APPTS
ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES

CCQI

Accreditation Programme for Psychological Therapies Services (APPTS): First cohort aggregated report

February 2016

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The British Psychological Society
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Publication No. CCQI214

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This document can be downloaded from our website:

www.appts.org.uk

APPTS is supported and endorsed by:

Contents

Acknowledgements

The APPTS team would like to thank the following people for their support, input and involvement during the pilot phase of the programme:

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Vicki Ensor	Mind
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Peter Hudson	British Psychoanalytic Council
Kevin Jarman	IAPT Programme
Helen Matthews	NHS Confederation Mental Health Network
Sarah Meekin	Belfast Health and Social Care Trust
Richard Meier	The Tavistock Centre for Couple Relationships
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The first cohort of member services

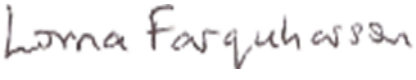
Organisation	Service
Alliance Psychological Services Ltd	Alliance Primary Care Psychological Therapy Service
Humber NHS Foundation Trust	Emotional Wellbeing Service -East Riding
The Maya Centre	The Maya Centre
Whittington Health and BEHMHT	Lets-Talk.co IAPT service
Northumberland Tyne and Wear NHS FT	Sunderland Psychological Wellbeing Service
Northern HSC Trust	Psychological Therapies Service
Care & Support Partnership	LIFT Psychology Swindon
Merseycare NHS Trust	Staff Support Service
University of Sheffield	University of Sheffield Counselling Service
Coventry & Warwickshire Partnership Trust	Increasing Access to Psychological Therapies (IAPT)

Foreword

We are delighted to recommend this report to a wide range of readers involved in or interested in safe and effective psychological therapy services: commissioners, service managers, clinical leads, clinicians, service users and interested members of the public. APPTS exists in order to celebrate and share good practice in psychological therapy services, but even more importantly to set standards and raise awareness about what service users, commissioners and staff members should expect from these services. The APPTS standards cover the five domains specified by the Care Quality Commission, in order to provide assurance that psychological therapy services provided for adults in any community setting are safe, effective, caring, responsive to people's needs, and well led. We would like to thank and congratulate the services who have joined the scheme and have been accredited in the first wave, and look forward to seeing an increasing uptake of the programme across the UK, and a commensurate increase in understanding and delivery of excellence in psychological therapies service provision.

A commendable amount of work has been achieved in bringing the APPTS scheme to fruition, from the early work undertaken in two National Audits of Psychological Therapies for Anxiety and Depression through to the development of this joint accreditation programme in partnership between the British Psychological Society and the Royal College of Psychiatrists, through the College Centre for Quality Improvement. The golden thread throughout this work has been the central involvement of service users; in the development of the standards and the methodology of the accreditation process, the delivery of the programme through participation in peer review teams, and the involvement in stakeholder consultation, the Accreditation Committee and The Project Board. We look forward to continuing to work with service users, clinicians, commissioners and all our stakeholders to ensure that APPTS grows and develops in support of high quality, safe and effective psychological care.

Dr Esther Cohen-Tovée
BPS Co-Chair APPTS Project Board



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Report Summary

The Accreditation Programme for Psychological Therapies Services (APPTS) was developed through a partnership between the British Psychological Society and the Royal College of Psychiatrists' Centre for Quality Improvement. It was launched in 2014 to enable services to receive recognition for meeting high standards and to support quality improvement. A total of 13 services signed up to be part of the first cohort and 10 completed the full accreditation cycle.

The self review period for all teams ran from November 2014 to February 2015 and the peer review visits took place in March and April 2015. The first accreditation committee meetings took place in May and June 2015. Seven of the 10 services were accredited and the remaining 3 services were deferred for a period of 3 or 6 months depending on the extent of changes required.

Overall performance against the standards indicated areas of achievement and areas for improvement. Feedback from service users about their experience of therapy was particularly positive.

> *"My therapy is helping me enormously and I am very glad this service is available to me. I have no suggestions for improvement as I am very happy with all aspects of the service."*

> *"The two therapists I have seen have been very professional but also very understanding and friendly. Without them I would be in a very different place. I cannot thank them enough."*

Areas for improvement included information provision, service user involvement, support for therapist health and wellbeing, involvement of friends, family and significant others.

An evaluation of the first year of APPTS highlighted a lot of positive feedback on the documentation and support from the project team. There was also positive feedback on the experience of the peer review visit.

> *"The feedback we received was constructive and non-judgemental and was well received by our team".*

The main benefits of participating were seen to be obtaining a stamp of approval, help with future commissioning and raising the profile of the service. The biggest challenge for services was the time involved in completing the self review and a number of steps have been taken to reduce the time involved in this part of the accreditation process.

The first annual members' conference took place on 10 November 2015 in London. This involved presentations delivered by the APPTS team, APPTS members and national experts. It was a great opportunity for member services to come together to celebrate achievements and share ideas for making improvements.

> *"It was an interesting day and I really enjoyed hearing from the different services"*

Introduction to APPTS

The Accreditation Programme for Psychological Therapies Services (APPTS) is a quality improvement and accreditation programme for services in the UK whose primary function is to provide psychological therapies and improve the psychological wellbeing of adults in the community. It was formally launched in August 2014 as a collaboration between The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) and the British Psychological Society (BPS). The scope, standards and evaluation methods have been developed in partnership with therapists' professional organisations, national charities, the national Improving Access to Psychological Therapies programme team, service leads, practising therapists and service users.

APPTS has been designed to include services managed by the NHS, voluntary sector and private sector. This includes services that are part of the Improving Access to Psychological Therapies (IAPT) programme in England and those that are not. The core standards for all psychological therapies services that participate in the accreditation programme are organised according to the Care Quality Commission (2013) requirements that services are safe, effective, caring, responsive to people's needs and well-led. The first edition of the standards was published in August 2014. Feedback on the standards was collected from member services and other stakeholders, and the second edition was published in August 2015. Services are measured against the standards through self and peer-review. As well as identifying and acknowledging services that have high standards, APPTS shares best practice to facilitate service improvement. Year-round support is provided to help members maximise opportunities for learning and development. This report focuses on the first year of APPTS, including an overview of the first cohort of services and an evaluation of the pilot phase.

Participating teams

A total of 13 psychological therapies services in England and Northern Ireland signed up to be part of the first cohort. Of these, 10 went on to complete the full accreditation cycle. Data from these 10 services are included here.

Contextual Data

A wide range of different services participated, including NHS and third sector, large and small, IAPT and non-IAPT, urban and rural (see Table 1).

