



Accreditation Programme for Psychological Therapies Services

THEMATIC REPORT

(2016-2021)

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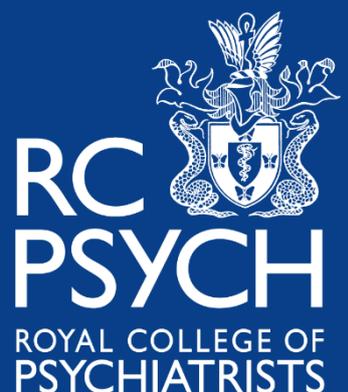
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the british
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APPTS
ACCREDITATION PROGRAMME FOR
PSYCHOLOGICAL THERAPIES SERVICES



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This publication is available at:

www.rcpsych.ac.uk/APPTS

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FOREWORD

The Accreditation Programme for Psychological Therapies Services (APPTS) is a unique partnership programme, which was first launched in 2014 to formally recognise services meeting high standards and to support quality improvement. Combining expertise from the British Psychological Society, the Royal College of Psychiatrists' Centre for Quality Improvement, and lived experience of people who have used or are using psychological therapies services, maximises the impact of the programme and supports its continual development. This thematic review demonstrates the breadth and depth of these impacts in a number of domains; the standards we have co-developed; the service improvements we have supported members to make; the feedback from clinicians and people using services about how service improvements have benefitted them.

The themes identified from a review of the accreditation of a wide range of services across the UK provide valuable food for thought for anyone engaged in providing, commissioning, seeking out, or using psychological therapies services. APPTS is able to highlight key issues of service user experience in terms of involvement and choice, the quality of the therapeutic relationship and equity of access. In addition, the importance of staff support has always been promoted by APPTS and is more important now than ever before, with examples of training, supervision and wellbeing initiatives included in the report. Furthermore, the attention of APPTS to the governance (safe and effective provision) of services underpins everything we do, and the themes identified in this domain are widely applicable.

APPTS members also benefit from, and contribute to, some fantastic Continuing Professional Development sessions which we organise – these are free to members and accessible to others for a small fee. These events enable the sharing of good practice and networking, with a focus on areas for development and learning identified by member services.

We hope that you will find inspiration and many points for reflection in this impressive report. We are grateful to everyone who has contributed to the development and delivery of APPTS, and to all our member services, especially those whose good practice examples are included here. We always welcome enquiries about APPTS and look forward to extending the reach of the programme in partnership with our stakeholders.

Dr Esther Cohen-Tovée

BPS Co-Chair APPTS Project Board

Dr Lorna Farquharson

RCPsych Co-Chair APPTS Project Board

INTRODUCTION

This report looks at the qualitative themes and findings from 25 peer review visits of psychological therapies services during the period of 2016 to 2021. This data is drawn from feedback gathered from team managers, therapists and service users. The services included within this report have all been members of the Accreditation Programme for Psychological Therapies Services (APPTS) and received a multi-disciplinary peer review visit as part of the accreditation process.

THIS REPORT

An overview of the full accreditation peer review process can be found later in this report. As part of the review process, good practice examples and areas for improvement are highlighted for each participating service. This report primarily draws on these areas of good practice through a thematic analysis, of which five themes have been identified: service user experience, person-centred therapies, equity of access, staff support, and training and governance. Each theme has been mapped against the APPTS standards they relate to most strongly. For some of the more commonly unmet standards from peer review days, we have collated recommendations to provide shared learning and assistance to teams preparing to embark on the accreditation process in future.

Psychological therapies services have continued to develop new and innovative ways of supporting service users and, indeed, staff members over the past five years on which this report is based. Many of these innovations are described in the following pages of the report.

WHO IS THIS REPORT FOR?

We hope that our member teams find this report to be a celebration of their innovation and good practice, and draw inspiration from other services. The report is also aimed to assist member teams going through the accreditation process to identify how they might be able to address the commonly unmet APPTS standards if any of these relate to their service.

Furthermore, for services that have been assessed as currently meeting all of our standards, we encourage continuous improvement and hope that the areas of good practice might encourage teams to consider ways in which they can improve their service even further.

For services not yet participating in APPTS, this report aims to provide an overview of our standards, the review process, and examples of work and achievements from other teams that have gone on to achieve APPTS accreditation. We hope that psychological therapies services will find this report to be a useful tool in supporting them to think about how they might begin to work towards the standards and make positive changes to the way they operate.

For service users and carers, this report intends to offer some assurance of the good practice that exists within the field of psychological therapies services. The APPTS network and processes would not succeed without the input of people who have accessed services and their views as to what excellent care should look like, and this is a perspective that we are hugely grateful to be able to include throughout our work.

WHO WE ARE AND WHAT WE DO

The Accreditation Programme for Psychological Therapies Services (APPTS) works with services in the UK whose primary function is to provide psychological therapies to improve the psychological wellbeing of adults in the community. Our members include NHS, third sector, private organisations, IAPT and non-IAPT services.

APPTS is run by a central team at the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society. As well as identifying and acknowledging services that demonstrate high standards of care, the accreditation programme shares best practice to facilitate service improvement. The APPTS project team provides year-round support to help its members maximise opportunities for learning and development.

OUR AIMS

We work with services to:

- Improve the experience for service users, staff and carers
- Celebrate the achievements of therapy services and assure their quality
- Facilitate the sharing of ideas and expertise through peer reviews, events and publications

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

THE PROJECT BOARD

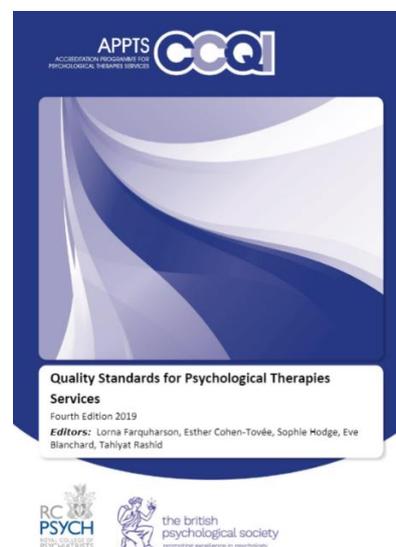
The Accreditation Programme for Psychological Therapies Services is governed by a group of professionals who represent key interests and areas of expertise in the field of psychological therapies services, as well as service user and carer representatives who have experience of accessing these services. A list of Project Board members can be found in Appendix 2.

THE ACCREDITATION COMMITTEE

The Accreditation Committee consists of representatives from stakeholders and professional bodies including a range of psychological professions, from IAPT and non-IAPT backgrounds and third sector organisations alongside service user and carer representatives. The group meets quarterly and evaluates evidence to decide the accreditation status for teams. There is a Chair for this committee who assures governance and consistency across all the services put forward. A list of Accreditation Committee members can be found in Appendix 3.

