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# WELCOME

In this issue we have a number of interesting articles and useful resources to share. APPTS members will be sharing their innovative work and good practice examples for meeting commonly unmet APPTS standards; including challenges around waiting times and service user involvement.

Juliet, Expert by Experience, also shares her experience of a Bipolar depressive episode through her creative work (p7).

Don't forget to share your thoughts and ideas with other services via  
[APPTS-Chat@rcpsych.ac.uk](mailto:APPTS-Chat@rcpsych.ac.uk)

**Best wishes,  
The APPTS Team**

## APPTS Common Unmet Standards: Service User Involvement

A common unmet APPTS standard is L9— *Service users are involved in service design, planning, evaluation and improvement*. The Steps2Change (IAPT) service for Lincolnshire has implemented service user forums to provide them with feedback on the service they have received and also to provide the patient voice in new ideas and initiatives. These groups are locally known as Voice2Change and meet on a regular basis, chaired by one of the service clinicians. Examples of support these groups have given them include,

helping them to design their website, develop interview questions and general feedback about their waiting rooms, to name just a few.

The service was asked by NHS England to write up a case study on Voice2Change groups as an area of good practice. They feel this is vital in supporting them to plan and deliver the service. The [case study](#) can be found on the NHS website.

**Nick Harwood, Service Manager  
Steps2Change Lincolnshire**

*APPTS common unmet standards continues on page 2.*



*The APPTS Forum is coming up soon, see page 10 for more information.*

## APPTS common unmet standard: Waiting times

Another common unmet standard is C5—*The service provides service users with clear information about waiting times, including: Regular updates on any changes to the start date; details of how to access further support while waiting for therapy to commence.* Peter Bailey, from Health in Mind, Mid Essex discusses the challenges they faced regarding waiting times, as with many IAPT services. Long waits meant that their team was unable to give accurate information on waiting times to service users. This in turn led to challenges for staff as service users would be unhappy having to wait for treatment and have uncertainty of not knowing how long it would be before they are seen.

Peter says: The first step for us to be able to provide information on waiting times was to start to understand the flow of service users through our pathway to get a sense of the demand for the service and our capacity to offer timely interventions. The service has been through a period of active change to reduce waiting lists. During this process, we produced a robust monitoring process to identify changes to the waiting lists and to build a trajectory for wait times moving forward. This enabled us to better give approximate waiting times, even during this period of change. Thankfully, at present the service is in a position where wait times have come down and monitoring suggests that our waiting lists are now in a ready state. This means that we have become much more able to predict waiting times accurately moving forward. With this more accurate information the service considered the best way to provide this to service users.

The team felt the first opportunity to inform service users should be at initial assessment phase, so providing this information was added to their initial assessment template as a mandatory point to discuss in assessment. The main challenge with this was making sure all of their 53 therapists had accurate, up to date information about waiting times. After discussion with the senior PWP's, it was decided that they would develop a weekly update email for both step 2 and step 3 workers. This includes the number of people waiting for different interventions, predicted wait time for allocation, number of places available on groups and the locations where groups are available.

At assessment, their therapists will also assess the patients' needs outside of therapy and offer

appropriate signposting to other organisations who could support the service user. They are also lucky to have Support Time and Recovery (STAR) workers within the team who can support service users in areas such as employment, benefits, study and training. These workers can support individuals around practical matters whilst service users are waiting for therapy.

To provide service users with updates on any changes to waiting times, information of other support that may be available and an opportunity to review patients' needs for treatment, the service has implemented a 28 day staying in touch process for service users waiting for treatment. These reviews can be completed over the phone or via an online process by a daily duty worker.

The service have had positive feedback from staff about the new weekly updates, not just that therapists are able to tell service users waiting times, but it has also helped therapists be more efficient when allocating individuals to interventions. For example, previously a worker would agree a group intervention, check when the group was next available and in what location and then back to the service user to confirm if they could attend. As the locations and availability are all now on the weekly update, workers can confirm this all in the assessment contact.