Table 1. Configuration of participating services

Sector managing the service		
NHS	8	80%
Third Sector	2	20%
Private	0	0%
Level of service provision		
Primary Care	8	80%
Secondary Care	0	0%
Mixture of primary and secondary care	2	20%
How many whole time equivalent therapists does your service include?		
<8	4	40%
8-20	0	0%
20 – 30	2	20%
>30	4	40%
Improving Access to Psychological Therapies (IAPT) scheme		
IAPT	6	60%
Non-IAPT	4	40%

Table 2. High Intensity therapies provided by member services

Therapeutic modality	Number of member services providing this	Percentage services providing this
Cognitive behavioural therapy	8	80%
Counselling for depression	7	70%
Interpersonal psychotherapy	5	50%
Person-centred (or other humanistic therapy)	6	60%
Solution-focussed therapy	5	50%
Behavioural activation	8	80%
Mindfulness-based cognitive therapy	8	80%
Eye movement desensitisation and reprocessing therapy	9	90%
Problem-solving therapy	3	30%
Psychodynamic/psychoanalytic therapy	3	30%
Cognitive analytic therapy	4	40%
Dialectical-behavioural therapy	2	20%
Brief dynamic interpersonal therapy	3	30%
Couple therapy for depression	3	30%
System/family therapy	1	10%
Art psychotherapies	0	0%

Table 3. Low Intensity therapies provided by member services

Therapeutic modality	Number of member services providing this	Percentage services providing this
Guided/facilitated self-help	9	90%
Psycho-education	10	100%
Pure self-help (e.g. books on prescription, unfacilitated computerised CBT via DVD etc.)	9	90%
Signposting/referral facilitation schemes	8	80%
Structured exercise	1	10%
Support and advice in adherence of antidepressant/GP-prescribed medication	5	50%

Self review

The self review period for all teams ran from November 2014 to February 2015 and the peer review visits took place in March and April 2015. Teams underwent a self review period of three months, which required the team to gather data using a range of audit tools including:

- **Service Questionnaires**

The APPTS leads were asked to indicate whether or not they felt their service met each of the standards. For a number of standards, additional comments and supporting evidence was also requested.

- **Service User Questionnaires**

The teams were asked to distribute questionnaires to current or recent users of the service. Services had the option of sending an online questionnaire, or hard copies with prepaid envelopes. Services were asked to invite a sample of service users to complete the questionnaire in such a way as to minimise the likelihood of receiving biased feedback. Suggested methods were to invite all service users attending an appointment within a certain period of time to complete the questionnaire, or sampling all service users on the service's books on a given date. More detailed information about the advice given to participating teams on how to collect service user feedback can be found in Appendix 1. Services were asked to inform the APPTS team of their selection method. Service users were asked about their experience of the service, including questions about waiting times, information provision, choice and satisfaction with their therapy. Each service was required to achieve a target number of service user questionnaire responses, based on the size of the service.

- **Therapist Questionnaires**

The teams were asked to invite all therapists working in the service to complete an online questionnaire. This included questions about their routine practice and the support and guidelines the service gave them. At least 75% of therapists from each service were expected to complete this questionnaire.

- **Therapist Telephone interviews**

Five therapists from each service were randomly selected for a telephone interview. This involved questions about therapists' role, training, membership of professional/regulatory bodies and supervision arrangements.

Peer review

Following self review, the teams received a peer review; a one-day visit delivered by a team of reviewers, including psychological therapies service professionals, a service user and a member of the APPTS team. The data collected from each team during the self review period was compiled into a booklet which was sent to the members of the peer review team and the host team before the visit. The peer review team's role was to validate the self review findings, identify areas of achievement, as well as areas for improvement, and suggest ideas for addressing

the latter. The review team were able to amend the 'Met' or 'Not Met' rating of the standards according to evidence gathered on the peer review day. All of the peer reviewers had attended a one day training course delivered by the APPTS team which allowed them to become familiar with the peer review process and peer review booklet.

The peer review day comprised several different meetings; some meetings were attended by all members of the peer review team, and in other sessions the peer review team were divided in order to attend concurrent meetings. The suggested peer review timetable can be found in Appendix 2.

Accreditation decision

The APPTS team generated a report, which summarised the self review and peer review data. This detailed whether or not standards were deemed to have been met at the time of the peer review visit. The service under review was sent the report before it was presented to the Accreditation Committee (AC), and allowed to comment or provide extra evidence towards unmet standards. Standards were categorised into two types:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. All of these needed to be met in order for the service to be accredited.

Type 2: standards that an accredited service would be expected to meet. Services needed to meet at least 80% to achieve accreditation.

This report was anonymised and then reviewed by the AC which comprised professional and service user representatives that reflected, as far as possible, the diverse nature of the psychological therapies workforce and the range of services that are eligible to participate. The first AC meetings took place in May and June 2015. The AC was also able to change the status of standards from 'Not Met' to 'Met' and vice versa, if this was supported by relevant evidence. Following careful consideration, each service was assigned to one of the following categories:

Accredited:

At the time of peer review, the psychological therapies service:

- Meets all Type 1 standards; **and**
- Meets at least 80% Type 2 standards;

Accreditation deferred:

At the time of peer review, the psychological therapies service:

- Does not meet one or more Type 1 standards but demonstrates the capacity to do so within a short time; **and/or**
- Does not meet a substantial number of Type 2 standards but demonstrates the capacity to meet the majority within a short time; **and/or**
- Does not meet a group of Type 2 standards in a critical area, but demonstrates the capacity to meet the majority within a short time.

Not Accredited:

At the time of peer review, the psychological therapies service:

- Does not meet one or more Type 1 standard and does not demonstrate the capacity to meet them within a short time; **and/or**
- Does not meet a substantial number of Type 2 standards and does not demonstrates the capacity to meet the majority within a short time; **and/or**
- Does not meet a group of Type 2 standards in a critical area, and does not demonstrate the capacity to meet the majority within a short time.

A total of 7 teams were accredited in the May and June AC meetings. The three teams that did not achieve the required criteria for accreditation at the first AC meetings were given a deferral period of 3 or 6 months, depending on the reason for deferral. They were asked to make changes and submit further evidence of this by the end of the deferral period, which could be considered by the AC. At the time of writing, two of the services are continuing to work towards accreditation and the third has decided to discontinue their membership.

Ongoing quality improvement

The APPTS process does not stop at the point of accreditation. Members are encouraged to continue thinking about how they can improve the quality of their service by submitting action plans shortly after being awarded accreditation. These action plans incorporate the areas for improvement identified by the peer review team, and progress against the action plan will be taken into account as part of the interim review. APPTS accreditation lasts for 3 years, subject to the interim review, after which time services undergo the full review cycle again. At this stage, the areas for improvement from the last cycle are discussed, and the service is reviewed against the current set of standards.

The Pilot Phase – Key Themes

The data collected from the 10 participating teams during their 3 month self review period showed some interesting themes. It should be noted that the ratings discussed below were agreed after each service's peer review visit and may differ from their self review result and subsequent rating by the Accreditation Committee. The aggregated data can be found in Appendix 3.