MEASURING PERFORMANCE AGAINST STANDARDS

Our standards provide the basis for peer reviews and are used by member services to benchmark themselves nationally against peers. You can access a copy of our standards by clicking the image below.



MAILING LIST

We are proud to host an e-mail discussion group called APPTS Chat, which is accessible to all members and provides the opportunity to ask questions and seek responses from other members.

THE ACCREDITATION PROCESS

SELF-REVIEW

As part of the accreditation process, services complete a self-review workbook which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to therapists and service users.

The self-review stage is a 12-week period of data collection where your team will:

- Rate yourselves against each standard, stating whether these are met or not
- Provide commentary and documentation to support the rating
- Complete a staff questionnaire
- Ask service users to complete a questionnaire

The self-review process is an opportunity for services to reflect on what their own achievements and challenges are.

PEER REVIEW

Services will receive a peer review visit from a team of external reviewers. A review team made up of at least two psychological therapies service professionals from other APPTS member services, a service user or carer representative and a member of the central APPTS team. The day consists of meetings with service users, therapists and managers to provide collective feedback on the service and discuss their experiences.

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

REPORT

The data collected from both the self- and peer review will then be used to write a report. The report will highlight your achievements, and outline any changes you'll need to make to achieve accreditation.

The reports are comprehensive and provide a clear overview of how services have performed overall against the standards for psychological therapies services.

Services are then given one month to make any changes and provide further evidence before being presented to the APPTS Accreditation Committee (AC).

ACCREDITATION

Using service level reports and any further evidence provided to demonstrate compliance with the standards, the AC will provide the service one of three outcomes:

1. Accredited
2. Deferred
3. Not Accredited

Your team will be given time, guidance and support to reach accreditation.



DATA COLLECTION

This is the first thematic report published by the Accreditation Programme for Psychological Therapies Services, and uses data collected from member services who completed their peer review against the 2nd, 3rd and 4th editions of Standards for Psychological Therapies Services.

MEMBERSHIP

From 2016 - 2021, 25 psychological therapies services took part in the APPTS accreditation process. Some services may have been reviewed more than once during this period, so we have included their most recent review data. You can see a current map of our member services in Figure 1.

23 Trust and Organisations have been represented.

25 psychological therapies services have been included in this report.

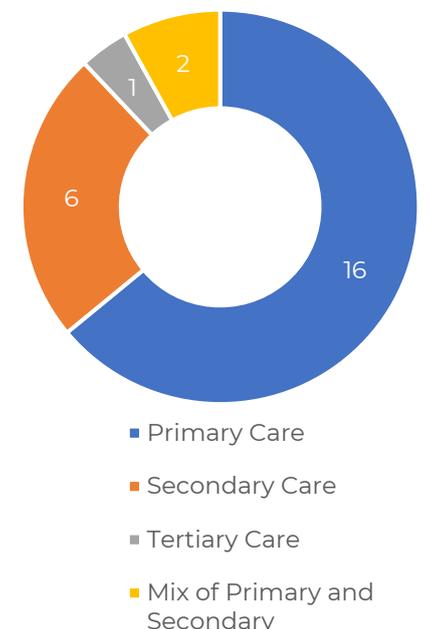
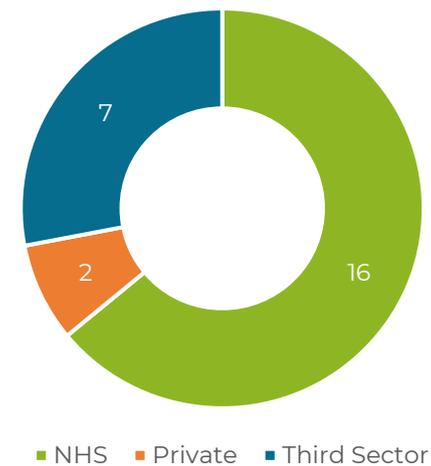
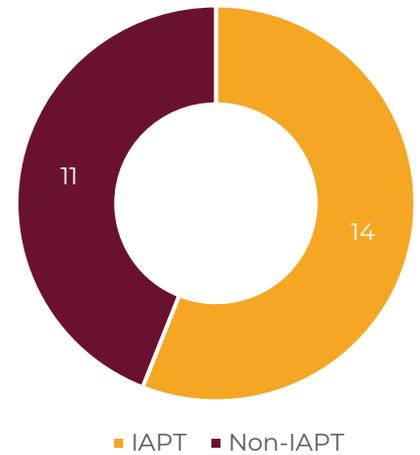


Figure 1. Geographical map of current member services (2021).

KEY FINDINGS

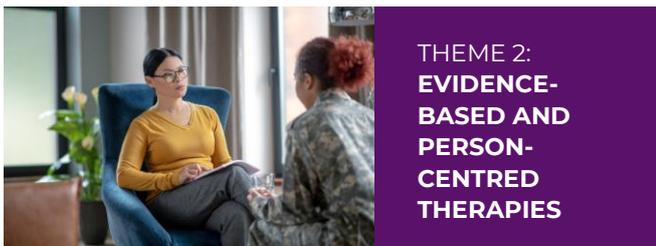
A thematic analysis was conducted on the local reports written following peer review visits to psychological therapies services during the period of 2016-2021. Due to the slight revision of standards for psychological therapies services which takes place every two years, there may be small variations to the information obtained during reviews over this period. However, overall this does not impact the themes derived.

Five themes were identified during this analysis: service user experience, person-centred therapies, equity of access, staff support and training and processes and procedures. The themes, including subthemes, are detailed below.



Subthemes:

- Service user involvement
- Therapeutic relationship
- Service user needs and preferences



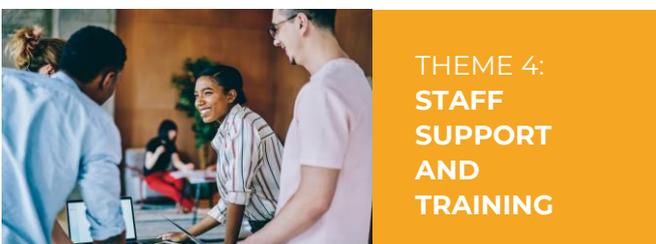
Subthemes:

- Offering a wide range of therapies
- Additional support alongside therapy
- Flexible and holistic therapies



Subthemes:

- Cultural awareness
- Improving barriers to access
- Promoting services to underrepresented groups



Subthemes:

- Peer support
- Professional development and training
- Staff supervision and appraisals



Subthemes:

- Information for service users
- Joint working arrangement
- Collection and management of data
- Processes and procedures

SERVICE USER EXPERIENCE

Service users reported a high level of satisfaction with their services overall. Multiple factors contributed to their positive experiences, including accommodating service users' needs and allowing for flexibility with their appointments.



