our students.

b)Be active physically.

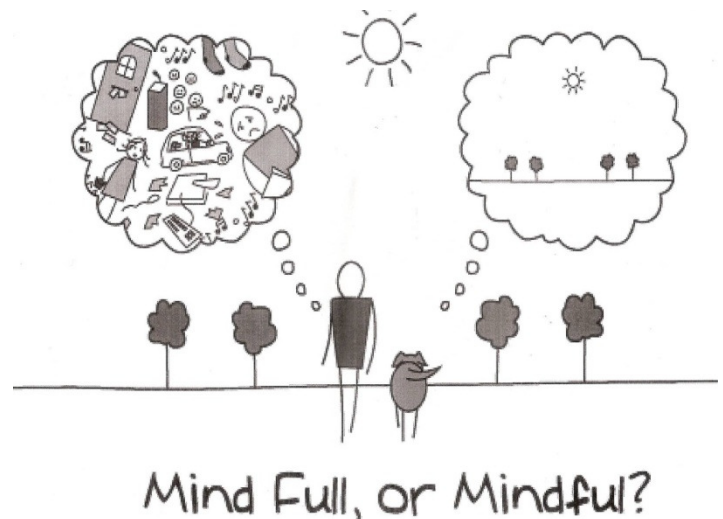
The sandwich course offers dynamic and kundalini, which are active meditations done on the feet (dancing) to music lasting 1 hour from CDs. During the MBCT course we have yoga and tai chi exercises, and stretch breaks, and participants stand and move around during the refreshment breaks.

c)Take notice with curiosity about the world and how you are feeling.

The main activity during the MBCT course is practicing looking inwards with curiosity and without judgement at our thoughts and feelings. Each participant shares what they find with one other in a diad, and optionally also with the whole group. The facilitator holds the space, and encourages active engagement of each participant by inviting them in turn to read a paragraph from the course book, and discuss their thoughts and feelings about it.

d)Keep learning with new interests, education and employment.

The MBCT course book (about 60 pages, available on request) has many ways to help ourselves to become more resilient. We encourage participants to challenge their conditioned beliefs, and change them if they no longer serve. SECTCo is a group run by the community for the community, and is open to all. We invite participants to join our board of directors, and become facilitators and managers, hence co-creating employment possibilities. Our Memorandum and Articles and rules for directors are available on request.



e)Give by joining in and/or giving something back to the wider community

SECTCo is a group of people from the community in the city who have got together because they are seeking mental wellbeing, and healing from stress and sickness. This increases the social capital in the city. Most of our board of directors are former participants, and complementary therapists, making us clinically led. Hitherto, no-one has been paid, and everyone has given their time freely and voluntarily. The price of all our courses has been donations, so that no-one has been excluded from attending courses by inability to pay.

12 Contra-indications. There are no specific contra-indications for SECTCo's MBCT courses. GPs can therefore refer their patients with unexplained symptoms, and long term conditions, long term unemployed etc to us. However, they should have enough command of English to receive the course content, and be able to get to the venue, which might include steps. We discuss emotional issues which we usually avoid because we fear that they may be painful. All our courses have at least one assistant facilitator who take care of participants that have an emotional release.

13 Outcomes for participants

- Improved social support
- Increased wellbeing
- More resilience
- Watch what is going on in their mind and body
- Notice their habits of being judgemental, driving themselves to meet impossible goals
- Release themselves from those habits if they want to
- Change their attitude of wishing things were different
- Accept themselves as they are, rather than judging themselves as inadequate
- Appreciate themselves, others and their environment more
- Be present and centred so that they go more with the flow of life
- Find more contentment, peace, harmony and love in their life

14 Outcomes for doctors

- Reduced primary care attendance
- Reduced stress
- Reduced prescribing costs
- More job satisfaction
- Reduced burnout.