*"It strikes me how much a small change in our practice appears to have made such a large knock on effect both in efficiency and in providing timely, evidence based, stepped care interventions."*

On a wider, service level they have also had feedback that this helps therapists think more actively about timing and appropriate treatment in a timely manner. The reality of an IAPT service is that individuals will have to wait for some interventions. Having up to date information on all interventions available and having reviews of patient need whilst they are waiting helps the therapist to dynamically work with the service user to think about using the stepped care model.

**Peter Bailey, Senior Clinician  
Health in Mind, Mid Essex, IAPT**

*APPTS common unmet standards continued on page 3.*

## APPTS common unmet standard: Service user involvement

Vicki Palmer and her team from Oasis-Talk has also spent the last 2 years on improving Service User Involvement in their services. This again relates to APPTS standard L9—*Service users are involved in service design, planning, evaluation and improvement.* . It has required dedicated leadership to make it happen. Two years ago they appointed a Relationship Manager, as new role in the organisation. Part of the role remit was to improve Service User involvement and communication. Over 12 months the service built a strong Service User Involvement Team of 110 Service Users, and had plans to expand their role further. Unfortunately, owing to not being successful in local IAPT re-procurement, these plans will not be implemented in the immediate future.

*"As giving to others is one of the five ways to wellbeing, our Service Users have expressed their pleasure in being involved"*

### Keys to successful Service User Involvement so far:

- Dedicated leadership
- Service User involvement on every Board agenda, and every Senior Management Team agenda
- Dedicated administrative support
- Every Service User given the opportunity to opt into the Service User involvement team at discharge
- Having opted in, each Service User is given a range of options for involvement and they tick the options in which they would like to take part.
- Service User protocol for involvement sent to the team members
- The Team is given regular updates about how Service Users have been involved and the results of their involvement
- For specific groups, such as BAME, we appointed an Outreach Community worker, whose role is to collaborate with local groups in designing the services they

would like and how they would like to access them. This has been key to successful partnerships with up to 15 different specific BAME communities so far. This co-production has resulted in some exciting innovative work within these groups.

Working with the Service User Involvement team, the team have been able to co-produce models of delivery for new services at the stage of bid applications. This has resulted in some successful and relevant bid awards. The team have enjoyed true partnership working and have learnt much in the process.

### Our future aspirations include:

- Service User representation at Board level
- Service User involvement in staff CPD – some of this has already happened and has inspired and informed staff's delivery
- Service User involvement in recruitment, with appropriate levels of training in place
- Remuneration for specific Service User roles

The more we work with Service Users, the more we learn about what has helped, what doesn't help, and what service users would like to see happen. Service Users on our team value the opportunity to give back to a service which has helped them.

**Vicki Palmer, CEO  
Oasis Talk**

**Continue to page 4 to see great innovative posters from iCOPE: Camden & Islington Psychological Therapies & Wellbeing Service.**

