

Measuring access, appropriateness, acceptability and outcomes

The National Audit is Underway

It's not too late to sign up for the National Audit of Psychological Therapies. We are currently asking all services to fill in the first of 4 short questionnaires.

To register, go to our website and fill in a registration form. A member of our London based team will then contact you and help you get started. Alternatively, you can contact the regional lead in your area, who will be able to answer any questions you have about the audit and getting involved. (Go to p.6 to find out who your region lead is.)

Services are now filling in Questionnaire 1, which contains basic information about service context. This will be invaluable when we feed back the data to your service at the end of the audit.

The questionnaire can be filled in online.

For more information, visit our website.
www.rcpsych.ac.uk/napt



'Without the knowledge that these audits give it's very, very difficult to formulate proper policy and to get the treatment where it's most needed.'

(NAPT endorsed by Stephen Fry)

Updating you on the Latest Developments

A lot has happened since our last newsletter. We have now appointed regional leads, who are working across the strategic health authorities in England and Wales (see pages 4 and 5 for an interview with 2 of our newly appointed regional leads and page 6 for contact details of all our regional leads)

The London Team has also grown. We now have a project administrator as well as two new project workers (see page 8 for more information about how they are finding working in the team).

In addition, we have a service user lead, who is coordinating service user involvement across both England and Wales (see page 7 for her article on 'Why Service User Involvement Matters').



WELL-BEING THROUGH QUALITY IMPROVEMENT

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Frequently Asked Questions

How is the National Audit of Psychological Therapies for Anxiety and Depression Funded?
The audit is Funded by the Healthcare Quality Improvement Partnership (HQIP). A short introduction from HQIP about the work that they do and their involvement in this audit can be found on page 13.

Does it cost anything to take part?

No! It's completely free to sign up and take part. We will analyse all the data that you send us. At the end of the audit your service will receive a detailed report that will help you with your plans for quality improvement.

What does the audit aim to measure?

The audit sets out to measure access, appropriateness, acceptability and outcomes of psychological therapies across all adult outpatient services in primary and secondary care in England and Wales.

What are some of the advantages of participating in the audit?

As well as being one of the audits mentioned on the Quality Accounts website, the audit will provide you with the opportunity for national benchmarking. It will also let you find out what service users really think about your service. This will help you highlight areas for quality improvement. Involvement in NAPT also satisfies government requirements for world class commissioning.

Will involvement count towards Quality Accounts?

Yes! Most Definitely. This is one of the audits hosted by the Care Quality Commission, and we are obliged to report back involvement and non-involvement for each Mental Health Trust

What does involvement actually mean?

It means filling in the four audit questionnaires. There are 4 questionnaires: 1) Service Context 2) Therapist Questionnaire 3) Retrospective Audit of All those discharged between Sept and Nov 2010 4) Service User Feedback Questionnaire.

Will therapists or service users who take part in the audit be identified?

Absolutely Not. We want to find out about the kinds of therapies that therapists are delivering and what kind of training they have received. We also want to know about service users' experiences of receiving therapy. However, no one will be able to identify those who take part in the audit.

What kind of therapeutic modalities does the audit cover?

All types. The audit includes all therapeutic modalities that are used to provide psychological therapy for anxiety and/or depression for adults in primary and secondary care.

Introducing Two of Our Regional Leads: Esther Cohen-Tovée and Chris Powell

We now have regional leads in each Strategic Health Authority. Louise Nelstrop interviews two of the new regional leads, who cover the North West and Yorkshire and Humber.



Louise: Can you briefly explain what the role of Regional Lead involves?

Chris: We act as a contact point for local services and the national audit point. We are here to provide information and support for services in deciding to join the audit and then carry it out. It is very likely that an audit like this will throw up questions and glitches and we are on hand as the first point of contact to try and sort things out. We can also steer the national project team with our local knowledge to try and ensure all the relevant local services are included.



Esther: We also have a role as regional "Champions" for the audit – trying to find opportunities to explain the benefits of the audit in terms of improving quality of care for service users, and engaging local service leads.

