# RC PSYCH
## ROYAL COLLEGE OF PSYCHIATRISTS

## APPTS
### ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES

the british psychological society

# Aggregated Report

*Quantitative evaluation of member performance: 2019-2023*

# Contents

# Foreword

The Accreditation Programme for Psychological Therapies (APPTS) was established in 2014 and during this time has been able to formally recognise and celebrate psychological therapy services meeting high quality standards and demonstrating commitment to continuous improvement.

APPTS is a collaboration between The College Centre for Quality Improvement (CCQI) and the British Psychological Society, clinical experts within member services and the lived experience of people using psychological therapies. The programme is underpinned by a set of standards for psychological therapies services which are organised by the Care Quality Commission (2017) categories for services being safe, effective, caring, responsive and well led has consistently ensured that the dissemination and cross pollination of best practice enhances member services, ultimately improving user and clinician experiences.

The APPTS team are proud to be an inclusive accreditation programme, working with members from the NHS, third sector, and independent healthcare organisations.

The data presented within this report highlight the importance of commitment by services to ongoing evaluation and continuous improvement. Data collection and evaluation, understanding services' demographics, and user and carer involvement remain key areas that require ongoing attention and development.

Services who are members of APPTS benefit from the sharing of this information and examples of best practice that assist with continuous improvement. In addition, regular continuing professional development events facilitated by APPTS enable services from across the United Kingdom to connect, learn from each other and discuss the common challenges experienced within services.

I am proud and privileged to be part of the APPTS team and wish to thank everyone involved within the accreditation programme, and each one of our member services who all play key roles in the success of APPTS and its support to psychological therapy services nationwide.

I hope that this aggregated report will be of benefit to commissioners and providers of psychological therapies services to understand the common challenges experienced by services. I hope that it will also encourage services to join our growing membership, contributing to and benefiting from the continuous development of quality standards for the delivery of psychological therapies in the United Kingdom.

**Jane Muston, Registered Nurse Mental Health, BABCP Accredited Practitioner, Supervisor and Trainer and Chair of the APPTS Accreditation Committee**

# Introduction

The Accreditation Programme for Psychological Therapies Services (APPTS) works with services in the UK whose primary function is to provide psychological therapies to improve the psychological wellbeing of adults in the community. Our members include services from the NHS, third sector, private organisations. APPTS is run by a central team at the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society.

**This report**

This report looks at the quantitative data gathered from 23 peer review visits of psychological therapies services during the period 2019 to 2023. Services included within this report have all been members of the Accreditation Programme for Psychological Therapies Services (APPTS) and undergone a full peer review assessment, which is outlined in the next section of this report.

This report focuses primarily on performance data collected against the APPTS standards for psychological therapies services[1]. This report is laid out according to the standard categories, which have been organised according to the Care Quality Commission (2017) requirements that services should be safe, effective, caring, responsive to people's needs and well led, as well as additional standards for NHS Talking Therapies services. Within each standard category, there is an explanation to demonstrate what the standards are measuring, as well as an overall compliance against the standards for each category.

**Who is this report for?**

We hope that psychological therapies services find this report to be a useful overview of how other, similar services are meeting the standards for psychological therapies services and to enable our members to benchmark themselves. There are also areas of challenge highlighted in this report to demonstrate the standards that are most commonly unmet, and an explanation has been provided to demonstrate why this may be the case for services. For a more detailed overview of good practice, see our Thematic Report (2022)[2].

**Limitations of this report**

This report has compiled data from the most recent peer review cycle for each service. Some services may currently be awaiting accreditation or undergoing evidence review and the standard compliance is therefore likely to change. The APPTS standards have also been revised over the data collection period, so the total number of standards will differ for some services.

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[1] APPTS standards for psychological therapies services (2022)
[2] APPTS thematic report (2022)

# Data collection

The data used within this report have been gathered from the peer review assessment of services. We decided to work with data collected at the point of review, rather than following completion of the full accreditation process, in order to identify common pitfalls in terms of processes and evidence as experienced by our members. We hope that this report will, in turn, help to prepare services undergoing the process to understand how standards can be met and evidenced at the earliest possible opportunity, and reduce any ambiguity moving forwards

**The review process**

The core process involves a reflective self-review against nationally agreed standards for psychological therapy services. This is followed by APPTS data collection and a peer review of your service. The programme identifies areas of achievement and recommendations for improvement, and supports services to achieve accreditation.

