




**BANES PRIMARY CARE
TALKING THERAPIES SERVICE**
ABOUT THE SERVICE

Avon and Wiltshire 
Mental Health Partnership NHS Trust

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IMPROVING RECOVERY RATES IN BANES

- Nothing in this presentation is new or clever (sorry)
- What works in one service may not work in another.
- Most of the strategies employed are time consuming, laborious and involve lots of data analysis.



IMPROVING RECOVERY RATES IN BANES

- Starting Position
- Getting To Know You
- Back To The Specification
- What Makes A Good Service
- Degree of Attention
- Maintenance
- Innovation



STARTING POSITION- LIZ RICHARDS

- Service Commissioned in August 2013 as an IAPT “plus” service
- When Commissioned, AWP in “Strategic Business Units” and not part of locality
- Difficult TUPE process
- Initially run by LIFT Psychology using Least Intervention First Time model
- Moved to “Localities” in September 2013 – overall responsibility for the service moved to the local triumvirate
- The language of IAPT
- Poor engagement in the model and service by staff who, in some cases, had experienced being TUPE-ed across three services



THE LEARNING

- Engagement in TUPE process sooner
- Work between exiting service and new service
- Clear management structure in place
- Consistency and transparency
- The importance of being “held”



NEW CLINICAL LEAD JULY 2014

- Data system poorly used or understood
- Data System not set up for needs of service
- Not achieving targets
- Lack of clarity and understanding of service protocols
- Lack of clarity about pathways



DATA JUNE 2014 – OCT 2014

Performance Indicator	June	July	August	Sept	Oct
a. Entered Treatment (15% pop)	3.2%	4.3%	5.9%	7.8%	9.8%
b. Waiting time: 3 day Contact (95%)	100.0%	100.0%	100.0%	100.0%	100.0%
c. Waiting time : First Therapeutic Contact 14 days (80%)	47.0%	66.9%	72.2%	56.6%	65.4%
d. Waiting time: LI (80%) Contacts	29.4%	26.8%	27.8%	57.2%	55.2%
d. Waiting time: LI (80%) Groups	100.0%	100.0%	100.0%	100.0%	88.9%
e. Waiting time: HI (90%) Contacts	48.9%	100.0%	100.0%	77.8%	100.0%
e. Waiting time: HI (90%) Groups	100.0%	100.0%	100.0%	100.0%	100.0%
f. Wait time: Step LI to HI (10%-)	50.0%	37.5%	0.0%	100.0%	66.7%
g. Demographic Data (100%)	97.2%	95.9%	97.5%	97.0%	97.4%
h. DNA First Therapeutic Contact (10%-)	3.2%	7.8%	6.6%	9.0%	12.0%
i. DNA LI (10%-)	12.6%	9.3%	12.1%	12.4%	12.7%
j. DNA HI (10%-)	1.0%	1.4%	0.0%	0.0%	0.0%
k. DNA Groups (10%-)	27.0%	35.1%	26.1%	28.1%	29.4%
l. Clinically Significant Improvement (90%)	53.0%	45.0%	60.3%	50.3%	52.7%
m. Sick pay and Benefits (20%)	63.0%	50.0%	62.5%	87.5%	60.0%
n. Recovery Rate(50%)	26.0%	38.0%	45.0%	44.3%	45.6%
o. Patient Feedback Responses- benchmarking	4.2%	13.2%	6.2%	8.4%	6.0%

**GETTING TO KNOW YOU**

- Understanding the team dynamics
- Understanding the wider team and support systems available (Triumvirate, Commissioner, IAPT National Team, AWP Info-matics team and Account Manager with IAPTus Data System)
- Getting Into The Data



BACK TO THE SPECIFICATION

- What had been commissioned?
- What were the targets?
- Analysing the service “as is” and comparing to service spec
- What isn’t working well – drop outs/recovery rates



NATIONAL DATA

Year One Data Analysis:-

Gyani, Shafran, Layard & Clark (2013) Behav. Res. Ther.

Services with higher recovery rates had:-

1. Higher average number of sessions
2. Use stepped care
3. Core of experienced therapists
4. Self-referral = less sessions for recovery
5. NICE compliance leads to higher recovery
 - Depression: CBT = Counselling
 - GAD: CBT > Counselling
 - Guided self-help > pure self-help



WHAT MAKES A GOOD SERVICE

- Access near 15%*
- Recovery > 50%*
- Reliable improvement substantially higher*(clinically significant improvement on slides)
- NICE recommended treatments at NICE recommended dose* (current average 6 sessions, should be 9-10)
- Stepped care used
- Adequate size workforce. Experienced core
- Regular outcome focused supervision



WHAT MAKES A GOOD SERVICE (2)

- Leadership supportive of staff, inquisitive about outcome data, feedback to individual staff and linked personal CPD.
- Most patients receive a course of treatment (*ratio number complete treatment / enter treatment. Mean 62%. Range from < 20% to > 70%*)*
- Patients problems identified (*high completeness of ICD-10 codes. Currently range from 100% to <1%*)*
- Range of non-CBT treatments (not only counselling)*