Louise: What made you decide to apply for the position?

Esther: We know that psychological therapies for people with anxiety and depression are provided in a wide variety of services and settings, but quality, effectiveness, capacity and access are very variable. I wanted to take on this role in order to contribute to keeping these issues high on regional and national agendas, and hoping that the audit will be an enabler of improving service provision to those who require it.

Chris: I am very concerned to make sure that people have access to help that is appropriate for them. We don't yet know nearly enough about what makes help for depression and anxiety effective. Nor do we have enough information from the people receiving services about what they find most helpful. This audit will give a clear picture about what is being provided in England and Wales, what is working, and how people using services want them to develop.

Louise: Since you are based mostly in your Strategic Health Authority area, how do you keep in touch with the team in London to make sure that you are working effectively together?

Chris & Esther: We have a fortnightly teleconference to discuss progress and any issues that arise, but there is also a regular exchange of emails particularly between ourselves and the project workers.

Louise: How are you finding the role so far?

Esther: I am enjoying the opportunity to discuss the objectives of the audit with colleagues from a range of services in the region. However, the number of services that could potentially participate is a bit daunting – I won't have the capacity to contact them all, so if you're reading this and you're in my area (NE England) please feel free to contact me!

Chris: Yorkshire and the Humber is a huge region with a very large number of services, so it is taking some time just to see if we have made contact with everyone we should. Already though there have been encouraging email exchanges with people wanting to be clear about what is involved and how to sign up.

Louise: What are your hopes for the audit and are these linked to your hopes for the future of psychological therapies in England and Wales?

Chris: I hope as many services providing as many different kinds of therapy participate as possible. I am encouraged by the investment being made by IAPT and other programmes, but it is so important to make sure that services on offer are accessible and acceptable to everyone, not just a majority. That will mean ensuring there is adequate range, as well as volume, of services and providers. I hope this audit will demonstrate the importance of having a diversity of therapies widely available.

Esther: I agree with Chris's points. I would just add that I hope that the audit will focus service providers' attention on quality, effectiveness and service user feedback. I also hope that the outputs will illustrate the value in a diversity of provision to meet the wide range of need, and the need for commissioners to fund adequate capacity to meet the scale of need, given that 1 in 6 members of the population suffer from anxiety or depression.

Louise: What would your advice be to someone in your region if they want to get involved but aren't quite sure whether they have time to participate?

Chris: This is such a good opportunity to get feedback on how your service is doing, and particularly how people using it see it. I don't think services can afford to pass this opportunity up, and it is likely to save time in the long run as commissioners, the Care Quality Commission and others increasingly require services to demonstrate the quality of their provision.