Supervision & Training

All qualified therapists interviewed by telephone reported having received adequate training to perform as a competent practitioner. Where standard *S6: Therapists have received formal training to perform as a competent practitioner in each of the therapies they provide on behalf of the service, or, if still in training, are practising under supervision of an adequately trained qualified therapist*, was not met, it was due to concerns about the appropriateness of the supervision provided to therapists in training. Of the 527 therapists who completed questionnaires, the most common supervision arrangements involved weekly supervision:

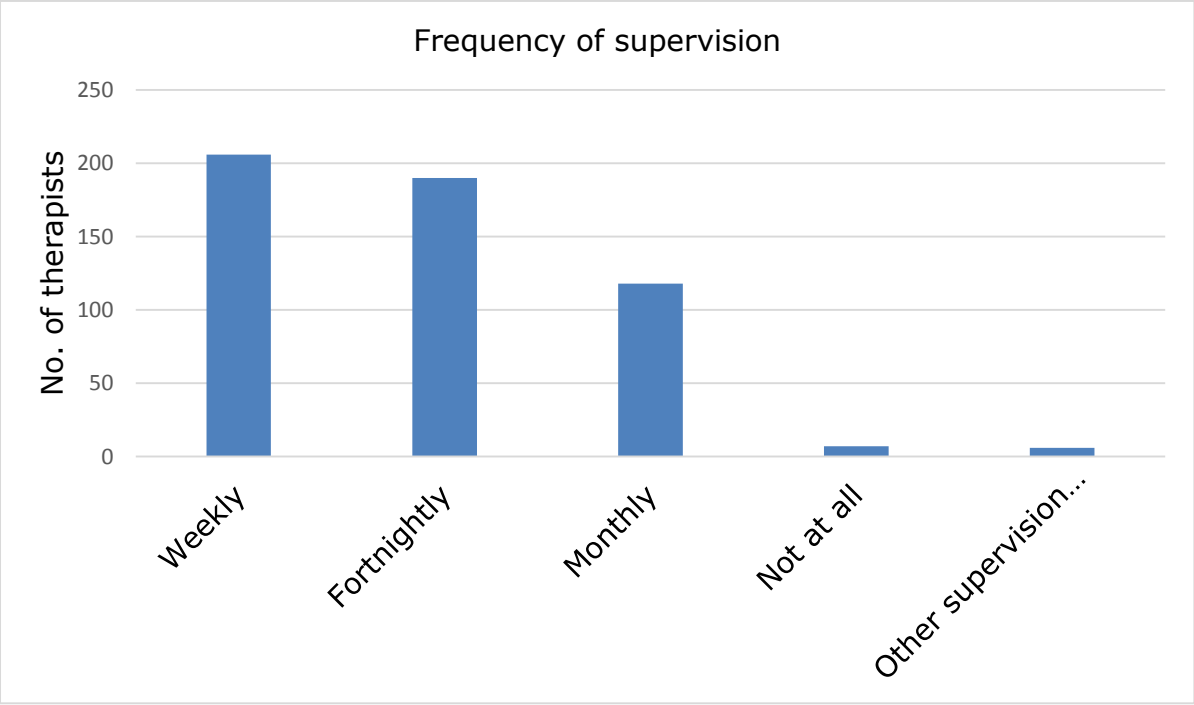

Figure 1. A graph showing the frequency of supervision

Factors such as the level of training and number of clinical sessions per week were further explored during the peer reviews, and all but one service met standard *S7: Therapists are receiving regular and appropriate clinical supervision (in accordance with their grade and accrediting body) Additional requirement for all services that are part of the English IAPT programme: Therapists (experienced and trainees) should receive regular and appropriate outcomes informed supervision*. It was noted, however, that weekly supervision, which is advised in the IAPT supervision guidelines (2011), was not available in all of the IAPT services, and given the high caseloads therapists may have, supervision may be needed more frequently than professional bodies typically require. Recommendations were given to IAPT services not routinely providing weekly supervision to work towards doing this.

Information Provision

Confidentiality

The vast majority of therapists (89%) indicated that service users were given information about confidentiality at their first point of contact. However, of the 708 service users who completed questionnaires, only 57% either strongly agreed, or agreed that they understood where their information was kept, who could see it and when it might be shared; 20% disagreed or strongly disagreed, and 23% responded neutrally. At peer review 90% of services met this standard, but a number of services were advised to improve the quality of the information given, and discuss this with service users to ensure that this is well understood.

Waiting times

Excluding neutral responses, just 57% service users were provided with regular updates of changes to the start date of their therapy and 57% received information on other sources of support that they could access while waiting. A substantial proportion of service users, 36% and 31% respectively, indicated that these two questions were not applicable, and a further 8% and 9% were unsure. This could suggest that a substantial proportion were not placed on a waiting list, that there were no changes to the start date, or that they did not want or need any additional support while waiting. Waiting times are known to be a key concern for service users, and although this feedback could suggest that a number of people are not placed on a waiting list, 19% of service users disagreed that the waiting time for

their therapy was reasonable, and there is still a need to improve the availability of information for those who are waiting for an appointment.

Feedback and complaints

Only 38% of service users report that they had information about who to speak to about any concerns with the therapy process that they did not wish to discuss with their therapist, despite the fact that 58% of the therapists indicated that they provided this information. With just half of the services deemed to meet the standard, there is clearly a need for improvement in this area. A relatively high number of therapists, 11%, indicated that they were unsure about this, which could indicate a lack of clear guidance about how and when this information should be provided. Services performing well in this area incorporated this information into therapy contracts or service information leaflets.

Standard L10, *Service users are provided with clear information on complaints procedures*, was the most commonly unmet type 1 standard. Just over a third (39%) of service users said that they knew how to make a complaint if necessary. This contrasts with the services' own responses, all of which indicated that this information was given. When more detailed feedback was gathered during the peer review, a number of service users indicated that they felt confident that they would be able to find out if necessary but did not recall having been given the information explicitly. A number of services provide this information in leaflets or appointment letters, and suggestions were made about improving the effectiveness of information given by reviewing this verbally.

Effectiveness

All services provided evidence-based psychological interventions, and a number of comments from service users reflect how useful they had found their therapy.

> *"I am extremely grateful for the treatment I have been receiving - it has been quite seriously life-changing. The combination of medication and the support provided has helped me to face, understand and control my illness, improving my quality of life [which] I didn't believe was possible. Thank you"*

The vast majority (97%) of therapists reported that they routinely agreed patient-defined goals for treatment and reviewed these during treatment and 70% of service users confirmed this (85% excluding neutral responders). Although most services met this standard overall, the contrast between therapist and service user feedback indicates that there is space to improve communication between therapists and service users about the goals towards which they are working.