Standards relating most strongly to this theme can be found below:

No. [Type]	Standard
S11 [1]	The service can demonstrate that complaints, untoward incidents and near misses are documented, reviewed and acted upon.
C4 [1]	Service users are actively involved in shared decision-making about their care and treatment.
C5 [2]	Service users report being provided with information and choice about their treatment (covering choice of time of day, venue, type of therapy, therapist gender and access in a language other than English).
L10 [2]	Service users are involved in service design, planning, evaluation and improvement.
IAPT3	The service has a clear focus, capability and capacity to safely manage severe and complex cases and staff work within their capability and training.

Service user involvement

Services demonstrate a service user-led approach by providing plenty of opportunities for service user involvement, including collaborating in service design, planning and improvement. Service users appreciated active involvement in their care planning and treatment throughout the duration of their therapy. Services should strive to offer service users opportunities to join developmental panels or steering groups which would allow them to share their perspectives.

Accommodating service user preferences

A high level of satisfaction with treatment is achieved when services are flexible to service user needs. Services accommodate service user preferences throughout all stages of contact, this includes providing the opportunity to join groups and partake in activities to aid with problems outside their therapy if required. Other service users reported flexibility in the way treatment was offered such as over the phone.

“I had therapy over the phone and I really couldn't fault it; it worked for me. Flexible dates and times of phone calls which were centered around me as I work most of the time. Very good therapist who was clear with the tasks that had been set. I feel a lot better in myself since having these sessions.”

Service user feedback

Therapeutic relationship

Service user recovery is influenced by how they are treated by staff and their relationship with their therapist. Service users were complimentary and suggested that staff treated them with compassion, kindness and showed genuine care for them. For example, this included actively taking into consideration activities that promote social inclusion. Service user relationships with their therapist was an integral part of their experience with their therapy. This includes therapists treating service users as individuals and with respect and dignity, which had a positive influence on them and many placing emphasis on the fact that it changed their life.

Involvement of family and friends in therapy

Although there is a significant level of service user engagement and involvement across the services reviewed, involvement of and support from and for family and friends was less apparent. This lack of involvement is seen generally across other mental health services and continues to be an area for further improvement in psychological therapies services. Examples of involvement could include family members attending sessions, the use of partner-assisted interventions, NICE-recommended couples therapy for depression, and family members being involved in decision-making through a service user's treatment pathway.

“The therapy and care I received was second to none. From the office staff to the therapist, I was always treated with kindness, empathy, respect and in a non-judgemental manner.”

Service user feedback

KEY RECOMMENDATIONS

S11 [1]

Implement a robust complaints procedure and routinely provide service users with information on how to make a complaint or compliment about the service.

Services should ensure that there are clear mechanisms in place for collecting complaints or compliments, such as having suggestion or comment boxes in waiting areas or an online form. This should be clearly signposted to service users and their friends/family members. This could involve including details in an information pack or having posters up on the service noticeboard. Feedback should be regularly reviewed and an action plan created where any themes are identified.

C4 [1]

Service users should be encouraged to get involved in decision-making about their care and treatment from the offset and right through to the end of treatment. This includes providing information on the range of therapies available to them and supporting informed choice about their treatment.

L10 [2]

Services should consider implementing a service user steering group or peer support worker to involve them in service planning and design. This could be achieved through involving service users in meetings, recruitment processes and co-production of resources.



Good practice examples

The following examples demonstrate good practice in relation to the aforementioned theme, service user experience.

CENTRE FOR SPECIALIST PSYCHOLOGICAL THERAPIES

There is a robust procedure for complaints and untoward incidents to be documented, reviewed and acted upon. Complaints are dealt with by operational management and serious incidents are reported electronically. Operational staff review them along with service user safety teams. There are debriefs for staff within 10 days where an investigator is assigned and learning and objectives are identified and shared with the team via business management meetings.

MID ESSEX – HEALTH IN MIND

Service user feedback is used to evaluate and improve the service. The service has identified a service user involvement champion and have had an initial meeting to develop a strategy. The service has begun a service user involvement group and is to be held every 2 months, with opportunities to join virtually for anyone that cannot attend in person.

EMOTIONAL WELLBEING, EAST RIDING

The service accommodates service users' preferences as much as possible. They also are able to use translation services successfully and broker to other services if necessary. Service users spoken to on the review day agreed that they had a choice of venue and appointments were based around their schedule. Staff were always understanding, even when cancellations occurred.

SUNDERLAND AND SOUTH TYNESIDE PSYCHOLOGICAL SERVICE

Service users are asked who they would like to be involved in their care, as part of the 'Triangle of Care', which is a therapeutic alliance between carers, services users and professionals. It aims to promote safety and recovery and to sustain wellbeing in mental health by including and supporting carers.

NORTH EAST ESSEX – HEALTH IN MIND

Service users felt very strongly that they had been treated with warmth, compassion, empathy and kindness. It was felt that staff go "above and beyond" and that there is very patient-centred care. All service users said that they would recommend the service to family and friends. This feedback is reflected in the services' outcome data, where the service is consistently performing well on recovery and improvement rates.

SHEFFIELD SPECIALIST PSYCHOTHERAPY SERVICE

The service has routine questions regarding choice at assessment, and tries to support service users to understand different types of therapy and think about which would be most helpful and personalised to them.

EVIDENCE-BASED AND PERSON-CENTRED THERAPIES



Interventions were found to be person-centred, with therapists being active listeners and taking a holistic approach to care. Service users were offered plenty of choice when it came to their therapy, including when and where appointments would take place and which therapy was offered initially. Plenty of support alongside therapy was appreciated by service users which increased their satisfaction with their overall experience of care.

Standards relating most strongly to this theme can be found below:

No. [Type]	Standard
E1 [1]	The service provides evidence-based psychological interventions.
E5 [2]	The number of sessions is informed by the service based on individual need.
E8 [2]	The service actively considers sustainability of improvements and provides clear information to service users regarding how they can access further support after they have been discharged.
R11 [1]	There are consistent arrangements for liaison with referrers at the end of therapy, if appropriate, and signposting to other services, if required.
IAPT1	The service offers a stepped care model based on NICE guidance for relevant clinical conditions that provides service users with the appropriate level and length of care for their needs.

