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A Primary Care improvement initiative around children and young people who are suicidal or who self-harm.

What are we going to talk about?

- What is Practise Hope?
- How it works
- Work & Findings to date
- Potential outcomes



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What is Practise Hope?



Sussex Partnership
NHS Foundation Trust





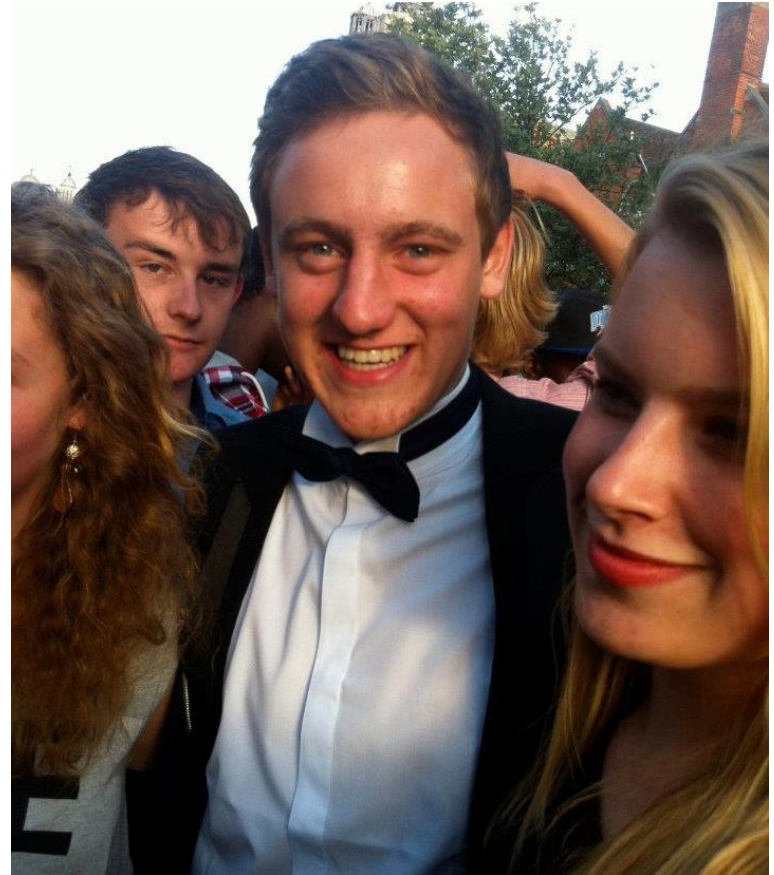
Creating a
legacy of
hope in
memory of
Oliver Hare

Olly's Future

Through sharing Olly's
love and light

we can help stop our amazing young people losing their lives to suicide.

- suicide prevention training and awareness raising initiatives
- supporting other organizations
- wellbeing through the arts



www.ollysfuture.org.uk



“Talking to doctors is like
gold dust”

