

**Deputation concerning the Curing the NHS' Dementia by Mass Commissioning the MBCT Course – Referred from full Council held on 18<sup>th</sup> July 2013****(Spokesperson) – Mr Kapp**

I am a complementary therapist, and a facilitator of the Mindfulness Based Cognitive Therapy (MBCT) 8 week course (1) which is NICE-recommended (2) to improve mental health by teaching people self-help tools by which to better manage their emotions, so they don't need to go to A&E. There are more than 20 facilitators in the third sector of the city (3) providing this course for clients who pay the going rate (£150-370). This course is provided free on the NHS, but the waiting time is 20 years unless you are suicidal. (4) causing health inequalities as the poor can't afford it.

3 years ago, to reduce the waiting time, I created the Social Enterprise Complementary Therapy Company (SECTCo) (5) whose slogan is: 'medication to meditation', and whose mission statement is: 'Give a man a pill, and you mask his symptoms for a day. Teach him mindfulness, and he can heal his life'. To get public sector contracts I sent hundreds of e mails, documents, phone calls, to commissioners. These were not answered, because there was no-one at home who could make a decision, even to say: 'no'. The NHS did turn 65 last week, and decision paralysis is a symptom of dementia. Even Jeremy Hunt says it is sick. My experience proves that **it has dementia**. For the sake of both doctors and patients, we need to cure it. I am the Julia Bailey of Brighton, and pleading for your help now,

The government has done it's part by filling the democratic deficit in health. You are now responsible for public health, and for directing the strategy of the new Clinical Commissioning Group, (CCG). I am therefore calling on you councillors **to play doctor to the CCG** and cure it's demented paralysis by banging heads together. Please set up a 'chemist shop' voucher system by which GPs can prescribe the MBCT course as easily as Prozac. This would boost their morale by restoring their original function as teachers, (6) Then patients could access the course free within a few weeks from the third sector, so wouldn't need to go to A&E. This will fill the disconnect (7) between drugs and talking therapies, and restore patients' trust.

Please do not dismiss this proposal automatically as 'privatisation by the back door'. It is just a way of reducing waiting times for effective treatment, which has had all-party support nationally for more than 7 years. (8). Opening up the market to local complementary therapists would create local jobs and keep the money in the local economy, benefitting our citizens, rather than swelling the profits of drug companies. It will also improve health, reduce inequalities (9) and save taxpayers' money.

**First recommendation. The Council authorises the CCG to engage with SECTCo** to do 2 pilot trials of the MBCT course for £5,000 (10) and to engage a researcher to evaluate them, and report back to Council in November.

Trial 1. Up to 12 patients referred from a GP surgery in Hove.

Trial 2. Up to 12 sick council staff.

**Second recommendation. The Council instructs the CCG to consider this proposal** to set up a voucher system for the MBCT course in the city, and report back to the Health and Wellbeing Board (HWB) at its next meeting on 11.9.13.

**Councillor Jarrett, Chair of the Health & Wellbeing Board will reply.**

## Supporting Information:

### References

**1 Author.** I took this MBCT course myself 5 years ago in the voluntary sector in Brighton, paying £185 for it. It transformed my health, so I took the teacher training and have run 7 courses to date, for a total of about 70 students. A researcher conducted a trial last year in which 22 students took part. They increased their positivity score by 20% on average, and the best half of 11 students improved by 30%.

### 2 The evidence base for the MBCT course

- a) **NICE Clinical Guidelines** CG 23, (Dec 2004) and CG 123 (May 2011) for patients who had suffered previous bouts of depression. Other trial results are given below:
- b) The trials in 2002 (Teasedale et al) halved the 5 year relapse rate for patients who had suffered 3 previous bouts of depression.
- c) It has a 30 years evidence base from more than 500 clinical trials, showing it to be effective in improving mental health for almost anybody, including drug and alcohol addicts, see Breathworks, Manchester (Gary Hennessey) [www.breathworks.org.uk](http://www.breathworks.org.uk)
- d) It is used by Transport for London, with 20,000 staff, where it has reduced staff absence by 73%.
- e) It is being taught in schools, where it improves performance in all areas, and there are moves to get it included in the core curriculum. [www.mindfulnessinschools.org](http://www.mindfulnessinschools.org)
- f) A Survey by the Mental Health Foundation showed that 3 out of 4 doctors think that all patients would benefit from mindfulness. [www.bemindful.co.uk/mbsr/evidence](http://www.bemindful.co.uk/mbsr/evidence)
- g) A recent trial of 15,000 patients shows that talking therapies are better than drugs. (Source: PLOS Medicine, 2013; 10: e1001454)
- h) Polls show that 3 out of 4 patients want free complementary therapy on the NHS. (Foundation for Integrated Health, 2009).