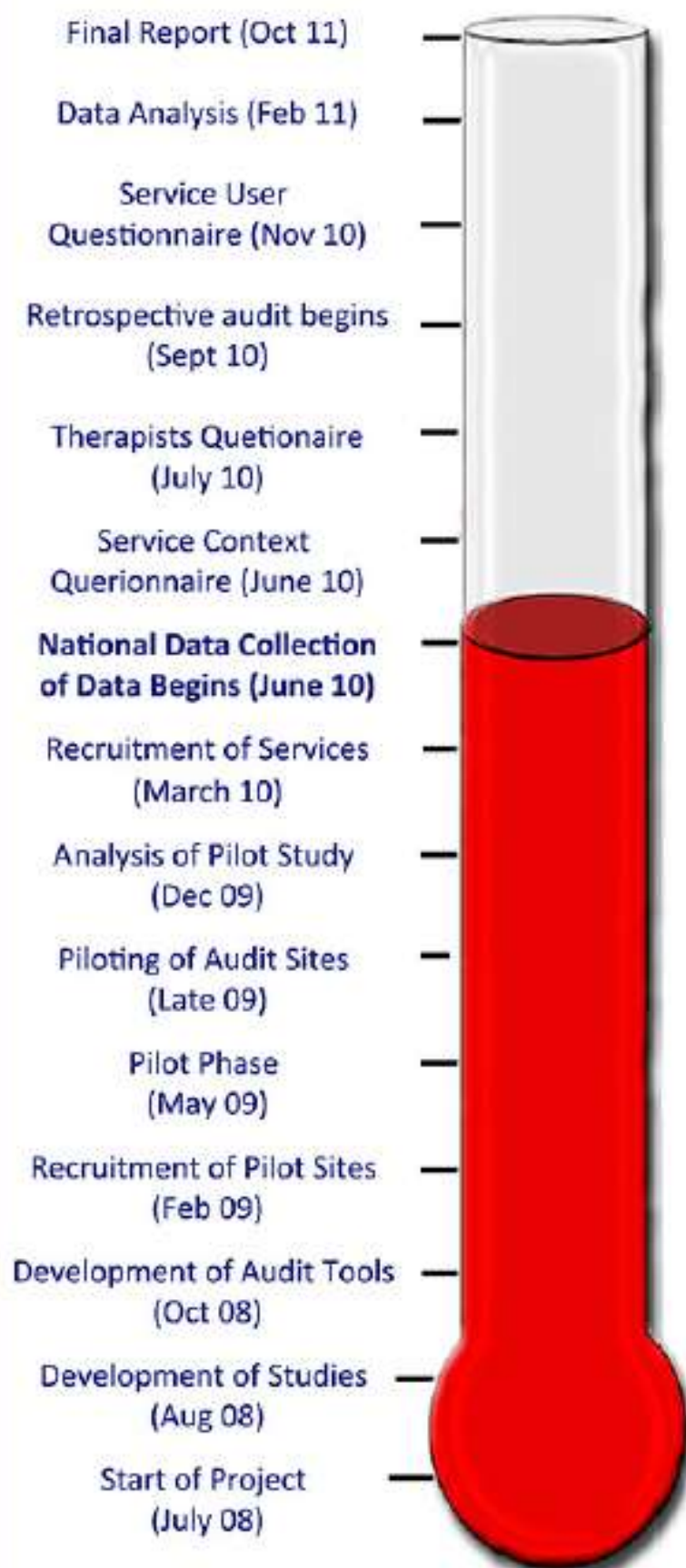
Esther: I agree, as a mechanism of producing evidence regarding the performance of a service, it should really save time, as the audit has been very carefully designed to address key questions, and data will be analysed and reported back to services. The demands on services are relatively modest! Many services will be able to extract the information required from their existing systems. If in doubt, get in touch!

If you want to find out more about the audit and the services who are participating in your area, contact your regional lead.
www.rcpsych.ac.uk/quality/quality,accreditationaudit/psychologicaltherapies/howitisorganised.aspx

Dr Esther Cohen-Tovée is a Consultant Clinical Psychologist employed by Northumberland, Tyne & Wear NHS Foundation Trust as Trust Psychological Services Professional Lead and Divisional Manager for Primary Care. She also provides psychological assessment and therapy for people with complex difficulties such as Eating Disorders and Personality Disorder.

Chris Powell is a Group Analyst and Head of Psychological Therapies at The Retreat in York. He also provides independent organisational consultancy, training and mentoring from his base in Leeds

The Audit-O-Meter



Regional Contact

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Service User Lead:
Catherine O'Neill - Services and Awareness Manager, Anxiety UK
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Why Service User Involvement Matters

The audit is deeply committed to service user involvement. Cat O'Neill, our newly appointed service user lead explains why.

Service user involvement has been embedded within the National Audit for Psychological Therapies (NAPT) since its inception. The importance of involving service users in the planning and strategic development of the audit has meant that the user experience has been utilised in a meaningful way. At many of the steering group and satellite focus groups, feedback from service users has played a major part in developing an audit that captures people's real experiences of receiving psychological therapy and will play a large part in the levels of engagement in the process nationally.