**1. Self-review**

Services complete a workbook which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to therapists and service users. Services are able to identify whether they have met or not met specific standards and understand their own challenges and achievements.

**2. Peer review**

A visiting multi-disciplinary peer review team meets with those working in and accessing the service to validate the information provided at the self-review stage. The service receives feedback on the preliminary findings at the end of the review, drawing on achievements and areas for improvement.

The peer review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate.

**3. Accreditation Committee**

The APPTS Accreditation Committee (AC) will provide the service with an accreditation decision: accredited, deferred, or not accredited. The AC can defer services up to two times (ie three presentations at a committee meeting). As a result, services have multiple opportunities to make changes and collect further evidence for the AC. Throughout the process, the network provides teams with time, support, and guidance to help services reach accreditation.

# Membership benefits of APPTS

**Review and network with other psychological therapies services**

**Receive a detailed service report with bespoke recommendations for further developments**

**Benchmark your practices with other similar services and share ideas in line with good practice**

**Involvement in the development of nationally agreed standards for psychological therapies services**

**Free attendance at APPTS online events and training**

# Key findings

This section summarises the overall compliance against the standards for psychological therapies services. Each service is labelled with a number to ensure anonymity, and an average across membership has been included to enable benchmarking.

On average, services meet **89%** of all standards for psychological therapies services at the point of peer review.



Overall Compliance against APPTS Standards
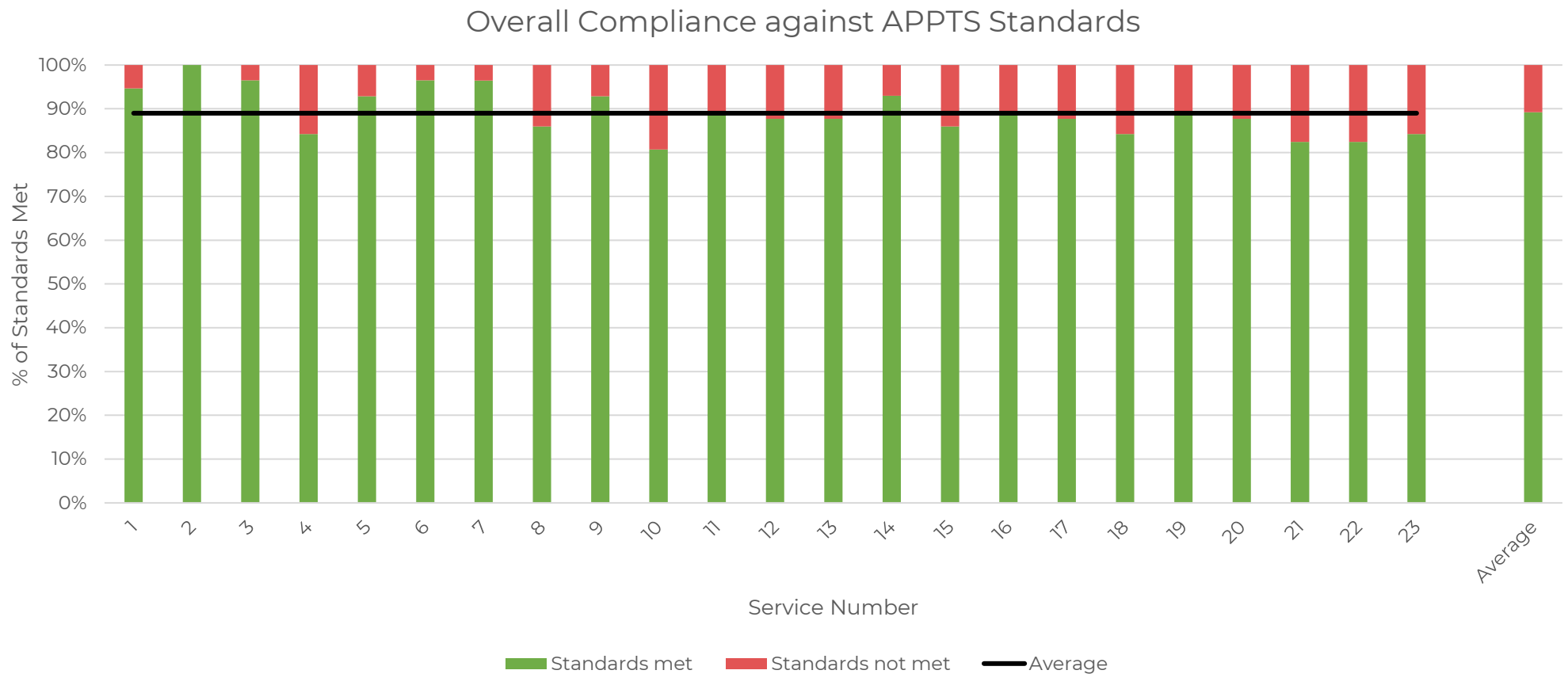
# Is it safe?