Five of the 6 member IAPT services met standard *IAPT3: Services should have a clear focus, capability and capacity to safely manage severe and complex cases*. In the service where this standard was not met, this was due to reports from therapists that they were working with more complex cases than the visiting team believed appropriate for an IAPT service. Although they reported feeling confident in their work, it was noted that training and supervision structures in the service may not have been appropriate for working with more complex cases.

Service user satisfaction

Feedback from service users about their experience of how they were treated by their therapist was particularly positive, with 92% of service users reporting having been treated with kindness, respect and dignity and all services meeting standard *C2: Service users report that they were treated with compassion, empathy, kindness, respect and dignity.* A number of comments from service users echoed services' achievements in this area:

> *"'The 2 therapists I have seen have been very professional but also very understanding and friendly. Without them I would be in a very different place. I cannot thank them enough."*

All services met standard *R2: The service can demonstrate that it promotes culturally sensitive practice*. Although only 44.4% of the 708 service users responded 'yes' to a question about whether their therapist was sensitive to their cultural background, once the large number of people who felt the question was not applicable (324) or who were unsure (50), were excluded this constitutes 94%.

All services also met standard *R9: Service users report a high level of satisfaction with the treatment that they receive*. The majority of service users (78%) felt that their therapy helped them cope with their difficulties (89% excluding neutral responders), 84% felt it helped them understand their difficulties (91% excluding

neutral responders) and 83% said that they would recommend the service to a family member or friend if they were looking for similar support (91% excluding neutral responders). This was echoed in a number of comments from service users:

> *"My therapy is helping me enormously and I am very glad this service is available to me. I have no suggestions for improvement as I am very happy with all aspects of the service."*

The majority of service users indicated that they were happy with the day/time of appointments (91%), location of appointments (91%) and the kind of help they received (79%). Satisfaction with the number of sessions, however, was lower with 67% of service users agreeing or strongly agreeing that they were receiving the right number of sessions. The fact that 80% of therapists surveyed agreed that the number of sessions offered was informed by the evidence base and individual need, suggests that there may be a gap between service user expectations and therapists' clinical judgment.

Therapist wellbeing

A small but substantial proportion (18%) of the 527 therapists disagreed or strongly disagreed that their service actively supported their health and wellbeing, and this was highlighted as an issue in a number of therapists' comments. A number of therapists acknowledged the pressures the service faced, and mentioned difficulties with balancing the need to manage a demanding workload with the ability to utilise the systems in place to protect staff wellbeing.

> *"Our service is pressurised by commissioners to deliver ever increasing targets with ever decreasing budgets and…staff are so stressed"*

> *"Lack of funding for the service means that there are staff shortages; which makes it harder to look out for therapist health and wellbeing, although where possible I feel this is being done."*

However, 60% of therapists did agree or strongly agree that their service supported their health and wellbeing.

Service User Involvement

Although all services were able to demonstrate that they sought and acted upon service user feedback, only 50% of service met standard *L9: Service users are involved in service design, planning, evaluation and improvement.*

Choice

Standard *R12: Service users are asked if and how they would like family, friends or significant others to be involved in the care that they receive* was met by just one service. This service routinely asked service users if and how they would like family, friends and significant others to be involved in their care during the triage appointment, and documented this in their files. Therapists from the service reported that family, friends and significant others were also involved in relapse prevention, and may become 'co-therapists' post treatment.

A number of services indicated that offering the involvement of family or friends was beyond the remit of their service, and at times the standard was misinterpreted as a requirement to offer joint therapy. Suggestions for improvement from members of the peer review team and accreditation committee included routinely asking service users whether they would like to involve anyone else in their treatment, inviting friends/family to be included in relapse prevention planning and inviting friends/family to attend sessions.

Service users were asked about their satisfaction with choice of venue, time of day, language, type of therapy and gender of therapist, the details of which are included in Table 4.

Table 4. Areas of choice

Area of choice	% of service users who reported that this was important	% of those who reported that it was important, and that they had enough choice
Language/ interpreter	5	83
Gender	28	49
Venue	49	71
Type of therapy	59	68
Time of day	71	86

The area that service users felt was most important was time of day of the appointment, with 71% indicating that this was important. Of these, 86% reported having been given enough choice in this area. Just over a quarter of service users indicated that gender of therapist was important (28%) but of those only 49% were satisfied that they had been offered enough choice. Dissatisfaction with this was highlighted in a number of service user comments, e.g.

> *"…I would have felt more comfortable talking to a female therapist and that was never an option…"*

> *"…I understand there is a shortage of male therapists and this I believe needs addressing…"*

As the questionnaires were distributed in English, this could have been a barrier for those requiring therapy in another language or with an interpreter. Of the 4.9% who respondents who indicated that this was important to them, however, 82.9% had been given enough choice.

Evaluation of APPTS

The main aims of the evaluation were to (i) review the feasibility and acceptability of the APPTS standards and processes and (ii) develop recommendations for the future.

Quantitative and qualitative data were obtained from feedback questionnaires completed by participating services and peer review teams. Peer reviewers were invited to provide feedback following the peer reviewer training and the peer review visit. Member services were invited to provide feedback following the peer review visit and asked to complete an anonymous feedback questionnaire on all aspects of the programme after being informed of their accredited status. In addition, the evaluation considered feedback from the Stakeholder Group and Accreditation Committee, as well as the learning points that the APPTS team had documented during the first year.

Peer reviewer training

Out of 44 attendees, 34 completed feedback questionnaires. There was positive feedback about the content and format of the training day with particular comments about the usefulness of the videos. A total of 32 (94%) felt ready and willing to start peer reviewing following the training day.

Peer review visits

All 10 services provided feedback on the peer review visit. There was positive feedback on the documentation and support from the APPTS team. There was also positive feedback on the peer review team e.g.

> *"Very friendly, showing interest and sharing experience and ideas"*
>
> *"The feedback we received was constructive and non-judgemental and was well received by our team"*

A total of 9 peer reviewers provided feedback on their experience of the peer review visit. All thought that it had been a useful experience and helpful to meet people from other services. The majority thought that there was enough time to cover everything, but two thought that a bit more time was required. There were lots of positive comments about the way that the team worked together e.g.

"friendly, extremely competent and good team players"

and all said that they would be interested in acting as a peer reviewer again.

Overall feedback from member services

Out of the 7 accredited services, 5 provided feedback. Although recognised to be a small sample, there were some key points to note:

- Feedback about the APPTS documentation (e.g. guidance booklets, reports) and support from the APPTS team was very positive
- All 5 services saw the main benefits of participating to be obtaining a stamp of approval, help with future commissioning and raising the profile of the service.
- The feedback indicated that the most challenging aspect was the self-review (reported by 4 out of 5 services). The main challenge seemed to be the amount of time involved in completing the self-review. The second most frequently reported challenge was the subscription fee.