User involvement became popularised in the early 90's when the Department of Health began to highlight the benefits of incorporating user feedback into services. This was highlighted by Matt Muijen, former Director of the Sainsbury Centre for Mental Health who stated "If you want to know about a restaurant, ask the diners." As Services Manager of a national user led organisation I have seen the capacity of individuals with lived experience to drive forward real change and service development. However, this area is not without its controversy; often there can be concerns about shifting power relationships and problems with involvement being seen as purely tokenistic. This article seeks to explore the benefits and pitfalls of user involvement, and underline the importance of the NAPT in supporting services in this key area.

Catherine O'Neill is the newly appointed service user lead for the National Audit for Psychological Therapies. She also sits on the steering board representing Anxiety UK. Catherine has worked in mental health for around 10 years now, and feels passionately about user driven care.



'I think the audit is so important, for many services it will be the first time they have heard back directly from the people they support.'
If anyone would like to ask any questions about Catherine's role or the service user component of the audit please do get in touch with her. Her email address is: services@anxietyuk.org.uk.

User involvement in the therapeutic process

It is widely agreed that obtaining 'buy in' from an individual participating in psychological therapies is an essential component for achieving positive outcomes. On many therapist training courses, considerable time is spent on developing strategies to engage clients, including building a positive therapeutic relationship, collaborative decision making and goal setting. This is particularly true of CBT based approaches. The Improving Access to Psychological Therapies (IAPT) scheme includes a range of low intensity interventions where collaborative working and power sharing are essential as many revolve around a concept of self help; clients are given the tools to overcome their own difficulties. The time where a therapist is considered 'the expert professional' is being left behind with clients being labelled as 'experts by experience' and driving the goals, activities and feedback in sessions.

Taking a service level perspective, the importance of user involvement focuses around potential changes to the patient journey based on feedback that can lead to improved outcomes, lower drop out rates and higher satisfaction rates. CSIP (2005) outlined 4 key reasons as to why user and carer involvement is appropriate in developing and implementing services. These include:

- To make sure that you are meeting the needs and aspirations of users and carers
- To identify improvements to services, new products or marketing opportunities
- To provide better outcomes for individuals, e.g. personal wellbeing and quality of life issues
- To insure that your investment decisions make best use of resources and aid the delivery of services

Being involved can also have a number of benefits to clinicians and individual services users, some include:

- Being involved can benefit users personally (by empowering them and increasing social contacts) and practically (by increasing skills)
- User involvement can improve social inclusion and may help to develop alternative approaches to mental health and illness
- Better relationships between workers and patients can develop due to service developments

Therapeutic relationship

Pilgrim and Rogers (1999) found that service users are frequently portrayed as patients – objects of the clinical gaze of mental health professionals, and are often seen in terms of their illness. Tait and Lester (2005) explored alternative roles and identities for service users as consumers, survivors and providers. This role change has different implications regarding roles and responsibilities and the relationship between clients and mental health services. Some therapists have recently expressed concern that user involvement will damage the therapeutic relationship. In a follow up from the 2004 SCIE report on user involvement, Carr (2007) reviewed findings which indicated that service user participation was challenging the fabric of institutions in which it was taking place, exposing issues around service development and delivery. At both micro and macro levels, traditional client-worker relationships were being unsettled, professionals being challenged and with this inevitably conflict can occur. Mouffe (2001) stated that 'if we want to be free we must always allow for the possibility that conflict may appear and to provide an arena where differences can be confronted'. In terms of the audit, it can be assumed that feedback received about services and practitioners may be challenging at times, and may disturb the existing power balance – but this does not have to be a negative thing. The British Council of Disabled People has stated that "We need professionals to be our allies and advocates, not our enemies" (Harding and Beresford, 1996). Both service users and frontline workers have 'clinical intelligence' about services, which through dialogue may bring about positive change with regards to service delivery. Turner (2003) stated that 'In an age of spin... there remains an urgent need for people to be honest, to be open enough to look at difficult issues and to use their experiences to help shape a better world'.