Safety standards measure risk management within services, service user risk assessments, safety of service environment, lone working arrangements, clinical supervision, and other factors that contribute to the safety of interventions for people accessing a service.

On average, services meet **96%** of standards on safety.

The figure below shows individual service performance against the average for this section of standards.



Standard performance: Is the service safe?
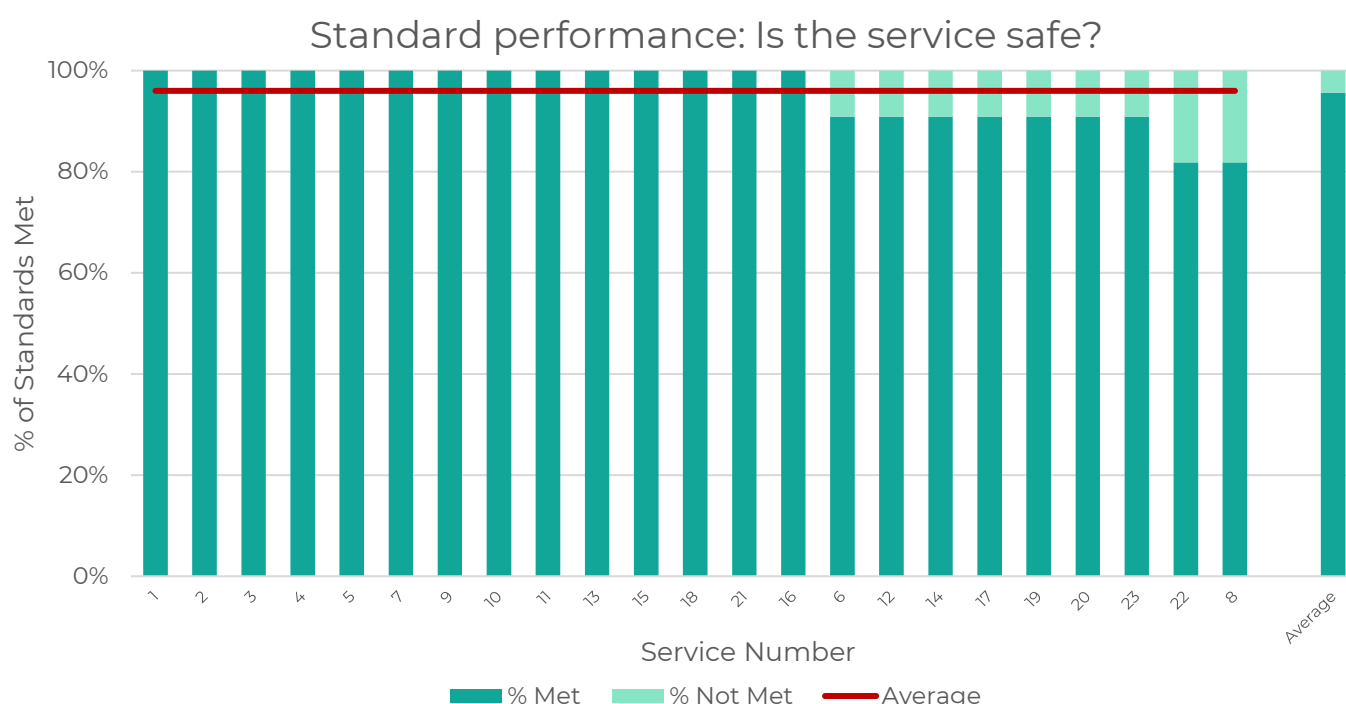
**Commonly unmet standards**

The standards below demonstrate the lowest compliance for this section. The reasons for these standards being commonly unmet are typically due to missing or unclear evidence submissions.

