Newham Improving Access to Psychological Therapies a partnership between

Newham Primary Care Trust
East London NHS Foundation Trust

Welcome and Introduction - Dr Ben Wright

Integration of psychological therapies in Newham – Alex Reid

Trans-cultural delivery of CBT - Narinder Rishiraj Singh

Delivering Low intensity therapy - Denise Abel

The Administrative Team

Engaging GP's and delivering psychological therapies in primary care - Madeline O'Reilly

Delivering Employment Services Integrated with psychological therapy - Debbie Davis

Q&A - Dr Ben Wright

London Borough of Newham

In East London

Population ~250k

Very **Diverse**
- 61% BME
- 130+ Languages

Deprived
- 44% live in poverty
- 20% intense poverty

Index of Multiple Deprivation
- 4th highest in London
- 15% employment deprivation
- 10th highest on the Mental Health Needs Index
- 40% greater demand for mental health services

Newham IAPT Pilot Aims (1)

- Deliver full range of NICE recommended psychological therapies that are:
  - Effective (wellbeing and social inclusion)
  - Timely
  - Accessible (Language & diversity)
  - Acceptable (satisfaction)
  - Equitable
  - Efficient
  - Sustainable

Newham IAPT Pilot Aims (2)

- Promote Social Inclusion through Employment Support
- Interface with existing psychological therapy services
- Provide data in time to support the 2006/07 Comprehensive Spending Review

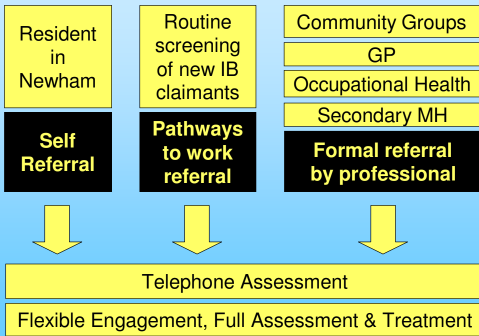
Key Delivery Partners

- Service Users & Community Groups*
- Mental Health Matters*
  (Third Sector Employment Support Provider)
- WorkDirections
- NHS
  - Newham General Practitioners*
  - Newham Primary Care Trust
  - East London NHS Foundation Trust

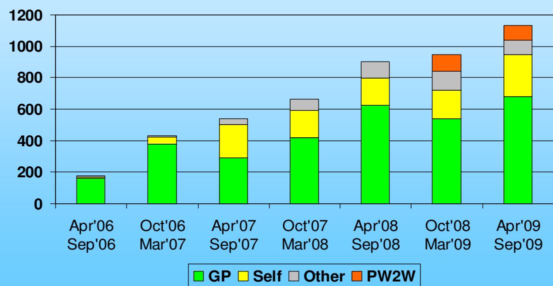
A different kind of service

1) Strong emphasis on access
2) Focus on delivering NICE recommended, evidence based therapies
3) Delivers therapies within a fully integrated stepped care framework
4) Provides evidence of effectiveness using routine outcome measurement

