National Audit of Psychological Therapies for Anxiety and Depression

Action Planning Feedback
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Other resources:

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<th>The national report:</th>
<th>The NAPT Team: Please feel free to contact the project team and/or your regional lead if you require any assistance with using your local service report and toolkit to improve the quality of the service.</th>
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<tbody>
<tr>
<td>![Image of the national report]</td>
<td>Slideset: The NAPT team can provide a slideset on request which you can easily adapt to present your results locally.</td>
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<td>NAPT Forum: We have set up a NAPT discussion forum where you can post questions or view answers to FAQ’s.</td>
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Purpose:

This document is designed to assist with discussing the findings of the service level report and suggests actions based on action plans submitted by participating services. 60 services returned action plans and below is a standard by standard breakdown of the types of actions services agreed and some ideas for actions your service can take.

We hope that these suggested actions will help you to improve the quality of your service, and to engage with commissioners and partner organisations to work together on issues such as resources, access to training and care pathways.
Standards 1-10:

ACCESS:

Standards 1-3 look at access to services—who the client group is and what waiting times are like. Below are some suggested actions that you can take to improve your services performance in this area:

**Standard 1a: The service routinely collects data on age, gender and ethnicity for each person referred for psychological therapy**

**Actions you can take:**

- Offer training to admin/reception staff so that they can help with data entry
- Make ethnicity question in IT system mandatory
- Provide a leaflet to service users, explaining the importance of collecting ethnicity data
- Ensure there is a data lead in your service who takes ownership for following up missing demographic data

**Standard 1b: People starting treatment with psychological therapy are representative of the local population in terms of age, gender and ethnicity**

- Place service information in community centres, mosques, GP surgeries
- Ensure referral information is available in languages that match your local population
- Highlight to GP surgeries if your service doesn’t have an upper age limit
- Compare your caseload with the local population, use ONS data to see if your service is seeing a representative local group
- Increase provision for older people.
Sources of information

- National Equalities in Mental Health Programme
  http://www.nmhdu.org.uk/our-work/mhep/

- IAPT positive practice guides
  http://www.iapt.nhs.uk/equalities/positive-practice-guides/

- A full list of downloadable IAPT resources is available at
  http://www.iapt.nhs.uk/downloads/

  http://www.ic.nhs.uk/pubs/psychiatricmorbidity07

Standard 2: A person who is assessed as requiring psychological therapy does not wait longer than 13 weeks from the time at which the initial referral is received to the time of assessment

- Clients not attending appointments should be followed up and made aware how important is it to cancel if they cannot attend so that appointments are not wasted.
- Services can try and implement a generic assessment so that everyone is seen in a fixed amount of time
- Introducing self referral pathways can improve waiting times for low intensity groups
- Staff should be trained to recognise service users who are in urgent need of treatment and they should be prioritised.

Standard 3: A person who is assessed as requiring psychological therapy does not wait longer than 18 weeks from the time at which the initial referral is received to the time that treatment starts

- Increase group therapy- this will help increase capacity
- Use of telephone appointments if this is acceptable for client
- Joint working and increased communication between services in a locality can help fill staffing gaps and reduce waiting times- using a central triage system can help.
APPROPRIATENESS:

Standards 4 & 5 look at the appropriateness of therapy - whether it is in line with NICE guidance and whether service users receive the correct number of sessions until recovery. Standard 6 looks at therapist training and the types of therapy they provide.

**Standard 4: The therapy provided is in line with that recommended by the NICE guideline for the patient’s condition/problem**

- Hold workshops for PWP’s and less experienced staff on diagnosis or how to record presenting problems
- Ensure that staff are up to date with NICE guidance and what therapies are recommended for different disorders
- Where diagnosis data is missing - check referral forms
- Although it may be clinically appropriate to provide an alternative therapy, the reasons for such decision-making are unclear so this should be monitored in these cases.

