



# TalkingSpace: Older People's Initiative

**TALKING  
SPACE**

Improving Access to Psychological  
Therapies in Oxfordshire



For better  
mental health



Oxford Health **NHS**  
NHS Foundation Trust

**iapt**

Improving Access to Psychological Therapies

**NHS**



# Description

- Older People (OP) have high levels of anxiety and depression (18% of national OP population), there are good treatments available, and yet they do not receive talking therapies (national access rate of only 5.2%)
  - More physical health problems and long term conditions
  - GPs attend to physical health
  - Reluctance to ask for help, especially talking therapies
  - Specific challenges and needs during assessment and treatment
    - using telephone
    - existing materials not accessible



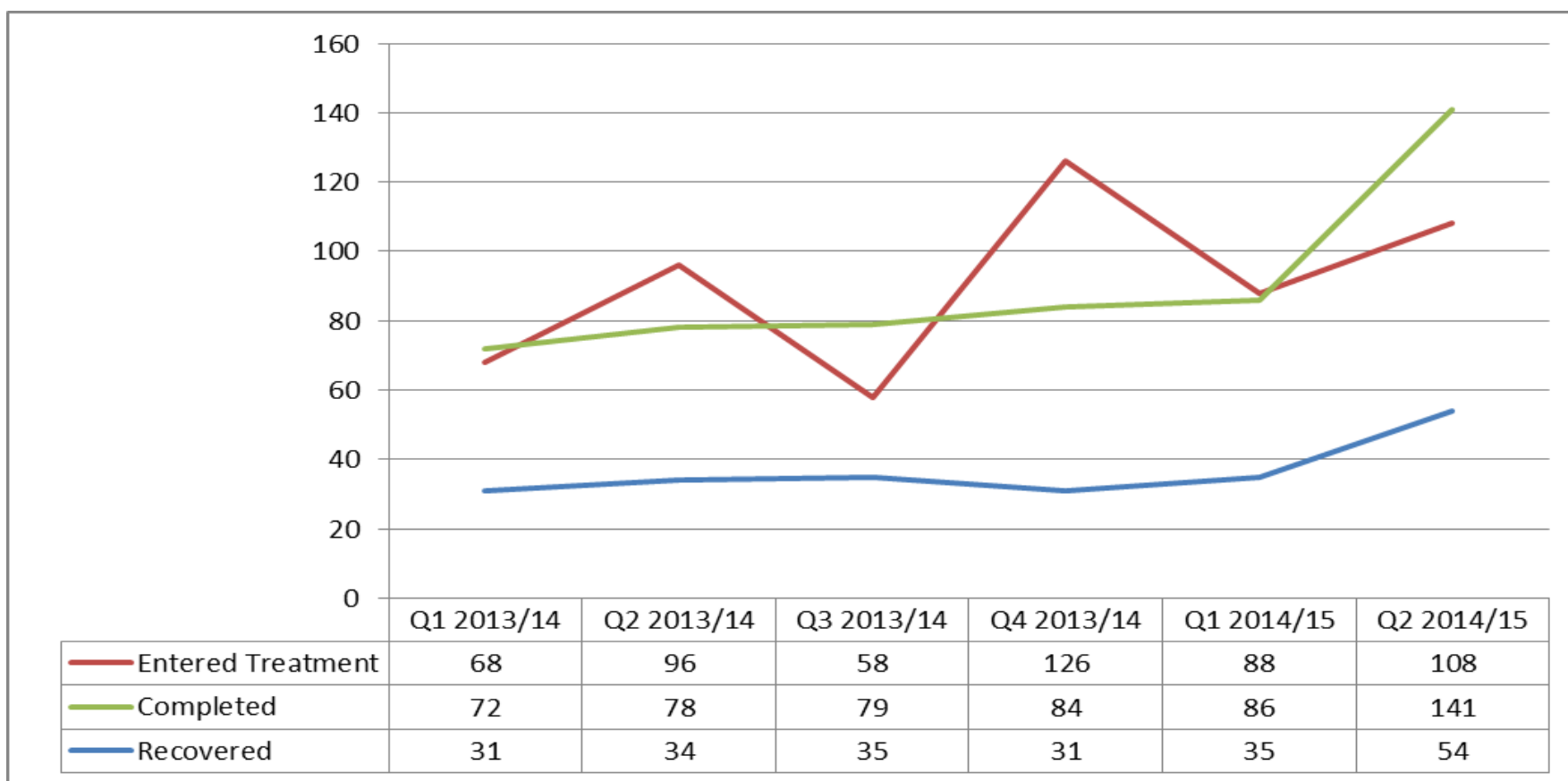
# Aims

- To increase access and engagement of OP in IAPT services and maintain high recovery rates
  - Increase staff capacity and confidence
  - Age-relevant publicity
  - Adapted CBT materials and methods
  - Group CBT for Carers of People with Dementia (PWD)