Summary of feedback from other stakeholders

The feedback from the stakeholder meeting indicated a good general level of support for APPTS, but it was thought that more could be done to encourage a broad range of services to participate and that more emphasis should be placed on the standards relating to service user choice. There were also specific requests from the national IAPT team to amend the standards to make it clear that IAPT services are expected to adhere to the IAPT supervision guidance and set a minimum level of data completeness for problem descriptors.

Conclusion of evaluation

APPTS provides an important new mechanism for supporting psychological therapies services and ensuring that high standards are implemented and recognised at

national and local levels. However, it has benefited from some changes to the standards and processes to take account of the feedback and learning to date.

Changes to the APPTS standards and process following the pilot phase

Standards development

In response to feedback that more could be done to encourage a broad range of services to participate in APPTS, the IAPT specific requirements were moved away from the core standards and incorporated in the IAPT section of the standards. This was intended to make the core standards more accessible for services which are not part of the IAPT programme.

A new IAPT standard was added to make it clear that IAPT services are expected to adhere to IAPT supervision guidance. The importance of providing information and choice about the full range of NICE recommended therapies, and not just those which a service provides, was highlighted by the stakeholder group and this was included as a new standard for IAPT services: *IAPT7 The service provides information to service users about the full range of NICE recommended therapies*.

Issues relating to the availability of other mental health services were highlighted by a number of different members. A new standard was added to recognise the importance of recognising gaps in service provision: *R8.1 (2) Gaps in local service provision are identified and steps are taken to improve availability of appropriate treatment options for patients with unmet needs, either within the service or by highlighting the need for the development of alternative services.*

The other standard revisions were largely clarifications of standards used in the pilot. The 2nd edition of the standards can be downloaded at www.appts.org.uk.

Process revisions

In response to feedback from some reviewers about the length of the peer review, the timetable was extended to allow more time for the meetings with service managers, frontline therapists and service users.

Service feedback indicated that the amount of time involved in completing the self review was the most challenging aspect of APPTS. To reduce the time involved in completing the self review, a word limit was set for service comments and more explicit guidance provided on the amount and type of supporting evidence to submit. It is important to note that the peer review visit provides the greatest

opportunity to share evidence and provide comments on the standards, so less is now expected of services during the self review phase.

It was also decided that the telephone interviews with a random subsample of therapists should be removed. These had been conducted by the project team ahead of the peer review, so that the professional registration, training and supervision arrangements could be summarised for the review team. However, these issues were routinely discussed on the peer review day as well, which was found to be more helpful due to the opportunity for peer input. In place of the telephone interviews, a question about therapists' professional registration was added to the self review tools so that information about this, supervision and training can be fed back anonymously, as well as discussed during the peer review.

Supporting ongoing quality improvement

Attending peer review visits

Staff from APPTS member services have the opportunity to attend peer review visits of other services, which is an excellent learning opportunity. Peer reviewers are able to observe how other teams function, talk to staff, share knowledge and good practice, and create useful contacts. Staff that wish to become peer reviewers attend a one-day training event run by APPTS, which is free to attend for members. Trained peer reviewers are then asked to volunteer for visits, which happen around the UK throughout the year.

APPTS discussion group

APPTS members can join a forum where psychological therapies services staff can receive advice from their peers in other services around the UK. Members can submit queries and others can respond to these so that everyone can benefit from the information. Information about training events, research and service quality improvement work can also be shared.

APPTS National Psychological Therapies Services Forum

APPTS holds an annual members' conference; the first event took place on 10 November 2015 in London. This involved presentations delivered by the APPTS team, APPTS members and national experts and was attended by staff from members of the first and second cohort. The APPTS team gave a brief overview of APPTS processes and shared some key themes identified from the first cohort of APPTS reviews. Keynote speakers Andy Bell, the Chief Executive of the Centre for Mental Health, spoke on current mental health policy and evidence and Sophie Corlett, Director of External Relations for Mind, spoke on 'equal access, equal recovery'. There were also speakers from member services. Dr Munawar, from Insight Healthcare, spoke on ways to address challenges faced by busy primary care psychological therapies services, Clare Price from Rehabworks spoke on telephone delivered therapy and Kerri Netherwood and Heather Blackburn from Northumberland Tyne & Wear NHS Foundation Trust spoke on developing services for people with long term physical health conditions. One of the APPTS service user peer reviewers, and a service user representative on the APPTS project board also shared some insight into their role in the process.

The day was a great success. Delegates said:

> *"'A very interesting and valuable day"*
>
> *"It was an interesting day and I really enjoyed hearing from the different services"*

Appendix 1 – Guidance for participating teams on collecting service user feedback

Current or recent service users should be invited to complete the service user questionnaire by their therapist, via e-mail or letter and/or by any other channels that your service already uses to gather service user feedback. It is important that an unbiased sample of service users is invited to complete this questionnaire. This could be achieved by inviting all service users on the service's records on a particular date, or all service users attending appointments within a particular time frame. Services need to document their selection process as part of the self review. Service users should not be asked to complete the questionnaire during their therapy session or with their therapist. A response rate of at least 20% of service users is expected, before progressing to the peer review stage.

Appendix 2 – Peer review visit timetable

<table>
<tr><td>10.30</td><td colspan="2">Review team meeting
Review team meet for introductions and to share content of workbook, focussing on routine questions and areas that have been highlighted by self review.</td></tr>
<tr><td>11.00</td><td colspan="2">Introductory meeting with host team
Review team meet with host team for introductions, timetable review and preliminary questions. If possible, a brief tour of the clinical space should be included.</td></tr>
<tr><td>11.30</td><td>Checklist review
One professional and one other reviewer meet with service lead/service manager/other nominated individual(s) to discuss the workbook. Focus on issues highlighted by self review.</td><td>Service user meeting
One service user and one other reviewer meet with service users to go through routine questions and discuss issues flagged from self review.</td></tr>
<tr><td>12.30</td><td colspan="2">Lunch</td></tr>
<tr><td>13.00</td><td colspan="2">Therapist meetings
Peer review team to meet with therapists to go through routine questions and discuss issues flagged from self review. Consecutive or parallel meetings should be arranged to ensure that there is an opportunity to meet with therapists without supervisors/managers being present.</td></tr>
<tr><td>2.00</td><td colspan="2">Review team meeting
The review team meet in private to agree summary information and recommendations that follow.</td></tr>
<tr><td>3.00</td><td colspan="2">Final meeting with host team
Feedback on areas of achievement and action points. Please note that the accreditation decision will not be given at this meeting.</td></tr>
<tr><td>3.30</td><td colspan="2">Close</td></tr>
</table>

Appendix 3 – Aggregated data

Member services were asked to distribute the therapist questionnaire to all therapists working in the service, including trainees, voluntary or honorary members of staff. A service user questionnaire was distributed by the service to people with recent experience of using the service. A total of 527 therapists responded, and there were 708 responses to the service user questionnaire.

