

Welcome

Winter 2011

We are pleased to announce that the national report was published on Thursday 24 November 2011 at the Annual "Psychological Therapies in the NHS" Conference. All 357 services that took part have also received their individual service report along with an action planning toolkit. The toolkit aids services in understanding the findings of their reports, and develop appropriate plans to improve. A version of the report written for the general public (see page 4 for details) 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 arranging various action planning events and please feel free to email us about upcoming events in your area you may wish to attend.

For further information about the audit and to keep an eye out for the results please visit 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. 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

Overall, the findings of the audit reveal that psychological therapy services are meeting a high number of standards of care but showed substantial variation in quality. An action planning tool has been distributed to help services consider changes towards improving their performance ahead of the re-audit.

The following points summarise the key findings and some suggestions for how these should be addressed by the various groups involved in providing psychological therapies.

- Older people (aged 65 years or above) are **less likely to receive psychological therapy** than younger people; more than 1/3 (33%) of services have an upper age limit policy that stops older people from being able to get psychological therapy.
 - We have suggested that these policies should be looked at and changed. We have also suggested that services should look at and improve the way they provide therapy to older people generally.
 - When we collect data again we hope to gather information to help us understand other reasons why people are treated differently if they are over 65 years old. Hopefully this will help us to make even more suggestions on how to improve access to psychological therapies for older people.

- 90% of service users reported that they had a good 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 of service users who responded to the questionnaire.

- Almost half (49%) of the patients who were included in the audit had **demonstrated recovery** (an improvement in their mental health) by the end of psychological therapy. However, not all services were able to provide data on patient outcome measures (which measures how well you are feeling before and after treatment), making it hard to know exactly how effective these services are. Services need to consider how 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** targets from referral to assessment and referral to first treatment were met for 85% of patients. However, there was great

difference 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. NICE guidelines offer clinicians guidance on the treatment and care of people with specific diseases or conditions in the NHS, including what treatment methods should be used. The proportion of people receiving NICE recommended therapies differed according to diagnosis. People with Post Traumatic Stress Disorder (PTSD – a type of anxiety disorder that can occur after a person sees or experiences a traumatic event) were the least likely to receive NICE recommended treatment. The reasons why adherence to NICE guidelines varies according to diagnosis needs to be further explored.

- NICE also recommends that patients should receive a certain number of therapy sessions depending on their diagnosis and the type of treatment they are receiving. It was found that 70% of service users did not receive the **minimum number of treatment sessions** that NICE recommends. However, about half of these patients had recovered by the time that therapy was finished. Therefore, even though some patients were ending therapy early they had recovered. Even so, there were still some patients who were not receiving the recommended number of treatment sessions and who had not recovered by the time therapy ended. To improve this in the future services should gather more information about why patients, who have not recovered, end therapy when they do. This might help explain why people are not getting the recommended number of treatment sessions. Where appropriate, services should act on these findings.

- For service users, the two areas that they were most unhappy about were:
 - **Waiting time** for psychological treatment
 - **The number of sessions** being offered

These findings need to be discussed with all relevant groups involved in providing psychological therapies in order to identify changes that need to be made to continue to improve the quality of care of those suffering from anxiety and depression. On a more positive note, 87% of patients' responses to questions on access and outcomes were positive.

- 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. The NAPT team is currently reviewing how to best capture this in the re-audit.

- Overall, 76% of patients in the audit had their ethnicity data recorded, however, some services are **poor at recording ethnicity information**. Some services were also poor at recording **diagnostic information** of the patients they treat, with only 54% of patients being assigned a diagnosis. Obstacles to recording ethnicity and diagnostic data need to be further explored so services can improve in the future.

Developing the Service User Guide to Audit Results

The patient version of the National Audit for Psychological Therapies is now available to download. In the development of this guide, a team of service users were involved in editing and overseeing the final documents to ensure it was free of jargon and suitable for the service users and the general public. A copy of the service user/general public summary can be downloaded from [here](#), hard copies can be requested from the NAPT head office at napt@cru.rcpsych.ac.uk or call 0207 977 4974.

The distribution of the service user/general public guide is due to begin in January 2012, with our Service User Lead, Catherine O'Neill, contacting patient and voluntary sector organisations across the UK to raise awareness about the report and facilitate access to the audit results, which are of much relevance to service users.

Today we hear from three of the service user consultants who were involved in the development of the service user/general public summary, and why they felt the audit was important to them.

'I wanted to get involved because I am a service user and helpline worker for a mental health charity. I therefore have a keen interest in the future of mental health care so I want to know what's happening to mental health services, what's good, what's bad and what is missing.

This audit provided a unique opportunity for us to begin to understand the range and quality of services and the experience of those who receive therapy. As a lay person from outside the research community I wanted to see a document that was readable and easy to understand which is why I chose to replace some of the many technical terms and jargon. I feel the new shortened report has now produced a more patient centred document which communicates its findings in a concise and clear way.

Once the process had been explained to me I found it straight forward and I understood what the report was aiming to achieve.'

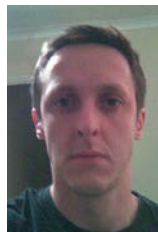
Joanne Bramley – Service user consultant



"I wanted to get involved with the audit as it seemed that the report would help highlight any areas of psychological provision that were currently deficient, which would hopefully lead to more investment of resources in these areas. So as an anxiety sufferer myself I couldn't think of a more worthy project! And helping to produce the patient version of the report would hopefully help the information to be presented in a way that would make it accessible to all. This could have numerous benefits for service users: it might potentially help them understand what treatments are out there and access things that they were unaware of. It might also help diffuse any frustrations about the treatment that they were or not receiving if they understood any current limitations in resources, and it might help them choose an appropriate therapy. The report may also be useful to those service users who want to campaign for improvements to the provision of mental health services.

The changes that I made to the report mainly involved removing unnecessary details and simplifying/explaining jargon that your average person may be unfamiliar with."

Gareth Stephens – service user consultant



"I was excited at the opportunity I was given to be involved in the NAPT project. I understand the importance of therapeutic services to individuals with psychological problems in relation to accessibility, quality and effectiveness. I recognised the importance of ensuring that the NAPT document was accessible to all readers, as sometimes technical terms can be quite intimidating and can put people off reading further. I wanted to make sure that the reader felt like the research had been conducted for their knowledge and benefit, by highlighting that the findings would help to promote and improve their well-being."

Roisin Galway – service user consultant



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 2011.

“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

We are pleased to announce that The Healthcare Quality Improvement Partnership (HQIP) has extended funding for NAPT to carry out a re-audit 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 distributing 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 re-audit. Once the mapping exercise is completed we hope to compile a directory of eligible psychological therapy services for common mental health disorders (i.e. Anxiety and Depression).

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 and ensure wide representation of services. 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 in the first round of the audit 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. Service leads will be asked for their feedback on the questionnaires and process of taking part in the first round to ensure the audit continues to be as relevant and useful for services as possible. 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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