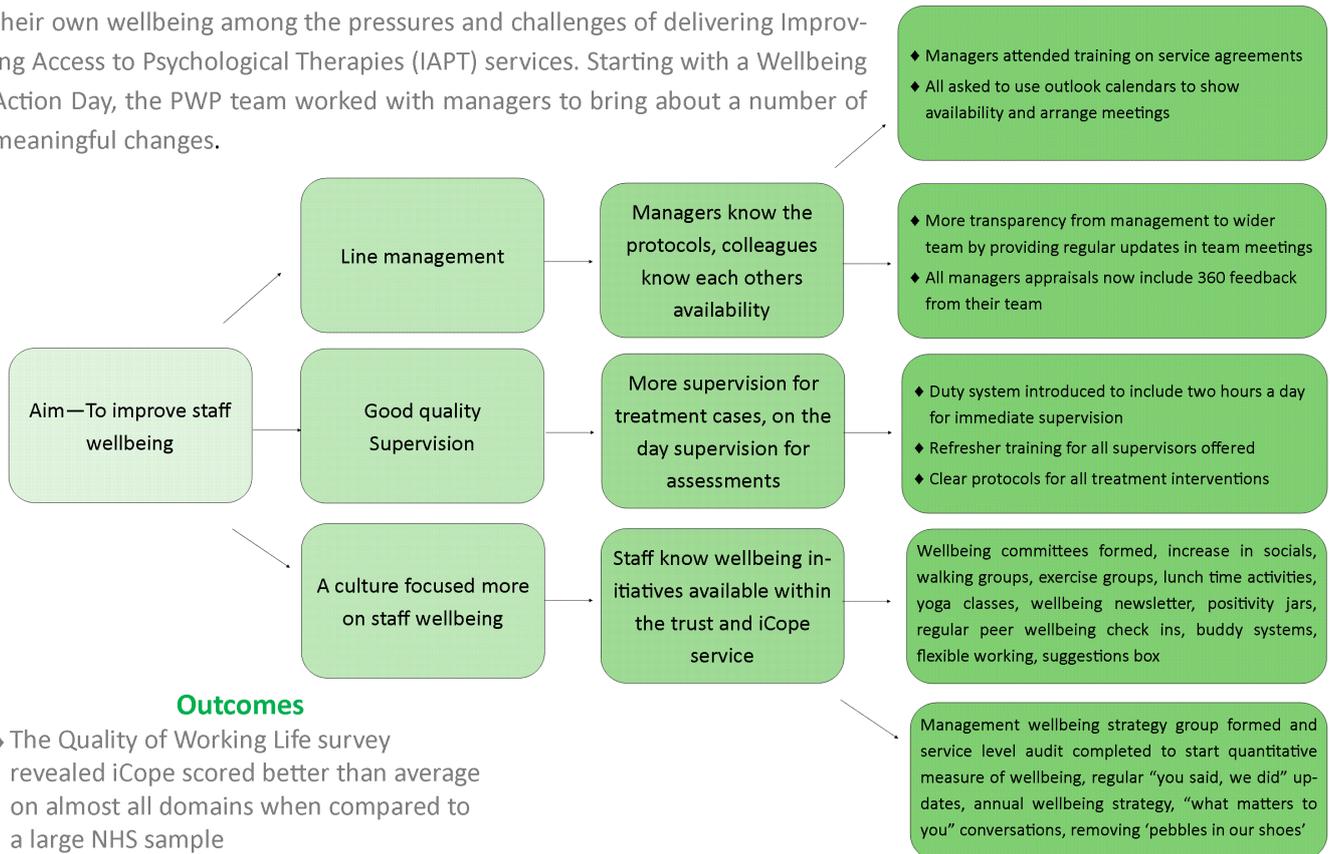
**Page 4: Staff Wellbeing at iCope poster**

**Page 5: Service user involvement poster**



# Staff Wellbeing at iCope

**Background** To help patients improve their mental health, NHS staff also needs to take care of their own wellbeing. A team of our Psychological Wellbeing Practitioners (PWPs) were keen to think about how they could support their own wellbeing among the pressures and challenges of delivering Improving Access to Psychological Therapies (IAPT) services. Starting with a Wellbeing Action Day, the PWP team worked with managers to bring about a number of meaningful changes.



## Outcomes

- ◆ The Quality of Working Life survey revealed iCope scored better than average on almost all domains when compared to a large NHS sample
- ◆ Roles other than PWPs had slightly fewer 'above average' results
- ◆ *"Consideration for my wellbeing is genuine and thoughtful"*
- ◆ The Quality of Life survey identified two key areas for the team to continue working on: 'stress' and 'control' at work.

## Learning

- ◆ A change in staff wellbeing requires a change in working culture.
- ◆ 'Joy in Work' framework can structure and guide interventions.
- ◆ Using a standardised measure of wellbeing - annually, quarterly, and weekly - is key for measuring the impact of interventions

## What's happening next?

### Wellbeing Committees:

Wellbeing committees are formed in each of our four bases. The team members are responsible for ensuring our day-to-day wellbeing activities continue to go ahead, to generate and respond to new ideas, and to feedback issues to the management team. For example, they respond act on our wellbeing suggestion box and organise lunch activities/book clubs/socials.

### Wellbeing Strategy Meeting:

Comprising of managers, this group meets to generate Quality Improvement projects, measure the outcome of interventions, and lead "what matters to you" conversations with staff. They administer and analyse outcomes from our weekly, quarterly, and annually measure of wellbeing, and ensure wellbeing initiatives are rolled out across the entire team, not just PWPs.

