

National Clinical Audit of Anxiety and Depression (NCAAD)

Background

- Commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the NCAPOP programme
- Hosted by the Royal College of Psychiatrists' Centre for Quality Improvement
- Programme started in June 2017 with a scoping and pilot phase
- Roll out of the programme began in January 2018

Background

Audit proposal informed by:

- Findings for the National Audit of Psychological Therapies for Anxiety and Depression (NAPT)
- Economic costs - £20.2–23.8 billion a year (depression), £8.9 billion (anxiety) (Kings Fund, 2008).
- Burden of disability - 50 million Years Lived with Disability (YLDs) (depression) and 24.6 million YLDs (anxiety) in 2015 (WHO, 2017)
- Poor experiences of care (NICE CG90, 2009; NICE CG113, 2011)
- Difficulties accessing secondary care (CQC, 2015)
- Large increases in the proportion of people prescribed antidepressants (QualityWatch, 2014)
- Lack of information about the quality of care for this group

Partner Organisations

Professional organisations:

NHS England, RCPsych, BPS, RCN, CQC, BACP, RCGP, Commissioners, Society for Psychotherapy Research, UKCP, BPC, EMDR UK & Ireland, IPTUK, BABCP,

Service User & Carer organisations:

McPin Foundation, Rethink Mental Illness, Anxiety UK, Mind, Carers Trust

Aims & Objectives

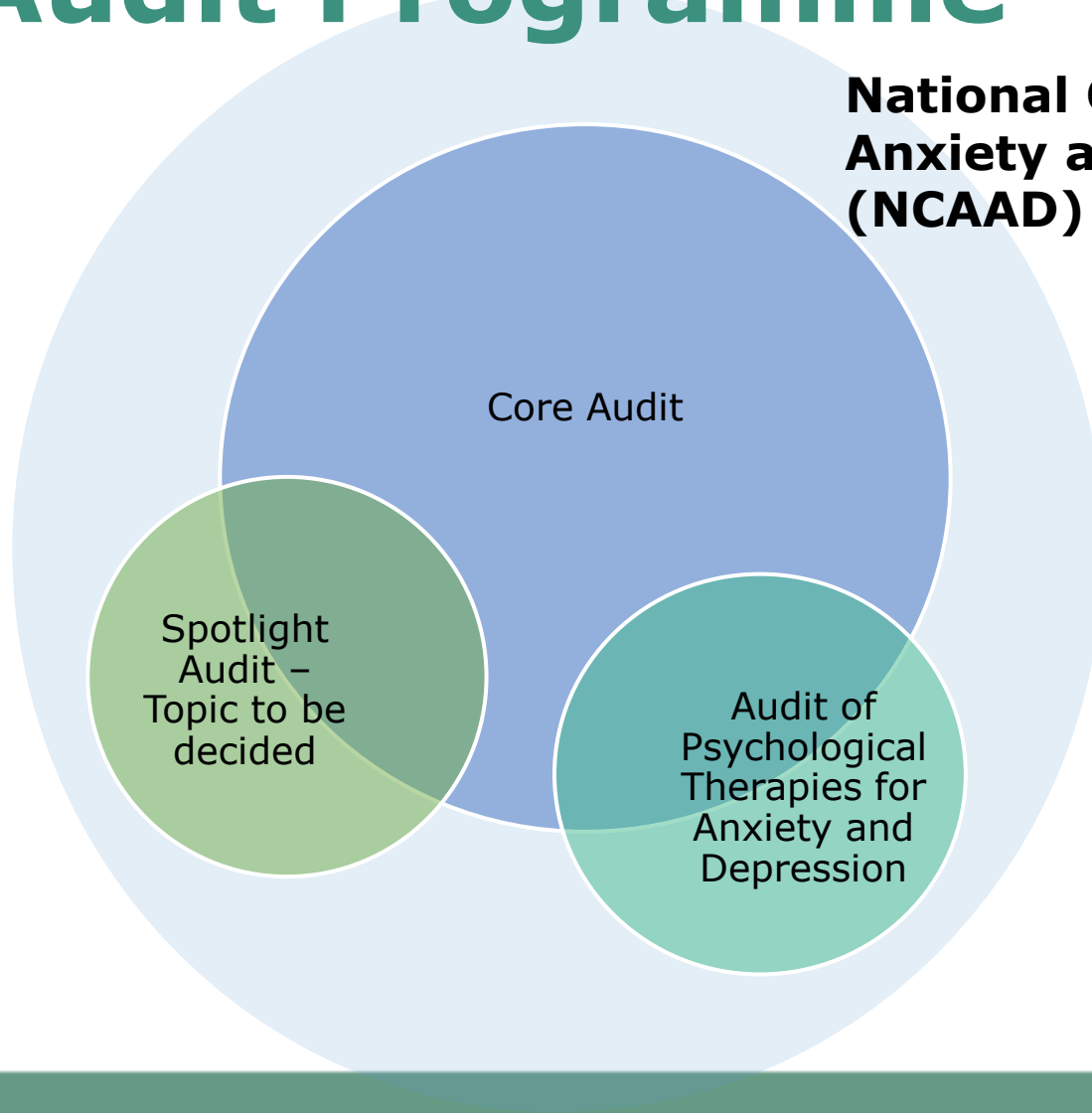
- Drive improvements in health and quality of life of people with anxiety and depression
- Promote practice in accordance with NICE standards including delivery of psychological therapies and pharmacological interventions, outcome monitoring
- Strengthen local accountability and support local services to develop and implement improvement plans

