

**Joint South Glos Mental Health Network and South Glos LINK Meeting, 31
October 2011**

Improving Access to Psychological Therapies (IAPT)

Speaker: David Wilcox, South Gloucestershire Clinical Lead, Let's Talk, 2gether NHS Foundation Trust.

Click below to go to David's presentation:

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/South%20Glos/IAPT%20Presentation%20for%20South%20Glos%2011.pdf>

Improving Access to Psychological Therapies (IAPT) in South Glos has been running for 22 months. IAPT is a national initiative seeking to address the gap in services for people with mild/moderate depression/anxiety. There is an economic argument for treatment because of the number of people out of work because of depression. It is mainly Cognitive Behavioural Therapy (CBT), solution focused therapy. 'Let's Talk' is the local brand of IAPT and is part of the 2gether NHS Foundation Trust. IAPT is for people with moderate depression, and there is an assumption that everyone with depression or anxiety will want talking therapies but for some people this is not the first choice of treatment. The Primary Care team that Terry described will help integrate the Let's Talk team and IAPT will link in closely with the new team. IAPT is a highly monitored service which means we have to ask patients to fill out a number of questionnaires every session. But it does give a lot of data about how well the service is working. The targets are national ones. To increase access we have been doing outreach work and are developing initiatives for specific populations, e.g. perinatal mental health, armed forces veterans, long term conditions, people with learning difficulties, black and minority ethnic (BME) people and older people.

Questions

Q: What about brain injury?

A: This is not a population that has been identified nationally. IAPT is a prescribed service with nationally laid down targets. Locally we have also worked with gypsies and travellers. We are separate from the primary mental

health service which already existed in South Glos and has a different clinical lead.

We have Psychological Well being Practitioners who deliver guided self help which is lower level support. They don't go to people's houses but you can access the service over the phone. This can increase the flexibility of the treatment offered and has been shown to have positive outcomes.

In May 2010 the service was fully established. There are national recovery targets for IAPT services that stipulate how effective the service is based on changes in scores on questionnaires. The national target of 50% was recently met in South Gloucestershire.

There are challenges. The number of referrals that we have to meet is a national target. In South Glos we need to be seeing more people. Unattended appointments are a problem. We are tackling this by asking people to opt in rather than just be referred. We are also texting reminders. There is no upper age limit and we are working on improving access for older people.

Q: Do you work with people diagnosed with, for example, cancer?

A: We are based in a GP surgery which includes Dr Peter Bagshaw (the mental health GP commissioning lead) and are working with him to provide services for this group. We have an emotional wellbeing package (manual and workshop) which can be helpful for anyone, irrespective of any condition or mental health or medical condition. We will be starting to invite patients to the Emotional Wellbeing workshop to manage the psychological difficulties associated with long term medical conditions.

Q: A big problem is transport for older people – but telephone doesn't always work for older people.

A: We do try to provide a telephone service for people who can't get out. But for some older people we know that using the telephone can be problematic. Our aim is that people don't have to drive miles so that we can deliver the service in a GP surgery local to them. There is an issue with lack of space in GP surgeries and we are constantly looking at ways of overcoming this. We also access PCT run clinics and other public buildings that are suitable. We always endeavour to treat people on an individual basis.

Q: Is it just six weeks – one hour per week.

A: With telephone guided self help there are up to sessions that can be less than hour. Often with face-to-face CBT it might be 10 to 12 sessions.

Counselling is a set number of sessions. With CBT we are looking to meet specific goals so it might take fewer sessions or slightly more. We do have a maximum number of sessions. The NICE guidelines advise around 12 sessions for anxiety or depression.

Q: What if the person is going to take more than 12 sessions.

A: This depends on a number of factors. If it is apparent at assessment we may look to refer on to a service that is less restricted in this way or that takes on more complex clients. Like any IAPT service we do have problems with the complexity of some of the clients referred. Each individual case and plan their care appropriately in the context of our capacity.

Q: Some of your team is very knowledgeable about Autism, some know nothing. Are you training the whole team?

A: Training places are limited, as are funds to finance it. It is also a challenge to release people for training and maintain services. We do have autism training coming up in Gloucestershire and I hope to get a few of our staff attending..

Q: Do you accept referrals for people with head injuries?

A: Yes. We might seek advice on how we go forward but we don't turn people away

Q: Only link for people with head injury is Head Injury Therapy Unit which is inundated. Is IAPT another chance?

A: If people come with for example bereavement, there is a specialist service, Cruse, but it is inundated. So we offer help for bereaved people in the counselling service linked to Let's Talk. We are looking at complexity – can we do a good enough job in the short time we have. Would a person be better in secondary care or third sector, e.g. sexual abuse issues, we are aware of Kinergy so we refer there but we do take waiting lists into account. We are a generic service.

Q: Payment by Results (PbR) needs high recovery rates. If no result would there is no funding?

A: PbR will be piloted with two IAPT services in the South West relatively soon. It is easier to measure IAPT than other services in mental health. PbR wouldn't change the way we perform. We have recovery targets and activity targets (how many we should see) which will be a challenge. The South Glos population is 260,000. It is estimated there will be 26,000 with mild/moderate depression or anxiety and we should be seeing 15% of that number per annum which is nearly 4,000.

Q: IAPT is delivered by the statutory sector. There was no opportunity for the voluntary and community sector to provide part of the service. Are there likely to be any opportunities in the future?

A: Any Qualified Provider (AQP) might provide opportunities for voluntary and community sector. It is more likely to go to Bristol as a pilot. We value the voluntary and community sector and do refer to them.

