



National Clinical Audit of Anxiety and Depression: full list of recommendations

Recommendations from the core audit, spotlight audit on psychological therapies, and spotlight audit on service user experiences



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Purpose of this document

The National Clinical Audit of Anxiety and Depression (NCAAD) was commissioned to find out how inpatient and secondary care community services for adults with anxiety and depression are performing, so that the quality of care they offer can be improved. The NCAAD three-year programme began in 2017 and is led by RCPsych. It is commissioned by HQIP on behalf of NHS England.



How are inpatient mental health services for people with anxiety and depression performing?

Main findings from the National Clinical Audit of Anxiety and Depression: a report co-produced with service users and carers



A core audit ran between 2017 and 2018 and assessed whether inpatient services for people with anxiety and depression in England were meeting 13 standards. The first report highlighted that most people who are admitted to hospital for anxiety and depression are not referred for psychological therapy.



How are secondary care psychological therapy services for adults with anxiety and depression performing?

Results of an audit of NHS-funded services in England: a co-produced report



A spotlight audit on psychological therapies for anxiety and depression was carried out between 2018 and 2019. This looked at performance of secondary care psychological therapy services in England across 8 standards, and was carried out in partnership with the BPS. The second report found that most adults who receive psychological therapy rated their therapist highly and felt helped by the treatment they received, but access was poor, there was often a lack of choice and outcome measures were not routinely being used.



What are the experiences and perspectives of adults who are accessing secondary care psychological therapy for anxiety or depression?

A co-produced report of a qualitative analysis



The second spotlight looked at the qualitative responses to the query, 'Do you have any other comments about your therapy?', in the service user survey, received as part of the first spotlight. The third report provides further insight into the experiences and perspectives of adults using psychological therapy services.

The main findings were presented in reports along with recommendations, jointly developed by the NCAAD team, service users and carers, and two Steering Groups. The recommendations from each of the three reports are collated in this document.

Core audit

1

Clinicians should:

- a) Ensure that information about employment and accommodation is collected for all service users admitted to hospital with anxiety and depression.

Trusts should:

- b) Ensure timely access for service users with anxiety and depression admitted to inpatient mental health service. To achieve this, Trusts need to have systems that accurately capture the date and time they are notified of the need for a bed, and action needs to be taken to improve access to inpatient care for adolescents.

Commissioners should:

- c) Act to ensure there is adequate provision and access to inpatient care for adolescents admitted to hospital for anxiety and depression.

2

Clinicians should:

- a) Ensure that clinical assessment of all inpatients with anxiety and depressive disorders includes information about social stressors, financial circumstances, previous traumatic experiences, and previous responses to treatment in keeping with NICE CG123 (1.3.2.2/1.3.2.6) and CG136 (R1.3.3).
- b) Ensure that full consideration is given to the physical health all people who are admitted to hospital for anxiety and depression, including:
- Diagnosis of coexisting physical health conditions
 - Measurement of Body Mass Index
 - Assessment and interventions for smoking, excessive use of alcohol and substance misuses.

3

Clinicians should:

- a) Ask all people accessing inpatient mental health services for anxiety and depressive disorders whether they wish to nominate someone as their named main support. Offer this named person a carer's assessment and document if this is declined.
- b) Offer all people with anxiety and depressive disorders a copy of a jointly developed person-centred care plan, with a documented review schedule.

4

Prescribers should:

- a) Review at one week following commencement all people who are started on new medication during an episode of inpatient treatment for anxiety and depressive disorders in collaboration with the service user. The review must document the degree of response and any side effects experienced.

Particular attention should be paid to ensure all individuals aged <30 years and all those considered to be at risk of suicide are having their medication reviewed.

5

Clinicians should:

- a) Ensure that all those admitted to hospital for treatment of anxiety and depression are offered an assessment for psychological therapy in line with NICE guidance and record these discussions.

Trusts should:

- b) Investigate reasons for low referral rates to psychological therapy.

6

Trusts should:

- a) Ensure systems are set up to ensure discharge letters are sent to primary care services within 24 hours for all people who are discharged from hospital following inpatient treatment for anxiety and depression.

Clinicians should:

- b) Give all service users, and where agreed a carer, at least 24 hours' notice of discharge following inpatient treatment for anxiety and depression. Notification of discharge must be documented in clinical records.
- c) Offer all service users a follow-up within 48 hours of their discharge from hospital following inpatient treatment for anxiety and depression.