Ged Flynn

Chief Executive – PAPYRUS Prevention of Young Suicide



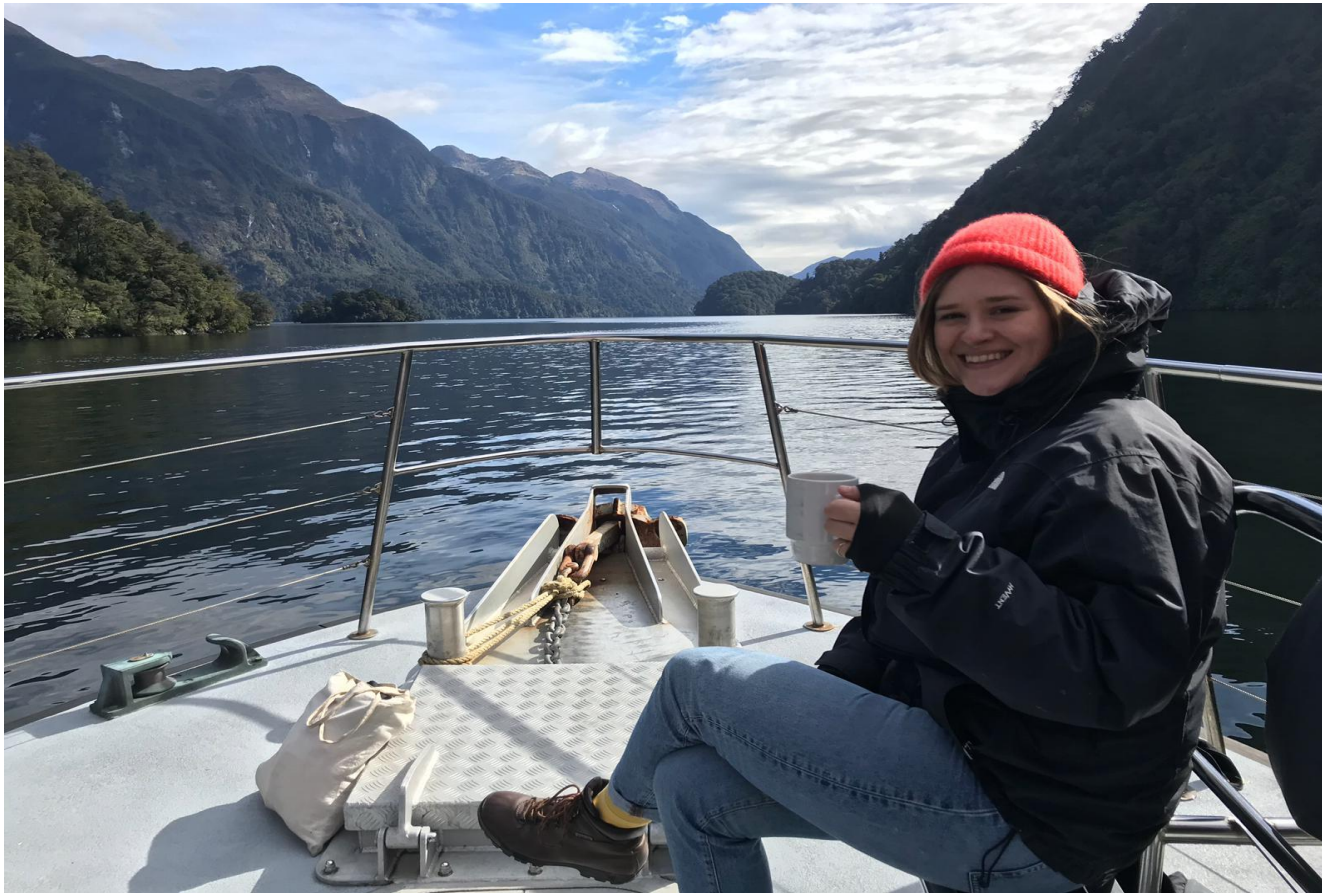
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Practise Hope is a pilot using the PACE Setter model for up to 30 GP practices in Kent, Surrey and Sussex to improve the help they give **10 – 25 year olds** who may be feeling suicidal or self harming.

PACE Setter is a quality improvement programme for primary care to lead the way in **bringing about a culture change** in improving services in practices.