[www.icope.nhs.uk](http://www.icope.nhs.uk)

Sally Saines, Lead PWP - [sally.saines@candi.nhs.uk](mailto:sally.saines@candi.nhs.uk)

More information; [www.england.nhs.uk/mental-health/case-studies/staff-wellbeing-is-everyones-responsibility-at-islington-icope/](http://www.england.nhs.uk/mental-health/case-studies/staff-wellbeing-is-everyones-responsibility-at-islington-icope/)



### Communications

Service-users work with our communications team within iCope on specific projects that might involve engagement with wider communities about mental health awareness. For example, members of Camden and Islington service-user advisory groups helped us to develop our iCope website and continue to help us update this.

*Current project:  
Former iCope service-users currently write reviews of their visits to local community organisations from their perspective. This review is from a service-user perspective and can then be shared with current iCope service users who might express interest in*

### Recruitment & selection

Service-users sit on every interview panel for staff selection in iCope. All service-users who request to be contacted about service-user involvement opportunities are informed about recruitment training with the Trust's human resources department so that they can be offered this opportunity to be on interview panels.

*"Sitting on interview panels gave me the confidence to apply for a part-time NHS job. I was treated with respect and as an equal when sitting on interview panels."*

*iCope service-user*

*"As clinicians we can sometimes lose sight of what it's like to sit with a therapist when feeling vulnerable, service-users help immensely in keeping this important aspect of staff selection in mind."*

*iCope clinician*

### Providing choice

We train our staff to offer all iCope service-users a range of options for accessing therapeutic interventions including one-to-one sessions (either face-to-face, via telephone or via Skype), therapy groups, workshops and online guided therapy.

*Of 757 people who accessed iCope services from January to December 2018, 94.7% felt involved in making choices about their treatment and care at all times or most of the time.*

### Inviting feedback

In iCope, feedback is routinely collected through patient experience questionnaires. Service-user feedback helps us to understand individual experiences within service.

#### Co-developing interventions

Feedback from our groups and workshops is collated and combined with evidence-based literature reviews to guide developments and changes to the content and/or delivery of the interventions we offer.

#### Acting on positive & negative feedback

We share all forms of feedback with both staff members and service users through reports and posters. We celebrate when our service-users feel valued and well-treated.

We also highlight problem areas and opportunities for change - we are trialling inviting feedback from our service-user advisory groups about the best ways to act on feedback.

### Valuing service-user involvement in iCope

Service user involvement is fundamental to improving mental health care.

It allows our iCope service to meet the needs of our local community through close collaboration between service-users, healthcare staff and service managers.

In keeping our service users and local communities at the heart of what we do, we are able to offer a meaningful primary care psychology service that never stops trying to understand and turn up the volume of our service-users' voices.

### Consultation: the iCope advisory groups

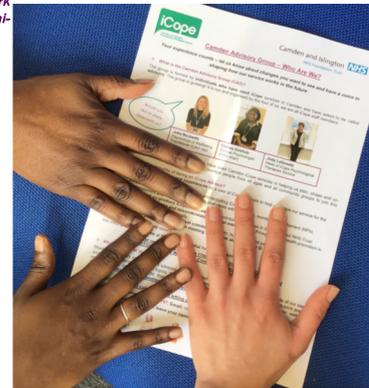
iCope service-users are invited to attend monthly "advisory groups" facilitated by iCope managers and clinical leads. Membership includes those service-users who cannot physically attend meetings (via alternative communication methods). The expertise and knowledge of group members is based on lived experiences; an essential foundation for service developments, and they also represent the interests of the local community.

Advisory groups collectively identify goals and interests and, together, staff and service-users develop a variety of service development questions and projects. Working groups are then devised that consult upon and implement specific projects. Members describe the groups as "productive", "enjoyable" and "worthwhile".