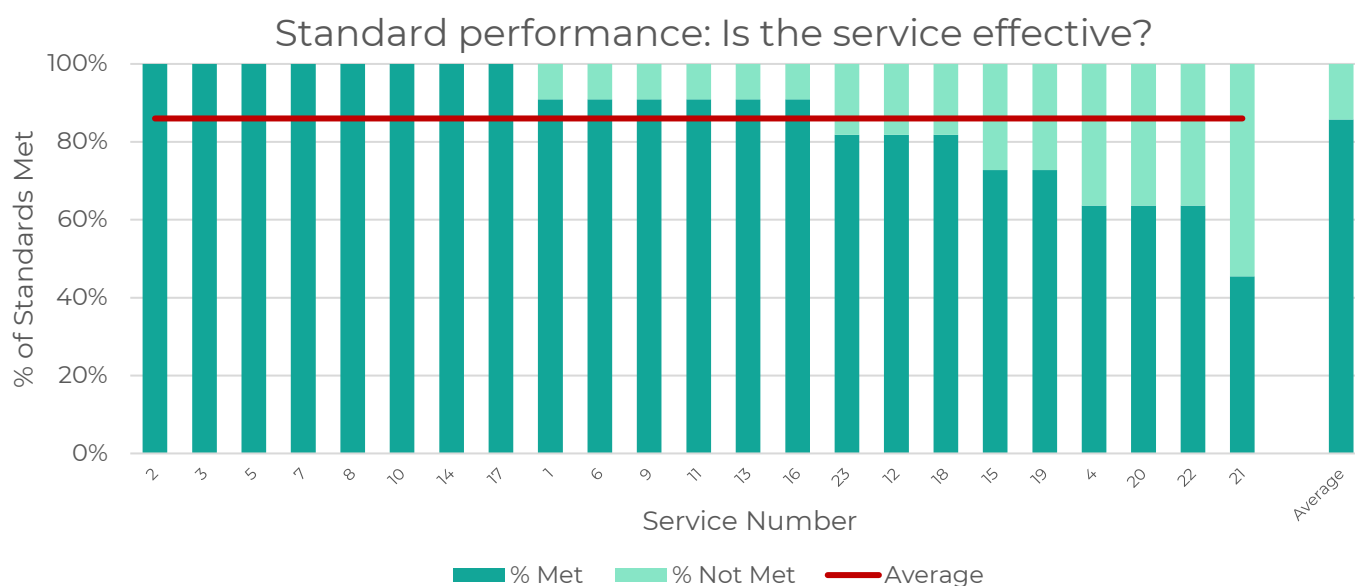| Code | Standard | % Met |
|---|---|---|
| S11 [1] | The service can demonstrate that complaints, untoward incidents and near misses are documented, reviewed and acted upon | 83% |
| S10 [1] | The service has information governance policies and procedures in place, aligned with GDPR | 87% |

These standards are measured through discussions held with team managers and therapists on the peer review day.

# Is it effective?

Standards under this section assess outcome monitoring and the provision of evidence-based interventions that appropriately match the condition presented by the service user.

> On average, services meet **86%** of standards on effectiveness.

The figure below shows individual service performance against the average for this section of standards.



**Standard performance: Is the service effective?**

**Commonly unmet standards**

The standards below demonstrate the lowest compliance for this section. The reasons for these standards being commonly unmet a largely down to how services are able to evidence these areas.

| Standard | Standard | % Met |
|---|---|---|
| E5 [2] | The number of sessions is informed by the evidence base and individual need | 48% |

This standard is measured through information provided on the number of sessions provided for each modality. It also discussed with therapists.

| Standard | Standard | % Met |
|---|---|---|
| E6 [2] | The service routinely collects outcome data and can demonstrate the effectiveness of the interventions provided | 65% |

For this standard, we require evidence demonstrating the effectiveness of interventions provided and this is also discussed with team managers.