Additional support alongside therapy

Service users are provided further support outside their therapy sessions, in the form of other community and wellbeing services. Employment and practical support is integrated well into services. This is effective in aiding service user progress and enabling them to cope with their psychosocial difficulties. Some services have very strong consideration of sustainability of improvements, both in terms of re-access to the service if needed, and ongoing support following therapy through peer support groups, recovery college and relapse prevention plans. Therapists plan for any management and future therapy needs including options for re-referral and offering continuity of care, when service users finish therapy.

Flexible to service user needs

Therapies are evidence-based and adhere to NICE guidelines for individual problem descriptors, but therapists also have autonomy to extend therapy sessions based on individual need. Evidence-based practice refers to the integration of best research evidence with clinical expertise and patient values. This allows services to provide a holistic approach and are able to offer therapy alongside other forms of community and wellbeing support. For example, services offer flexibility on the number of sessions that are provided to each service user if there is a need for additional support. Service users also reported feeling that goal setting had helped with their treatment in that these were flexible.

Offering a wide range of therapies

Therapies provided are well informed by the evidence base for individual presenting problems. Service users reported receiving verbal and written information on the range of therapies and modalities that are available to them, enabling them to make an informed choice. If a particular therapy is best suited for them, service users benefit from a rationale for this as offering people their preferred therapy is associated with better outcomes.

My therapist was excellent: sensitive, conversational, able to both make space for the patient and provide solid frameworks and guidance. A superb and rare balance.

Service user feedback

The service is great and has a great choice of therapies. Everyone I have been in contact with is caring, thoughtful and non-judgmental. I feel for once I'm getting the correct help.

Service user feedback

KEY RECOMMENDATIONS

E1 [1] & E5 [2]

Services applying for accreditation will need to provide clear evidence to demonstrate how clinical decisions are made. This includes details of the service user's presenting problem(s), working diagnosis or formulation, and the intervention(s) and number of sessions prescribed. The key to meeting this standard is to ensure decisions are made in line with the evidence base, and that any exceptions and their rationale are clearly documented.

E8 [2]

Consider building a resource library that service users can access to complement their treatment and provide support, if needed, beyond discharge. Work with service user representatives to identify what they would have found helpful to know or access following completion of their treatment, and compile this into an information pack or page on the website that can be accessed easily. This might include sources of peer support, national helplines, or self-help resources such as guided meditation videos.

R11 [1]

Formalise arrangements with referrers to ensure there is a consistent approach to notifying them following discharge and maintaining communication when necessary.

Good practice examples

The following examples demonstrate good practice in relation to the aforementioned theme, person-centred therapies.

OUTLOOK SOUTH-WEST

Supervisors are brought together to ensure there is a collective and consistent approach to providing evidence-based interventions, and ensure any clinical exceptions are discussed. Additionally, a learning session has taken place on contemporary approaches to therapy (CBT). The service is working on providing CPD for therapists to provide support around difficult areas. A rationale is provided to explain to service users who want a different treatment from the evidence-based therapy. A new streamlining approach for certain therapies has been operating for around six months, which reduces the need for duplicating assessments and enables quicker clinical decisions to be made.

CALDERDALE TALKING THERAPIES

At step 1, thorough assessments are completed and service user needs, risk and presenting problems are considered. Service users can be stepped up, down, across or out to secondary care. If risk or circumstances change, this can be discussed with a supervisor to make appropriate clinical decisions. All decisions and changes are documented to support and inform decisions.

OASIS TALK PSYCHOLOGICAL THERAPIES

The number of sessions is directed by the contract with the Clinical Commissioning Group (CCG), with up to 6 sessions at step 2, with capacity for some to be extended to 8. For step 3, up to 12 sessions are provided, with capacity for 17 in some cases. Therapists spoken to at the peer review day said that clients would most likely receive additional sessions where it was likely that this would lead to recovery. There was some flexibility for longer 90-minute sessions for Trauma and PTSD.

THE EMPLOYEE RESILIENCE COMPANY

'CLIVE', the team's database, contains a comprehensive range of resources depending on service users' geographical location and individual needs. Service users are supported to access this information and directed towards appropriate services for ongoing support.

SUNDERLAND PSYCHOLOGICAL WELLBEING SERVICE

The service has been working to support service user access to follow up support and peer networks to maintain progress made after therapy. The service has established working links with the local Washington and Sunderland MIND, as well as other community services. The service also has a process for offering "relapse prevention" sessions. Therapists will offer these sessions to service users (where this is identified as useful) and a session is arranged 3 months after discharge.

EQUITY OF ACCESS



Equity of access has been a challenge across psychological therapies services on a national level. However, many APPTS member services have worked hard and demonstrated their forward-thinking nature, to offer treatment to service users in line with their needs. Even before the pandemic, services were offering service users the option to receive their therapy via video or phone call which has resulted in short or no waiting times for service users. Services also identify underrepresented groups and implement strategies to actively promote the service to these groups which has proven to be successful.

Standards relating most strongly to this theme can be found below:

No. [Type]	Standard
R1 [1]	The service has a strategy in place to promote equality and diversity and to address any barriers to access.
R2 [1]	The service can demonstrate that it promotes culturally sensitive practice.
R4 [2]	Data are used to understand who is accessing the service, identify underrepresented groups and improve the accessibility of the service.
R5 [2]	Referrers, service users and carers are provided with clear information on who can access the service.
R6 [2]	If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community

Promoting services to underrepresented groups

Senior staff members have demonstrated good practice in managing complex cases and developing special interest groups to improve access to underrepresented groups in their communities. Services have also developed clear engagement strategies which aim to identify and engage with any groups in the community that are not accessing the service. For example, one service identified that their underrepresented groups were individuals from the LGBT community and the older adult population, therefore they tailored their work to reach out to these groups and promote engagement with the service. Furthermore, one service was identified as having access to a spiritual advisor who was able to support both staff and service users accessing the service.

Cultural awareness

Therapists take part in mandatory equality and diversity training at least annually and some services offer culturally-specific awareness training to ensure culturally sensitive practice. Services adopt clear marketing strategies to engage with unrepresented groups, for example, through the use of champions for LGBT and BAME groups. One service organised drop-in sessions to support staff to work sensitively with service users from minority backgrounds, as well as people being affected by domestic violence or substance misuse.

Reducing barriers to access

Service users reported a large amount of choice when it comes to their therapy time and where their appointment will take place to prevent any potential issues in accessing support. The majority of services have a large pool of interpreters to access if another language is preferred by the service user. Routinely providing the option to attend therapy with family members can be a form of culturally sensitive practice. Services use a good range of initiatives to address barriers to access, e.g. marketing of stress groups to football teams and farmers markets in order to promote support for male clients.

This therapy has been amazing for me, and for a person like me, who struggled accepting therapy or that I needed it, it has been a gold mine.