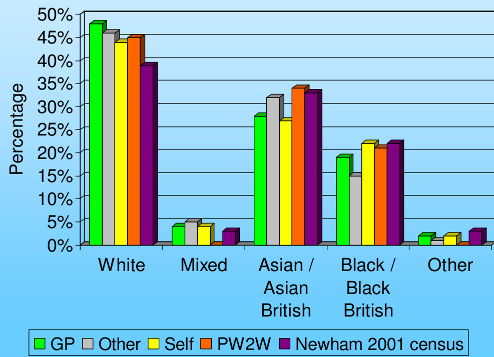
Access - Pathways into Service



Referrals

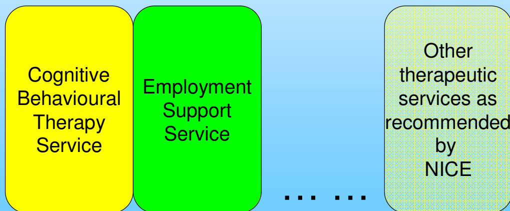


Impact of source of referral on access

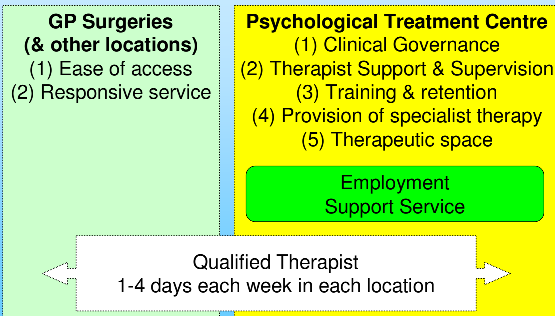


Psychological Treatment Centre

Psychological Treatment Centre



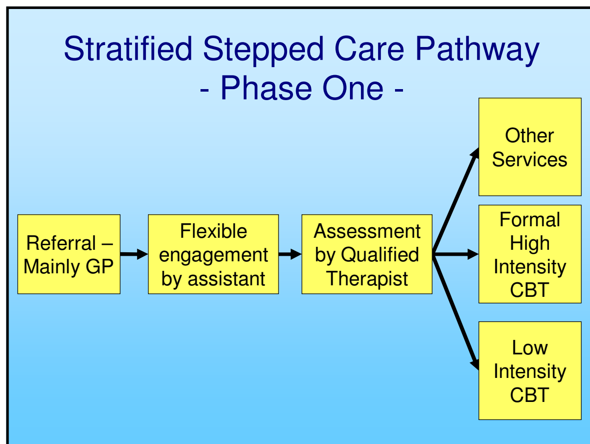
CBT Service Framework



Therapies provided

	Step		
High Intensity	Step 3 (< 20 Hours)	Formal individual CB Therapies	Existing Services
High Intensity	Brief Therapies (< 8 hours)	CBT	Practice Based Counselling
Low	Step 2 (< 4 hours)	Guided Self Help, cCBT, Psychoeducation	

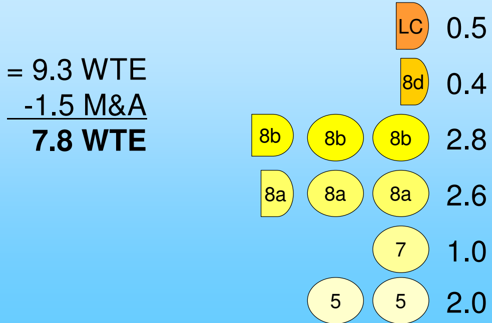
Stratified Stepped Care Pathway - Phase One -

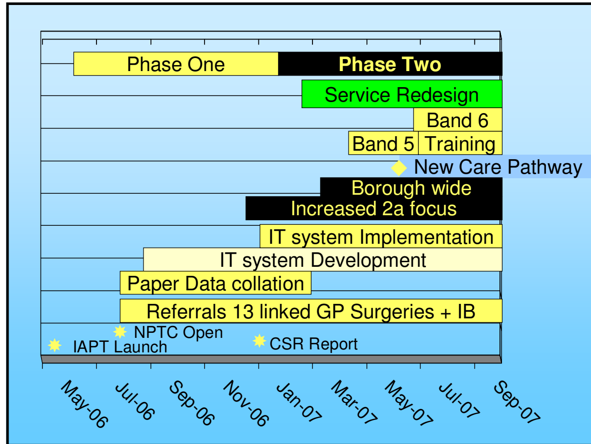


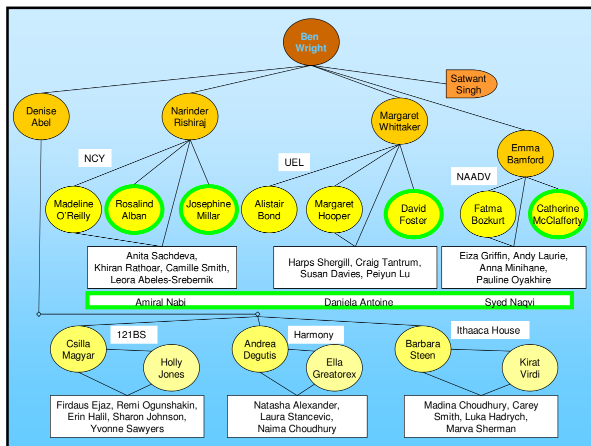
Disadvantages of conventional approach (stratified stepped care)