Advisory groups have helped us shape how we welcome service-users into iCope in terms of communications about events and appointments. Members have evaluated mental health apps which we now recommend to service-users. Additionally, we have consulted with advisory groups on research topics such as 'reaching under-represented populations', 'increasing referral pathway efficiency' and 'defining compassionate care'. We continue to work with our advisory groups to co-produce aftercare options to help service-users maintain therapy gains independently following treatment completion.

*"I grasped the opportunity [to join the advisory group] with both hands. The welcome was very warm and I could see that all contributions were deemed important. I can honestly say that over the past fifteen months or so I have seen a great number of positive developments"*  
*iCope service-user*

*"Working as part of the advisory group adds another level to my work as a clinician"*



### Peer wellbeing workers

We have recruited four peer wellbeing workers in iCope Camden. This is a role within iCope created for former service-users. The role includes co-adapting and co-facilitating therapy groups and workshops.

*Of 60 service-users attending peer-led workshops, 90% felt more hopeful about making changes. 65% indicated that this was influenced by the presence of peer wellbeing workers*

*"Being able to present to a room full of people who seems to want to hear what I'm saying has been a huge confidence boost."*

The Ladder of Participation



### Key Achievements

- ▲ **Aftercare leaflets:** These were produced through consultation, feedback and direct input from service-users from our advisory groups. Leaflets are for service-users ending therapy and provide top tips about how to stay well and keep up with goals at the end of an iCope intervention. Tips were developed with service-users and leaflets also include information about local support services. These are now available online and in print form to all service-users.
- ▲ **Service-user stories and community service reviews:** We have shared service-user stories on our website with the help of our service-users who have been happy to share their experiences. We have also established a persistent service-user perspective as part of our community linking work through the development of service-user led reviews of community services.
- ▲ **Re-development of iCope website:** We worked alongside service users to develop and, more recently, re-design our iCope website by holding focus groups and establishing service-user working groups who met with our website designers.
- ▲ **Reduction in number of assessments:** We have changed our assessment protocol based on service-user feedback which suggested that service-users found it frustrating to have multiple assessments resulting in a time delay before reaching a treatment decision. We now have a single telephone triage assessment system.
- ▲ **Service users in recruitment:** We routinely include service-users in recruitment of iCope staff which means that all iCope clinicians are "service-user approved".
- ▲ **Peer wellbeing worker roles:** we have sustained and embedded service-user involvement in iCope service structures through the recruitment of our peer wellbeing Workers since February 2017.
- ▲ **Co-production training:** iCope staff and service-users recently attended a co-production training workshop to devel-

### On-going Work

- Increasing the frequency of service user advisory group meetings to maintain momentum with projects
- Cross-borough connecting and reaching out to other service user groups
- Inviting service users to attend training opportunities e.g. recruitment training and peer coaching training
- Inviting service users to share their stories and/or service reviews on our website
- Continuing to put service users' ideas into practice following consultations
- Further co-development of the peer wellbeing worker role

### Future Plans

- Increasing the number of service-users involved in our advisory groups e.g. piloting a system in which all service users are contacted about the group either by phone, post or email.
- Developing relationships and a presence with other service-user groups in order to offer service-users who are interested in further steps along the ladder of participation.
- Increasing the number of service-user testimonials including videos on the newly designed website.
- Trialling new ways of sharing service-related feedback with our advisory groups.
- Co-developing relapse prevention projects and community based projects in collaboration with the Living Centre

Want more information about our work? Please feel free to contact us:  
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## Sharing good practice: Service user feedback form

Sheffield's Specialist Psychotherapy Service have worked alongside people who use mental health services to create a feedback form that measures service quality, service satisfaction and seeks free text feedback in order to develop and improve. The service routinely collects measures of symptoms such as depression and other important outcomes such as quality of life but they also wanted to look at what users of the service felt made a quality service in line with department of health recommendations.