Service user feedback

My therapist has been so kind, listens to me and most of all encourages me. The whole experience has been rewarding and enjoyable. This has helped me to realise that there is help and no stigma attached to the way I was feeling.

Service user feedback

KEY RECOMMENDATIONS

R1 [1]

A formal strategy should be developed and used by the service which looks at data on a range of barriers to access the service, rather than just an underrepresentation of one particular characteristic, e.g. gender. If characteristics are collected, this should be broken down into subgroups, such as different types of disabilities, for example.

R2 [1]

To ensure that the service is promoting culturally sensitive practice, review the workforce in terms of its cultural diversity and determine whether any therapists are multilingual that might be able to offer services in more than one language. Translation services should also be actively offered to service users and promoted accessibly on the service website or in information packs.

R4 [2]

In order to improve accessibility of the service, collect population data which is readily accessible online which can help identify underrepresented group and implement strategies to improve the accessibility of the service.

Develop a service leaflet which provides context on the service's strategy in reaching out to any under-represented groups accessing the service. This information should also be accessible on the website.

Good practice examples

The following examples demonstrate good practice in relation to the aforementioned theme, equity of access.

TALKING CHANGES DURHAM

In addition to a strategy promoting equality and diversity, staff are involved in a diversity engagement group. The service addresses barriers for students, older adults, perinatal and LGBT clients. They address these by creating pathways with universities, linking in with relevant local services for older adults and attending events such as Durham pride.

UNIVERSITY OF ST ANDREWS

The majority of students access the service via self-referral, and information on how they can do this is clear on the website, but also available in paper format to all students. The service provides talks to students and university staff to further promote it. Student feedback has indicated that they found access to the service easy and accessible.

STARISH HEALTH AND WELLBEING

When service users book initial appointments, they are asked about communication needs and any disability needs. Interpreters can then be booked or adaptations can be made, but the environment is accessible to all. There is also an equality and diversity policy and training for staff on LGBT awareness.

SHEFFIELD IAPT

There are service criteria designed for GPs and other referrers, which are used in communication with secondary care services, to improve suitability and appropriateness. GPs are the most frequent referrers to the service, so there are close working relationships maintained with them. The service relies on the website and service booklet to inform service users that they can access support.

LANCASHIRE WOMEN

Data is collected to show the demographic of the service users accessing the IAPT service. As a result, under-represented groups such as males, over 65's and BME populations have been identified. The service therefore built closer links with local BME networks and have been promoting the service at an over 65s' Mindfit group. Service hours were extended to the evenings and weekends to offer more appointments to men and workers.

CALDERDALE TALKING THERAPIES

A policy is in place to address accessibility issues and ensure all service users are able to access the service irrespective of any potential barriers. Initial assessments contain questions that identify any specific service user needs, adaptations are then made for deaf or partially sighted service users. Information can be provided in braille or audio formats, or in different languages. Interpreters are available where there are language difficulties.

STAFF SUPPORT AND TRAINING



Therapists were generally complimentary about their experience of working with their service. Staff support, both from peers and managers, is evident across all services, despite the challenges the COVID-19 pandemic brought and the major shift to remote working. Wellbeing champions were employed in services to support the implementation of wellbeing initiatives for staff and demonstrate an excellent example of where wellbeing initiatives were still placed at high importance, even during these times of uncertainty. In addition, staff participated in team away days which aimed to boost staff morale and appreciation of the service.

Standards relating most strongly to this theme can be found below:

No. [Type]	Standard
S6 [1]	All members of staff who provide psychological therapies on behalf of the service have received formal training to perform as a competent practitioner in each of the therapies they provide. Or, if still in training, they practice under supervision of an adequately trained qualified therapist.
S7 [1]	Therapists are receiving regular and appropriate clinical supervision (in accordance with their grade and accrediting body), from a suitably trained supervisor who is qualified in the relevant modality/ies.
L1 [1]	Therapists are supported by the service/organisation to meet the Continuing Professional Development (CPD) requirements of their professional / regulatory body.
L6 [2]	Line managers are aware of their important role in therapist wellbeing.

Peer support

Staff support and wellbeing is key in ensuring an effective team environment. During the COVID-19 pandemic, it has been particularly challenging for services to switch to remote working. Only a small number of services within this report were reviewed during this time, but demonstrated a proactive response to supporting staff members in their delivery of therapy. There are good working relationships within teams and it is evident that staff look out for one another, particularly in relation to safety. This, in turn, has had a positive impact on staff retention and minimal staff turnover. Managers are also easily accessible, considerate and flexible to therapists' needs, allocating time off for birthdays and offering continued support to staff when on sick leave. Active listening is a vital skill for managers to respond effectively to staff feedback according to therapists across the board.

Professional development and training

All members of staff who provide psychological therapies on behalf of the service have received formal training to perform as a competent practitioner in each of the therapies they provide. Professional development of therapists is crucial to enhance their knowledge and skills and they are more likely to stay with the organisation/Trust long-term, e.g. when psychological wellbeing practitioners can train to become cognitive behavioural therapists. Access to CPD days is supported for therapists and a sufficient level of training across different teams. Services offer a range of mandatory and additional training opportunities which therapists felt is accommodating to their needs and requirements.

Supervision and appraisals

Therapists valued receiving well-structured appraisals which are transparent and used in a meaningful way, allowing them to reflect on what they have achieved in their roles. Therapists receive high-quality supervision in line with the minimum supervision requirements for each therapist modality. It is important for supervision to be split into clinical supervision and line management supervision and delivered by an appropriate supervisor. Many services go above and beyond by providing reflective practice sessions and ad-hoc supervision with peers for therapists outside of their usual supervision arrangements. This provides opportunities for discussion with peers and receiving support outside of formal supervision arrangements.

This is a great place to work and I love it. I feel welcome, cared for and valued. I believe that this organisation balances the commercial aspects of running the service whilst always prioritising client care.

Staff feedback

The service supports us, encourages us to seek further training and accreditation, and improve our ability to give first class therapy to clients.

Staff feedback

KEY RECOMMENDATIONS

S7 [1]

Ensure supervision is pre-booked and ring-fenced for all staff members.

This standard can be evidenced by providing a matrix of staff roles and supervision dates, as well as details of their supervisors to demonstrate that they are suitably trained and qualified.

L1 [1]

Use training needs and trends highlighted as part of the appraisal process to identify potential CPD opportunities that would benefit multiple team members. If topics are arising repeatedly, managers could consider designing an away day programme to focus on this theme so that staff have protected time to access this training.

L6 [2]

Consider putting in place a wellbeing strategy to ensure staff are supported and happy in their roles.

Ensure wellbeing and effective supervision are covered as part of line managers' inductions.

