

Psychological Therapies in the NHS Conference 2011

## **SYMPOSIUM**

# **IAPT & Payment by Outcomes: new currency model**

# **A provider perspective**

Dr Felix Davies

Director of Psychological Services

Chair of West Midlands Regional Advisory Committee

for Applied Psychological Services

# Key messages

1. Commissioning IAPT via PbO = higher level of service quality requirement
2. Higher levels of quality require higher levels of governance (e.g., Wheeler & Richards, 2007; NICE, 2009)
3. 'Indirect' psychological services supporting governance are not widely/fully understood, accepted or valued
4. They should therefore be systematically and explicitly included in care packages drawing on evidence base and practice-based evidence

# Higher level of quality requirement

- Shift from overemphasis on commissioning for quantity to a focus on quality + quantity
- SMART outcomes reflecting need (e.g. prevalence not % in BME and over 65)
- Clearer guidance for clinical decision-making, and populating care packages/pathways for each care cluster
- All above will be welcomed by clinicians and provider organisations in principle, but seen as a greater delivery challenge in context of already challenging requirements

## Higher level of governance requirement

- Psychological services are delivered directly to service users (e.g., assessment, therapy)
- Psychological services are also provided indirectly to service users by supporting the quality of care they receive
- ‘Indirect’ psychological services include supervision, consultation, advice, reflective groups, formulation meetings, pastoral support, workshops, seminars – for staff
- Psychological care packages therefore consist implicitly of both direct and indirect psychological services, former depending on latter (reflected in national guidance)

# Lack of understanding/value/support of 'indirect' psychological services

- Common misunderstanding by operational managers and care staff of other disciplines regarding nature and importance of these services
- This misunderstanding leads to lack of valuing of, and support for, them (e.g., time spend providing and receiving them, and type/banding of staff)
- Psychological models and theories can be used to formulate this situation – reciprocal roles, victim-rescuer-persecutor triangle, entitlement schema, learned helplessness – linked with ineffective/non-existent marketing, lack of interest in policy and operational management, fallacy of disconnection between clinical and managerial dimensions, lack of psychological mindedness of organisations

# Systematic inclusion of 'indirect' psychological services

- Each psychological care package for each care cluster should explicitly state the indirect services required to support the direct services, to achieve the required outcomes
- This should include e.g., the type and frequency of clinical supervision and the types of supervisor competence required
- These stipulations should be supported by national guidance, and practice-based evidence demonstrating the added value of these 'indirect' services (e.g., Liverpool IAPT service analysing type of supervision associated with superior outcomes)
- These stipulations should be implemented in a way that takes account of the organisational and social context, and supported by PbO tariff structure (i.e., higher tariff for higher rates of complexity within each care cluster recognising additional inputs)

# Examples of the value of 'indirect' psychological services

- Reflective group for forensic staff led directly to resolving impasses and improving care in relation to challenging behaviour and nutrition for patients (Carr, 2009)
- Managing alternatives to violence and aggression training with psychological input led to 15% reduction in assaults on older adults ward (Perry, 2011, personal communication)
- Supervision improves the quality, efficiency and safety of workers providing psychological therapies in primary-care setting (McFadyen et al., 2011)

Carr, S. (2009) *Review of facilitated clinical supervision and team development groups at the Hatherton Centre*. Unpublished report.

Kenneth M. McFadyen, K.M., Darongkamas, J., Crowther-Green, R. & Williams, O. (2011). Primary-care mental-health workers' views of clinical supervision. *The Cognitive Behaviour Therapist*

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