

## Welcome

Issue 07 Winter 2011

We are pleased to announce that the national report was published on Thursday 24 November at the New Savoy Conference 2011. All 357 services that took part have also received their individual service report along with an action planning toolkit. The toolkit was designed to assist services when discussing the findings of the service level reports and agreeing appropriate action plans. We are arranging various action planning events, including two in Wales. A version of the report written for the general public has also been made available, as well as a report on the qualitative analysis looking at service users' views on psychological therapy services.

We are also pleased to announce that NAPT has received for an additional two years in order for a re-audit to be completed.

For further information about the key findings of the audit please see page 2. To see the national reports, please visit [www.rcpsych.ac.uk/napt](http://www.rcpsych.ac.uk/napt)

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### What's new?

Since our last newsletter we have had a few staff changes. Our Clinical Advisor, Lorna Farquharson, is now on maternity leave and Olga Luzon will cover her post for several months. We have also recruited a full time Programme Manager, Rachel Marsh (see page 4). Two members of the team Nici Gideon and Lauren Howells have moved on.

We have sent out all of the service level reports to our service leads and are currently dealing with any queries as well as organising events around England and Wales.

# National Audit of Psychological Therapies 2011

## Key Findings and Recommendations

The following points summarise the key findings of the audit, and some suggestions for how these should be addressed by the various stakeholders.

- Older people are **less likely to receive psychological therapy** than younger people. People aged between 65 and 74 are half as likely, and those aged over 75 one-third as likely, to receive therapy as people under the age of 65. Over one third of services have a policy that excludes older people. Commissioners and policy leads should be asked to consider whether further changes should be made to current policy. Local reports should highlight this issue and ask services to consider addressing it in their action plan. The re-audit should attempt to gather data to further understand the reason for services providing differential access by age.
- 90% of service users reported a **good therapeutic relationship** with their therapist. However, these findings must be considered in light of the fact that the views of patients who either declined or dropped out of therapy are not represented in the sample.
- Almost half (49%) of the patients who were included in the audit had **demonstrated recovery** by the end of psychological therapy. However, not all services were able to provide data on patient outcome measures, making it hard to know exactly 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 first 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 to get their first appointment.
- 85% of patients with a diagnosis for which there is a NICE guideline were given the **recommended therapy** for their condition. The proportion of people receiving NICE recommended interventions varied according to diagnosis, with PTSD having the lowest level of adherence. The reason why adherence 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 and about half of these patients had not recovered by the time that therapy was discontinued. 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.
- For service users, the two greatest areas of dissatisfaction were:
  - **Waiting time** for psychological treatment
  - **The number of sessions** being offered
- These concerns need to be discussed with all relevant stakeholders in order to identify changes that need to be made.
- All therapists in the audit had received training but not all had been formally trained in all of the interventions they were providing. This issue needs to be discussed with professional bodies and training providers. Service managers should consider the **skill mix and training** of employed therapists at both an individual and service level, taking into account the national picture. In addition, attempts should be made to gather further information about the training and accreditation of therapists in future research and audit work.
- 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 services can improve in the future.

## Introducing our new Programme Manager

Rachel Marsh is about to become the new Programme Manager for NAPT



**Colleen: I wonder if you could introduce yourself and say a bit about yourself and how you are settling into the NAPT team?**

**Rachel:** My name is Rachel Marsh and although I won't officially start my new job until January 2012 the NAPT team are already making me feel very welcome by including me in emails and meetings to ease me in gently. My current (soon to be old) role is as the Deputy Programme Manager on the National Audit of Schizophrenia and the Prescribing Observatory for Mental Health so I am based in the office next door to the NAPT team and know them well already. I am looking forward to becoming a fully-fledged NAPT team member in the New Year!