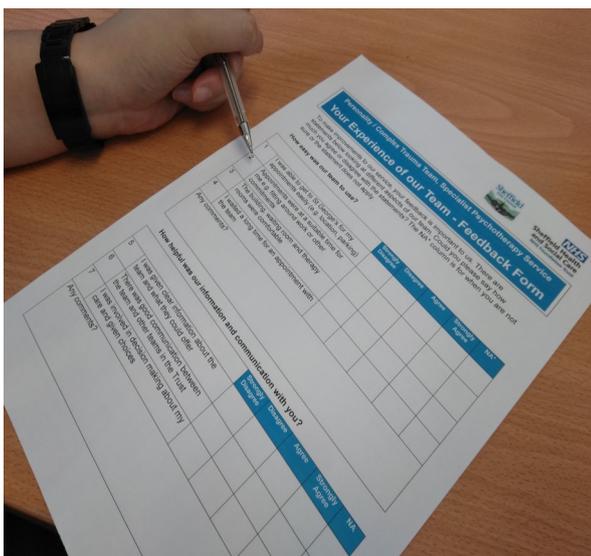
At a large public engagement event attended by service users, carers and others, we ran a consultation workshop where we asked participants 'what would be the markers of a high quality psychotherapy service?' Members of the workshop wrote answers on post it notes and these were collected together. The collected responses were analysed for themes and we identified the following areas: **good communication, timely assessment and treatment, good interfaces and working relationships between services, respect and compassionate care.**

We then looked at existing satisfaction measures including from IAPT, CAMHS and the NHS wide Friends and Family Test. Our list of items derived from the workshop and existing measures were fairly lengthy. We wanted to ensure that we did not place an unnecessary burden on people using the service when they were completing measures so thought about how we could reduce the number of items.

Therefore, we took the draft measure to a local service user group and discussed the measure, getting valuable feedback on items that were similar and could be taken out or items that could be combined. Through this process, we were able to reduce the number of items. We also liaised with a network of people with lived experience working in the Trust as trainers, peer workers and experts by experience in order to further refine and develop the measure.

We learnt a lot from creating the measure about the value in working alongside users of services when working on service development. We learnt a useful lesson from our expert by experience colleagues about the importance of co-production throughout a process, rather than separate consultation and involvement events as it provides continuity and ensures that the developments are truly collaborative. Overall, the project enabled us to get a measure of satisfaction and a way of collecting feedback that is meaningful to people using the service and we have received positive feedback on the feedback form!

**Alex Young, Senior Clinical Psychologist  
Sheffield Specialist Psychotherapy Service**



**Service user satisfaction questionnaire, Sheffield Specialist Psychotherapy Service**

## Life Lines by Juliet McKenzie

Juliet McKenzie, shares her experience of another Bipolar depressive episode through her creative work:

As I felt another Bipolar depressive episode approaching, I decided to document my thoughts and sensations...

It's a sudden,  
Creeping  
Decline.

Once sweet  
Sounds,  
Scream  
Shrill!

Already weak,  
Self  
Confidence  
Evaporates.

Fears  
Doubts  
Feared doubts  
Double  
Down.

*'Yuh nuh 'ave noo sense!'*  
You're stupid.

*'Nuhun wrang wid yuh!'*  
There's nothing wrong with you.

*'Yuh juss djam lazy'*  
You're just bloody lazy.  
\*kisses His teeth\*

Drowning in His gifts.

Drowning in emptiness,

In pain,

Full.

Numb.



I'm thirsty,

So thirsty...

There's water beside Me!

You,  
Left water beside Me!

You,  
Stand beside Me:

'You've been here before.'

You walk beside Me:

'You know it will pass.'

Your gifts.

My  
Life  
Lines

**Juliet McKenzie**  
**Service User Representative**

## Collaboration—Bringing the North and South Together

UCL and TUoS have undertaken to collaborate on a significant piece of work with the universities of Bristol, Liverpool; Manchester; University Western England, and Imperial as well as Universities UK, Student Minds and NHS England. This coming together of so many different partners aims to develop a project to better understand and advance the impact of partnership working between higher education institutions and the NHS, both at regional and national level. The primary purpose of this collaboration is to improve mental health support for the student population. The Office for Students is funding the development of this work.

When collaborating with partners around larger pockets of funding, it can be like walking on shifting sand. This was no exception and what enabled us to not fall flat and lose our ground was due largely due to our commitment to communicate openly and honestly with each other. This, coupled with our willingness to hold a mutual respect for coming to the work from a different starting place, formed the fundamentals to our collaboration.