Q: How many of your service users are on benzodiazepines and do you refer back to the voluntary and community sector? Battle Against Tranquilisers (BAT) thinks that psychotherapies are no good for people on benzos.

A: We are aware of BAT. Benzodiazepines are a problem. Work on anxiety in particular is not going to be very effective when someone is on this medication so we are likely to advise treatment with a service such as BAT prior to CBT in order to have the best chance at improvement.

South Gloucestershire Primary Care Liaison Service

Speaker: Terry Baker, Team Manager, South Glos Primary Care Liaison Service, Avon and Wiltshire Mental Health Partnership Trust

The service will be a new route to primary care mental health services. The service specification has been sent out for consultation and commentary.

The service should begin early in 2012.

Secondary care mental health services deal with severe mental health issues and thus there is a high barrier to services.

About 90% of mental health issues in older people are dealt with outside of secondary care mental health services. Primary care has limited time and sometimes limited knowledge to enable them to deal effectively and appropriately with people. Routes into the system can be complex and it is difficult to get through the barriers to services; referrals can be misunderstood.

The primary care liaison service has been operational for 20 months. There is a small team of 5 mental health nurses. The team has strong links with other clinical staff. It works with primary care across 4 areas in South Gloucestershire; Thornbury; Severnvale; Yate; Kingswood and Hanham. It was originally hoped that the team would form links with 1 nurse per practice in each area, with an aim for presence and visibility.

There is a low barrier to entry to the service; not every case is treated as a formal referral; some contact may be by phone. Formal assessments are done on behalf of the mental health services. The team has ownership of the care pathway. All referrals are accepted. The team also offers advice, and have an education programme for primary care.

There are not many performance targets and the team is able to determine with partners what outputs to measure. The team surveyed all primary care staff whom they had referred to – this information was distributed and is available. All service users are also surveyed – this feedback is very useful to the team.

The service aims to improve access to psychiatry and to secondary care. There are 30 to 40 referrals to secondary care per month and 120 in the last quarter. The response time is fast as it is a rapid access service which often aims for a same/next day response. Some referrals are delayed for up to 2 weeks but this is usually because the service user is unavailable.

Questions

Q: (from a GP) the partners I work with and I would like to know who is funding the care that you signpost to?

A: the service has its own charging tariff and payment by results charges are being developed. A care pathway for dementia is being developed with the support of primary care and memory services. The purpose is to decrease referrals to memory clinic.

Paul Frisby from the PCT offered to find out information about the tariffs.

Q: If people are referred on without being referred back to GP's, GP's don't know what they are paying for

A: There is no case specific charging at the moment, but fair point.

Q: Is this service likely to be amalgamated with Bristol?

A: This has been a pilot but it will now be rolled out across the Avon and Wiltshire area for adults of all ages. It is unlikely to be amalgamated with Bristol.

Q: What is the size of the new service? What is going and what is going to be replaced?

A: Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is leading on the project and working with the PCT and new Clinical Commissioning Group (CCG). South Gloucestershire will hopefully have a total of about 10 to 12 staff in the new primary care service; it is possible that there will be one for one moves between primary and secondary care.

Q: Does the service refer to the voluntary sector?

A: Yes it does. It has a focus on the Alzheimer's Society at the moment. The team monitors where they send people. In the last quarter 15% of referrals

Q: Will referrals come from other services and can there be self referrals?

A: Not at the moment. Certain categories of service users have 're-entry' permits in that they can come straight back into secondary care if they have a problem and there will be an allowance for that in the contract

Q: "What involvement will Primary Care Liaison (PCL) have in discharge?

A: This is not envisaged as a step down model The services exists to support the role of primary care. It is difficult to envisage how step down would work in this context when PCL are not undertaking care management"

Q: Can anyone refer to the service?

A: anyone in primary care can refer; e.g. the GP or District Nurse. This may change with the new service

Q: I have referred some people to the service for assessment and it has been very helpful. But if the person doesn't want to access the service and then changes their mind is re-referral possible?

A: Yes you can. There are no strict rules. We encourage staff to communicate directly with professionals who refer by phone as well as by letter

Q: I have had a referral rejected – the person had been involved with secondary care previously

A: We don't reject referrals but do have a continuum of responses from phone call to one to one visits. If you've had a referral rejected, could we speak about that as I need to know.

Q: will you see people wherever is convenient for them?

A: yes. We did aim to see people in primary care practices but that proved logistically difficult. It is not always possible but best practice in older people would be to see them in their own home.

Q: Can the voluntary sector refer?

A: It is not an absolute rule that they can't, for example homeless people, but if there is a GP the service will have to go back to the GP to check out any physical problems and to seek their permission, particularly when payment by results is introduced.

Q: One of the biggest problems is dual diagnosis; we hope this service will help with that

A: it is unlikely that anyone other than primary care could refer in this instance due to them holding their own budgets. Best thing to do is to go back to the GP but this will also depend on the GP's motivation and/or interest

Q: Can the service refer into the voluntary sector?

A: It can and does and is one of the most important things it does. But we have seen some changes recently in the availability of voluntary and community sector support

Q: The issue is the cut off point. Secondary care can end very quickly and some people need an overlap in services and/or time

A: We are aware of a lot of work in AWP with partners in dual diagnosis and in discharge arrangements, but we acknowledge the problems

Q: South Gloucestershire Council services – are they making contact with your service for mild mental health issues?

A: We are making connections between the teams