Standard	**Peer review/self review data**		
S1 (1) Service users receive patient-centred assessments, which include a risk assessment, and where risk is identified, a risk formulation and management plan	100% services met at peer review		
Therapist questionnaire: Do service users receive patient-centred assessments, which include a risk assessment and, where risk is identified, a risk management plan?	*Yes*	*511*	*97.0%*
	No	*9*	*1.7%*
	Unsure	*5*	*0.9%*
	Not applicable	*2*	*0.4%*
S2 (1) The service is delivered in safe environments with procedures/ measures in place to ensure safety of both service users and staff	100% services met at peer review		
S3 (1) The service has a written policy on managing different levels of risk	100% services met at peer review		
S4 (1) The service has a lone worker policy/guidance and can evidence adherence to this	100% services met at peer review		
Therapist questionnaire: Are you aware of a lone worker policy/guidance?	*Yes*	*460*	*87.3%*
	No	*42*	*8.0%*
	Unsure	*23*	*4.4%*
	Not applicable	*2*	*0.4%*
S5 (1) All qualified psychological therapists are members of a relevant professional or regulatory body	90% services met at peer review		
S6 (1) Therapists have received formal training to perform as a competent practitioner in each of the therapies they provide on behalf of the service, or, if still in training, are practising under supervision of an adequately trained qualified therapist	90% services met at peer review		
S7 (1) Therapists are receiving regular and appropriate clinical supervision (in accordance	90% services met at peer review		

with their grade and accrediting body) Additional requirement for all services that are part of the English IAPT programme: Therapists (experienced and trainees) should receive regular and appropriate outcomes informed supervision			
Therapist questionnaire: Are outcome data used to inform case discussions in supervision?	*Yes*	*479*	*90.9%*
	No	*30*	*5.7%*
	Unsure	*15*	*2.8%*
	Not applicable	*3*	*0.6%*
Therapist questionnaire: In the last three months, how often have you received formal supervision for your psychological therapy work in this service?	*Weekly*	*206*	*39.1%*
	Fortnightly	*190*	*36.1%*
	Monthly	*118*	*22.4%*
	Not at all	*7*	*1.3%*
	Other supervision arrangements	*6*	*1.1%*
S8 (1) Service users are told at their first point of contact how their information will be stored and full details of confidentiality outlined	90% services met at peer review		
Therapist questionnaire: Are service users told at their first point of contact how their information will be stored and full details of confidentiality outlined?	*Yes*	*468*	*88.8%*
	No	*26*	*4.9%*
	Unsure	*30*	*5.7%*
	Not applicable	*3*	*0.6%*
Service user questionnaire: I understand where my information is kept, who can see it and when it might be shared	*Strongly Agree*	*292*	*41.2%*
	Slightly Agree	*114*	*16.1%*
	Not Sure	*161*	*22.7%*
	Slightly disagree	*68*	*9.6%*
	Strongly disagree	*73*	*10.3%*
S9 (1) Service users are told how to access emergency help, where needed	100% services met at peer review		
S10 (1) The service has information governance policies and procedures in place	100% services met at peer review		
S11 (1) The service documents complaints and untoward incidents	100% services met at peer review		
S12 (1) The service can demonstrate that complaints and untoward incidents are reviewed and acted upon	100% services met at peer review		
E1 (1) The service provides evidence-based psychological interventions	100% services met at peer review		

E2 (1) Assessments include a provisional diagnosis and/or formulation. Additional requirement for all services that are part of the English IAPT programme: Assessments should include a provisional diagnosis and mental health clustering	100% services met at peer review		
Therapist questionnaire: Do assessments include a provisional diagnosis and/or formulation?	*Yes*	*469*	*89.0%*
	No	*33*	*6.3%*
	Unsure	*20*	*3.8%*
	Not applicable	*5*	*0.9%*
E3 (2) Vocational issues are considered in assessments. Note: If vocational priorities cannot be met (e.g. due to the impact of chronic and severe trauma or immigration issues) engagement in other meaningful and purposeful activity should be considered	90% services met at peer review		
Therapist questionnaire: Are vocational issues considered in assessments?	*Yes*	*418*	*79.3%*
	No	*26*	*4.9%*
	Unsure	*77*	*14.6%*
	Not applicable	*6*	*1.1%*
E4 (2) The service includes employment advisors, works closely with such advisors or signposts to employment services	90% services met at peer review		
Service user questionnaire: My therapist discussed vocational/ employment issues with me	*Yes*	*326*	*46.0%*
	No	*132*	*18.6%*
	Unsure	*43*	*6.1%*
	Not Applicable	*207*	*29.2%*
E5 (2) The number of sessions is informed by the evidence base and individual need	90% services met at peer review		
Therapist questionnaire: Is the number of therapy sessions informed by the evidence base and individual need?	*Yes*	*421*	*79.9%*
	No	*70*	*13.3%*
	Unsure	*34*	*6.5%*
	Not applicable	*2*	*0.4%*
Service user questionnaire: I am receiving the right number of therapy sessions from this service	*Strongly Agree*	*353*	*49.9%*
	Slightly Agree	*122*	*17.2%*
	Not Sure	*126*	*17.8%*
	Slightly disagree	*50*	*7.1%*
	Strongly disagree	*57*	*8.1%*
E6 (2) The service routinely collects outcome data in order to determine the effectiveness of the interventions provided. Additional requirement for all services that are part of the English IAPT programme: A minimum of 90% data completeness for pre/post treatment scores should be achieved	100% services met at peer review		

E7 (2) The service uses assessment and outcome measures which have established reliability and validity and are appropriate to the population served	100% services met at peer review		
E8 (2) The service actively considers sustainability of improvements and 'booster'/follow-up sessions are provided when required	90% services met at peer review		
Therapist questionnaire: Are you able to offer booster/follow up sessions to service users when required?	*Yes*	*395*	*75.0%*
	No	*62*	*11.8%*
	Unsure	*66*	*12.5%*
	Not applicable	*4*	*0.8%*
E9 (2) Outcome monitoring goes beyond monitoring changes in clinical symptoms i.e. also considers changes in functioning, quality of life, well-being etc	100% services met at peer review		
E10 (2) Outcome monitoring includes reviewing progress against patient-defined goals	80% services met at peer review		
Therapist questionnaire: Do you routinely agree patient-defined goals for treatment and review progress during treatment?	*Yes*	*510*	*96.8%*
	No	*3*	*0.6%*
	Unsure	*7*	*1.3%*
	Not applicable	*7*	*1.3%*
Service user questionnaire: Did you and your therapist agree a goal for your treatment and check during treatment how you were progressing towards this goal?	*Yes*	*492*	*69.5%*
	No	*88*	*12.4*
	Unsure	*81*	*11.4%*
	Not Applicable	*47*	*6.6%*
E11 (2) The service has a system in place to reflect on service outcomes and identify ways of improving them in the future	100% services met at peer review		
C1 (1) The service can demonstrate a commitment to providing compassionate care that is based on empathy, kindness, respect and dignity	100% services met at peer review		
C2 (1) Service users report that they were treated with compassion, empathy, kindness, respect and dignity	100% services met at peer review		
Service user questionnaire: I feel that I have been treated with empathy, kindness, respect and dignity	*Yes*	*653*	*92.2%*
	No	*34*	*4.8%*
	Unsure	*17*	*2.4%*
	Not Applicable	*4*	*0.6%*
C3 (2) Service user feedback is sought regularly on their experience of assessment, therapy and of the service	90% services met at peer review		