Good practice examples

The following examples demonstrate good practice in relation to the aforementioned theme, staff support and training.

ALLIANCE PSYCHOLOGICAL SERVICE

The team receives support from HR, who have a Wellbeing Strategy Team. Staff reported that they felt listened to and that their suggestions are taken into consideration when making improvements to the service. The service has cut down its working week from 37.5 hours to 37 hours and staff now also get a day off for their birthday, in addition to their annual leave, a half day for Christmas shopping, and two 'Dependent Days'. They are also looking to introduce 'recharge' days to support staff further. Regular supervision with line management takes place, where managers can look at work patterns and identify any pressures that can impact psychological wellbeing.

HERTFORDSHIRE WELLBEING SERVICE

All therapists receive supervision in line with IAPT guidelines. PWP's receive one hour of case management supervision per week and two hours of clinical skills supervision. Senior PWP's receive one hour of clinical supervision weekly and HITs receive weekly supervision. Experienced CBT therapists will receive fortnightly supervision and monthly peer supervision. PWP's also have a reflective practice group and clinical skills group and HITs have peer supervision groups monthly. There is also additional supervision available for additional modalities. A therapist spoken to on the day said that it is 'some of the best supervision I've ever had'.

UNIVERSITY OF SHEFFIELD SAMHS

Trainees felt that they were given appropriate client complexity for their level of training, and bank staff mentioned being asked whether they felt comfortable with clients' presenting issues from assessment.

ANXIETY UK

Training needs are discussed and identified and have led to various CPD events taking place, based on the feedback provided by therapists. Therapists are satisfied that the training received is of high quality.

THE EMPLOYEE RESILIENCE COMPANY

In-house CPD opportunities are organised by staff for the last Friday of every month depending on any shared needs identified. These are also organised for affiliate counsellors, although not permanently employed by the service, as the team are keen to invest in and support their development. Resilience training has recently been rolled out for the admin team, and there is a peer support group in place.

GOVERNANCE

Services have demonstrated a variety of thorough governance processes in place to run a successful psychological therapies service. There is strong communication with external services and stakeholders, which allow service users to receive a holistic treatment and complete care package. Governance teams are proactive in keeping data up-to-date and put service user and therapist safety and experience at the forefront. Information for service users, such as leaflets, have been well-designed with relevant detail and without use of jargon. These are provided at the initial assessment phase and when starting therapy.



Standards relating most strongly to this theme can be found below:

No. [Type]	Standard
S3 [1]	The service has a written policy on managing different levels of risk.
E6 [2]	The service routinely collects outcome data and can demonstrate the effectiveness of the interventions provided.
E8 [2]	The service actively considers sustainability of improvements and provides clear information to service users regarding how they can access further support after they have been discharged.
C2 [1]	The service provides service users with clear information about waiting times, including: <ul style="list-style-type: none">• Regular updates on any changes to the start date;• Details of how to access further support while waiting for therapy to commence
IAPT4	IT systems enable therapists and service directors to have prompt access to outcomes data and to generate service reports.

Joint working arrangements and aftercare

There are strong joint working arrangements in place to ensure care pathways are clear. For instance, services collaborate and work together with other organisations that help to signpost service users to other, relevant services for further care and support. There are also close working relationships with external agencies which can help with referrals and teams are proactively working to improve communication and engagement with other mental health services. Further aftercare support was demonstrated by a service that provides Keeping in Touch (KIT) calls after the last appointment to check up on service users.

Information for service users

Services users are provided with a range of written and verbal information. This could be on the service's website or in the format of a leaflet. Information is comprehensive, clear and easy to understand making it user-friendly and accessible. Service users found it particularly helpful to receive information about the role of the service and the therapies that are offered. Many leaflets also include a compliments and complaints section for service users to feedback anonymously about their experience of using the service. Some leaflets are also co-produced with service users. Confidentiality is clearly explained to services users to ensure they are made aware of it and its limits.

Processes and procedures

Services have comprehensive risk policies and procedures in place to ensure staff and services are safe. Furthermore, service user and therapist safety is placed at the forefront of services and service users are assured of this. Risk assessments are robust and a risk management is always put in place for service users.

Collecting and managing data

Services with strong governance leads have excellent outcome data which is monitored and reviewed regularly. There are sophisticated ways of conducting analyses and outcome monitoring, which has been helpful to services to inform service development and identify gaps in service provision. There is good data completeness and the data has also evidenced recovery rates to be excellent and demonstrated the effectiveness of the interventions provided.

“Policies and processes are very clear and this assists safe practice and working environment. There is plenty of opportunity for professional development. Forums are provided to encourage company-wide contribution to ongoing review and updated policies and processes.”

Staff feedback

“The team is incredibly dedicated to making sure service users are taken care of informed by their individual needs and to the best of our ability within the limited resources we are subjected to. There are clear structures and procedures in place and there is always someone to talk to if I run into problems or need advice.”

Staff feedback

KEY RECOMMENDATIONS

S3 [1]

Ensure that the risk policy is clear, concise, and communicated with staff so they are aware of how to access it if needed. Flowcharts can be a helpful way of displaying how to respond to different levels of risk in a timely manner.

E6 [2]

Data can be used to demonstrate effectiveness and provide reassurance to service users and their family members. Consider presenting this at both an individual and aggregate level to demonstrate trends over time in a format that is accessible.

C2 [1]

Waiting lists can be anxiety-provoking and a source of uncertainty for people. Regular updates, e.g. via text or phone, can help provide assurance and remind people of other sources of support available in the meantime (signposting to a page on the service's website containing self-help materials and advice that people can access freely).



Good practice examples

The following examples demonstrate good practice in relation to the aforementioned theme, governance.

VITA HEALTH GROUP

The risk policy was comprehensive and included a clinical flow chart to show management of different levels of risk. The service also has an out-of-hours framework and a monthly audit is conducted to review risk levels.

STEPS2CHANGE LINCOLNSHIRE

The service collects outcome measures at every session. Recovery rates have been consistently over 50% (55% in latest NHS Digital report, June -18), and reliable improvement rates have been consistently around or over 75% (75% in latest NHS Digital report, June -18). Outcomes are used therapeutically with service users, with scores being used to facilitate discussion. Managers are conscious to use language such as "we made x% people better" or "helped x number of people" to humanise and convey the meaning of data.

THE RETREAT

If there is a wait time (which there often is for evening appts), service users are updated every three weeks. Service users spoken to on the day were happy that they were told about the likely waiting times for therapy and that they were accurate and realistic.

NHSCT CLINICAL HEALTH PSYCHOLOGY SERVICE

To support with any service users that may be waiting to access support or otherwise, the service's website includes a page of self-help resources and guides, as well as a series of audio files to guide relaxation.