Young People's Perspectives



Kent, Surrey and Sussex

Woking and Guildford area

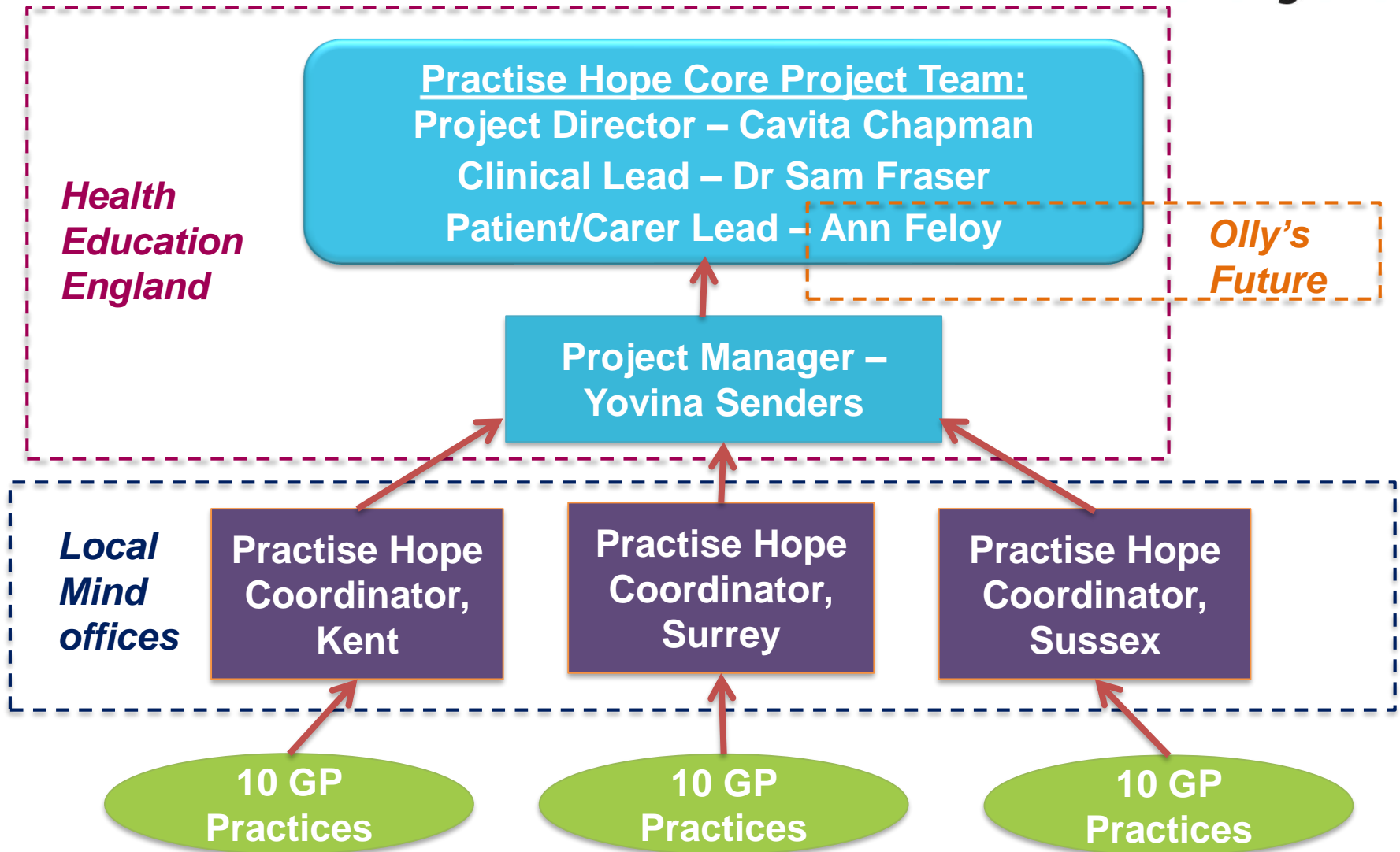


Dartford and Medway towns



Brighton and Hove





How does Practise Hope work?

To gain the HEE PACE Setter award, all practices must firstly complete a baseline on-line anonymous survey and **two core activities**:

1. **A self-assessment audit of safeguarding procedures** based on CQC regulation 13. This is, in effect, a quick tick box exercise for most surgeries.
2. **An engagement exercise** made up of two parts:
 - a) with at least 1% of their target population of **CYP** in the age range 10-25 and parents/carers).
 - b) with at least half of their **staff** around their wellbeing.