Service user questionnaire: I have been invited to give feedback on my experience of using the service (e.g. waiting times, assessment, therapy)	*Yes*	*359*	*50.7%*
	No	*209*	*29.5%*
	Unsure	*77*	*10.9%*
	Not Applicable	*63*	*8.9%*
C4 (2) The service can demonstrate it has acted on service user feedback	100% services met at peer review		
C5 (2) Services should make available clear information about waiting times and provide service users on a waiting list with regular updates of any changes to the start date, as well as details of how they can access further support while they wait for therapy to commence	60% services met at peer review		
Service user questionnaire: I*f you were on a waiting list prior to treatment were you provided with regular updates of any changes to the start date?*	*Yes*	*222*	*31.4%*
	No	*171*	*24.2%*
	Unsure	*58*	*8.2%*
	Not Applicable	*257*	*36.3%*
Service user questionnaire: If you were on a waiting list prior to treatment were you provided with information on other sources of support that you could access while waiting?	*Yes*	*243*	*34.3%*
	No	*185*	*26.1%*
	Unsure	*61*	*8.6%*
	Not Applicable	*219*	*30.9%*
C6 (2) Service users are provided with written information describing the role of the service	80% services met at peer review		
C7 (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, access in another language). Additional requirement for all services that are part of the English IAPT programme: The service provides information about the range of NICE recommended therapies that it can offer for each of the clinical conditions (ICD-10 defined) that it caters for	90% services met at peer review		

Service user questionnaire: I was offered information and choice about the venue where my therapy would take place	*This was important to me and I was given enough choice*	*244*	*34.5%*
	This was important to me but I was not given enough choice	*101*	*14.3%*
	This was not important to me - I had no strong preference either way	*274*	*38.7%*
	Not applicable	*55*	*7.8%*
	Unsure	*34*	*4.8%*
Service user questionnaire: I was offered information and choice about the time of day my therapy appointments took place	*This was important to me and I was given enough choice*	*433*	*61.2%*
	This was important to me but I was not given enough choice	*72*	*10.2%*
	This was not important to me - I had no strong preference either way	*149*	*21.0%*
	Not applicable	*24*	*3.4%*
	Unsure	*30*	*4.2%*
Service user questionnaire: I was offered information and choice about the gender of my therapist	*This was important to me and I was given enough choice*	*95*	*13.4%*
	This was important to me but I was not given enough choice	*100*	*14.1%*
	This was not important to me - I had no strong preference either way	*389*	*54.9%*
	Not applicable	*68*	*9.6%*
	Unsure	*56*	*7.9%*

Service user questionnaire: I was offered my therapy in another language or with an interpreter	*This was important to me and I was given enough choice*	*29*	*4.1%*
	This was important to me but I was not given enough choice	*6*	*0.8%*
	This was not important to me - I had no strong preference either way	*154*	*21.8%*
	Not applicable	*500*	*70.6%*
	Unsure	*19*	*2.7%*
Service user questionnaire: I was offered information and choice about the type of therapy I would receive	*This was important to me and I was given enough choice*	*284*	*40.1%*
	This was important to me but I was not given enough choice	*132*	*18.6%*
	This was not important to me - I had no strong preference either way	*143*	*20.2%*
	Not applicable	*47*	*6.6%*
	Unsure	*102*	*14.4%*
C8 (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	50% services met at peer review		
Therapist questionnaire: Do you routinely provide service users 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 you about?	*Yes*	*303*	*57.5%*
	No	*163*	*30.9%*
	Unsure	*56*	*10.6%*
	Not applicable	*5*	*0.9%*
Service user questionnaire: I know who to speak to if I am experiencing difficulties with the therapy process that I do not feel able to speak to the therapist about	*Yes*	*267*	*37.7%*
	No	*258*	*36.4%*
	Unsure	*117*	*16.5%*
	Not Applicable	*66*	*9.3%*
R1 (1) The service has a strategy in place to promote equality and diversity and to address any barriers to access	100% services met at peer review		

R2 (1) The service can demonstrate that it promotes culturally sensitive practice	100% services met at peer review		
Therapist questionnaire: Does the service promote culturally sensitive practice?	*Yes*	*478*	*90.7%*
	No	*17*	*3.2%*
	Unsure	*31*	*5.9%*
	Not applicable	*1*	*0.2%*
Service user questionnaire: The therapist I saw was sensitive to my cultural background	*Yes*	*314*	*44.4%*
	No	*20*	*2.8%*
	Unsure	*50*	*7.1%*
	Not Applicable	*324*	*45.8%*
R3 (2) The service routinely collects data that can be used to measure equity of access and equity of delivery	100% services met at peer review		
R4 (2) Data are used to understand who is accessing the service, identify under-represented groups and improve the accessibility of the service	100% services met at peer review		
R5 (2) Referrers and service users are provided with clear information on who can access the service	100% services met at peer review		
R6 (2) If a service is open to self-referrals, the service can demonstrate that it is actively promoting this to different sections of the community	100% services met at peer review		
R7 (2) There are systems in place to monitor waiting times and ensure adherence to local and/or national waiting times standards. Note: Veterans should have priority access to trauma-focused psychological therapy	100% services met at peer review		
R8 (2) There are coherent care pathways linking the service with other mental health provision	90% services met at peer review		
R9 (2) Service users report a high level of satisfaction with the treatment that they receive	100% services met at peer review		
Service user questionnaire: I received enough information about my therapy before it began	*Strongly Agree*	*299*	*42.2%*
	Slightly Agree	*37*	*5.2%*
	Not Sure	*60*	*8.5%*
	Slightly Disagree	*68*	*9.6%*
	Strongly disagree	*46*	*6.5%*

