

Trust Board

26th May 2016

Paper Title:	Patient Story – Service Summary (IAPT)	
Section:	Public	
Paper Author:	Richard Carroll	Service Manager
Agenda Item:	4	

The Improving Access to Psychological Therapy Service

Bradford Improving Access to Psychological Therapies (IAPT) is a mental health service based on the national IAPT model.

IAPT is an NHS programme of talking therapy treatments recommended by the National Institute for Health and Clinical Excellence (NICE) which support frontline mental health services in treating depression and anxiety disorders.

It was created to offer people a realistic and routine first-line treatment, combined where appropriate with medication, which traditionally had been the only treatment available. The programme was first targeted at people of working age but in 2010 was opened to adults of all ages.

It provides treatment for the following conditions:

- Generalised anxiety disorder
- Depression
- Specific phobias
- Social phobia
- Panic disorder
- Obsessive Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Health anxiety disorder
- Adjustment disorders (including grief and bereavement)
- Bulimia

Psychological therapies have been shown to be an effective treatment for people with common mental health problems, such as depression and anxiety disorders.

NICE recommends a stepped care approach, in which the first line treatment is the one that offers a reasonable chance of success, whilst being the least intrusive. People can then be stepped up to a more intensive treatment if required.

Service Profile

The Bradford service is delivered across the district, including Airedale Wharfedale and Craven, through four discreet teams with staffing of 105.45 whole time equivalent (WTE), 117 head count (HC):

- Aire Wharfe Craven based at Mornington Street, Keighley (30.2 WTE, 33 HC)
- North Bradford based at Somerset House, Shipley (29.47 WTE, 33 HC)
- South Bradford based at The Ridge M/C, Great Horton (27.09 WTE, 29 HC)
- Bradford City based at Sunbridge Road, Bradford(18.69 WTE, 22 WTE)

The service operates a 'stepped care model', covering steps 2 and 3. Step 1 refers to mental health care and treatment delivered by General Practitioners.

Step 2 is 'low intensity therapy', appropriate for people with mild anxiety and depression. Delivered by Psychological Wellbeing Practitioners (PWP – band 5) treatments are up to 6 sessions and include manualised Cognitive Behavioural Therapy (CBT) delivered in group and individually face-to-face or via telephone.

Step 3 is 'high intensity therapy', appropriate for people with moderate anxiety and depression. Delivered by Cognitive Behaviour Therapists (CBT – band 7) treatments are up to 12 sessions and delivered individually face-to-face.

Secondary care and tertiary services would be described in this model as steps 4 and 5 respectively.

Originally developed as a Primary Care Mental Health Service (PCMH) by Bradford & Airedale Community Health Services (BACHS) the service worked with a broader range of severity, treatments and therapy modalities. Since the introduction of IAPT the service has been moving towards increasing IAPT adherence and there has been a tension between achieving the Key Performance Indicators (KPI's) associated with IAPT whilst meeting the needs of referrers.

There are three KPI's that are closely scrutinised:

Numbers entering therapy

Defined once someone has attended two or more appointments, IAPT must achieve 15% of prevalence. Estimated to be 76k of local population, this equates to 865 people entering therapy per month across the year.

Recovery Rate

50% of those people that enter therapy must show recovery. Recovery is indicated when someone scores below 9 on GAD7 (anxiety measure) or PHQ9 (depression measure). The initial score at start of therapy must be above 9; those below nine should not be accepted into therapy. A score above 20 indicates that the person should be at step 4/5.

Waiting Time

From referral received to first therapy session, 75% must be seen within 6 weeks and 95% within 18 weeks.

Each of the three KPI's impacts the other; increasing referrals (demand) to increase numbers entering therapy can lead to longer waits without increased capacity and reduce recovery rate, if people with scores below 9 or above 20 are accepted into therapy.

Current Service Developments

The service is undertaking a comprehensive programme of transformation. Key areas of work include:

Development of a 'lead provider' contract with Voluntary Care Services

This will allow IAPT work to be delivered by a range of providers through subcontracting, increasing flexibility and choice for service users. It will allow development of services specifically for hard to reach groups.

Introduction of a recovery college service model (The Wellbeing College):

Adopting an educational culture and language reduces stigma and increases scope of offer; wellbeing, recovery, treatment.

A range of psychological interventions with differing clinical governance requirements can function together within one network.

Several providers can operate together within a single coherent pathway that is simplified for service users through a 'prospectus'.

Enables providers to incorporate their existing provision and develop this over time as they choose.

Introducing self-referral via telephone/email will incorporate immediate assessment and enrolment through a single access point.

Implementation of a new IT system (PCMIS)

A significant issue for the service in achieving the IAPT KPI's has been data quality on SystemOne. SystemOne does not support accurate mapping of data to the national Health and Social Care Information Centre (HSCIC). PCMIS will support accurate reporting of our KPI's and enable additional functionality such as online self-referral and online therapy.

Relocation of office accommodation and delivery of clinical sessions

Moving away from delivering treatment in clinical settings will support the move to a non-stigmatised service model and encourage earlier engagement and intervention.