We have designed questionnaires and set up survey monkeys to collect data.

Practices then decide on **three additional activities** to create their **Action Plan** based on the PACE Setter model.

Co-production is key, involving CYP, families and staff.



Support available to GP practices

- **Dedicated Practise Hope Co-ordinator for each region**
- Templates/guides – surveys, action plans, examples
- **Facilitation of workshops / focus groups**
- Clinical and non-clinical 60/90 min training sessions
- **Sharing of lessons learned and experiences by participating GP practices, via quarterly project bulletins**
- **£1,000 on sign up!**



Inspiration Guide

- **Patient and Staff Engagement**
- ***Listening to the experiences and views of patients and staff, so that services can be designed and adjusted to best meet local needs***
- Focus groups, CYP, staff, families and carers.
- Patient/staff surveys, including online options such as using Survey Monkey and social media platforms
- Involve children and young people throughout the setting up, design and implementing of ideas for your 'Practise Hope' Action Plan, e.g. through a Patients' Participation Panel
- Set up a 'lived experience/ PPG panel of children and young people for your practice

Inspiration Guide

- **Accessing Services**
- ***Ensuring that information is clear and easily available for patients and staff on what support is available and how they can access services***
- information and resources around self-harm and suicide prevention on practice website, including links to relevant organizations, helplines and safety apps
- Set up a practice noticeboard with specific information around suicide prevention and self-harm, and information aimed particularly at children and young people
- Produce and share clear summaries of processes and policies around confidentiality, information-sharing with other agencies, booking appointments, first contact and triage
- Offer greater flexibility around booking appointments particularly for children and young people, e.g. drop-ins, lunchtime appointments, online booking. double appointment slots, and/or named GPs .

Inspiration Guide

- **Clinical Best Practice and Care**
- ***Making sure that the services provided to children and young people around suicide and self-harm are of the highest standard***
- Encourage better conversations around suicide and self-harm. Joint decision making
- Produce and promote clear guidelines on confidentiality and safeguarding
- Develop clear process / standards around clinical prompts and alerts to better support early warning signs and risk factors
- Establish a private space in the patients' waiting area & chill out area for staff. Build in time for staff debriefing, wellbeing, supervision within the practice routinely
- Surgery champion for CYP who specializes in mental health and wellbeing
- Improve collection and use of data on suicide/ self-harm for CYP
- Update practice processes / policy to ensure best practice for prescribing and managing medication for under 25s
- Set up better post vention systems and support for those bereaved through suicide, e.g. policy to write to bereaved family to express condolences and offer support as needed

Inspiration Guide

- **Educating and Equipping**
 - ***Ensuring that staff have the skills and resilience to effectively support patients and to manage their own mental health and wellbeing at work***
 - Provide Learning/Open Days for children and young people, and their families and carers, about how the surgery works
 - Staff attend suicide prevention training
 - Access on-line suicide prevention training by Zero Suicide Alliance (20 mins)
 - Develop 'soft skills' for all staff for improved communication with CYP in crisis
 - Job shadowing and resilience training for staff
 - Attend post vention /suicide bereavement training for staff

Key features of Practise Hope

- Improve and embed new ways of working with children and young people's mental health in Primary Care
- Practice-wide approach, including staff wellbeing
- Co-produced with staff, young people and families
- Award on successful completion – September 2020.



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Strategic Drivers for system change

NHS
Health Education England

Self-harm and Suicide Prevention Competence Framework

Children and young people

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

UCL

Public Health England

Preventing and improving the nation's health

Local suicide prevention planning

A practice resource

primary care FOUNDATION

nhsalliance connecting, integrating, innovating

MAKING TIME IN GENERAL PRACTICE

Freeing GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working

October 2016
Prepared by Henry Clay & Rick Stern
Editorial support from Elaine Carlisle