Service user questionnaire: My appointment was scheduled on a day/time that was convenient for me	*Strongly Agree*	*528*	*74.6%*
	Slightly Agree	*118*	*16.7%*
	Not Sure	*9*	*1.3%*
	Slightly disagree	*36*	*5.1%*
	Strongly disagree	*17*	*2.4%*
Service user questionnaire: I was able to get to my appointment location without too much difficulty	*Strongly Agree*	*530*	*74.9%*
	Slightly Agree	*114*	*16.1%*
	Not Sure	*21*	*3.0%*
	Slightly disagree	*24*	*3.4%*
	Strongly disagree	*19*	*2.7%*
Service user questionnaire: This therapy helps me to understand my difficulties	*Strongly Agree*	*439*	*62.0%*
	Slightly Agree	*152*	*21.5%*
	Not Sure	*61*	*8.6%*
	Slightly disagree	*24*	*3.4%*
	Strongly disagree	*32*	*4.5%*
Service user questionnaire: This therapy helps me to cope with my difficulties	*Strongly Agree*	*365*	*51.6%*
	Slightly Agree	*188*	*26.6%*
	Not Sure	*87*	*12.3%*
	Slightly disagree	*31*	*4.4%*
	Strongly disagree	*37*	*5.2%*
Service user questionnaire: I am getting the right kind of help from this service	*Strongly Agree*	*415*	*58.6%*
	Slightly Agree	*143*	*20.2%*
	Not Sure	*80*	*11.3%*
	Slightly disagree	*26*	*3.7%*
	Strongly disagree	*44*	*6.2%*
Service user questionnaire: I am receiving the right number of therapy sessions from this service	*Strongly Agree*	*353*	*49.9%*
	Slightly Agree	*122*	*17.2%*
	Not Sure	*126*	*17.8%*
	Slightly disagree	*50*	*7.1%*
	Strongly disagree	*57*	*8.1%*
Service user questionnaire: I would recommend this service to a family member or friend if they were looking for similar support	*Yes*	*584*	*82.5%*
	No	*58*	*8.2%*
	Unsure	*61*	*8.6%*
	Not Applicable	*5*	*0.7%*
R10 (2) There are consistent arrangements for liaison with referrers at the end of therapy, if appropriate, and signposting to other services, if required	80% services met at peer review		
Therapist questionnaire: Are there consistent arrangements for liaising with referrers at the end of therapy, if appropriate, and signposting to other services, if required?	*Yes*	*459*	*87.1%*
	No	*29*	*5.5%*
	Unsure	*33*	*6.3%*
	Not applicable	*4*	*0.8%*
R11 (2) Service users have opportunities to discuss medication and side effects, if relevant	60% services met at peer review		

Service user questionnaire: I have had an opportunity to discuss medication and side effects	*Yes*	*266*	*37.6%*
	No	*172*	*24.3%*
	Unsure	*44*	*6.2%*
	Not Applicable	*226*	*31.9%*
R12 (2) Service users are asked if and how they would like family, friends or significant others to be involved in the care that they receive	10% services met at peer review		
Service user questionnaire I have been asked if and how I would like family, friends or others close to me to be involved in my care	*Yes*	*199*	*28.1%*
	No	*310*	*43.8%*
	Unsure	*75*	*10.6%*
	Not Applicable	*124*	*17.5%*
R13 (2) Therapeutic contracts cover frequency of appointments and take into account service user needs and preferences	100% services met at peer review		
Therapist questionnaire: Do you agree therapeutic contracts with service users which cover frequency of appointments and take into account service user needs and preferences?	*Yes*	*457*	*86.7%*
	No	*42*	*8.0%*
	Unsure	*24*	*4.6%*
	Not applicable	*4*	*0.8%*
R14 (1) The service can provide information in a range of formats to suit individual needs. Note: the service should be able to access key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties	100% services met at peer review		
L1 (1) Therapists report that they are supported by the service/organisation to meet the Continuing Professional Development (CPD) requirements of their professional / regulatory body	100% services met at peer review		
Do you agree with this statement: 'The Continuing Professional Development (CPD) support I receive from this service/organisation is sufficient to meet the requirements of my professional body'?	*Yes*	*410*	*77.8%*
	No	*117*	*22.2%*
L2 (1) All supervisors have received specific training to provide supervision	90% services met at peer review		
*Have you received training in supervising others in their psychological therapist roles? **	*Yes*	*155*	*89.6%*
	No	*18*	*10.4%*
L3 (2) There has been a review of the staff and skill mix of the team within the past 12 months to identify gaps in the team and develop a balanced workforce to meet local need.	90% services met at peer review		

L4 (2) The service reviews and continually improves its efficiency in order to make best use of its resources	100% services met at peer review		
L5 (1) All therapists receive well-structured annual appraisals. Note: As a minimum, this should include the completion of forms in advance of a formal meeting and a written summary of the outcome of the meeting, which is stored by the service	90% services met at peer review		
Therapist questionnaire: Do you think the appraisal system is well structured?	*Yes*	*400*	*75.9%*
	No	*127*	*24.1%*
L6 (1) The service actively supports therapist health and well-being, for example, monitoring staff sickness and burnout, assessing morale and taking action where needed	90% services met at peer review		
Therapist questionnaire: To what extent do you agree with this statement: 'The service actively supports therapist health and well-being'	*Strongly Agree*	121	23.0%
	Agree	197	37.4%
	Neutral	114	21.6%
	Disagree	62	11.8%
	Strongly Disagree	33	6.3%
L7 (2) Therapist turnover is monitored, causes examined and action taken where needed	100% services met at peer review		
L8 (2) There is a system in place to obtain anonymous service user feedback and active steps are taken to address service user sources of dissatisfaction	100% services met at peer review		
L9 (2) Service users are involved in service design, planning, evaluation and improvement	50% services met at peer review		
L10 (1) Service users are provided with clear information on complaints procedures	70% services met at peer review		
Service user questionnaire: I know how to make a complaint if I need to	*Yes*	*273*	*38.6%*
	No	*260*	*36.7%*
	Unsure	*116*	*16.4%*
	Not Applicable	*59*	*8.3%*
L11 (1) There are clear processes in place for staff to raise concerns about standards of care	90% services met at peer review		
Therapist questionnaire: To what extent do you agree with this statement: 'There are clear processes in place for staff to raise concerns about standards of care'?	*Strongly Agree*	*176*	*33.4%*
	Agree	*215*	*40.8%*
	Neutral	*78*	*14.8%*
	Disagree	*45*	*8.5%*
	Strongly Disagree	*13*	*2.5%*
IAPT1 (2) Services should offer a stepped care model that provides patients with the appropriate level of care for their needs	100% services met at peer review		

IAPT2 (2) Joint commissioning of high and low intensity interventions within IAPT should ensure seamless transition of patients within the stepped care model	100% services met at peer review
IAPT3 (1) Services should have a clear focus, capability and capacity to safely manage severe and complex cases	83.3% services met at peer review
IAPT4 (2) IT systems should enable therapists and service directors to have prompt access to outcomes data and to generate service reports	100% services met at peer review
IAPT5 (2) Patients can be tracked through the full stepped care pathway through an inter-operable IT system	100% services met at peer review
IAPT6 (2) Services should have sufficient therapists trained to deliver high and low intensity treatments	100% services met at peer review

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