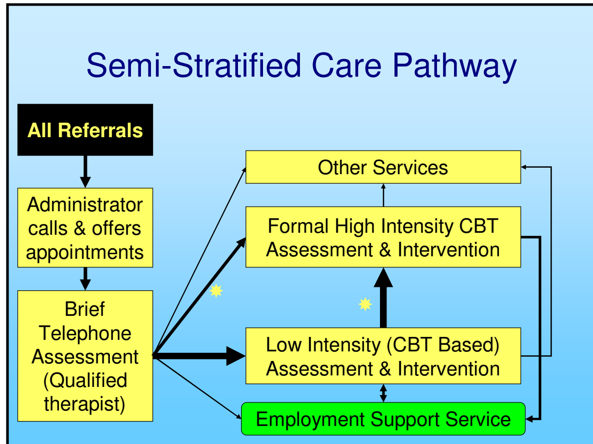
- Service users did not like hands off between qualified therapist assessment and next step
- Use of assistants to do flexible engagement diverted resources from low intensity work
- Service Users tended to opt for high intensity care and were reluctant to choose low intensity care leading to insufficient uptake
- Slow process with reduced responsiveness

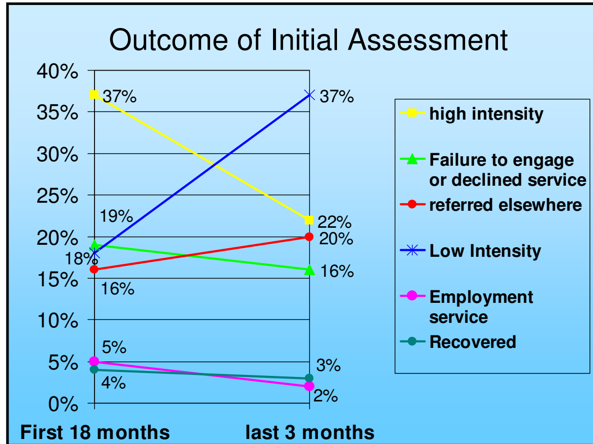
Phase One Clinical Staff Mix

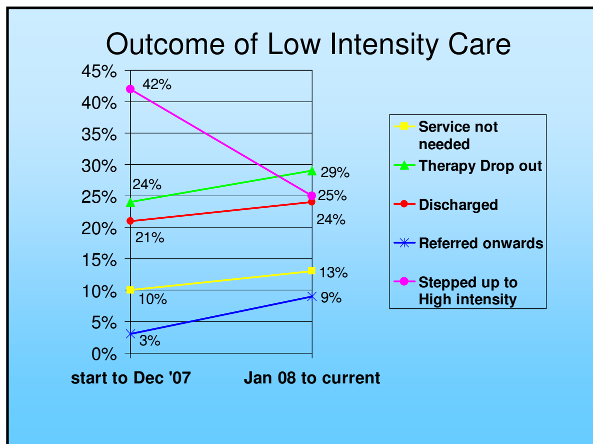




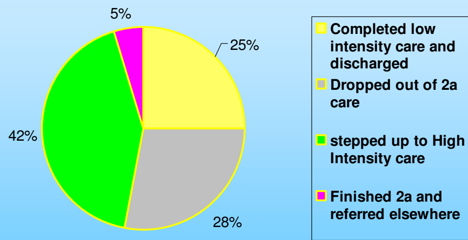



Semi-Stratified Care Pathway
All Referrals
Administrator calls & offers appointments
Brief Telephone Assessment (Qualified therapist)
Other Services
Formal High Intensity CBT Assessment & Intervention
Low Intensity (CBT Based) Assessment & Intervention
Employment Support Service