7

Trusts should:

- a) Agree and implement reliable systems for assessing the effects of treatment offered to people with anxiety and depressive disorders. Consideration should be given to aligning these with the ICHOM Standard Set for Depression and Anxiety.

Trusts should:

- b) Ensure that clinicians are trained in the use of outcome measures for assessing change; key clinical outcome measures should be reviewed regularly, and acted upon by relevant Trust Assurance Committees where and when necessary.

Spotlight audit on psychological therapies

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| 1 | Trusts should: a) Provide systems that enable clinicians to accurately collect and record comprehensive demographic data, including data on protected characteristics, to ensure services are provided equitably. Collecting and recording information about disability, employment and accommodation status are key areas that require improvement. |
| | Clinicians should: b) Use demographic data to plan care collaboratively with service users. This should include consideration of potential barriers to accessing and engaging in therapy with particular attention given to the impact of disabilities and employment situation on ability to attend appointments. |
| 2 | Trusts should: a) Ensure that systems are in place to monitor waiting times for psychological therapies and that service users who are referred start treatment as promptly as possible. b) Work actively to increase their capacity to offer psychological therapies in secondary care. |
| | Clinicians should: c) Provide details of expected waiting times for therapy to start, and details of how to access support while waiting for therapy to commence. |
| | NHS England/NHS Improvement should: d) Consider what an appropriate waiting time should be for access to psychological therapies for people with severe mental problems. |
| 3 | a) Trusts should: Review the availability of psychological therapies with reference to relevant NICE guidance and develop plans to address any gaps in provision. |
| | b) Clinicians should: Ensure that the type of therapy and number of sessions adheres to NICE guidance and is tailored to an individual's needs and preferences. |
| 4 | Professional leads and service managers should: Ensure that the service supports choice and shared decision-making (including choice of type of therapy, venue, therapist gender, language and time of day). |
| | Clinicians should: b) Provide service users with information about the treatment options available within the service and support shared decision making. c) Ensure all service users are clear about where their information is kept, who is allowed to see it, and when it might be shared. |

5

Professional leads and service managers should:

- a) Routinely monitor service user satisfaction with psychological therapy and take steps to address sources of dissatisfaction.
- b) Ensure that service users are provided with information about who to speak to if they are experiencing difficulties with the therapy process, should they feel unable to address this with their therapist.
- c) Involve service users in service development.

6

Trusts should:

- a) Agree and implement reliable systems for assessing the effectiveness of psychological therapies provided to people with anxiety and depression. Consideration should be given to aligning these with the ICHOM Standard Set for Depression and Anxiety.

Clinicians should:

- b) Work with service users to complete validated outcome measures at a minimum of two time points, explaining the rationale for the measures and they are used.
- c) Ensure that outcome monitoring goes beyond changes in symptoms, and to include reviewing progress against service user defined goals.

7

a) Trusts should:

Review supervision arrangements and ensure that all therapists are receiving regular and appropriate clinical supervision from a supervisor qualified in the particular therapy being offered.

b) Clinicians should:

Ensure that supervision arrangements are appropriate for the therapies provided on behalf of the service and raise any supervision needs with supervisors and line managers with immediate effect.

8

a) Trusts should:

Ensure clinicians have the recognised training to provide the therapies they deliver. This includes evaluation of the qualifications and accreditation status of therapists for each of the therapies that they might provide as part of their clinical role and develop plans for addressing identified training needs.

b) Professional leads and service managers should:

Identify and address barriers to accessing continuing professional development that will enable therapists to meet the requirements of their professional body and maintain competence in the specific therapies that they deliver.

Spotlight audit on service user experiences

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| 1 | <p>Steps should be taken by NHS managers to improve access to psychological therapy services, by:</p> <ul style="list-style-type: none">• Reducing waiting times• Offering greater flexibility with appointment times• And making sure the venue is readily accessible |
| 2 | <p>Psychological therapy services and clinicians should provide better information before, during and after therapy.</p> <p>This should include information about likely waiting times, managing difficulties that might arise during therapy, discharge planning and how to access support in the future.</p> |
| 3 | <p>Clinicians should work collaboratively with service users and support shared decision-making.</p> <p>This should include the type of therapy that service users are offered and the likely number, frequency and times of their appointments.</p> |
| 4 | <p>Psychological therapy services should place a greater emphasis on monitoring the outcomes of therapy, including both positive and negative experiences</p> |



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