# Achievements

- Training syllabus, trained over 60 staff
- New leaflets, posters, self help books

# Number of OP entering, completing and recovering from treatment





# Achievements

- Increased access to 9%
- High recovery rate of 61% for OP compared with 53% for rest of service
- Positive feedback from patients and stakeholders on new adapted materials
- Positive PEQ feedback

***“I’ve come a long way since working with [therapist] and have done things that I didn’t think was possible, I know I still have a long way to go but I feel that I am prepared and have the tools to get there.”*** – completed step 2 treatment.

***“Felt happy and relieved eventually to be able to open up and share my innermost secret feelings. The therapy gave me space in my head in order to reflect and deal with a single situation trying not to allow myself to compound tasks that were causing me anxiety thus making me feel a more useful and positive individual.”*** – completed step 3 treatment.

- Mentioned in The Compendium of Good Practice ‘How to Make IAPT More Accessible to Older People’, 2013
- Adapted materials project presented at the National PWP Conference, 2014



# Next Steps

- Aim higher next year!
- Developing and increasing our offer to carers
  - Group CBT for Carers of PWD
  - RCT for computerised CBT for Carers of PWD
  - Supporting Carers of people with physical LTCs



***“The group was a good useful experience. The leaders gave us useful information and encouraged us to express our needs and experiences. It was a friendly, safe environment.”***

- Developing and increasing our offer to stroke patients
- Reanalysing our data
  - OP score higher on our general measures because of their many physical health problems, suggesting an under-reporting of recovery and improvement
  - Examining our data to explain and understand which OP do best
- Promote PiPP care for OP to GPs and community nurses

For more info:

[www.talkingspaceoxfordshire.org](http://www.talkingspaceoxfordshire.org) 01865 901 222