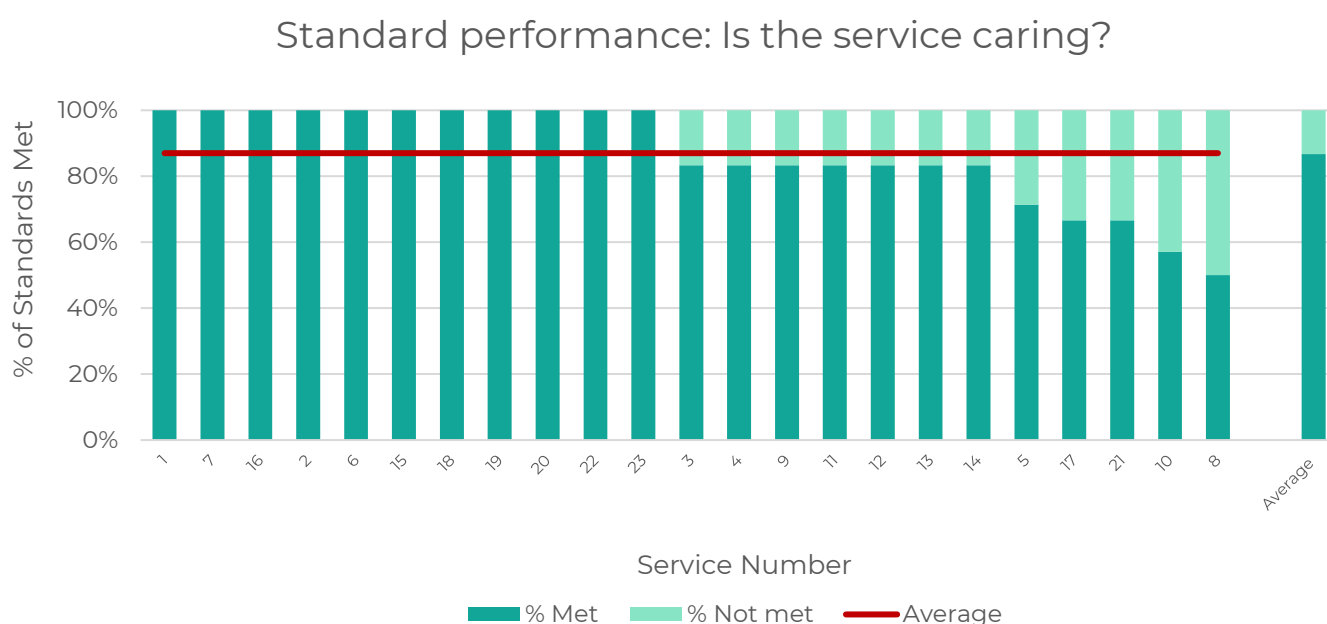| Standard | Standard | % Met |
|---|---|---|
| E1 [1] | The service provides evidence-based psychological interventions | 74% |

This standard is measured through a database demonstrating the interventions offered in line with the evidence-base for service users presenting problems. It is also raised with therapists.

# Is it caring?

Standards under the caring section assess whether service users have been treated with compassion and respect, if they have been involved in the decision-making process for their care, and provision of accessible key information while they are in the process of seeking therapy.

On average, services meet **87%** of standards on care.

The figure below shows individual service performance against the average for this section of standards.

## Standard performance: Is the service caring?



**Commonly unmet standards**

The standards below demonstrate the lowest compliance for this section. These standards are commonly unmet due to contradictory service user feedback during peer review visits.

| Code | Standard | % Met |
|---|---|---|
| C6 [2] | Service users are provided with information about who to speak to if they are experiencing difficulties with the therapy process, which they do not feel able to speak to the therapist about | 70% |
| C5 [2] | Service users report being provided with information and choice about their treatment (covering choice of time of day, venue, type of therapy, therapist gender and access in a language other than English) | 78% |

These standards are measured using feedback sought from service users and therapists on the peer review day.

# Is it responsive to people's needs?

Standards measuring responsiveness within a service look at equality, diversity and inclusion practices, and wider access to therapy to all within the community who might need it.

On average, services meet **86%** of standards on responsiveness.

The figure below shows individual service performance against the average for this section of standards.