October 2016

THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

House of Commons
Health Committee

Suicide prevention: interim report

Fourth Report of Session 2016–17

NICE National Institute for Health and Care Excellence



MANCHESTER RSJ The University of Manchester

HQIP Healthcare Quality Improvement Partnership

NATIONAL CONFIDENTIAL INQUIRY

into Suicide and Safety in Mental Health
Annual Report 2018

ANNUAL REPORT: ENGLAND, NORTHERN IRELAND, SCOTLAND AND WALES
OCTOBER 2018

Department of Health | Department for Education

Transforming Children and Young People's Mental Health Provision: a Green Paper

Presented to Parliament by the Secretary of State for Health and Secretary of State for Education by Command of Her Majesty

December 2017
Cm 9523

NHS

Long Term Plan

#NHSLongTermPlan

GENERAL PRACTICE FORWARD VIEW

APRIL 2016

Preventing suicide in community and custodial settings

NICE guideline
Published: 10 September 2018
[nice.org.uk/guidance/ng105](https://www.nice.org.uk/guidance/ng105)

Why should practices sign up?

<p>Political</p> <ul style="list-style-type: none"> • Opportunity to be part of a trailblazer pilot developed locally to be shared nationally. • Primary Care Networks – to share best practice • NHS 10 year plan – Suicide Prevention and Self-Harm are priorities • Service gaps will be featured in NHS England commissioning workshop and fed back nationally 	<p>Economic</p> <ul style="list-style-type: none"> • Information will identify best use of resources • Staff retention and sickness are linked to staff wellbeing (and training, staff development) 	<p>Socio-cultural</p> <ul style="list-style-type: none"> • Sharing lessons learned and resources • Social prescribing now approved for under 18s • Supporting families • Culture change – whole practice approach • CYP in your community feel empowered, listened to and engage appropriately with services
<p>Technology</p> <ul style="list-style-type: none"> • Apps for self-harm and suicide prevention • Online resources • Connecting the system – strengthen/create links to other institutions e.g. schools, universities 	<p>Legal/Guidelines</p> <ul style="list-style-type: none"> • National competency frames for suicide prevention and self-harm • CQC- PACE setter model has been proved to improve the results of external CQC audit results 	<p>Other</p> <ul style="list-style-type: none"> • Good opportunity to scope gaps in local services • Recognise your own practices assets - What can our patients contribute? - What can all staff contribute?