Berkshire Healthcare **NHS**  
NHS Foundation Trust



# Socio economic and BME analysis initiative

Judith Chapman – Clinical Director  
Talking Therapies - Berkshire IAPT

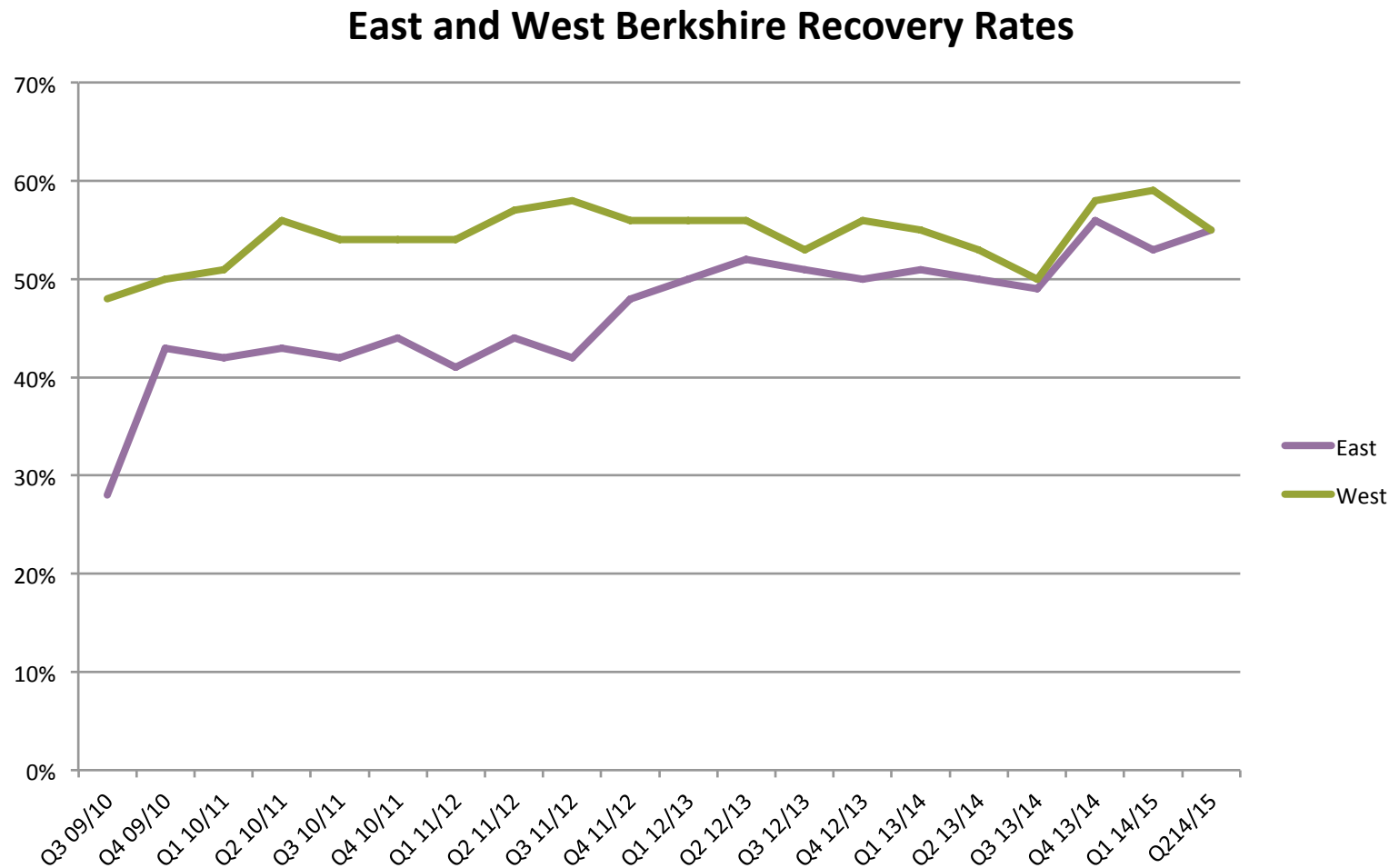


- Berkshire – 7 CCG's





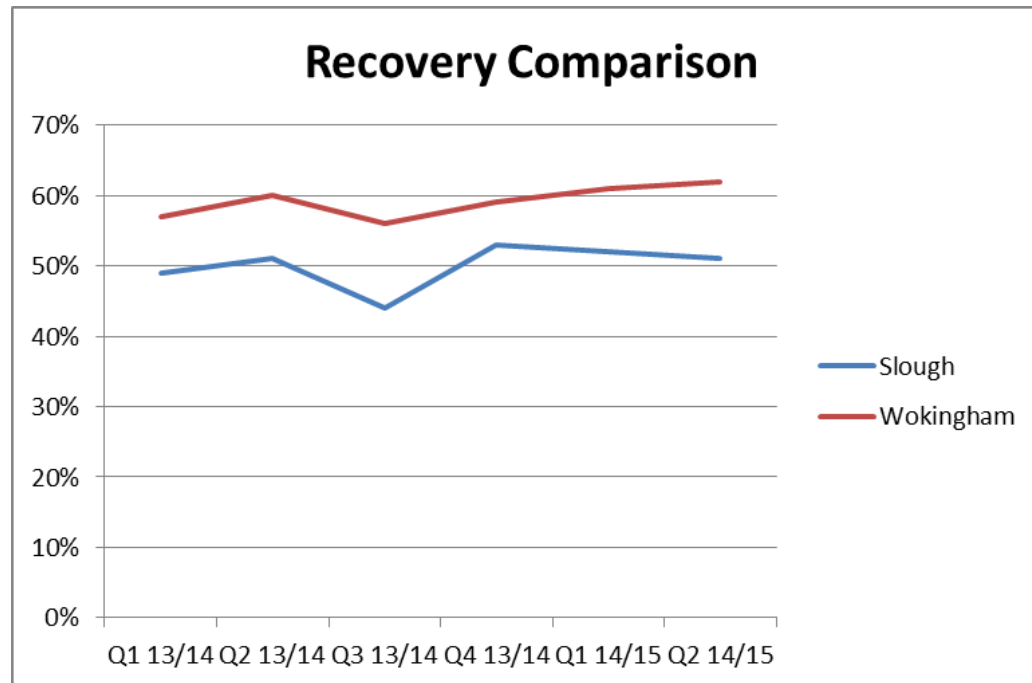
## East and West Recovery rates since 2009/10-to current



## Comparison of recovery rates and deprivation index

Recovery Rate (%)		
CCG	Deprivation Ranking	Q1 TT 2014/2015
Luton	26.2	
Slough	24.5	52
South Reading	20.4	55
Milton Keynes	15.9	
North & West Reading	13.9	61
Oxfordshire	12.7	
Chiltern	10.7	
Newbury & District	10.6	60
Aylesbury	10.1	
Windsor and Maidenhead	9.5	51
Bracknell & Ascot	8.8	56
Wokingham	5.8	61

