# How the £10 million Better Care Fund should be spent next year on the 10,000 vulnerable 'Rachels and Daves'.

20.7.15

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## 1 Recommendations

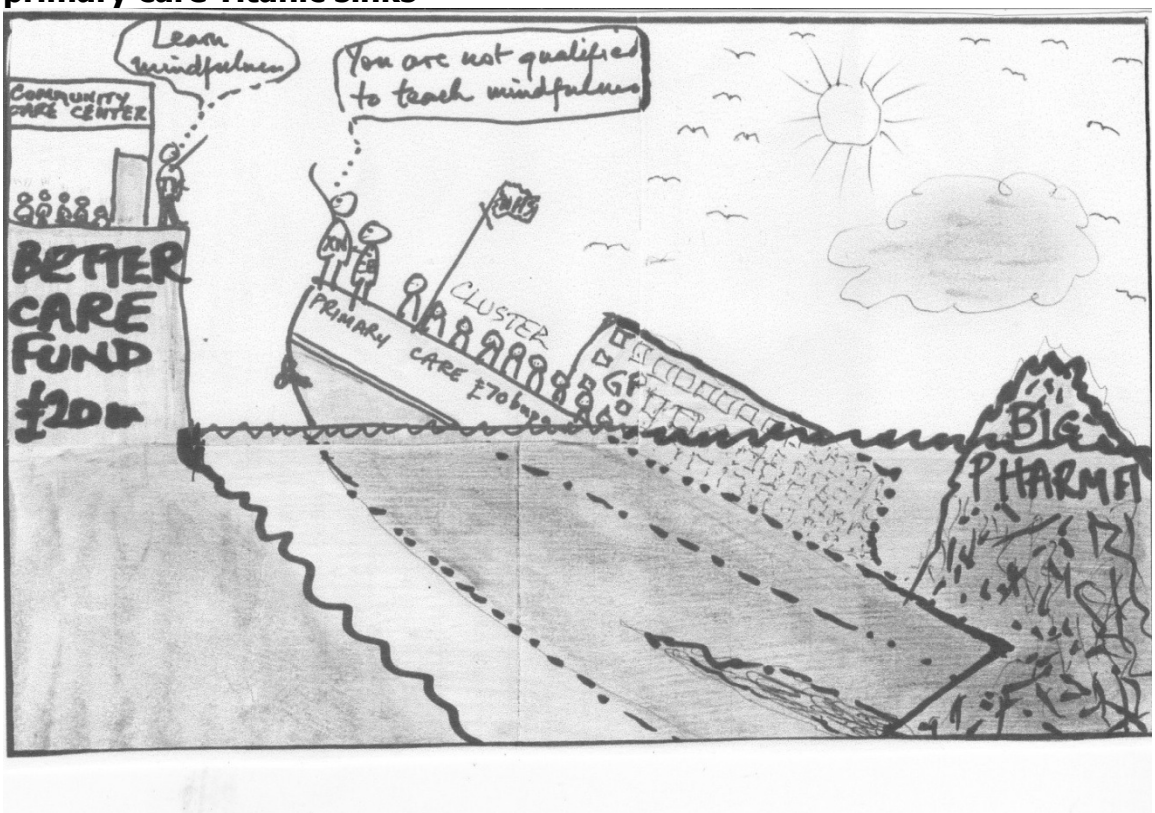
a) A task and finish group (note 1) should be appointed to write a report for the next meeting of the HWB on 15.9.15 on this my proposed solution to the emergency in primary care, (see also my public question at today's meeting, reproduced in appendix 1 on the back page) .

b) The Better Care Fund (BCF) report (item 15 of today's agenda (21.7.15) should be referred back to Dr Geraldine Hoban to include spending the £10 mpa next year (2016/17) on better care for Rachel (65, depressed in sheltered accommodation) and Dave (40, alcoholic and homeless) by giving each of them a £1,000 enhanced NICE recommended Mindfulness Based Cognitive Therapy (MBCT) sandwich course (hereafter called the 'course') for one day per week for 10 weeks (70 hours total tuition) at a Community Care Centre (mental A&E) to learn self care, so that they don't need so much public services, and have community support.

c) An internal inquiry should be held by the HWB into why Goodwood Court surgery was allowed to deteriorate to prejudice patients' health, despite of being members of the CCG since 2012.