NCAAD Scope

- Focus on quality of NHS funded care for service users with an anxiety and/or depressive disorder in secondary care services in England
- 3 components:
 - Core audit
 - Audit of psychological therapies for anxiety and depression
 - Additional 'spotlight' audit on a topic to be decided

Audit Programme

National Clinical Audit of Anxiety and Depression (NCAAD)



Steering Group

- Includes representation from partner organisations
- Provide expert advice to the project team on the development, deployment and follow up for the NCAAD including:
 - Audit standards
 - Measurement tools
 - Marketing and promotion
 - Interpretation of data
 - Recommendations and follow-up work.

Service User & Carer Reference Group

- Key aim of the audit is to ensure adequate involvement of service users and carers in the development of the audit including standards, tools and findings
- Audit has a separate group of service users and carers led by the NCAAD Service User Lead
- Feed into the steering group via NCAAD Service User Lead and another nominated representative
- Receive the same information and have the same input as the steering group on standards, methodology, reports and publications
- Authoring the service user and carer reports and communications alongside the McPin Foundation.

McPin Foundation

- Activities aimed at publicising the audit to service users and carer ahead of the publication of each report
- Leading the development of reports for service users and carers
- Raising awareness through existing networks and via dissemination events
- Raise expectations about good quality care and how it can be achieved
- Communications

Use of Data

- Support clinical teams to identify areas for improvement and test changes made through local quality improvement initiatives
- Provide benchmarked data at CCG, region and Trust level
- Share data with the CQC to assist the inspection of services
- Provide information and key findings to service users and carers via MyNHS
- Collaboration to support future research and service developments
- Provide support to local QI activities – web based workshops, sharing of best practice, action planning, quality improvement methodology support, regional events

Core Audit

Focus

- Focus on quality of care for patients with and anxiety and/or depressive disorder
- Service users aged 16 or over
- Admitted to an inpatient mental health service
- Care provided over a 6 month period beginning on the date of admission



Working with Pilot Sites

- Data collection took place November – December 2017;
- 6 Trusts participated, submitting data on 109 service users;
- Participating Trusts from across England, range of urban and rural settings with good demographic spread;
- Post data collection provided with feedback questionnaire which was followed up with telephone interviews;
- Key aim was to help refine process, tools and standards for the main audit.