WHAT MAKES A GOOD SERVICE (3)

- Know what you're treating
- Know how your staff are performing
- Engage the staff in the development of the service
- Examine recovery rates
- Examine treatment rates
- Keep checking the data



DEGREE OF ATTENTION

- Meeting with GP surgeries and asking for feedback on service so far
- Is the data system doing what it needs to?
- Checking and double checking reports received against National figures
- Staffing – checking skill mix and where the gaps are in the service provision



COMMISSIONER MEETINGS

- **Good support and direction from Commissioner**
- **Developing trust**
- **Commissioner has both detail and strategic focus**
- **Commissioner has made time to help develop and support the service**
- **Involving CCG Data Performance Analyst**



ATTENTION TO DETAIL

- **Looking at all clients dropped out of treatment over 6 months**
- **Review of ALL discharged cases who had failed to recover**
- **Closing all open cases that were not engaged in treatment**
- **Looking for themes in the data**



CHANGING THE CULTURE

- We are here to make people better!
- Quality of supervision
- New protocol around entry into service
- New protocols around discharge of clients
- Understanding the MDS and engaging staff in recovery



CHANGING THE MODEL

- All clients self referring or being referred receive 2 initial assessment appointments (although this can take up to 4)
- Review appointments offered and actively encouraged after a contracted treatment if not recovered
- All assessment and review appointments conducted by qualified PWP's or HI's.
- Robust follow up's
- No-one discharged at step 2 without having been taken to supervision.
- Using the tools in hand to inform treatment options – repeating treatments if necessary
- Making sure ADSM's being used
- Clustering (training for staff and implementation)



AND MORE DATA!IAPT Monthly Provider Report
Data For Period - November 2014

Performance Indicator	National or Local Indicator	14/15	Jan-15	Feb-15	Mar-15	Apr-15	May-15	15/16
		Out-turn						YTD
Number of people who have depression and/or anxiety disorders	PHQ13_02	20,409	1,701	1,701	1,701	1,701	1,701	3,402
The number of people who have been referred for psychological therapies	National	4,166	451	430	386	307	330	637
Number of referrals by GP OR Other Professional	Local	191	10	25	30	24	26	50
Number of referrals (Self Referral)	Local	3,984	441	405	356	283	304	587
Total number active referrals waiting for assessment	Local	326	56	5	186	283	288	571
The number of people who have entered psychological therapies	PHQ13_01	3,523	367	313	319	321	243	564
Number of patients discharged	Local	3,510	113	166	176	186	173	359
% Moving to recovery	PHQ13_06	44%	60%	62%	66%	65%	65%	65%
Number of patients with a diagnosed Long Term Condition (active cases Step 2)	Local	539	439	467	507	555	514	535
Number of patients with a diagnosed Long Term Condition (active cases Step 3)	Local	38	21	25	36	35	38	37
Number of patients re-referred to the service within a 3 month period of discharge	Local	452	60	30	10	7	17	24
The number of people retaining employment	National	1,424	42	54	52	63	48	111
The number of people moving off sick pay and benefits	National	65	1	4	4	64	4	4
% moving off sick pay and benefits	Local	65%	33%	100%	80%	75%	67%	67%

**AND MORE DATA**

Performance Indicator	2015/16				
	Jan	Feb	March	April	May
a. Entered Treatment (15% pop)	14.17%	15.70%	17.26%	1.57%	2.76%
b. Waiting time: 3 day Contact (95%)	100.0%	100.0%	100.0%	100.0%	100.0%
c. Waiting time: First Therapeutic Contact 14 days (80%)	65.1%	93.4%	89.1%	87.0%	92.6%
g. Demographic Data (100%)	98.1%	97.9%	98.1%	98.1%	97.8%
h. DNA First Therapeutic Contact (10%<)	7.7%	16.1%	7.1%	7.2%	14.0%
i. DNA LI (10%<)	11.3%	8.1%	6.2%	6.8%	5.7%
j. DNA HI (10%<)	0.0%	0.0%	2.2%	0.0%	2.9%
k. DNA Groups (10%<)	21.9%	27.4%	20.6%	24.0%	31.8%
l. Clinically Significant Improvement (80%)	74.4%	79.8%	79.2%	82.3%	77.2%
m. Sick pay and Benefits (20%)	33.0%	100.0%	80.0%	75.0%	66.7%
n. Recovery Rate(50%)	59.5%	62.0%	66.2%	65.3%	64.9%
o. Patient Feedback Responses- benchmarking	45.1%	38.0%	22.2%	37.6%	31.8%



MAINTENANCE

- **Good supervision and line management structures in place**
- **CPD for team**
- **Checking and rechecking the data**
- **Being “on top” of flow through service**
- **Keeping up with National developments and IAPT information (ERG/HESW/National IAPT Team/National Strategic Clinical Networks)**
- **Keep looking for ways to improve**



SERVICE ASSESSMENT

- **APPTs Accreditation framework**
- **CQC**
- **Regular record checking**
- **Random checks on all data, pathways, clustering and treatment**
- **Random course checks**