Standard performance: Is the service responsive?
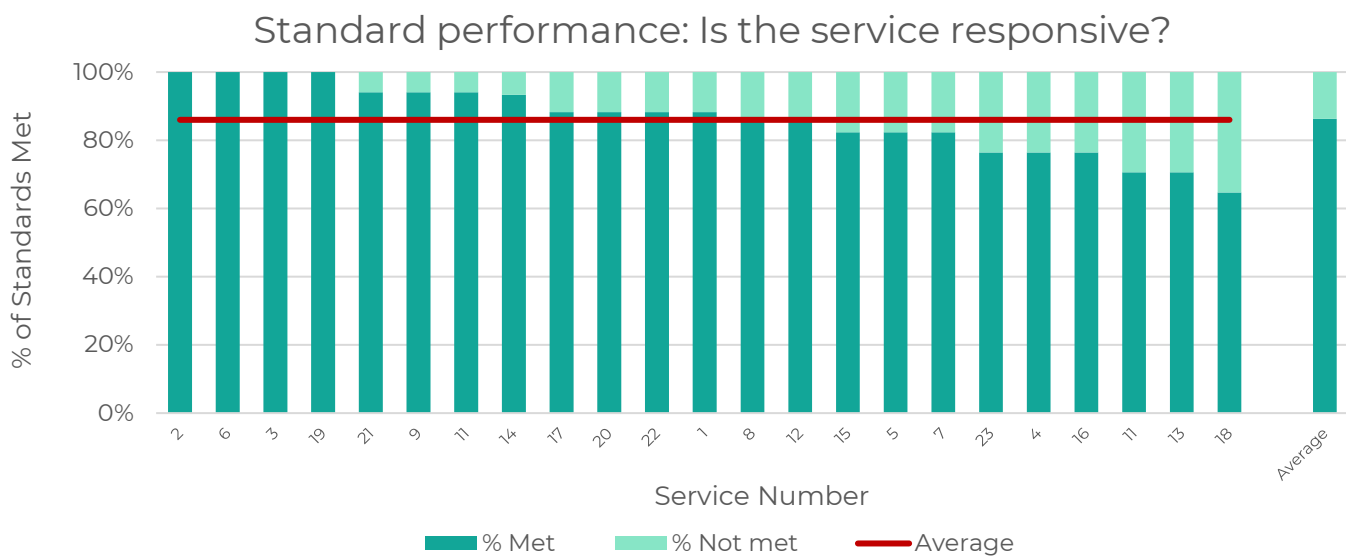
**Commonly unmet standards**

The standards below demonstrate the lowest compliance for this section. The reasons for these standards being commonly unmet point to the lack of strategies that show a service's commitment to equality, diversity, and inclusion.

| Code | Standard | % Met |
|---|---|---|
| R3 [2] | The service routinely collects data that can be used to measure equity of access and equity of delivery against protected characteristics | 61% |
| R13 [2] | Service users are asked if they would like family or friends to be involved. If so, there is a discussion around how this will take place | 65% |
| R4 [2] | Data are used to understand who is accessing the service, identify under-represented groups and improve the accessibility of the service | 65% |
| R1 [1] | The service has a strategy in place to promote equality and diversity and to address any barriers to access | 70% |

These standards are predominantly measured through team manager feedback.

# Is it well-led?

Standards under this section measure overall staff support, wellbeing, training and supervision. These standards also assess how service users can provide feedback on their care and general treatment by the service.

On average, services meet **92%** of standards on leadership.

The figure below shows individual service performance against the average for this section of standards.