**Sources of Information**

The following NICE guidelines were used in NAPT and can be downloaded from [http://guidance.nice.org.uk/CG/Published](http://guidance.nice.org.uk/CG/Published)

**CG90 Depression:** the treatment and management of depression in adults (update)

**CG113 Anxiety:** Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults. Management in primary, secondary and community care

**CG31 Obsessive-compulsive disorder:** Core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder

**CG26 Post-traumatic stress disorder:** the management of PTSD in adults and children in primary and secondary care

**NB The social anxiety disorder guideline is currently in development.**
• Ensure clients know what is expected of them and how many sessions they should attend. Services can provide service users with information concerning treatment length to minimise premature termination and to ensure service users know what is expected of them when they enter therapy.

• Use outcome measures in each session to gauge progress towards recovery

• Look into common reasons for non-attendance locally

• Ensure staff are fully up to date on NICE guidance

Sources of information

Published NICE guidance [http://guidance.nice.org.uk/CG/Published](http://guidance.nice.org.uk/CG/Published)

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**Standard 6: The therapist has received training to deliver the therapy provided**

• Host as much in-house training as possible—using the skills and knowledge of the most experienced staff can save a lot of time and money if there is no training budget.

• Ensure that training needs are discussed in supervision and appraisals. Staff should also be reminded of the importance of keeping up to date with new guidance. Service managers should consider the skill mix and training of employed therapists at both an individual and service level

• Highlighting the importance of CPD to your staff and ensuring they have the time/resources to partake can help keep therapists up to date on training.

Sources of information

Competence frameworks for the delivery and supervision of psychological therapies [http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm)
**ACCEPTABILITY:**

Standards 7 & 8 are measured by the service user questionnaire. They look at therapeutic alliance and whether service users are satisfied with their access to and outcomes of therapy.

<table>
<thead>
<tr>
<th><strong>Standard 7: People receiving psychological therapy experience and report a positive therapeutic relationship/helping alliance with their therapist which is comparable to that reported by people receiving treatment from other therapists/services</strong></th>
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<tbody>
<tr>
<td>• Services should introduce their own measure of therapeutic alliance as part of patient experience questionnaires.</td>
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<tr>
<td>• Issues regarding difficult therapeutic relationships should be discussed on a case-by-case basis during supervision</td>
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<tr>
<td>• Services should be aware that some low-intensity interventions and telephone based therapy can adversely affect the therapeutic relationship so should be used with caution.</td>
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**Sources of Information**

The ability to foster and maintain a good therapeutic alliance, and to grasp the client’s perspective and ‘world view’ is listed as one of the generic therapeutic competences in the UCL competence frameworks. It contains 37 competences. The competence lists are available on the website [http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm) and the following references are provided:


Standard 8: Patients/clients/service users report a high level of satisfaction with the treatment that they receive

- Services should provide information to services about the types of therapies offered and the services
- Service users should be informed how many sessions they are going to get and the rationale behind this.
- Service users need to be informed about what will be expected of them in therapy - e.g. completing homework for CBT interventions, keeping a mood diary etc.

Sources of Information

The full report on the qualitative data is downloadable from the NAPT website: www.rcpsych.ac.uk/napt

OUTCOMES:

Standards 9 and 10 look at recovery and reason for end of therapy. It also records whether services collect outcome data.

Standard 9a: The service routinely collects outcome data in order to determine the effectiveness of the interventions provided

- Services should collect some form of outcome date and ensure that this is being regularly monitored. Outcome measures allow therapists to monitor progress in an accountable way and also collect important information related to service performance. Services may consider utilising session by session outcome monitoring to capture more data.

Standard 9b: The clinical outcomes of patients/clients receiving psychological therapy in the therapy service were comparable to those achieved to benchmarks from clinical trials and effectiveness studies and to those achieved by other therapy services

- Data quality should be looked at closely when collecting outcome data.
• Therapist performance should be monitored if recovery rates are low and discussed in supervision

Sources of Information


Standard 10: The rate of attrition from commencing treatment to completing treatment is comparable to that of other therapy services

• Access to services should be investigated to ensure that clients can make their appointment time and location without difficulty and it is hoped that improving access will reduce attrition.

• Services could improve access for clients of working age by providing evening and Saturday clinics and provide appointments in a choice of localities.

• Attrition should be discussed in staff meetings and feedback sought from staff and patients as to why services users do not complete therapy.
Contact us:

If you have any questions about your report or the action planning toolkit, please reply to the email you received with your report or contact any of the team:

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