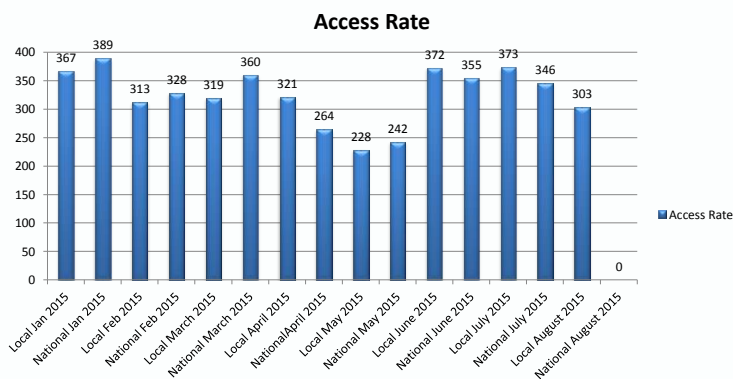


CURRENT POSITION

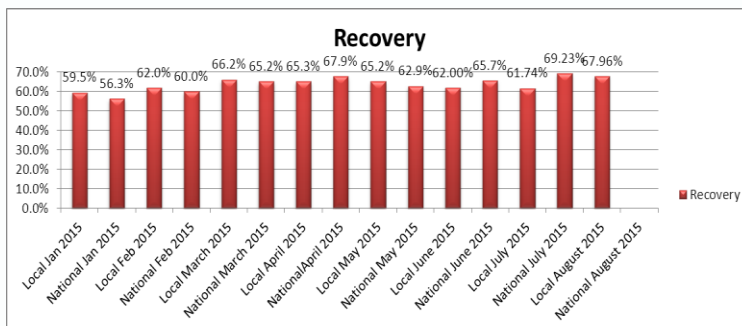
Performance Indicator	2015-16				
	April	May	June	July	August
a. Entered Treatment (15% pop)	1.57%	2.69%	4.51%	6.34%	7.82%
b. Waiting time: 3 day Contact (95%)	100%	100%	100%	100%	100%
c. Waiting time: First Therapeutic Contact 14 days (80%)	87.0%	89.3%	79.1%	82.9%	79.9%
g. Demographic Data (100%)	98.05%	97.76%	97.52%	99.90%	99.99%
i. DNA L1 (10%<)	6.8%	5.7%	8.3%	12.2%	10.8%
j. DNA H1 (10%<)	0.0%	2.9%	4.3%	8.3%	7.2%
k. DNA Groups (10%<)	24.0%	31.8%	36.6%	36.6%	40.0%
m. Sick pay and Benefits (20%)	75.0%	66.7%	70.0%	75.0%	60.0%
n. Recovery Rate(50%)	65.3%	65.2%	62.0%	61.7%	68.0%
o. Patient Feedback Responses-benchmarking	37.6%	20.4%	24.8%	38.2%	48.9%



CURRENT POSITION



CURRENT POSITION



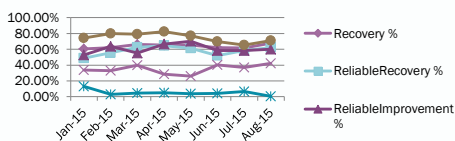
CURRENT POSITION

Recovery Breakdown (% of discharged Aug 2015)	Percentage moving to recovery
Overall	66.67%
Mild (30.9%)	100%
Moderate (38.1%)	69.81%
Severe (31.0%)	58.14%



CURRENT POSITION

Type	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Recovery %	65.31%	65.19%	62.00%	61.74%	67.96%
ReliableRecovery %	64.58%	61.19%	52.00%	58.26%	62.14%
ReliableImprovement %	66.67%	70.38%	58.58%	58.55%	60.00%
NoChange %	28.33%	25.92%	40.40%	36.84%	42.22%
ReliableDeterioration %	5.00%	3.70%	4.04%	6.58%	0.74%
ClinicallySignificantImprovement %	82.29%	77.10%	69.69%	65.13%	71.11%



INNOVATION

- LTC's
- Diabetes CQUIN
- Treatment via internet
- Developing the PD pathway
- Working with other organisations
- Peer Support and Co-facilitation
- SMI Pathway?



CHALLENGES

- Capacity – NICE recommendation recently for referral to IAPT becoming QOF for GP's
- Increasingly target driven
- PWP development and career pathways in order to enhance staff retention
- Psychological pathways across Primary and Secondary Care with no "gaps"
- Prioritising IAPT in a shrinking financial climate



REFERENCES

- <http://www.iapt.nhs.uk/silo/files/top-tips-for-commissioners.pdf>
- **Enhancing recovery rates in IAPT services** Alex Gyani, Roz Shafran, Richard Layard & David M Clark
[http://eprints.lse.ac.uk/47486/1/Enhancing%20recovery%20rates%20in%20IAPT%20services\(Isero\).pdf](http://eprints.lse.ac.uk/47486/1/Enhancing%20recovery%20rates%20in%20IAPT%20services(Isero).pdf)
- IAPT 3 Year Report DoH <http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf>



Thank you for listening!

Any Questions?