Note 1 The task and finish group should consist of up to 5 members, representing Public Health (Dr Tom Scanlon, or his staff) GPs (such as Dr Duncan Wells (my doctor from Wish Park Surgery) or Dr Susie Rockwell (from Portslade Health Centre, who has been referring patients to me) or Dr Laura Marshall-Andrews (Wellbeing Centre, 18 Western Rd Hove) and practice managers (such as Gary Toyne, Chris Dance from Wellbeing Centre)

## 2 Summary conclusion – The CCG are rearranging the deckchairs in clusters while the primary care Titanic sinks



The Better Care Fund (BCF) was announced in June 2013 to solve the crisis by providing ***better care*** for the most vulnerable people in the city, represented by 'Rachel' and 'Dave' . They number around 5% of the adult population – 10,000 in our city - but who cost the taxpayer about 80% of the public service budget (health, social care, housing, criminal justice, etc, totalling around £1 bn pa), out of the total council spend of around £1.2 bn pa, averaging about £100,000 pa per Rachel/Dave.

However, our Clinical Commissioning Group (CCG) is not spending the city's BCF allocation (£20 mpa this year, and £10 mpa next year) as the government intended – on better care for Rachel and Dave. Neither is any other CCG, as I have seen articles in Health Service Journal (HSJ) making similar complaints to mine, (9.79, on 9.9.14) to which the CCG have not responded.

Government legislates and funds, but CCGs fiddle with clustering while GPs burn out and retire early, 'leaving the profession in droves' for the sake of their own health. The root cause is the toxic NHS, with over-prescribed drugs which do not even claim to cure the sickness for which they are prescribed, but have side effects making patients keep coming back in a revolving door syndrome, grid-locking surgeries and A&E.

Primary care is like the Titanic which hit the Big Pharma iceberg, but all CCG do is rearrange the deckchairs, as shown in the cartoon above. In Dr Geraldine Hoban's report on the BCF (item 15 of today's 21.7.15 agenda) the only innovation is clustering, which will add to the stress on GPs, and make no difference to Rachel or Dave.

Doctors are not poor, but have the same health inequalities as the poor, dying a decade earlier than average, and suffering long term conditions and addictions 2 decades earlier than the rich (Marmot report 2010) This is because that once honourable profession has been reduced to pill pushers for the drug companies by commissioners. The chairman, Xavier Nalletamby, said publicly at the last Clinical Commissioning Group (CCG) board meeting on 26.5.15 that he and most of his colleagues are planning to retire in the next 5 years, and doesn't know where their replacements are coming from because no-one wants to take responsibility for patients' health.

The CCG officers are too busy firefighting (and perhaps too intoxicated) to recognise the inconvenient truth that the root cause of the problem is the drugs they commission, prescribe, and probably take. Why can't the CCG see this?

Because the 150 GPs in the city dump all the responsibility for the treatments they commission (drugs) on to the members of the CCG Board, who dump all that responsibility on to their chief operating officer (Geraldine Hoban) alone. How many more patients are going to be left without a GP, before someone takes responsibility to stop this rotten treatment which is worse than the disease?

**3 Responsibility for treatments commissioned should not be left to Geraldine alone**. Xavier, too is leading his GPs astray with the wrong attitude. Patients in their hearts know that doctors can't take responsibility for their health. They just want somewhere to go when they have an emotional crisis where someone will listen to them, - peer group support in a mental health A&E. They also want to be ***taught*** how to live more healthily, as my Community Care Centre offers. Teaching was the original function of doctors, whose name derives from the latin 'doctare' to teach.

Xavier, and all doctors ought to teach their patients by example, by being the healthiest, and longest lived in society. However, because of their obsession and addiction to drugs, they are the

sickest, and as short lived as the poor. Physician heal thyself is an old adage which is in the Bible which they should adopt.

This is why in my cartoon I say to them: 'learn mindfulness.' My own doctor (Duncan Wells) asked me a year ago: 'is there a mindfulness course for GPs?' I said yes, and offered to run one for him and his staff in the surgery, but I have not heard from him since.

I have been working with Geraldine since 2008. At a meeting with her on 11.3.10, (9.48) it is minuted that she invited me and my company: ' to be involved in the forthcoming review of the mental health access services.' I have since written more than 40 papers for her, but she has not engaged with me on any of them because we are talking different languages. She is still on the old medical model, whereas I (and the law) have had a paradigm shift to the new bio-psycho-social model.

