

ConnectionWorks:

Inspiring healing, through
connection to self, others
and our environment

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Potted history of General Practice

- Before the 20th Century GP's were private traders
- 1911 – Lloyd George (chancellor) introduced the National Insurance Act
- 1948 – Aneurin 'Nye' Bevan brings the NHS to Post War Britain
- 1990 – Conservative government introduces the internal market into the NHS and GPs become commissioners.
- 1997 – This is scrapped by the Labour Government and various iterations of fundholding central bodies followed.
- 2022 – The CCG which was the PCT becomes the ICB

Global Sum and cost per pateint

- Main bulk of funding into practices
- Weighted per patient
- 2000 – approx. £58pp per year
- 2023 – approx. £93pp per year
- 2000 – average attendance to General Practice per person was 2 visits per year
- 2023 – approaching 10 visits per year
- Numbers of GP's falling (down 1083 last year)

The perfect storm



Increasing Chronic disease burden

The incidence of chronic disease has increased by 25% in the last decade. It is estimated that over 15million people live with with chronic disease in the UK today



Increasing isolation

- Reduction in social care and council funding
- Inc in social deprivation and cost of living crisis
- Inc isolation and reduced sense of community



Reduced happiness

- 2022 Children's report – significant drop in happiness and joy scales particularly at school
- 36% of people say they are unhappy at work
- Reduced in person social interaction at work and socially



Reduced access to green spaces

63% reduction in accessing of green spaces
Poor soil quality and environmental degradation

Complex Post Traumatic Stress Disorder

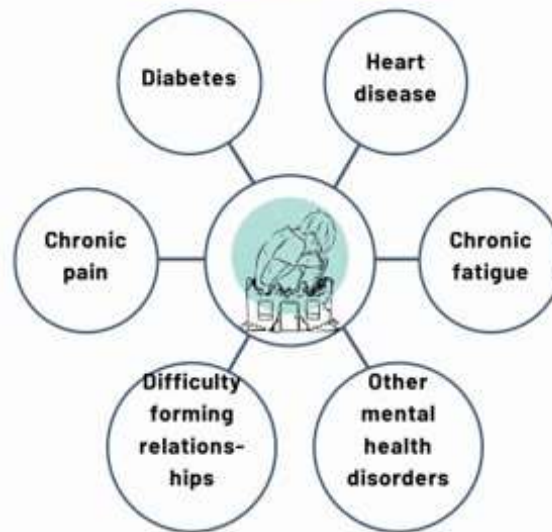
- A cluster of complex post traumatic stress disorder, post traumatic stress disorder, borderline personality disorder/emotionally unstable personality disorder which have a common history of psychological trauma, classified under trauma-related disorders in ICD-11 (WHO, 2019)
 - Complex PTSD is characterised by severe and persistent
 - 1) problems in affect regulation
 - 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event
 - 3) difficulties in sustaining relationships and in feeling close to others.
 - These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.
- Term originally proposed by Dr Judith Herman in 1988; still not recognized in DSM



Impact of psychological trauma

- Studies demonstrate that those exposed to complex trauma had more severe psychopathology and poorer cognitive function at age 18 compared to both trauma-unexposed participants and those exposed to non-complex trauma.
- Early childhood vulnerabilities predicted risk of later complex trauma exposure, and largely explained associations of complex trauma with cognitive deficits, but not with psychopathology.
- Recent meta-analyses have found that evidence is particularly strong for increased risk of cardiovascular, metabolic, and musculoskeletal disorders among patients with PTSD.

COMPLEX POST TRAUMATIC STRESS DISORDER



Diabetes

There is strong link between poorly controlled diabetes and high ACE scores
Huffines L, Noser A, Patten DR. The Link Between Adverse Childhood Experiences and Diabetes. *Curr Diab Rep.* 2018 Jun;18(5):54. doi: 10.1007/s11892-018-0740-8. PMID: 27112958; PMCID: PMC5292871.

Chronic Pain

There are strong links between pain and CPTSD. Embodied trauma.
Brennstuhl, Marie-Jo; Tarquinio, Cyril; Montel, Sebastieners. *Perspectives in Psychiatric Care*. Oct2015, Vol. 51 Issue 4, p295-304. 10p

Heart disease

Multiple studies have connected CPTSD with ischaemic heart disease and cardiomyopathy takotsubo syndrome.

Chronic fatigue

Chronic fatigue has a high association with CPTSD

Other mental health disorders

There is a strong correlation between CPTSD and ADHD, Depression, Anxiety and Personality disorders.



Intention of the ConnectionWorks Programme

To provide a safe container to have a lived experience of connection and support

The ConnectionWorks Programme

- Intake interview
- 4 x small group psychoeducation & lifestyle session
- 6 x trauma-informed yoga
- 6 x TRE
- 1:1 session with Dr
- 3 x foraging walks OR 3 x nature walks
- 3 x acupuncture OR 3 x reflexology
- 2 x small group zoom check-ins
- Exit interview

Data Collection

- Programme ran October 2021 – September 2022
- Self compassion scores: intake & exit interview
- Medical symptom questionnaire: intake & exit interview
- Focus group: one month after programme completion
- NHS data: October 2020-March 2021 & October 2022-March 2023



Self Compassion Scores

- An improvement in overall scores between testing
- Statistically significant improvement with a moderate to strong size effect
- Self Kindness & Over Identification biggest change

Self Compassion Scores

Measure	p-value	Cohen's d
Self Kindness	<.001	.731 [.283, 1.168]
Self Judgement	.014	.471 [.053, .881]
Common Humanity	.068	.309 [-.096, .707]
Isolation	.026	.408 [-.005, .812]
Meditation	.004	.584 [.153, 1.003]
Over Identification	<.001	.833 [.370, 1.283]

Results of one-sided paired samples t-test for sub-components of SCS score.

95% Confidence interval provided in square brackets

Medical Symptom Questionnaire

- Average result no change
- Some increased
- Some halved
- Expected – even good result!

Focus Group themes




NHS Data

Record Level

	Contacts	Before Programme (Oct 20-Mar 21)	After Programme (Oct 22 – Mar 23)
Primary care	Appointment reporting	338	268
	Medication	49	8
Secondary care	IPSUS	4	0
	OPSUS	31	0

Patient Level

	Contacts	Before Programme (Oct 20-Mar 21)	After Programme (Oct 22 – Mar 23)
Primary care	Appointment reporting	20	18
	Medication	8	4
Secondary care	IPSUS	3	0
	OPSUS	7	0



*"To have this so beautifully curated
takes away the anxiety and loop in
my brain, and lets me explore these
things with safety and curiosity"*
Year 2 participant

Patient Stories



Goldstone PCN.

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