Pilot – Using the findings to inform the audit



Access

- Poor recording of equity data (religion, asylum/refugee status, sexual orientation, disability including long term physical health/progressive conditions)
- Variable waiting times for a bed



Assessment

- Complexity – majority of service users had multiple diagnoses
- Physical health assessments completed generally low
- Smoking status, drug and alcohol use documentation variable
- Support for family members, friends and carers – room for improvement



Shared Decision Making

- Evidence of service user involvement in the development of their care plan in just over 60% of cases
- <30% service users received a copy of their care plan
- Low involvement of family members, friends or carers

Pilot – Using the findings to inform the audit



Medication

- Large amount of polypharmacy
- Just over 50% of service users prescribed antipsychotic medication
- Documentation of information given to service users about their medication was poor



Psychological Therapies

- 20% service users referred for psychological therapy
- Majority of individual therapy provided was CBT
- 40% still on the waiting list at the end of the audit period (6 months after admission)



Discharge

- GPs not sent discharge letter or care plan in 1/3 cases
- Most service users received a follow up within 48 hours of discharge (90%)
- 15% service users readmitted, range 1 – 11 readmissions

Pilot – Using the findings to inform the audit



Outcome Measures

- HoNOS not collected by all Trusts
- Use of validated outcome measures variable – most common were GAD-7, BDI and PHQ-9, but these were only in <7% cases

Standards

1

The service routinely collects data to assess equity of access

Guidance: This includes, age, gender, ethnicity, employment and accommodation status

2

Service users have timely access to inpatient care when required

3

Service users' assessments are comprehensive and include consideration of:

- Identification of social support and/or stressors in relation to finance, education/employment and relationships
- Previous traumatic experiences or associated symptoms
- Previous treatments and response to them (if applicable)

4

Service users' physical health is considered as part of their assessment and treatment, with support, advice or onward referral offered where appropriate

Guidance: This includes blood pressure, heart and respiratory rates; BMI; blood tests, and Lifestyle factors (e.g. diet, exercise, smoking, drug and alcohol use)

Standards

5

The needs of service user's family members, friends or carers are considered as part of the assessment process and they are offered an assessment of their needs

6

Care plans are jointly developed with service users and their family member, friend or carer (if applicable), and they are given a copy with an agreed date for review

7

Psychotropic medication is provided in line with the relevant NICE and BNF guidance for the service user's diagnosis/condition

8

Psychological therapies are provided in line with relevant NICE guidance for the service user's diagnosis/condition

Standards

9

Within 24 hours of discharge a discharge letter is sent to the service user's GP and a copy of the service user's care plan is sent to the accepting service (if applicable)

10

The service user and their family member, friend or carer (if applicable), receives at least 24 hours' notice of discharge and this is documented

11

Service users discharged from an inpatient setting receive a follow-up within 48 hours of discharge

12

Service users have a crisis plan agreed and in place prior to discharge from an inpatient service

13

Assessments include the use of an appropriately validated outcome measure(s) (e.g. symptoms, level of functioning and/or disability) which are used to monitor, inform and evaluate treatment

Next Steps

16 March
2018

- Registration for eligible Trusts/organisations closes

29 March
2018

- Audit packs sent to registered Trusts/organisations

20 April
2018

- Sampling deadline

04 June
2018

- Online data collection opens

07 Sept
2018

- Online data collection closes

February
2019

- National report and Service User and Carer Findings released



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Audit of Psychological Therapies for Anxiety and Depression

COLLEGE CENTRE FOR
QUALITY IMPROVEMENT



Background

- National Audit of Psychological Therapies for Anxiety and Depression (NAPT) took place between 2008 and 2012
- NHS-funded services in England and Wales providing psychological therapies in the community
- Included services in primary and secondary care, those which were part of the IAPT programme
- 220 services took part in re audit, 60% part of national IAPT programme

Four dimensions of quality



Methodology

- 4 Audit tools used:
 - **Service registration** – type of service and local context
 - **Therapist questionnaire** – therapies provided, training and supervision
 - **Retrospective case note audit** – people who ended therapy within the specified audit period
 - **Service user questionnaire** – experience of services, their preferences and priorities.

