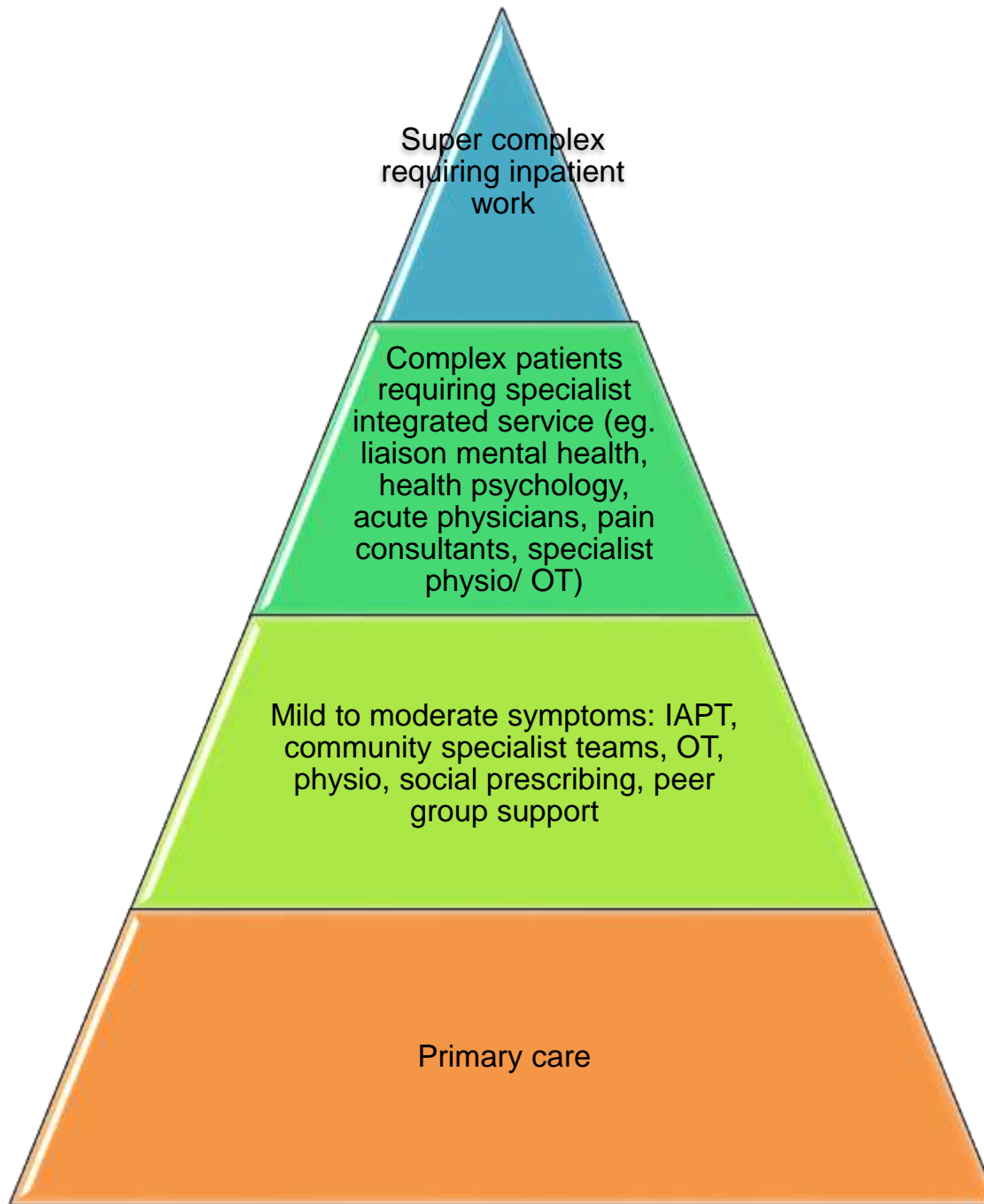


The top 10%

Dr Philippa Bolton



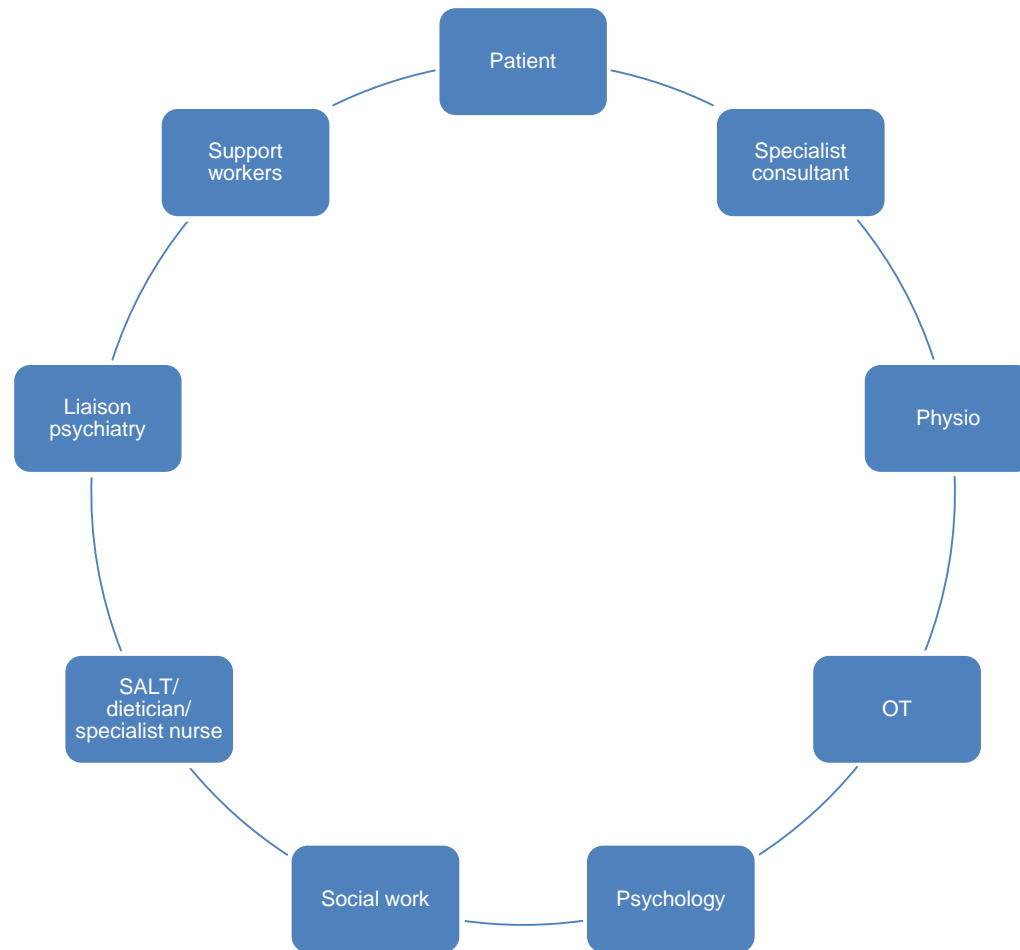
Super complex
requiring inpatient
work

Complex patients
requiring specialist
integrated service (eg.
liaison mental health,
health psychology,
acute physicians, pain
consultants, specialist
physio/ OT)

Mild to moderate symptoms: IAPT,
community specialist teams, OT,
physio, social prescribing, peer
group support

Primary care

Who do you need in a complex team?



Why do we need a different approach?

High levels of symptoms / chronicity for a long period of time need full rehabilitation

There is a dose response relationship between adverse childhood experiences and many of the LTC's.

If people aren't progressing along 'recommended' treatments need time and expertise to work out the 'why'.

We can't cure everyone, but we can improve quality of life.

The benefits

- Cumbria: £1m in, £1.9m out.
- Patients move to place of acceptance
- Quality of life, not cure
- Regaining independence and free of health service.
- Validation.
- Meaningful contacts