*Dr Laura Gibbon, Teaching Fellow Department of Psychology, University of London (Left)*



*Louise Knowles, Head of Counselling and Psychological Wellbeing, University of Sheffield (Right)*

Starting in 2019 and for a period of two years at least, this collaboration will facilitate the setting up of regional hubs, focused around the participating universities. Each regional hub will develop, in collaboration with its external partners, its own care pathway and operating model.

### UCL and Sheffield Common Ground

Both UCL and Sheffield will test the potential for increased research and clinical resources for our student population. Both institutions offer a range of courses in clinical psychology and cognitive behavioral therapy (IAPT). Our joint vision is to involve trainees from all programs in clinical

work in student support services. Interestingly, we will arrive at this from different starting points. At UCL the drive for this has come from academic services and at Sheffield, the initiative comes from student clinical services. Both academic and clinical services have arrived at a common purpose.

Broadly speaking, establishing a research clinic will increase the scope of the psychological provision currently offered in our institutions. We also anticipate that bringing about these clinics will enable high-level training and supervision of trainee therapists to specifically work with the student population. We anticipate a spin-off from this work will be the development of high quality and high impact research projects.

The details of how and where the clinic will operate and the routes into and management of the service will develop throughout the life of the project. However, the clinic will have a pilot phase incorporating an evaluation process based on a test and learn basis. At Sheffield, our aspiration is that all the clinical governance structures will be included into our APPTS (Accreditation Program for Psychological Therapy's Services) accreditation and will therefore share the same accreditation mark. APPTS offers us a great framework from which to develop this initiative.

Both TUoS and University College London will be leading on the evaluation of the impact of all of the regional hubs. The evaluation will look at the strengths and weaknesses of each hub and its working model. We will assess what impact, if any, the shifting of care pathways has had on students' access to appropriate psychological interventions. The evaluation will take a pragmatic approach to understand and improve the psychological interventions delivered to students in a range of different settings and what impact, if any, regional variations have on outcomes. While this evaluation will be helpful in future planning and partnership, it is critical that we understand more about the current mental health needs of university students. This is has been the key driver behind our partnership with UCL.



*The team at University of Sheffield with their APPTS accreditation certificate*

## Introducing CBT for Insomnia (CBTi)

Sunderland and South Tyneside Psychological Services applied for accreditation with APPTS in 2017 as a way to structure and focus our service improvement. One such area has been sleep. We work into a number of secondary care teams whose service users typically report high levels of sleep disturbance, known to exacerbate their existing conditions. Although sleep hygiene is routinely used within our secondary care context, this is not usually sufficient to resolve insomnia. The gold standard is CBTi. Although an efficient and effective intervention, there are multiple barriers to effective delivery of CBTi within secondary care such as high caseloads, ever increasing administrative demands and poor access to high quality clinical supervision.