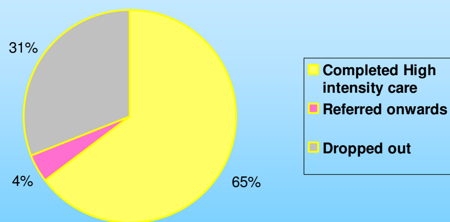

Outcome of Initial Assessment
40%
35%
30%
25%
20%
15%
10%
5%
0%
37%
37%
19%
22%
20%
18%
16%
16%
5%
3%
4%
2%
high intensity
Failure to engage or declined service
referred elsewhere
Low Intensity
Employment service
Recovered
First 18 months
last 3 months


Outcome of Low Intensity Care
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
42%
24%
29%
25%
24%
21%
13%
10%
9%
3%
Service not needed
Therapy Drop out
Discharged
Referred onwards
Stepped up to High intensity
start to Dec '07
Jan 08 to current

Outcome of Low Intensity Care



Outcome of High Intensity Care



Lessons learned

- IT system critical to management of high volume complex care pathway
- Dedicated administrator required to book appointments
- Clinical screen unnecessary if telephone assessment can be offered quickly
- Offer face to face assessment routinely as backup if clinician still unsure after telephone assessment

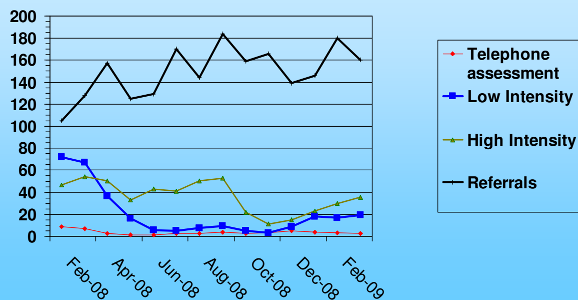
Lessons learned

- Change emphasis from what works best to 'is there evidence that the next lowest step of care will not work?'
- Signposting is a significant element of the clinical work
- Mandatory approval by senior therapist to prevent excessive step up to high intensity therapy

Lessons learned

- People prefer the gradual progression from low to high intensity
- Service model needs to be flexible and responsive
- Involving stakeholders (GPs) essential
- Referrals will often not contain enough information – telephone triage can help everyone make decisions

Successful reduction in waiting times at all stages due to 'lean' care pathways



mean waiting times in days (April 2009)

	Newham IAPT	National Target (PCT target)
Time to assessment	2.3	3 days (3 days)
Wait for low intensity care	19.5	10 days (14 days)
Wait for high intensity care	35.3	126 days (56 days)

Typical Service User

- Long duration of illness
  - median duration 3 years for patients who were offered care
  - 80% had been unwell for over 6 months
- Complex problems.
  - 66% two or more diagnoses
- Moderate to severe problems
  - Over two thirds of patients scored in the moderate to severe range
- High level of associated disability
  - median of 12 days total incapacity in the previous month

Popular Service

- 93% reported satisfaction with the information provided
- 92% reported satisfaction with the range of treatments on offer
- 88% reported satisfaction with the experiences of choice

Popular Service (2)

- 83% reported satisfaction after 6 hours of care
- 99% reported satisfaction after high intensity care

Clinically Effective Service

Demonstrated using routine & sessional outcome measures

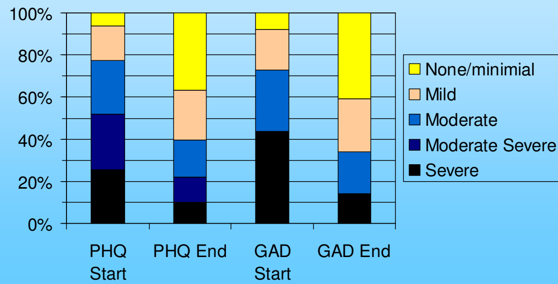
Health & Wellbeing Outcomes Framework[1]