### Standard performance: Is the service well-led?
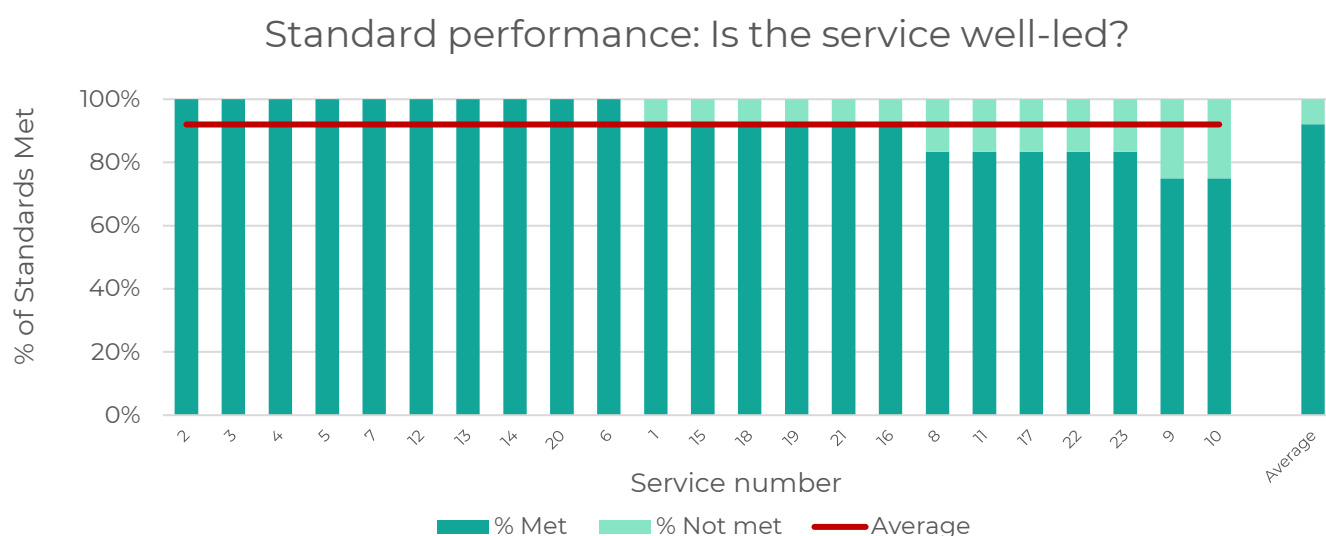


**Commonly unmet standards**

The standards below demonstrate the lowest compliance for this section. These standards are commonly unmet due to commentary during peer review visits that demonstrate a lack of service commitment to ensuring staff support in their career, as well as limited service user involvement in quality improvement initiatives at the service.

| Code | Standard | % Met |
|------|----------|-------|
| L10 [2] | Service users are involved in service design, planning, evaluation and improvement | 61% |
| L9 [1] | The team asks service users and carers for their feedback about their experiences of using the service and this is used to improve the service | 74% |
| L1 [1] | Therapists are supported by the service/organisation to meet the Continuing Professional Development (CPD) requirements of their professional / regulatory body | 91% |

These standards are measured using feedback sought from therapists and service users on the peer review day.

# Standards for Talking Therapies services

Talking Therapies standards are only applicable to services participating in the NHS Talking Therapies programme in England. These measure specific targets such as routine outcome monitoring, staff and case capacity, and overall adherence to the Talking Therapies programme guidelines.

On average, services meet **91%** of standards on responsiveness.

The figure below shows individual service performance against the average for this section of standards.

## Standard performance: Does the service adhere to the NHS Talking Therapies guidelines?
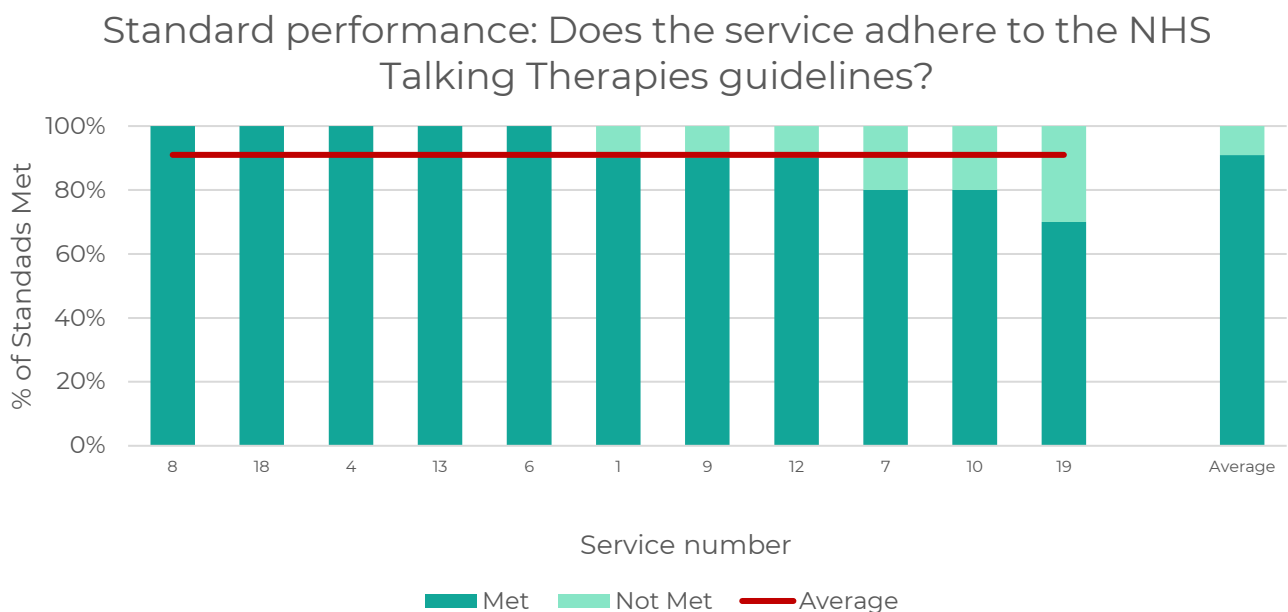


## Commonly unmet standards

The standards below demonstrate the lowest compliance for this section. The reasons for these standards being commonly unmet are due to unclear commentary during peer review visits and incomplete evidence submissions.

| Code | Standard | % Met |
|---|---|---|
| Talking Therapies10 | The service adheres to the Talking Therapies Manual supervision guidance | 74% |
| Talking Therapies9 | A problem descriptor and mental health cluster is recorded for each service user and submitted with quarterly reports | 91% |

These standards are measured through team manager and therapist feedback, as well as a requirement for the percentage data completeness to be submitted for problem descriptors achieved by the service in the last quarter.