Key issues raised by service users about psychological therapies

Research lead by Anxiety UK in collaboration with a number of other user led charities looked at key areas of interest for individuals living with anxiety and depression with regards to psychological therapy provision. The NAPT will allow services to drill down to the regional issues that effect their clients, along with looking at themes to outline a national picture. Some key issues that emerged following our survey included:



- One key area is waiting times. When surveyed 24% of people stated they had waited from 6 to over 18 months for a therapy appointment. NAPT will help services identify how long patients are waiting, how this compares with national benchmarks and any areas for development/ good practice in individual teams.
- Out of hours provision – many respondents stated that they struggled to attend appointments during office hours, and were scared to inform their colleagues that they needed time off due to anxiety and depression
- Access – one client stated “I was offered CBT but as my problem is agoraphobia and panic attacks I really struggled to attend appointments and was not offered a home visit. In the end I stopped attending and was discharged”. The audit will help services identify the specific requirements of individuals accessing services and how the service responds to these
- Number of sessions – One respondent stated “No NHS service could offer more than 10 sessions. My problems are recurring and follow a cycle of ‘ups and downs’, I need ongoing support”.
- Patient choice – One respondent stated “An NHS system geared towards the individual is needed. Perhaps there should be a little caution with the overall acceptance of cognitive therapy as the only treatment for anxiety and depression because it doesn’t work for everyone”. Because the audit will look at a wide variety of services, practitioners and delivery models there is a real opportunity to demonstrate the efficacy of a range of therapies.

The audit also offers the opportunity to feedback on good practice within services and individual therapists:

“X understood where I was coming from. He has taught me tools of great value to my life. Yes it has been hard work, but between us we have achieved great results.”

“This has been, literally, a life changing experience. I hadn’t been on a tube for over 10 years, hated lifts/tunnels of any sort. I felt diminished as a person as a result. In an amazingly short space of time I was taking tubes, going in lifts, living a more normal life. I have signed up to answer phones on the 13th floor for a charity helpline. This would have been unthinkable just a short while ago.”

For more information about the NAPT please contact the central team on: napt@rcpsych.ac.uk or visit www.rcpsych.ac.uk/napt

You can also get involved in publicising the NAPT by emailing Cat O’Neill, service user lead on services@anxietyuk.org.uk

Carr, S. (2004) Has Service User Participation Made a Difference to Social Care Services? SCIE Position Paper 3. London: SCIE/Policy Press.

Harding, T. and Beresford, P. (1996) The Standards We Expect. London: National Institute for Social Work.

Mouffe, C. (2002) Politics and Passions: The Stakes of Democracy. London: Centre for the Study of Democracy.

Turner, M., Brough, P. and Williams-Findlay, R. (2003) Our Voice in Our Future. York: Joseph Rowntree Foundation.

Sarah Carr (2007) user participation in the social care system of England and Wales, SCIE London: SCIE/ Policy Press.

‘Participation, power, conflict and change: Theorizing dynamics of service’ Critical Social Policy 2007; 27; 266.

The Audit in Wales

Ydych chi'n derbyn Triniaeth Drafod
ar gyfer Gorbryder neu Iselder?

Ydych chi eistau...
mwy o ddeuwadau?

mynediad haws?
amserau aros byrrach?

...mae angen i ni glywed eich barn.

Mae Cymru'n hysblygu'n fwy a mwy yn ymuno â'r gwaith hon. Dim ond os ydych chi'n
perfformio yn dda yn ystod yr amserau hyn, bydd y gwaith hon yn dda.

Golyngwch i chi gyswrtu, eich therapiydd neu eich cymrolydd lleol
os ydych chi eiddo eiddo eiddo.
Dim ond wybod mwy ar ein gwefan www.rcpsych.ac.uk/napt



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6 out of 7 Local Health Boards in Wales have now registered for the audit. In total we have 20 services already signed up to participate.