### 3 Third sector provision of the MBCT course

There are 30,000 depressed patients in the city, and potentially they all have the statutory right to a MBCT course under the NHS constitution if their doctor says it is clinically appropriate, as it is a treatment which is NICE-recommended. If all those patients asked their GP for a prescription for this course, and if 20 patients were to be treated together in a class, to deliver their statutory obligation the CCG would need to commission 1,500 courses over say 3 years, say 500 courses pa.

A full time MBCT facilitator can provide up to 25 courses pa, (one course on each day of the week, - 5 per week – on a cycle repeating 5 times per year) so to provide 500 courses pa the CCG would need to commission 20 facilitators.

There are more than 20 MBCT facilitators already teaching this course in the city's third sector, so they could be mobilised to treat patients on GP referral if contracted by public sector commissioners, as proposed. These courses could be provided for £2,500 per course, (10) and £125 per patient treated, which is far cheaper than drugs. The total cost would be £1.25 mpa, which is about 2% of the city's mental health budget of £55 mpa.

**4 Waiting times for the MBCT course are given in my paper:** 'Co-creating a patient centred NHS' 11 pages, 19.6.13 and [www.reginaldkapp.org](http://www.reginaldkapp.org), section 9.56, and other papers there and on [www.sectco.org.uk](http://www.sectco.org.uk),

**5 Social Enterprise Complementary Therapy Company, (SECTCo)** was founded by the author on 4.5.10. It's website is [www.sectco.org.uk](http://www.sectco.org.uk). Its business plan (written 3 years ago) can be seen on [www.reginaldkapp.org](http://www.reginaldkapp.org), section 9.39, including a list of its 143 complementary therapist founding members in section 5.

**6 The word 'doctor'** comes from latin 'doctare, to teach,' so prescribing courses would improve their morale. 60% of GPs are in imminent danger of burnout. (Pulse magazine)

### 7 The disconnect between drug and talking therapies

The cause of the NHS's sickness is a disconnect between

- the needs of patients for which they go to the doctor, namely treatments to prevent, heal and cure their sicknesses, and
- the only mass treatments on offer, namely drugs which do not even *claim* to meet those needs, but only mask the symptoms.

Everyone knows that street drugs (like fags and booze) are dangerous and harmful, but to get them you have to spend your own money. Prescription drugs are no less dangerous and harmful, but the commissioning system gives doctors no alternative but to massively overprescribe drugs, giving them away like sweets at a childrens' party, breaking their Hippocratic oath: 'do no harm', as all drugs have harmful side effects.

Last year they wrote a billion monthly prescriptions to about half the population, which means that on average 30 million of us are taking 3 prescription drugs, which are slowly poisoning us with side effects. An inverse care law applies, which shows that the more prescription drugs we collectively take, the worse public health becomes.

To add insult to injury, last year drugs cost us as taxpayers £15 bn, which lined the pockets of private multinational drug companies who have been convicted and fined billions of dollars for putting profits before patients.

This disconnect is the reason why:

- NHS staff morale is at an all time low, as they work for a monstrous system which gives doctors no alternative but to prescribe harmful drugs on demand.
- Patients have lost faith and trust in this monstrous system, which serves no-one but the drugs companies.

Clinical commissioning means that GP commissioners (who see 40 patients per day) have taken the place of PCT managers (who never saw any patients, so never knew whether the treatments worked that they were buying). Patients can ask for MBCT courses, but GPs can only prescribe them if the CCG sets up a system (such as this proposal) to mass-provide them.

### **8 Privatisation by the back door?**

No, it just reduces waiting times, as the Labour government did in 2006 for talking therapy. They opened up the market by recruiting 10,000 therapists from the private sector for Cognitive Behaviour Therapy (CBT) under the Improving Access to Psychological Therapies (IAPT) programme. Two years later they opened up the market for hip and knee replacements to Independent Treatment Centres. These policies were successful and popular, and so would this proposal to open up the market to MBCT facilitators.

### **9 Reducing health inequalities**

The cause of health inequalities is the rich get the health benefit from complementary therapies which the poor can't afford. This proposal would reduce them by GPs giving patients free vouchers for courses, which they can cash near them. To walk their talk, 'physician heal thyself,' doctors too should access the MBCT course that they prescribe. This new system would produce 3 benefits to public health: reduction of harmful side effects from drugs, effective treatments, less cost to the taxpayer. (4) Our e petition on the council website from Nov 2009 got 445 signatures, and there is another up now from 4.7-10.9.13.

**10 Cost implications of these 2 trials** SECTCo provides 2.5 hours per week, for 10 days and pay facilitators £1,250 at £50 per hour, and assistants £750 at £30 per hour. Room hire is £500, so our tariff price is £2,500 per course, negotiable.