Participating Services (Re-audit)

- 220 services submitted data for the re-audit between April 2012 and January 2013
 - 145 had taken part in the baseline audit > 56 of these had changed their remit and/or management in the intervening period
- Profile of services changed between the baseline and re-audit
 - The total number is smaller and a bigger proportion large, primary care services that are part of the IAPT programme

Data Collected

- Analysis included data from:



122,812
Case notes



4,661
Therapists



14,587
service users

Findings

- Majority of service users felt their needs were taken seriously, understood and appropriately treated
- Service users have concerns about waiting times and number of sessions;
- Some improvements between baseline and round two, which included recording of information and waiting times
- However, concerns about access for older adults remained and up to a third of patients in some areas had to wait more than 18 weeks from referral to the start of treatment
- Only 31% of service users received the minimum number of sessions recommended by NICE for high intensity interventions
- One in five therapists were delivering therapies without having completed formal training and receiving supervision
- Response to treatment and retention in treatment were highly variable: recovery and improvement rates varied with service type and size

Recommendations

- More needs to be done to ensure that psychological therapy is continued until people either recover or receive at least the minimum number of sessions recommended by the NICE guidelines for the service user's condition;
- Skills and training deficits in the workforce - Supervisors need to have received specific training in providing supervision and qualified therapists should only deliver therapy that they have been specifically trained to provide;

Recommendations

- More attention needs to be given to the provision of information and choice;
- Service users, carers and referrers need better information on the remit of the service (referral criteria, choice, alternative sources of support, equity of access, end of therapy, information sharing and confidentiality);
- Services need to demonstrate they provide therapies that are adherent to NICE guidelines, of sufficient duration and delivered by a suitably trained and supervised workforce.

Audit of Psychological Therapies for Anxiety and Depression

- Partnership between the Royal College of Psychiatrists' and the British Psychological Society



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- In collaboration with key professional and service user organisations:
 - Mind, Rethink Mental Illness, Anxiety UK, McPin Foundation
 - ABCT, APP, BABCP, BACP, BPC, EMDR UK & Ireland, IPT UK, HQIP, NHS England, CQC, UKCP, Society for Psychotherapy Research

Audit of Psychological Therapies for Anxiety and Depression

- Quality of psychological therapy services in secondary care
- Services who are part of the IAPT programme excluded
- Focus on areas of concern identified by NAPT
- Access, appropriateness, acceptability and outcomes of treatment for those suffering from anxiety and depression
 - Service user demographics
 - Waiting times (RTT and RTA)
 - Appropriate modality and duration
 - Training, supervision and support for therapists
 - Information and choice for service users
 - Collection and use of outcome data

Methodology



Audit of Practice (case note audit) of service users who completed therapy (excluding follow-up) within the audit period



Service users aged 18 and over with a diagnosis of an anxiety and/or depressive disorder as per ICD-10 coding
Who received psychological therapies in secondary care (inpatient and community) within the audit period



All 'therapists' providing psychological therapies (including nursing staff, consultants etc.)
Therapist questionnaire about qualifications/training, supervision and support.



All secondary care psychological therapy services providing therapy to service users with anxiety and/or depression.
Information gathered about local context, use of outcome measures, therapies provided etc.