TALKING THERAPIES BERKSHIRE

The Service uses IAPTus which allows therapists to complete, track and view the outcome measures of all their clients. They have also purchased an additional function in IAPTus which is the dashboard reporting tool which all managers are given access to. This tool allows the service to generate reports on all its outcome measures which are presented to the senior leadership team in a monthly performance meeting and cascaded to locality leads and line managers. Line Managers are trained on how to use the dashboards so that they can run team and individual therapist reports that are discussed in line management.

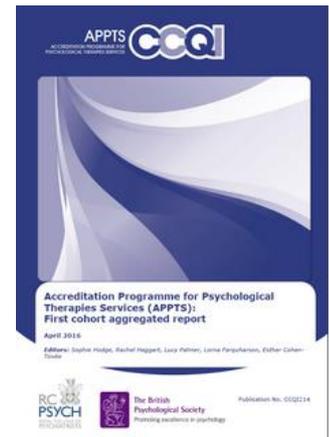
NHSCT PSYCHOLOGICAL THERAPIES SERVICE

A service user experience questionnaire is sent to all discharged service users to provide feedback, which is compiled into a report that systematically influences planning and delivery of their services (e.g. funding bids to improve waiting times). Each locality also has a service user involvement group, which meets monthly to contribute to the design, planning evaluation and improvement of the service.

RESOURCES

NATIONAL REPORT

The first aggregated report produced by APPTS was published in February 2016 and highlights the findings from the pilot year of APPTS. It also includes a summary of developments that took place following the pilot year, including the evaluation process and changes to the APPTS standards. You can access the report [here](#).



NEWSLETTERS

We have published eight issues of the APPTS newsletter for psychological therapies services to date. For the APPTS newsletter, we invite staff, services users and carers to submit articles demonstrating good practice and innovation based within psychological therapies services. We are pleased to provide access to our most recent newsletter issues by clicking the images below.



2021

2020

2019

2018

EVENTS

As an additional benefit of membership for those signed up to APPTS, we offer free attendance to our events and peer reviewer training.

Upcoming events, as well as resources from some of our previous events can be accessed on [our website](#).

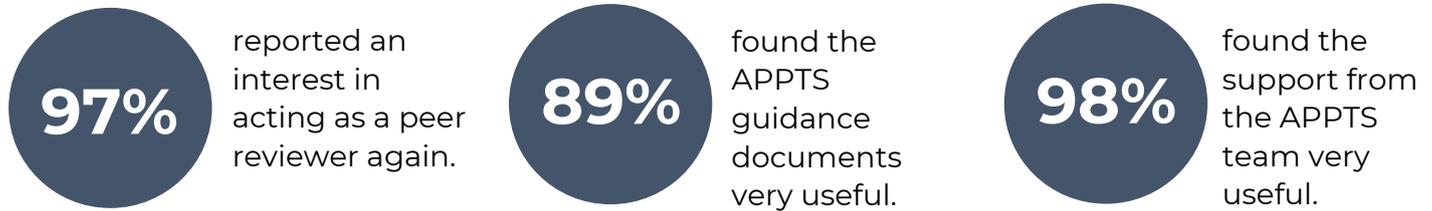
National Psychological Therapies Services Forums

We hold our national forum for psychological therapies services once a year, covering a range of topics relating to quality improvement, innovation and best practice in psychological therapies services. This event is an excellent opportunity for APPTS member services to present workshops on any areas of good practice that have been highlighted during their peer reviews. This also aids the shared learning for other psychological therapies services to access and offers valuable networking opportunities for our members.

If you are interested in attending or presenting a workshop at any of our upcoming events, please do [contact us](#).

MEMBER FEEDBACK

Following each accreditation peer review, host and review teams are asked to share their feedback on how they found the process and whether there is anything the APPTS team could improve on. We are pleased to share a summary of the feedback we have collected from peer reviews that took part in the APPTS peer review process from 2016 to 2021.



An overview of further feedback on the peer review process can be found below.