I have a BSc and an MSc in psychology and have an honorary assistant psychologist role at one of the London mental health Trusts. Before joining the CCQI I managed research, evaluation and audit projects at the National Patient Safety Agency and helped establish the national response function for the most serious incidents of harm in the NHS. My first jobs in mental health were as a researcher on depression and bipolar clinical studies at the Institute of Psychiatry.

Outside of work I love kayaking, surfing and cycling and am lucky enough to have parents in New Zealand to go and visit occasionally.

**Colleen: What made you initially want to join the audit team?**

**Rachel:** I enjoy working at the CCQI and was looking for a way to progress my career here, luckily for me the Programme Manager post in NAPT came up at just the right juncture and it seemed to be a perfect amalgamation of what I had done before in national audits, mental health and management. My main interest is in clinical psychology and I know that although there is a huge amount of good work going on in the delivery of psychological therapies and improving services, more can still be done – I wanted to be a part of this work.

**Colleen: What is the most exciting aspect of the project for you?**

**Rachel:** For me getting funding for a re-audit is a fantastic opportunity to improve on the good work already undertaken for the baseline audit across the country and by the NAPT team. It will also be great to see NAPT helping to make a real, lasting improvement in psychological therapy for depression and anxiety;

I am particularly looking forward to hearing some great innovative ideas from service users and those that work in the field on how we can make these improvements.

**Colleen: What do you think will be the most challenging aspect of your role?**

**Rachel:** I think for me the most challenging aspect of my role will be to pick up on all of the work that has gone before. The team are already helping with my transition and I imagine there will be a lot of bedtime reading to get through between now and January.

**Colleen: What expectations do you have for the audit as a whole?**

**Rachel:** I think NAPT is going to help maintain the momentum in improving psychological therapies for anxiety and depression across England and Wales. It is a good way to keep the topic on the political agenda and to raise awareness of the good practice that exists and ways that we can all work to make improvements. I think what this project also does well is give a voice to service users on how they want improvements to be made; this is invaluable.

## National Audit of Psychological Therapies 2011

### New Savoy Conference

The national report for the National Audit of Psychological Therapies was launched at the *New Savoy: Psychological Therapies in the NHS Conference* on 24 – 25 November.

#### *“The Launch”*

The report was publicised at the evening reception on 24 November, by Mike Crawford, the new Director of the College Centre for Quality Improvement (CCQI), which runs NAPT.



#### *“Presentation”*



The following day, the NAPT Clinical Lead, John Cape, gave a more detailed presentation of the NAPT findings to the conference as part of a session about national wellbeing. There was discussion between the panel and audience about some of the key findings of the audit, including waiting times and therapist training.

#### *“The Stand”*

The NAPT team also had a stall at the conference with copies of the national report, report for the public/service users, a poster and flyers. This was well attended by the conference delegates, many of whom had participated in the audit and were keen to receive their service reports.



## National Audit of Psychological Therapies 2011

### Re-Audit 2012

The Healthcare Quality Improvement Partnership (HQIP) has extended funding for NAPT to carry out a reaudit in 2012/13. This will allow us to measure changes in performance of services on the audit standards 18-24 months after the baseline data were collected and give services an opportunity to show areas of improvement.

We will be focusing on dissemination of the audit results in the coming months after which the team will begin a mapping exercise to identify all services that may be eligible to take part in the reaudit. Once the mapping exercise is completed we hope to compile a directory of eligible psychological therapy services for common mental health disorders.

We know there were a few services that were eligible to take part but missed out on the first round and we will be working hard with services in the next few months to promote the audit. If you know of local services in your area that may have been eligible but did not take part, please let us know. The NAPT team will be hosting various regional events in the coming months which can be attended by those who participated and those who are interested in taking part in the second round.

We will also be looking at ways of improving the audit tools so that we can improve the information we can collect and make it as simple as possible for services to take part. We also intend to hold a workshop with service users so that we can gain a better understanding on how to promote the service user questionnaire and ensure a good response.

We expect that data collection for the second round of the audit will begin in the Summer of 2012.

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