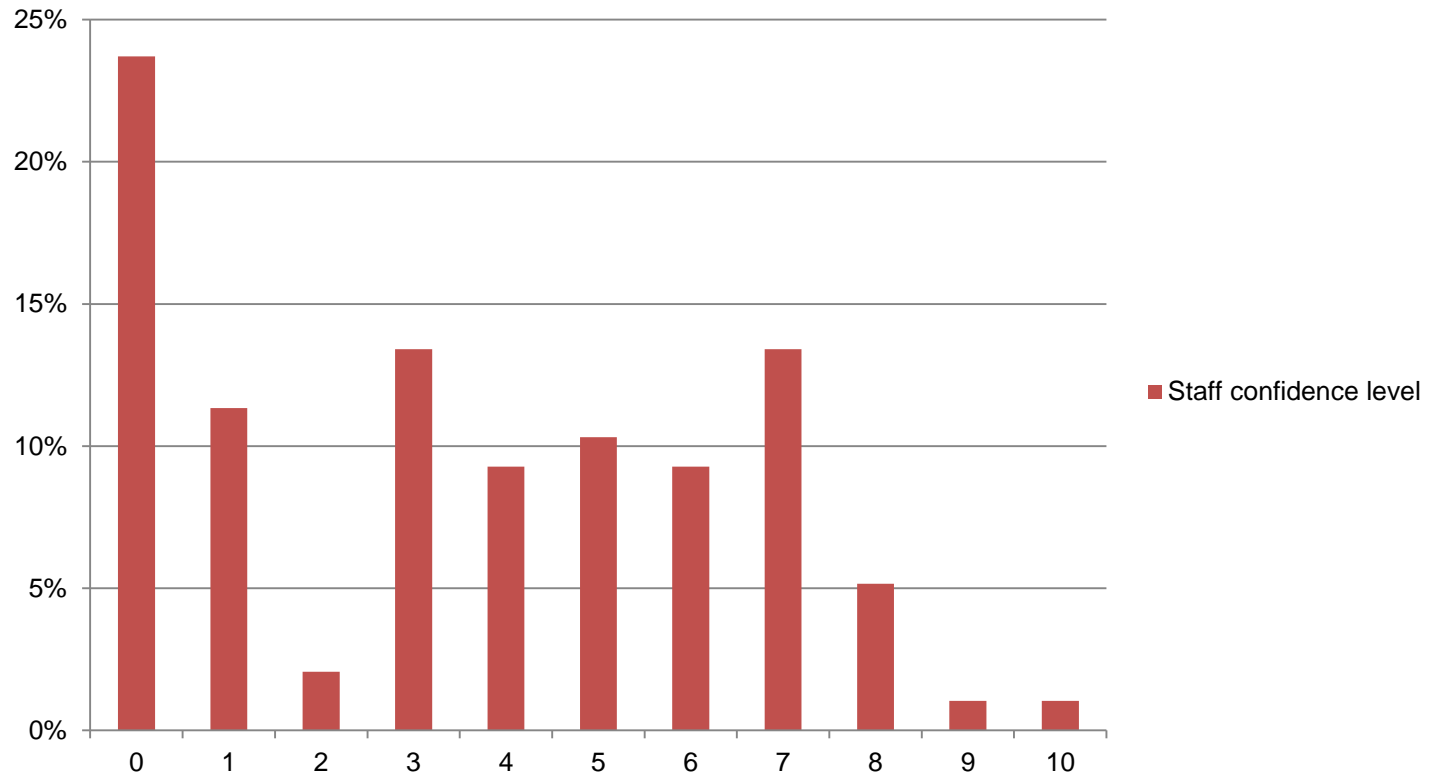
Work to date

- Scoping, networking with stakeholders, resourcing of the project
- Local Minds allocated – North Kent, Woking, Brighton and Hove
- Launch event & employment of Practise Hope co-ordinators for each local Mind
- GP sign ups 85% on target (26/30). Including university practices, areas where there is a high concentration CYP, social deprivation, known areas of high prevalence for suicide and self harm.
- Engagement commenced with CYP/ staff- qualitative and quantitative data collection.