Geraldine used to be a manager with the old Primary Care Trust (PCT), and has never treated a patient in her entire life. The main point of the Health and Social Care Act 2012, was to shift from managerial to ***clinical*** commissioning, in which responsibility for about £70 bn pa of commissioning was devolved to the 30,000 GPs who average 40 patient contacts per day. The city has 150 GPs, led by Dr Xavier Nalletamby. However, instead of listening to their patients as the Act intended, Xavier and the others only listen to Geraldine. She is leading them astray, and should either shift to the new paradigm, or resign and make way for another who already has.

**4 The solution – a £1,000 enhanced MBCT sandwich 10 week (70 hours) course for 10,000 Rachels and Daves next year on the £10 mpa BCF**

The most cost effective way of spending next year's BCF of £10 as government intended is to ***teach*** Rachel and Dave how to look after themselves better, so that they do no need so much public services. The Mindfulness Based Cognitive Therapy (MBCT) 8 week course is NICE recommended to do this, and has proved itself to be effective, without contraindications, for most patients. This is why it is recommended in the House of Lords 'Mindful Nation UK' report, published last January as an interim version, and the final report is due to be launched on 20.10.15. (www.themindfulnessinitiative.org.uk. )

I have developed a MBCT course book (volume 1, of 72 pages, published as 9.91) which is a lesson plan for each of the 10 sessions (average 7 pages per session). A printed and bound copy is given to every participant, and it is usually taught by following the book. This makes it easy for the facilitator to follow the syllabus, and easy for facilitators to be trained to teach the course. It also makes it easy for the course to be mass commissioned and mass provided by licenced MBCT facilitators (paper 9.81) at Community Care Centres (like 3, Boundary Rd Hove BN3 4EH) (To date, SECTCo has taught 33 courses for over 300 participants. If there is political will to do this, it could be implemented by following these steps.

**5 How could this proposal be implemented?**

a) The task and finish group should recommend that to the next HWB on 15.9.15.
b) The next HWB on 15.9.15 should resolve to spend the budgeted £10 m BCF for next year by commissioning courses for each of the 10,000 Rachels and Daves from 1.4.16 on outcome based contracts at a tariff price of say £1,000 per patient satisfactorily taught. (9.79)
c) Tenders should be issued by Oct, inviting teams of would be facilitators and assistant facilitators to apply for a licence (9.81) to provide courses at proposed venues.
d) Successful licencees should be awarded licences by November, and given training in the procedures and administration required.
e) Licencees should recruit administrators, and lease premises from which to teach from 1.4.16.
f) From March 2016 GPs should prescribe courses to Rachel and Dave, and tell them not to come back to surgery until after the end of the course. If they come back because they have not

changed, they should be given a repeat prescription for another course with a different facilitator, and so on.
f) This would relieve pressure on primary care by taking 10,000 heartsink patients out of the revolving door.
g) It would start Rachel and Dave on the long process of detoxification and rehabilitation into recovery, by getting them back into the community and employment.

**6 How many facilitators would be need to be trained?**
One facilitator can teach up to 15 patients per class. Employed full time, they could run 2–5 courses per week, or 10-25 courses pa, so could teach 150-375 patients pa. To teach 10,000 patients would require 30- 70 full time facilitators and 30-70 assistant facilitators, as every class should have at least one assistant to look after patients who need additional support. The need is therefore to teach 100-200 facilitators/assistants to deliver this programme to 10,000 patients starting from 1.4.16.

The courses should be provided in say 20-40 Community Care Centres (like 3, Boundary Rd) near GP surgeries (or a cluster of 2), so that patients can access them easily. They can be held in dedicated rooms in a GP surgery, a community centre, church hall, yoga or pilates centre, pharmacy, etc. About 2-5 full time facilitators/assistants would be needed per centre, backed up by say 2-5 administrative staff, each providing 20-40 courses pa for 250-500 participants pa.

These staff should be employed on outcome based contracts, and paid by results, (9.81) so that they have an incentive to give a good course. Patients would have to sign off the course on the prescription voucher as satisfactory, and certify that they would recommend it to their friends and family, otherwise the team would not get paid. The £1,000 is based on SECTCo's proposed tariff price for this service (9.79)

**7 How could 100-200 facilitators be trained to deliver this programme?**
To date, I have run 10 facilitator 10 week courses, of 25 hours tuition, and 43 have completed my former 10 week facilitator training course totalling 25 hours of tuition. To date, four of those graduates (Anthony Coyne, Helen Johnson, Michelle King, Karen Burton) have run one or more MBCT courses for SECTCo, who could assist me in running a teacher training programme.