Running an audit across two countries presents all kinds of challenges – one of which is access in terms of language. To ensure equity of access all the material designed for service users has already been translated into Welsh. If you want to get hold of posters or electronic leaflets for service users in Welsh please get in touch with the NAPT team. (NAPT@cru.rcpsych.ac.uk)

As well as translating this questionnaire, a team in Betsi Cadwaladr are translating all of the questionnaires into Welsh. These will be freely available to any services in Wales wishing to use them.

We are extremely grateful to the team in Betsi Cadwaladr for their involvement in the translation work, which will enhance the work of the audit in Wales.

Amanda Hall and Reg Morris have now taken over as Regional Leads in S. Wales. Our Regional Lead for N. Wales is George Pidgeon.

Introducing our New Project Administrator and Project Workers

Our team has recently increased. We now have 3 new members. Elizabeth Hancock interviews them and asks them how they are finding their first few months and weeks on the audit.



*The Team, from left to right:
Lorna Farquharson, Elizabeth Hancock,
Darren Wooldridge, Miranda Heneghan
and Lauren Howells*

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

Lauren: I've been working as the Project Administrator for NAPT since March this year although it seems like much longer – in a good way! It's been a steep learning curve trying to get my head around all of the different aspects of the project but I think I've just about got it now.

Darren: My name is Darren Wooldridge, I joined NAPT in May and am the project worker responsible for London, The South West, South Central, South East Coast, East of England, and West Midlands regions. I have spent several years working in clinical settings and really look forward to contributing towards a project that will allow services to reach their full potential. I feel I am settling in well to the team. Due to the scope of the project there is a lot of information to take in but fortunately the team are really friendly and helpful and helping me find my way.

Miranda: This is only my second week in the project but I'm settling in really well so far - everyone is very nice and helpful. My previous job was in the civil service working in the international health team, so this is quite a change but as I studied psychology I'm very happy to now be working in a mental health related area.

Elizabeth: Which areas of NAPT are you responsible for?

Miranda: I am here to provide project support and am currently working on recruiting services to the NAPT. I am responsible for half of the strategic health authority areas in England and Wales (North West, North East, East Midlands, Yorkshire and Humber, North & South Wales) and I'm the main point of contact for regional leads, helping to map out all the services that are eligible for the audit

Darren: I am responsible for London, The South West, South Central, South East Coast, East of England, and West Midlands regions.

Lauren: I'm responsible for all of the general administration of NAPT. Everything from logging the registration forms we receive to updating the website and dealing with invoices.

Elizabeth: What is the most exciting aspect of the audit for you?

Darren: For me the most exciting aspect of the audit is the national picture it will provide of Psychological Therapies for people with anxiety and depression in England and Wales. With the knowledge that the audit will provide it will allow informed decisions to be made about what needs to be done locally to improve services as well as commending those that are providing excellent care.

Lauren: I think it's great that we're doing something that will make a real difference to Mental Health care in England and Wales.

Miranda: That when we have finished the audit - it will provide a platform to improve mental health services, which is something I feel very strongly about.

Elizabeth: What have you found the most challenging aspect of the audit so far?

Miranda: The most challenging thing is having to gain a very rapid understanding of all aspects of the audit -but I'm getting there!

Lauren: I think the most challenging thing so far has been just generally to make sure I get my head around all of the different aspects of the audit.

Darren: I suppose the most challenging aspect is the size of the project. With several hundred services and thousands of therapists hopefully signing up to the audit there requires a lot of planning and coordination. However, this reflects how many services there are in England and Wales that are committed to providing world class care to service users experiencing anxiety and depression.

Elizabeth: If you have one hope for the audit, what is it?

Lauren: That as many people as possible register for the audit so we can gather as much information/data as possible!

Darren: That the audit will allow services to achieve the highest possible standard of care to people experiencing anxiety and depression.

Miranda: That we will recruit lots of participants and that it will highlight important issues within Psychological Therapies and thus improve mental health services.

Elizabeth: Thank you for being interviewed for the newsletter and welcome to the team!

Introduction to HQIP



Healthcare Quality
Improvement Partnership



*Robin
Burgess,
Chief
Executive*

This year saw the first National Audit of Psychological Therapies for Anxiety and Depression (NAPT) go live – coming under the remit of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), managed by the Healthcare Quality Improvement Partnership (HQIP).