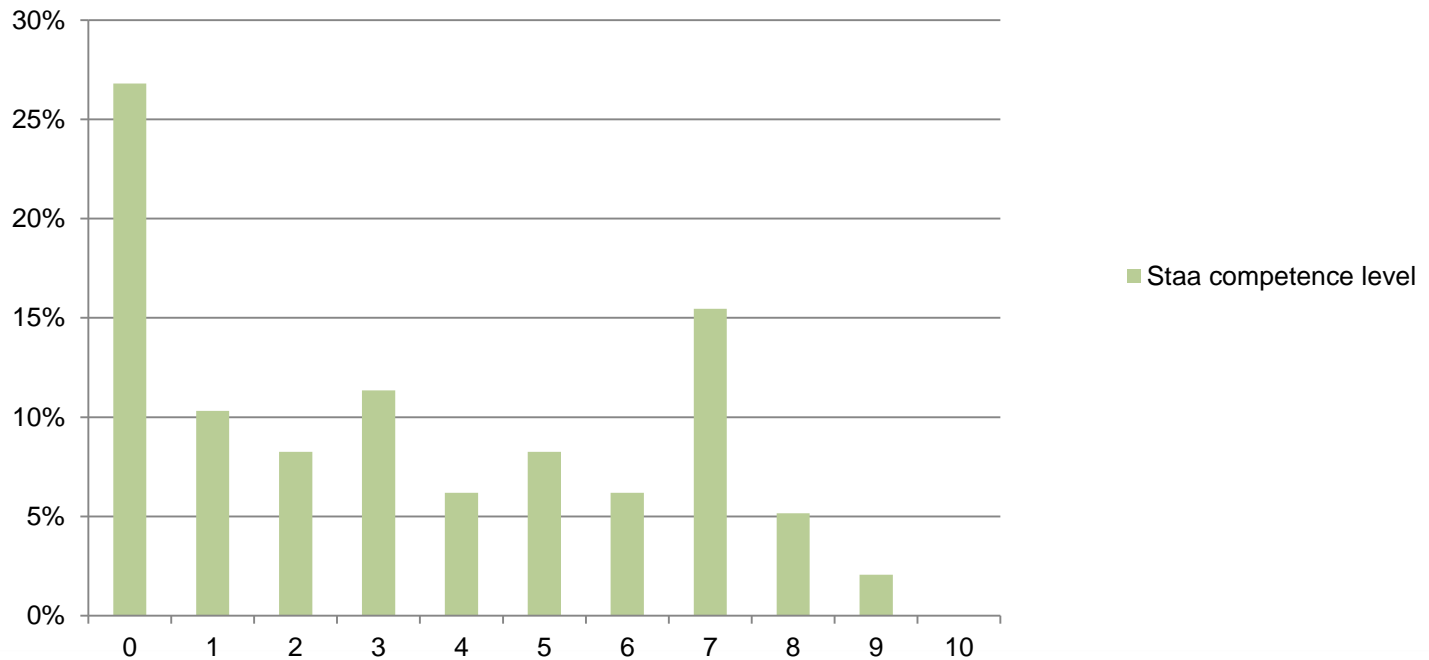
Findings to date

- Base line survey from signed up surgery staff across KSS (N=103).
- 43% of clinicians surveyed are seeing CYP self-harm behaviours or suicidal thinking at least once a month .
- Most prevalent disorders encountered in CYP are depression (60%), anxiety (59%), eating disorders (55%) and self-harming (50%).

Confidence in advising CYP & families on suicide and self-harm



Competence in advising CYP & families on suicide and self-harm



What young people are saying

Appointments = flexibility and drop-ins, peer support

To be an active participant in my own recovery

Information sharing???

To see the same doctor or a doctor of the same gender.

Access to up to date, information. What can I expect from services?

Greater clarity about confidentiality.

GP or staff who specialise in CYP mental health.

What are GPs saying about the challenges?

Flexible / drop-in appointments needed

Confidentiality & better communication

Early alerts for at-risk CYP groups

Understanding suicide risk factors, and links with self harm

Lack of suicide prevention and postvention training for staff

Access to up to date resources and referral options

Clear shared definitions of self-harm

Family-person-centred rather than protocol-driven risk assessments

What does this mean for Primary Care?

- Viewing Primary Care as an opportunity to adopt an at risk approach, working on prevention and treatment of self-harm and suicide prevention (note >60% CYP not in specialist services)
- Need to ensure good quality Primary Care Services – improving levels of confidence and competence in clinical and non-clinical staff , around management and treatment
- Youth friendly services that encourage engagement with Primary Care. CYP as the ‘architects of their recovery’
- Clear, reliable information and support to help families and others effected by child and adolescent self-harm and suicide, including post-vention.
- Reduce variability across the system- standard approach

Potential Outcomes

- Introduce **cultural and systemic change** in how we support CYP
- Adopt **early intervention** and **prevention approaches**
- Improve **innovation and new ways** of working across Primary Care Practices in Kent, Surrey and Sussex and potentially **nationally**
- **Co-producing** services with young people and staff – ***A Seat at the Table***
- Developing youth targeted **neighbourhood** based services
- Opportunity to develop ideas and good practice and thus **changes at scale**
– PCN, training hubs, ICS
- Work towards **zero suicide.**



Together, we can save precious young lives



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