Yoga teachers already teach mindfulness/bodyfulness, so would only need to be taught the structure and administration required to teach it to Rachel and Dave. My facilitator training course book (volume 2, about 75 pages) is being updated from 25 to 70 hours tuition. I hope to publish it as 9.96 by the end of July, and it is available on request. SECTCo is willing to run 3 facilitator training courses per week for 3 times 15 = 45 trainees per week from Sept- Oct, Nov-Dec, Jan-March, March to May, for up to 180 trainees.

**8 Conclusion**
I led a deputation to full council 2 years ago (18.7.13) in which I called myself the 'Julie Bailey' of Brighton, calling on the council to save the NHS from its dementia. Since then, primary care has gone from crisis to emergency. You councillors of the new administration on the HWB have the following choice of action.

a) To watch the primary care ship sink, as more and more GPs abandon it, (or get chucked overboard, as at Goodwood court) leaving more and more thousands of patients (your electorate) without being able to register with a GP, or
b) Spend the Better Care Fund money already allocated to rescue it by implementing this proposal. Our red, green blue coalition could be a beacon for England.

The choice is yours. I, and my team at SECTCo, remains at your disposal, and we pledge to do our best to help in your difficult job.

**Appendix 1 Public question to the Brighton and Hove Health and Wellbeing Board (HWB)**

**Public question** to Brighton and Hove Health and Wellbeing Board on 21.7.15, and Clinical Commissioning Group (CCG) Board 28.7.15 12.7.15

**To solve the emergency (note 1) in primary care, have you considered the proposal (note 2) to invite tenders to licence Community Care Centres near every surgery which would offer a 'mental A&E service' (note 3) to which GPs could refer depressed patients for Mindfulness Based Cognitive therapy (MBCT) 8 week courses under the Better Care Fund?**

**Notes**

1 Thousands of patients are without a GP after the closures of surgeries at Eaton Place on 28.2.15 and Goodwood Court on 9.6.15.

2 Paper 9.81 on www.reginaldkapp.org

3 Open letter dated 11.7.15 to the MPs of Brighton and Hove City, Peter Kyle (Hove, Labour), Caroline Lucas (Pavillion, Green) Simon Kirby (Kemptown, Conservative) as follows:

## COMMUNITY CARE CENTRES AS MENTAL A&Es TO CURE PRIMARY CARE

In 2013 the government created the Better Care Fund (BCF) to solve the crisis in primary care. Brighton and Hove Clinical Commissioning Group (CCG) have been allocated £20 million this year, and £10 million next year, but in spite of my objections, they are not spending it as government intended (on better care) After the closures of surgeries at Eaton Place on 28.2.15 and Goodwood Court on 9.6.15, the crisis has now become an emergency for thousands of patients without a GP.

Mindfulness Based Cognitive Therapy (MBCT) 8 week courses are NICE recommended to teach patients self care so they don't need so much public services. If GPs could prescribe MBCT courses instead of antidepressants for the 1 in 3 depressed patients (numbering more than 31,000), it would stop the 'revolving door syndrome' of patients coming back with side effects, dramatically reducing demand on primary care, and solving the crisis.

For the last 5 years, SECTCo has been modelling a new **'mental A&E'** service at our **Community Care Centre** at 3, Boundary Rd Hove BN3 4EH (near Kingsway coast road) To date we have taught 33 MBCT courses to 300 people for donations. In paper 9.81 on www.reginaldkapp.org. we proposed that the CCG invite tenders for licences to create similar Community Care Centres near every GP surgery, so that the 25,000 depressed patients without talking therapy could be taught a £400 MBCT course next year for the £10 million of the BCF.

Please consider this proposal, visit our centre and meet our staff. I will be teaching there this Friday 17th July, Tues 21st July, and Thursday 23rd July, when you can drop in and meet me. For another date, please ring 01273 417997. I look forward to hearing from you.

With best wishes,

Yours sincerely John Kapp (secretary, SECTCo, www.sectco.org.uk )
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