

CASE STUDY

Impact of Depression tool



The scenario

Lundbeck commissioned a project to understand the variation of care in depression.

Lundbeck had previously commissioned a project with Wilmington Healthcare in a different therapy area, the Alcohol Impact Model, which had been extremely valuable for highlighting issues of relevance to health and care professionals to support improving health and care outcomes.

There is a clear gap in data availability in mental health, highlighted in the Five Year Forward View for Mental Health (5YFV for MH), and with many of the ongoing changes in the NHS with the introduction of Sustainability and Transformation Plans (STPs) alongside financial and staffing pressures, being able to provide this level of data to the health and care system would be extremely helpful.

This would help engage health and care professionals in a positive and productive manner as they become increasingly busy and time-limited. It would also allow the identification of specific problems and highlight solutions that help the health and care system improve care outcomes for patients with depression, and reductions in variations in care and cost can be introduced.

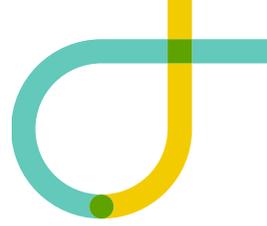
The objective

1. To be able to provide health and care professionals with a data source that helped them to fill the data gap and gain a better understanding of the true costs and impact of depression at a local level to better inform commissioning decisions.
2. To have a resource that provided sufficient value that health and care professionals wanted to engage with on a relevant agenda that supports identifying where care can be improved.
3. To provide a data source that allowed a better understanding of local NHS challenges, identify the specific challenges for health and care professionals and the local NHS are facing, then work collaboratively to provide bespoke solutions aimed at improving the care of people suffering from depression.

For more information speak to your account manager or contact our dedicated team:

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The outcome

Some headline key findings have been that depression has a significant cost and resource burden to the NHS and wider health and care system, with a great deal of variation between different areas. The majority of these costs fall outside mental health trusts and are associated with acute trusts not covered by block contract, and in many areas there is a high proportion of patients with depression in contact with specialist mental health services who sit within lower care clusters and could potentially be more appropriately managed in primary care services.

Health and care professionals want to engage around the data. This has helped increase the focus and priority placed on improving depression management at a local NHS level. The real impact of depression may be 'hidden' because the true system demand and patient burden of people with depression (costs in different NHS settings and patients' functional impairment) isn't easily quantified and therefore fully understood without access to the local data, which is provided in this tool.

For example, a Mental Health Trust's NICE implementation team had an education day that examined the local data from the Impact of Depression Tool and how NICE guidelines for depression were currently being followed suboptimally. This helped the NICE implementation team identify and plan steps for ensuring a more consistent application of NICE guidelines across the area to improve patient outcomes and reduce variation.

There is also interest and engagement from a couple of 'Vanguard' localities, who have been able to analyse the data and identify variation and inconsistencies in how depression is commissioned and managed locally.

This has created opportunities for these Vanguards to revise local pathways to improve adherence to NICE guidelines with a view to improving patient outcomes and manage NHS costs associated with the management of patients with depression.