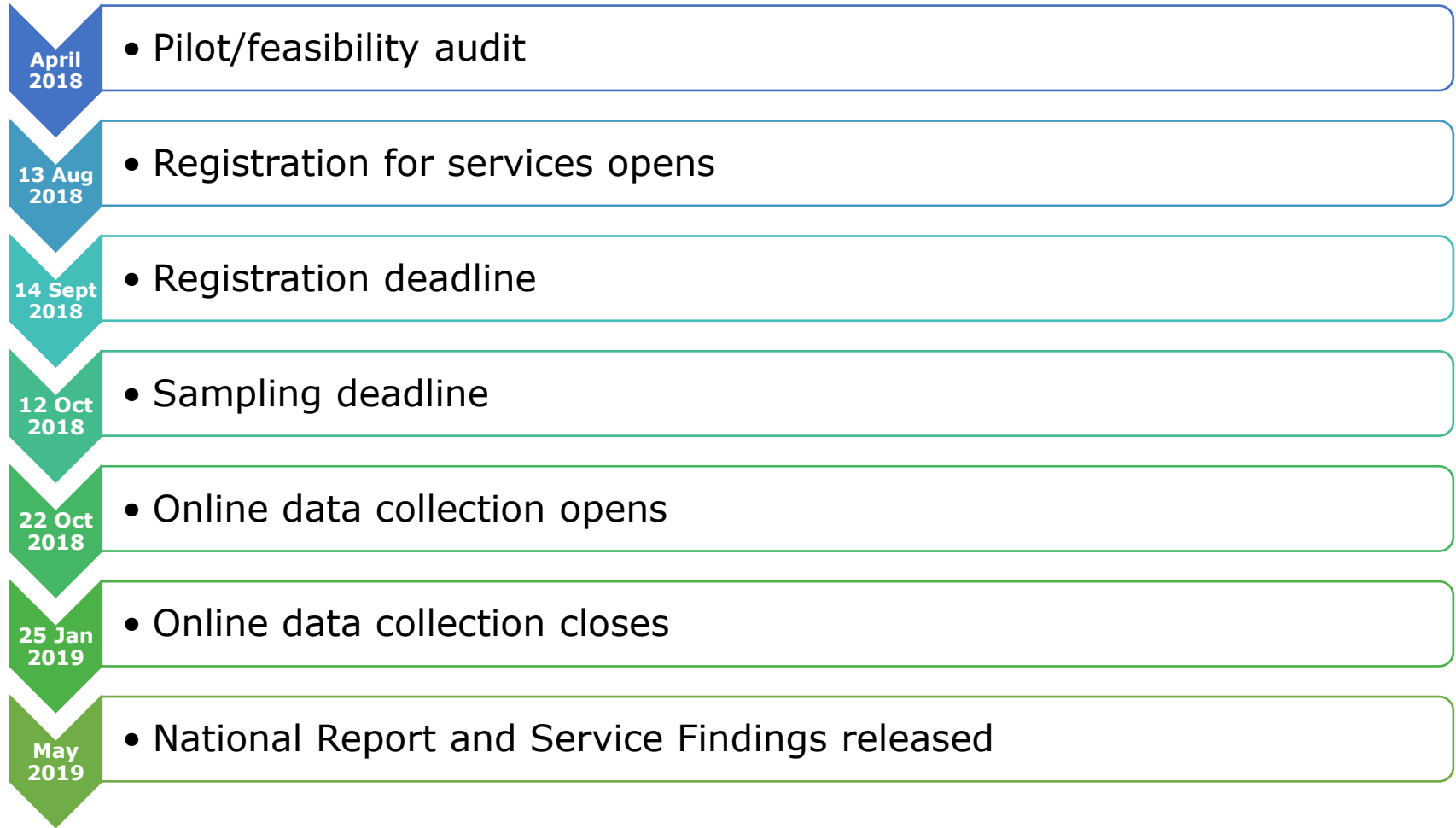
Benefits of the audit

- **Benchmarking:** Services will be able to benchmark themselves against common standards and other participating services
- **Service User feedback:** Services will find out what service users really think about the psychological therapies service they receive.
- **Highlighting areas for improvement**
- **Highlighting areas for celebration**
- **Increased awareness of current provision of psychological therapies in secondary care**
- **Meeting national requirements:** The project is part of NCAPOP and Trusts/organisations are required to report their participation in the audit in their Quality Accounts.

Issues to consider in advance

- Identifying relevant services for inclusion in the audit
- Co-ordinating the audit
- Ways of publicising the audit to stakeholders and gaining support where needed
- Role of individual therapists/your clinical audit department etc.
- Participating in the pilot – first look at standards, audit tools etc. and a chance to shape the audit
- Data extraction possibilities in your Trust/organisation

Timeline



Further Information & Helpful Resources

Further details of the audit can be found on www.rcpsych.ac.uk/ncaad

Also includes implementation guide to support you to prepare for the audit, contact details, eligibility criteria etc.

NAPT audit report is also available on the website.

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