### How did we set this up?

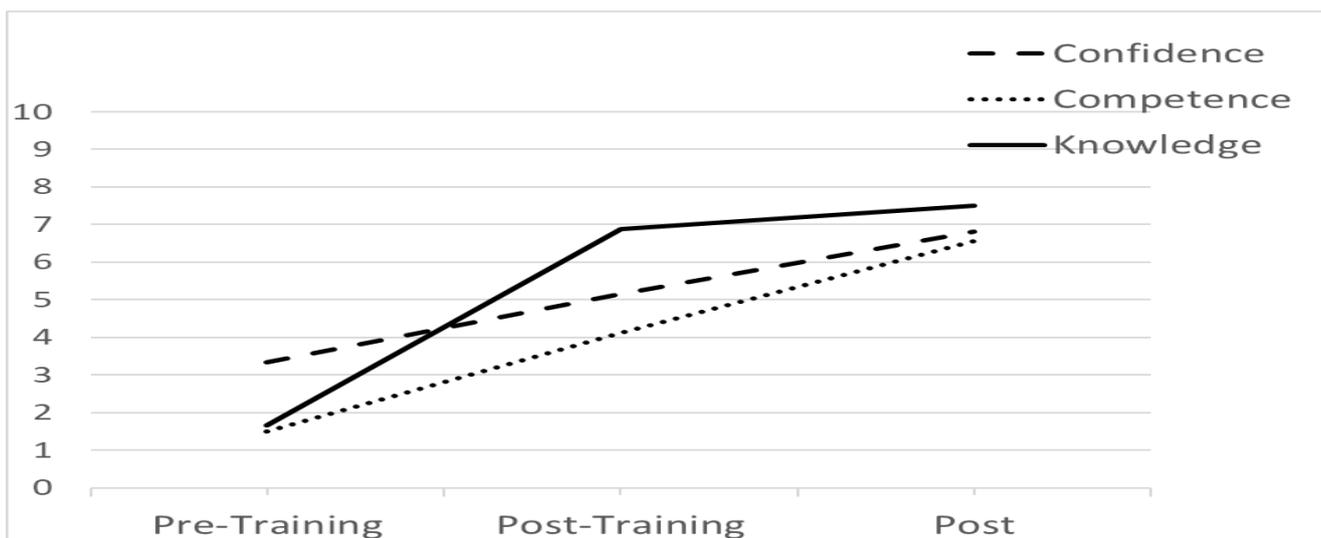
We asked for 12 clinicians to volunteer to be trained in CBTi, and to follow the 6 session protocol with two service users, whilst attending weekly supervision. We completed pre-post training

measures to assess the impact of the training, weekly assessments of clinicians' adherence to the protocol to assess the dose of session content and conducted a focus group at the end of treatment to provide clinicians with a chance to feedback about feasibility and benefits of delivering CBTi in this context.

### What was the outcome?

#### Impact of Training

Clinicians' responses on the Impact of training scale indicated an increase in self-reported confidence, competence and knowledge immediately following the training day, with this trend continuing after completing treatment with two service users (figure 1)



**Figure 1: Clinician's self-ratings on the Impact of Training Scale (average score)**

### Focus group

Feedback from the focus group highlighted the overwhelming need for help with sleep within this population, and the difference that CBTi can make to both sleep and co-morbid difficulties such as low mood. It was not without its challenges. Clinicians highlighted the technical difficulties of calculating sleep efficiencies as well as the demanding nature of the protocol on service users. One of the consistent themes was the added value of gold standard CBTi over sleep hygiene, which had always been seen as a good enough intervention in routine practice in this service. Clinicians commented on aspects that made the difference: the expertise of the trainer, the Spielman 3Ps model, the concept of

sleep efficiency and sleep restriction, access to supportive materials, and weekly supervision. The take home message may be an obvious one: that investing in staff through training, supervision and supportive materials can pay dividends in terms of the quality of the service provided to service users.

**Dr Thomas Christodoulides, Consultant Clinical Psychologist  
Sunderland and South Tyneside Psychosis Pathway**

#

## APPTS Fifth Annual Forum

Booking is now open! Please fill out the [booking form](#) to register a place by 30th October 2019. The APPTS Fifth Annual Forum will be held on Wednesday 13 November at the Bar Convent in York.

There is still a chance to speak at the forum. We would love to hear about innovative work, challenges your service have overcome and stories with service users.

If you would like to submit a proposal to speak, please email [APPTS@rcpsych.ac.uk](mailto:APPTS@rcpsych.ac.uk) for a proposal form.

To ensure you don't miss out on events please send '**JOIN**' to [APPTS@RCPsych.ac.uk](mailto:APPTS@RCPsych.ac.uk) to be added to our distribution list.

## APPTS Standards

Standards are reviewed every two years to ensure they remain up to date and evidence based.

The APPTS team have been busy collecting feedback on the 3rd Edition of the APPTS standards over the last few months. Feedback was collated from peer review visits and via e-consultation. The standards were then discussed at a standards consultation meeting with a multidisciplinary group in May where possible

changes and new standards were discussed in depth.

The 4th Edition of the APPTS standards are due to be published in September 2019.

Keep an eye on our website: [www.appts.org.uk](http://www.appts.org.uk)

## Contact the APPTS Team

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