

Some services are **poor at recording ethnicity** and **diagnostic information** of the patients they treat. Obstacles to recording ethnicity and diagnostic data need to be further explored so that services can improve on this in the future.

### Find out more about the audit findings

#### Visit the NAPT website to see:

- The full **national** report, detailing all of the audit findings
- The full **service user report**—providing details of the comments made by service users who completed the audit questionnaire
- A **short summary** report providing key information.

### Supporting Improvements

The psychological therapy services that took part in NAPT have each been provided with a local report, detailing how well they are meeting the NAPT standards compared to the national averages.

An action planning toolkit has been developed to help local services decide if improvements are required and to provide some advice on how to go about this.

The NAPT team has been funded to continue until late 2013, to help support services and to conduct a re-audit to measure change. The NAPT team will work with psychological therapy staff to ensure that the re-audit is as straightforward and easy to complete as possible.

### Contact the NAPT team

To find out more about NAPT please visit our website at [www.rcpsych.ac.uk/napt](http://www.rcpsych.ac.uk/napt) or contact a member of our team below:



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### National Audit of Psychological Therapies

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COLLEGE CENTRE FOR  
QUALITY IMPROVEMENT



**HQIP**

Healthcare Quality  
Improvement Partnership





## What is the National Audit of Psychological Therapies (NAPT)?



**NAPT** is funded by the Healthcare Quality Improvement Partnership (HQIP) and is an initiative of the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI).

The aim of NAPT is to **evaluate and improve** the quality of treatment and care provided to people with anxiety and depression in England and Wales.

The audit evaluated four important dimensions of quality:

1. **Access**– who is offered therapy and how easy is it for people to take up therapy?
2. **Appropriateness**– what kind of therapy is provided and is this consistent with best practice guidance?
3. **Acceptability**– is the therapy offered acceptable to the patient? How did they feel about their therapist?
4. **Outcomes**– do people feel better and are they better able to cope with their anxiety and depression as a result of therapy?

Audit standards were developed from relevant literature and in consultation with healthcare professionals, service users and carers.

A **Pilot Phase** took place between September and December 2009, where robust audit tools were developed. Consultation and focus groups with service users from four organisations (No Panic, Mind, Age Concern & Rethink) took place to help shape the service user survey.

## NAPT: Main Audit

### Methodology

The following audit tools were used to assess adherence to the audit standards:

1. **A service context questionnaire** collecting basic information on the service
2. **A therapist questionnaire** asking about training, hours worked and the type of therapy offered.
3. **A retrospective audit** of people who completed therapy between 1 September and 30 November 2010.
4. **A service user survey** - 'Talking Treatment'.

Data collection was carried out between May 2010 and February 2011. In total **357 services from 120 organisations** across England and Wales took part.

### Response Rates

- 3946 of the 7145 invited therapists responded to the therapist questionnaire.
- 272 services took part in the retrospective audit with a total of 49963 cases being included.
- 52582 service users were sent the service user questionnaire and 10970 responded.

### Key Findings and Recommendations

90% of service user respondents reported **a good therapeutic relationship** with their therapist.

Almost half of the patients who were included in the audit had **demonstrated recovery** by the end of psychological therapy, which is very encouraging. However, not all services were able to provide data on patient outcome measures, making it hard to know how effective these services are. Services need to improve the ways they collect outcome data. This should be addressed in local action plans, as well as discussed at a national level.



**Waiting times** from referral to assessment and referral to treatment were met for 85% of patients. However, there was great variation between services with one in seven people in the audit waiting more than three months for their first appointment

For service users, the two areas of greatest dissatisfaction were:

- **Waiting time** for psychological treatment
- **The number of sessions** being offered

These need to be given particular consideration.

83% of patients with a diagnosis for which there is a NICE guideline were given the **recommended therapy** for their condition, but some conditions are more likely to be treated by the NICE recommended intervention than others. The reason why adherence to NICE recommended therapy varies according to diagnosis needs to be further explored.

70% of service users did not receive **the minimum number of treatment sessions** that NICE recommends. Services should gather more specific information about why patients who have not recovered, end therapy when they do. Where appropriate, services should act on these findings.

All therapists in the audit had received training but not all had been formally trained in all of the interventions they were providing. Service managers should consider the **skill mix and training** of employed therapists at an individual and service level.