# Recommendations

This section provides a summary of recommendations that derive from commonly unmet standards identified throughout this report to support services to meet these standards in future.

1.  *Collecting and recording data on the provision of evidence-based interventions*

    Services often offer a wide range of interventions to service users for varying lengths of time. However, the way in which this information is recorded varies significantly. To address this, we recommend that teams implement a database which records each service user's presenting problem, indicative diagnosis, intervention offered and the number of sessions received. This could be used to evidence the APPTS standards around evidence-based interventions being delivered (E1), and for an appropriate number of sessions (E5).

2.  *Reviewing demographic data and identifying gaps*

    Many services are successfully collecting data on who is accessing their service, however, this does not always cover all protected characteristics. It is therefore suggested that optional questions regarding gender identity, ethnicity, disability, as sexuality (as a minimum) would prove beneficial for services to uncover gaps in the population they serve and address barriers to access. Furthermore, if this data is collected, it may not always be the case that services are acting on their findings. Services should consider reviewing the demographic data to produce a report and highlight any underrepresented groups, where potential barriers to access can be addressed through an action plan or strategy.

3.  *Collaborative care*

    Services often lack resources to support carer involvement in the care of service users and to appropriately consider the needs of carers. While the nature of psychological therapies may, at times, make the involvement of family or friends challenging, services could consider developing information booklets for those who wish to be involved in the care of the service user under question. This could include information accessing local support groups and how to attain a statutory carers' assessment.

4.  *Limited service user engagement*

    Services may have limited strategies to encourage service user involvement in improvement initiatives. While the distribution of satisfaction surveys allows services an opportunity to assess how service users feel about their therapy, these do not allow for exchanges that could propel meaningful change. Services should consider establishing interactive strategies for service user involvement such as drop-in discussion sessions or invitations to key events or meetings addressing service user care. The feedback raised from service users should then be used to make improvements at the service.

# Appendix 1: List of members

| Service Name[3] | Trust / Organisation |
|---|---|
| Alliance Primary Care Psychological Therapy Service * | Alliance Psychological Services Ltd |
| Anxiety UK | Anxiety UK |
| Talking Therapies, Berkshire * | Berkshire Healthcare NHS Foundation Trust |
| Student Wellbeing Services, Brunel | Brunel University London |
| Centre for Specialist Psychological Therapies | Cumbria, Northumberland Tyne and Wear NHS Foundation Trust |
| Sunderland Psychological Wellbeing Service * | Cumbria, Northumberland Tyne and Wear NHS Foundation Trust |
| Hertfordshire Wellbeing Service * | Hertfordshire Partnership Foundation Trust |
| Mid Essex - Health in Mind * | Hertfordshire Partnership University NHS Foundation Trust |
| Emotional Wellbeing Service, East Riding * | Humber NHS Foundation Trust |
| IPRS | IPRS Mental Health Group |
| NHS Cornwall and the Isles of Scilly Talking Therapies * | Kernow Clinical Commissioning Group |
| Steps2Change Lincolnshire * | Lincolnshire Partnership NHS Foundation Trust |
| NHSCT Clinical Health Psychology Service | Northern Health and Social Care Trust |
| NHSCT Psychological Therapies Service | Northern Health and Social Care Trust |
| Sheffield IAPT * | Sheffield Health & Social Care NHS Foundation Trust |
| Sheffield Specialist Psychotherapy Service | Sheffield Health & Social Care NHS Foundation Trust |
| Mind Matters (Unither House) * | Surrey and Borders Partnership NHS Foundation Trust |
| Talking Changes Durham * | Tees, Esk and Wear Valleys NHS Foundation Trust |
| The Employee Resilience Company | The Employee Resilience Company |
| The Retreat | The Retreat |
| Student Access to Mental Health Services (SAMHS) | University of Sheffield |
| Student Services, St Andrews | University of St Andrews |
| Vita Health Group Psychological Therapy Service | Vita Health Group |

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[3] Services with an asterisk ("*") are Talking Therapies services.

# Appendix 2: Contact details

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