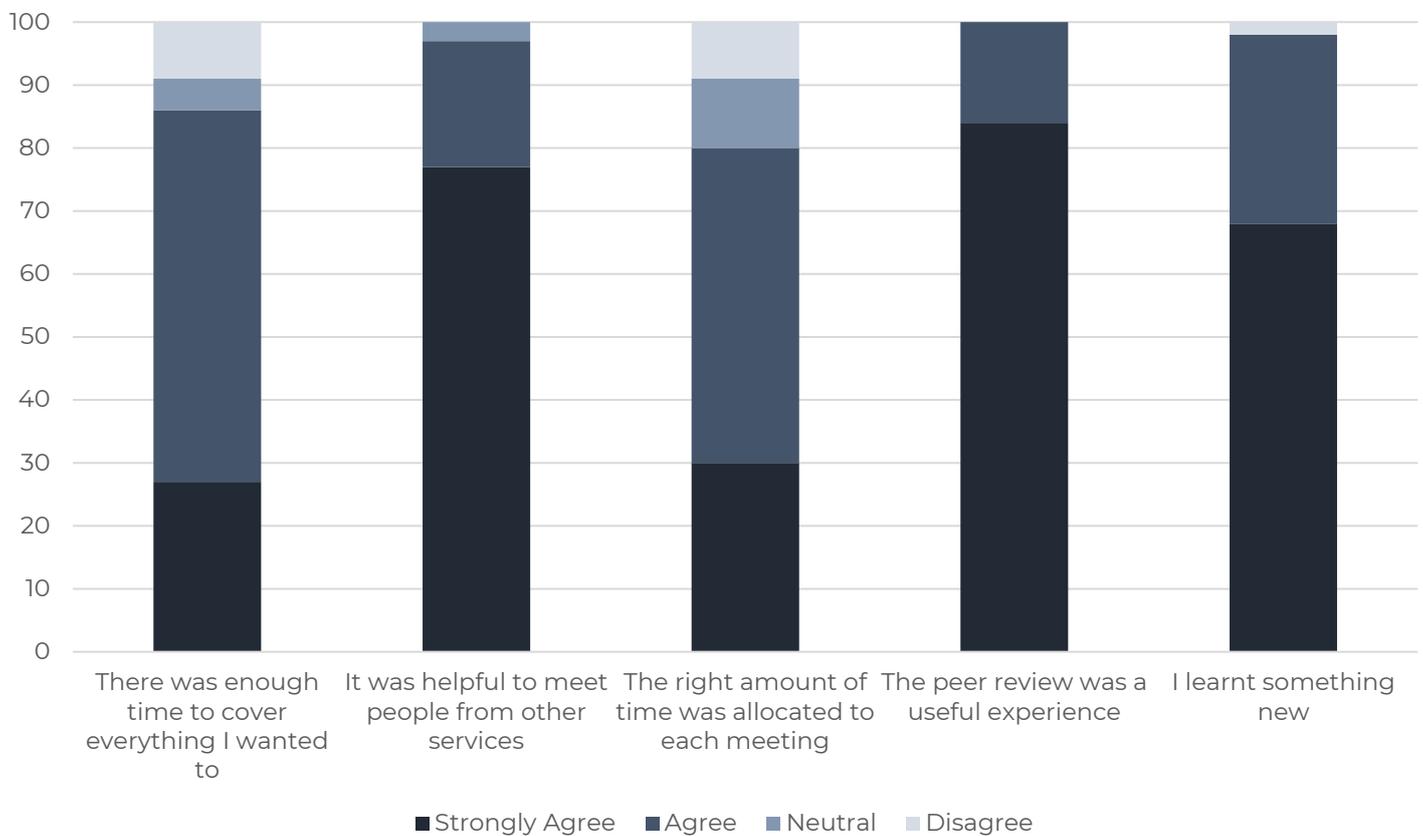


Figure 2. Summary of quantitative feedback gathered on the peer review process.

Overall, services valued the process as being collaborative, friendly and supportive. There was reportedly a good balance on peer review days of expertise amongst the peer review team and responsibilities being shared equally. Services particularly valued discussing how psychological therapies services experience similar challenges and being able to share learning.

Some areas that were suggested for further improvements from APPTS were more clarity and guidance on what information to read and how best to prepare for a peer review day. There were also suggestions on increasing the APPTS peer review day timetable to allow for further discussion and more time to discuss certain standards.

APPENDIX 1: LIST OF MEMBERS

This list consists of the psychological therapies services that took part in the APPTS accreditation process between 2016 and 2021 and therefore have been included in this report.

Trust/Organisation	Service name	IAPT	Sector	Level of care provided
Alliance Psychological Services	Alliance Primary Care Psychological Therapy Service	Yes	Private	Primary
Anxiety UK	Anxiety UK	No	Third sector	Primary
Berkshire Healthcare NHS FT	Talking Therapies Berkshire	Yes	NHS	Secondary
Cumbria, Northumberland Tyne and Wear NHS FT	Centre for Specialist Psychological Therapies	No	NHS	Tertiary
Cumbria, Northumberland Tyne and Wear NHS FT	Sunderland Psychological Wellbeing Service	Yes	NHS	Primary
Hertfordshire Partnership Foundation Trust	Hertfordshire Wellbeing Service	Yes	NHS	Primary
Hertfordshire Partnership University NHS Foundation Trust	North East Essex Health in Mind	Yes	NHS	Primary
Hertfordshire Partnership University NHS FT	Mid Essex Health in Mind	Yes	NHS	Primary
Humber NHS Foundation Trust	Emotional Wellbeing, East Riding	Yes	NHS	Primary
Insight Healthcare	Calderdale Talking Therapies	Yes	Third sector	Primary
Kernow Clinical Commissioning Group	Outlook South West	Yes	NHS	Primary
Lancashire Women	Lancashire Women	Yes	Third sector	Secondary
Lincolnshire Partnership NHS FT	Steps2Change Lincolnshire	Yes	NHS	Primary
Northern Health and Social Care Trust	NHSCT Clinical Health Psychology Service	No	NHS	Primary
Northern Health and Social Care Trust	NHSCT Psychological Therapies Service	No	NHS	Mixture of primary and secondary care
Northumberland Tyne and Wear NHS Foundation Trust	Sunderland and South Tyneside Psychological Service	No	NHS	Secondary
Oasis Talking Therapies CIC	Oasis Talk Psychological Therapies	Yes	NHS	Secondary
Sheffield Health & Social Care NHS FT	Sheffield IAPT	Yes	NHS	Primary
Sheffield Health & Social Care NHS FT	Sheffield Specialist Psychotherapy Service	No	NHS	Secondary
Starfish Health and Wellbeing	Emotional Wellbeing (Stafford) and Chase	Yes	NHS	Primary

	Emotional Wellbeing (Cannock)			
Tees, Esk and Wear Valleys NHS FT	Talking Changes Durham	Yes	NHS	Primary
The Employee Resilience Company	The Employee Resilience Company	No	Third sector	Primary
The Retreat	The Retreat	No	Third sector	Secondary
University of Sheffield SAMHS	University of Sheffield	No	Third sector	Mixture of primary and secondary care
University of St Andrews	Student Services	No	Third sector	Primary
Vita Health Group	Vita Health Group Psychological Therapy Service	No	Private	Primary

APPENDIX 2: PROJECT BOARD MEMBERS

The Accreditation Programme for Psychological Therapies Services is governed by a group of professionals who represent key interests and areas of expertise in the field psychological therapies, as well as service user and carer representatives who have lived experience of these services.

The current members of the Project Board are listed below.

Esther Cohen-Tovée, BPS co-chair
Lorna Farquharson, RCPsych co-chair
Dinesh Sinha, RCPsych member
Gail Thornton, BPS Service User Representative
Maggie Rosairo, BPS representative and chair of the East of England Psychological Professions Network
MB, RCPsych Service user representative
Melanie Shepherd, BPS member
Rachel Braverman, RCPsych Carer Representative
Tahiyat Rashid, Project Officer, APPTS
Jemini Jethwa, Programme Manager, APPTS
Hannah Lucas-Motley, Head of Quality and Accreditation, APPTS

APPENDIX 3: ACCREDITATION COMMITTEE

The Accreditation Programme for Psychological Therapies Services is also supported by the Accreditation Committee (AC) a group of professionals as well as service user and carer representatives who have lived experience of these services to view evidence from service and make accreditation decisions.

The current members of the AC are listed below.

Jane Muston (Chair), Senior Lecturer and Consulting Clinical Director at Vita Health Group
Adam Dawes (Deputy Chair), Psychological Wellbeing Practitioner Team Lead
Adrian Whittington, National IAPT Workforce Clinical Adviser (IAPT)
Bridget Gemal, Professional Head of Psychological Therapies/Consultant Lead Clinical Psychologist
David Clark, National Clinical Advisor for Adult IAPT (IAPT)
Megan Bean, APPTS Project Board Member
Rachel Braverman, Carer Representative
Sarah Heke, Consultant Clinical Psychologist (previous Chair)
Tahiyat Rashid, Project Officer, APPTS
Jemini Jethwa, Programme Manager, APPTS
Hannah Lucas-Motley, Head of Quality and Accreditation, APPTS

APPENDIX 4: APPTS CONTACT DETAILS

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Online discussion platform

APPTS@rcpsych.ac.uk

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