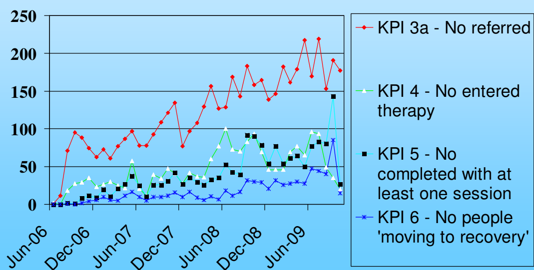
[1] IAPT OUTCOME FRAMEWORK AND DATA COLLECTION

Outcome measures

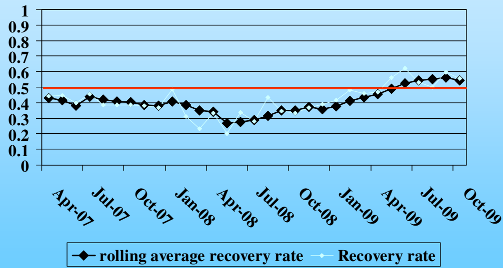
- Every session
  - PHQ9 GAD7, IAPT Qus, employment & benefits
- Start and review
  - CORE OM
- End
  - CORE OM
  - PEQ

Pre-treatment / Post-treatment measure of depression (PHQ) and anxiety (GAD) including therapy drop-outs (n=556, 10% missing)





Recovery rate by month



Recovery Rates

- Defined as no longer a caseness on depression and anxiety measures
- - (<10 PHQ & <8 GAD)

- Treatment completers
- – 272/422 = **64.5%**

- All (including dropout and referred away)
- – 338/747 = **45.2%**

Response rate by ethnicity – includes drop out and referred on

(**small numbers)

Ethnicity	Low Intensity	High Intensity	Total
White	45%	41%	42%
Mixed**	10%	50%	33%
Asian	45%	44%	45%
Black	58%	55%	56%
Other**	60%	40%	47%
Total	47%	44%	45%

Therapy drop out

- Meta analysis of 156 services
  - Average of about 50%
  - Commonly 40-60%

Newham IAPT

- Actively engages ambivalent patients who may later drop out with no hurdles to challenge motivation.
- Low intensity drop out: 29%
- High intensity drop out: 31%
- These figures are comparable with Doncaster IAPT

Effect Size

- A standardised way of reporting improvement in treatment.
- Compares the average score before and after treatment.
- Divides the difference between the average by the spread of the two samples.
- Small = 0.2
- Medium = 0.5
- **Large = 0.8**

End of treatment Effect Sizes, these **include** therapy dropouts (second observation carried forward)

	Mean start	Mean end	Pooled s.d.	Effect Size	Treatment Completers
PHQ (Depression)	14.56	9.08	6.46	0.85	1.27
GAD (Anxiety)	13.07	8.10	5.55	0.90	1.38
CORE (general)	1.82	1.29	0.74	0.71	0.95

Challenges ahead

- Wave 2 IAPT implementation
- Maintain current service performance (access, engagement throughput)
- Enhance effectiveness
- Implement service redesign with service integration, particularly with step 4 care

Summary of achievements of Newham IAPT (1)

- Delivered NICE recommended talking therapies for common mental health problems; **overcoming the gap between policy and practice**.

Summary of achievements of Newham IAPT (2)

- **Empowered and informed** service user choice
- Developed and **implemented robust information structures** to support service users, clinicians and service managers.

Summary of achievements of Newham IAPT (3)

Provided an **integrated service** that:

- **educated** patients to be their own therapists,
- **improved their well being,**
- **reduced the risk of recurrence** and
- promoted **social inclusion.**

Summary of achievements of Newham IAPT (4)

Delivered an accessible, popular and effective talking therapy service.