NAPT became the 30th project to come under the NCAPOP umbrella, itself just one aspect of HQIP's comprehensive and multi-stranded remit.

The organisation was established in 2008, with the aim of promoting quality improvement – and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. In terms of governance, HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

As well as NCAPOP (led by HQIP's National Clinical Audit Team), HQIP contains five other divisions. Firstly, the Local Quality Improvement team provides expert guidance and support at local level, while the National Joint Registry is responsible for collecting information on all hip, knee and ankle replacement operations and now the largest database of its kind in the world.

Elsewhere, the Development Team's latest work includes ongoing engagement projects with groups such as NHS Boards, patients and the public, and GPs. HQIP's Education and Training Team was established in March this year and last but not least its Core team covers off finance, communications, logistics and support.

"HQIP has achieved an enormous amount in less than two years," asserts HQIP Chief Executive Robin Burgess. "We inherited from the Healthcare Commission a single responsibility – to handle the budget for national audit. On this we have built a diverse and imaginative programme to re-invigorate audit at all levels."

"This involved securing agreement on what audit is for and what marks out high quality audit. Anchored around this benchmark we have promoted and promoted the importance of audit everywhere. We have issued a wealth of resources supporting high quality audit practice nationally and locally, put most of the national audit group out to tender – redefining and improving performance in the process, increased and improved audit training opportunities, and created actual and virtual networking opportunities including regional audit networks and our online forum, NCAF."

Introduction to HQIP continued

NAPT of course is now an established part of NCAPOP, overseen by HQIP's National Team. Helen Laing, National Clinical Audit Lead at HQIP, says her division's objectives are crystal clear.

"Our core objectives are to commission national and multi-site clinical audits and review them on an ongoing basis, ensuring projects are able to deliver to time, cost and quality requirements. In terms of meeting those objectives, we work in close collaboration with HQIP's main contracting body, the Department of Health. We also ensure all projects are procured within the European frameworks and that commercially-focused projects have commercially-focused contracts. Last but not least, we closely follow best practice (NAO and OGC) for contract management and by attending meetings with NCAAG (National Clinical Audit Advisory Group)."

Laing goes on to cite several recent achievements for the National Clinical Audit Team in what has been a busy year.

"The national team is now responsible for six new national clinical audits and two rounds of multi-site audits," she says. "We've also worked extremely hard to refocus and improve the contract management we have in place and ensure complete adherence to the OJEC framework. In terms of the coming year, we will continue to review the contract management process and improve where necessary, as well as finding the market for national clinical audit suppliers and continue to seek to improve our procurement processes."

For his part, Chief Executive Burgess echoes Laing's sentiments and looking ahead, points to a wider future for HQIP, while still maintaining the key message of driving excellence in clinical audit.

"Building on audit, at HQIP we are carrying out a broader range of work to promote quality in the NHS linked to our core interest: data driven, professionally led quality improvement. The need for this work is greater than ever."



*Helen Laing,
National Clinical Audit Lead*

Links:

HQIP: www.hqip.org.uk

NAPT: <http://www.hqip.org.uk/assets/Downloads/Psychological-Therapies.pdf>

Events: Past and Future

The team are continuing to promote the audit: producing newsletters, inviting services to apply, working with services and audit leads to overcome barriers to participation, and promoting the audit at conferences.

Information about NAPT was available at the International Congress of the Royal College of Psychiatrists in Edinburgh. Many people visited the Centre for Quality Improvement stall.

Members of the NAPT team were also available to talk to about the audit at the conference: Depression: Implementing the New NICE Guidance in IAPT Services in Portland Square, London on the 29th of June .



We also produce a Service User Magazine about the Audit. If you would like a copy, please contact us at the address below:

Contact Details

More information about the audit can be found on:

<http://www.rcpsych.ac.uk/napt>

Or contact one of the project team by email:

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