15 Venue surcharge

As stated, the tariff prices in table 1 apply at venues provided by the commissioners, free of charge to the provider. They are assumed to include an extra 15 minutes before the start time of the course to set up, to 15 minutes after the finishing time of the course, to clear away. SECTCo has a venue of its own, at which the above tariff prices apply. We are willing to arrange and pay for room hire at another venue, subject to a venue surcharge of 10%.

16 Provision of a desk to recruit patients to courses

The above offer is based on SECTCo being freely provided with a desk at GP surgeries and other primary care venues, so that our administrator can advise patients about our courses, and take bookings for them.

17 Administration cost surcharge

The above tariff prices are based on SECTCo getting an average over a year of 15 participants per course. If not enough patients are referred to us to cover our costs, an administrative surcharge may be added to the above tariff prices, as a negotiated extra to the contract. We operate open book accounting, so that commissioners can satisfy themselves that public money is appropriately spent.

18 Other courses

We would be pleased to tailor make other courses and programmes, in accordance with commissioners requirements.

19 Evaluation of patient experience

Commissioners are welcome to drop in unannounced at any of our classes, to observe us in action, and interview our participants without the facilitator, to get their honest impression of the outcomes achieved. Our courses are held at Therapy Centre, 3, Boundary Rd Hove BN3 4EH, near the corner with Kingsway coast road. Our schedule is available on request.



20 References

1 Article in Health Service Journal, 14.3.14 p26, 'Push past symptoms mysteries' by Prof Helen Payne, director of clinical services,

www.Pathways2wellbeing.com. We believe that we

could also get potential savings of £4,500 pa per patient with unexplained symptoms referred to us for our 10 week courses costing up to £1,000, which would return £4.50 pa per £1 invested.

Appendix 1 Model Service Level Agreement contract for the provision of MBCT courses by voucher prescription between commissioners and agency providers

We.....commissioners of.....
Hereby contract with...SECTCo of 22, Saxon Rd Hove BN3 4LE, hereafter called 'the company'

The company undertakes to provide Mindfulness Based Cognitive Therapy (MBCT) courses, hereafter called 'the courses', annually fromto.....

in accordance with the company's terms and conditions, as set out in SECTCo's brochure dated 28.5.14. The courses shall be held at venues in the city to be agreed.

The commissioner undertakes to:

- Furnish GPs and occupational health doctors with voucher prescriptions to the model shown in appendix 3, which they can give to patients and sick staff, to trade for courses with the company.
- Provide a desk in primary care venues (such as GP surgeries, and occupational health offices) where the company's administrator can advise patients on courses, and take bookings.
- Reimburse the company for services rendered at the agreed tariff prices, on presentation of the used voucher prescription to the commissioners, or their agents, not more than 2 months after the receipt of the used vouchers.

Both parties hereby agree to the above terms and conditions, as signed below,

ondate

On behalf of the commissioners

.....Name.....Job title on behalf of the
commissioners.....of.....

On behalf of the company

John Kapp.....Name...Company secretary.....Job title on behalf of
SECTCo, of 22, Saxon Rd Hove BN3 4LE

Appendix 2 Draft model sub-contract between agency companies (such as SECTCo) and MBCT course facilitators as providers of MBCT courses

Context of this model sub contract

This document is drafted with the intention of trialling the new outcome-based contract arrangements advocated in papers by John Kapp, as published on section 9 of www.reginaldkapp.org, particularly 9.72 'SECTCo Brochure for commissioners', and 9.71 'Ending the Prozac nation with outcome-based contracts by voucher prescription for mindfulness courses.' It envisions commissioners contracting with SECTCo under what is hereafter called the 'main contract', and SECTCo sub-contracting with facilitators under this subcontract, as shown in the block arrow in the diagram above.

Wording of subcontract

I, John Kapp, of 22, Saxon Rd Hove BN3 4LE, on behalf of SECTCo, hereafter called 'the **contractor**' hereby contract with

.....of.....

.....hereafter called 'the provider facilitator', and

.....of.....

hereafter called the 'assistant facilitator'. The facilitator and the assistant facilitator hereafter are jointly called 'the **provider**.'

The **provider** agrees to provide SECTCo MBCT courses as described in SECTCo's MBCT course book and SECTCo's MBCT facilitators course book, to persons who sign up for said courses, hereafter called 'the **participants**', in accordance with SECTCo's terms and conditions as follows: Before each course starts, for each **participant**, the **contractor** agrees to supply the **provider** with:

- a) A SECTCo MBCT course book
- b) A CD of the meditations for home practice.
- c) A hard copy blank voucher prescription, on the lines of that shown in appendix 1.
- d) Such other paperwork and forms as shall from time to time be required.

Within a week of the end of each course, the **provider** agrees to furnish the **contractor** with:

- e) A list of participants who signed up for the course with their contact details.

- f) The attendance register, showing the attendance of each participant at each session.
- g) A list of participants who have completed the course, namely those who attended the equivalent time of 5 full sessions, namely at least 12.5 hours, out of a possible 25 hours for the standard MBCT course.
- h) The voucher prescriptions filled in by the participants and signed that they are satisfied with the course received, and that they would recommend it to their friends and family, hereafter called '**satisfied participants**'.

Within a month of the receipt by the **contractor** of the voucher of each **satisfied participant**, the **contractor** agrees to pay the **provider** the following **facilitation fee**:
£200 for A the standard MBCT course of 2.5 hours per week for 10 weeks (25hrs)
£300 for B the sandwich MBCT course of 5 hours per week for 10 weeks (50 hours)
£500 for C the enhanced sandwich MBCT course of 9 hours per week for 10 weeks (90 hours)
 (The above facilitation fees are one half of the tariff prices quoted in SECTCo's literature which offer contracts with public sector commissioners. They are calculated to give facilitators £50 per hour of teaching time and assistant facilitators £30 per hour of teaching time, which providers can achieve if they get approximately 10 satisfied participants per course)

Appendix 3
VOUCHER FOR A NICE-RECOMMENDED MINDFULNESS BASED COGNITIVE THERAPY (MBCT) COURSE FROM AGENCIES (SUCH AS SECTCO, in accordance with SECTCo literature, see www.sectco.org.uk)

The contractor promises to pay the provider bearer on demand the price of this prescription voucher according to the tariff agreed under contract dated

.....

For doctor's use (or participant, if self-referring)

This voucher is prescribed by.....(doctor, or participant if self-referring) For.....(patient, or participant) on.....(date)

For the following Mindfulness Based Cognitive Therapy (MBCT) 10 week course:

- A Standard** MBCT course of 2.5 hours per week (25 hours total) from 0930-1200.
- B Sandwich** MBCT course of 5 hours per week (50 hours total) from 0800-1300
- C Enhanced sandwich** MBCT course of 9 hours per week (90 hours total) from 0800-1700

(doctor or participant to tick appropriate box or delete what does not apply)

Patient (participant) to sign their satisfaction with the course

I am **very satisfied** / **satisfied** / **unsatisfied** with the course I attended.
 I **would** / **would not** want my friends or family to be treated as I was
(patient (participant) to delete what does not apply and sign)

Signed.....Name.....on.....(date

Patient/participant's address.....

Phone number.....E mail Address.....

For contractor SECTCo's use.

The above course reference number..... was provided
by.....(facilitator) of.....

at.....venue from to..... (dates)

This voucher number.....was sent to commissioners
(contractor) on.....date, and payment of the facilitation fee was sent
on.....

Reverse side for patient (participant) to contact the facilitators named below to check availability of courses offered, and to book to attend a taster day.

List of registered facilitators with whom this voucher may be exchanged for the course specified.

Cour se no	Facilitator	Centre	Address	Phone	website	E mail
1	John Kapp	Therapy Centre	3, Boundary Rd Hove BN3 4EH	417997	www.reginaldkapp.org	johnkapp@btinternet.com
2	Anthony Coyle	Alala	38, Baker St, Brighton	07879 682203		Anthonycoyle9@gmail.com
3						