## A comparison of two diverse CCG's



	Access 13/14	Opt in from referral	Complete Treatment
Wokingham	15.1%	77%	58%
Slough	10.8%	68%	44%

## A BME comparison of two diverse CCG's

Q1	BME prevalence	Delivered prevalence	Recovery	Reliable Change
Slough CCG	50%	48%	52%	68%
Wokingham CCG	11.6%	11.2%	61%	76%



### Challenges and different approaches

- **Overcoming language barriers** - staff and marketing,
- **Keeping clients** – low opt in rates, engagement and completion rates, role of admin team
- **Understanding mental illness** – somatoform presentations, GP education and engagement
- **Social issues**- signposting and working with other agencies & communities creatively
- **Treatment choices/ counselling and groups**- cultural issues
- **Team morale and increased resources**



# Milton Keynes IAPT 'In Touch' Project

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# Aims

- To increase client recovery rate
- Improve Service Access rates
- To evaluate if clients recovered quicker
- Reduce Service 'drop out'
- Improve client service satisfaction



# Description

- All clients on step 2 and 3 wait list, where appropriate are referred to CBT based psycho-educational workshops
- Workshops prepare clients for group work, explain service therapeutic agreement and DNA policy
- All clients on wait list allocated a therapist to undertake 'check in' phone call every two weeks to monitor mood, risk and undertake remedial work for any presenting issues





# Achievements

- Improvement in service underlying recovery rate
- Reduction in DNA's and client 'drop out'
- Improved take up of workshops
- Client positive feedback regarding check in phone calls
- Early results indicate a relationship between those who have attended psycho-educational workshops and quicker recovery rates



# Next Steps

- Further examination of possible relationship between faster recovery rates for those entering 'check in' programme and workshops
- Use of former service users to co-facilitate psycho-education workshops with IAPT staff



## Using Personalised Data in Supervision to Improve Recovery Rates & Performance

Lorraine Davies-Smith – Clinical Lead



# Aims

- LWS came on stream January 2014
- Brand new - 1<sup>st</sup> commissioned IAPT service in Luton.
- Still in the early stages of development.
- Keen to create a culture where clinicians understand the national IAPT and CCG contract targets the service is working to - and are informed and engaged with how they are contributing.

# Description

IAPTus data merged each month with individual clinicians job plan and attendance for the month with the aim of giving personalised real-time feed back on a range of measures - benchmarked against expected norms, i.e . expected activity benchmarked against achieved activity.

W T E	Expected Attended Clinical contact hours	Manage- ment	Work- ing days Avail- able	Sick Days	CPD	Annual Leave	Uni Days	Part Time Days	Your Work- ing days Avail- able
	HOURS PER WEEK		OCT	DAYS IN MONTH		DAYS IN MONTH			OCT
0.8	14	2	23	2	0	4	0	4	13

- Clinicians to receive a personalised report.
- Used in their next case management supervision
- Recovery section only included for this presentation

# Achievements

<b>RECOVERY RATES OCTOBER</b>	<b>Number Caseness at Start and End</b>	<b>Number Caseness at Start / Recovered at End</b>	<b>Number Recovered at Start / Caseness at End</b>	<b>Number Recovered at Start and End</b>	<b>% Recovery from Caseness</b>
<b>MONTH</b>					
<b>Clinician</b>	6	4	0	0	40%
<b>LWS</b>	X	Y	Z	Q	47%
<b>Range</b>					33-75%
<b>YTD</b>					
<b>Clinician</b>	28	23	0	0	45%
<b>LWS</b>	X	Y	Z	Q	52%
<b>Range</b>					30-85%



# Next Steps

- All non recovered cases explored during SV
- Identify cases where step up/down rather than discharge would have been appropriate.
- Identify cases that were not moving to recovery during treatment. Clinician to flag up for alternative intervention / additional sessions / exploration of non-recovery in future
- Identify drops outs (and stage) - Is this showing a training need, i.e., poor engagement skills. – re-engage if possible.
- Identify patterns, i.e., clinician struggles with a particular presentation – training to rectify appropriate?
- Identify system failures - dispersals for partner agency counselling have to be closed to LWS whereas if kept in-house may recover prior to discharge.
- Started this system with November data – 2 weeks ago

# Improving Recovery in Buckinghamshire

Plan, Do, Study, Act

## Buckinghamshire Healthy Minds

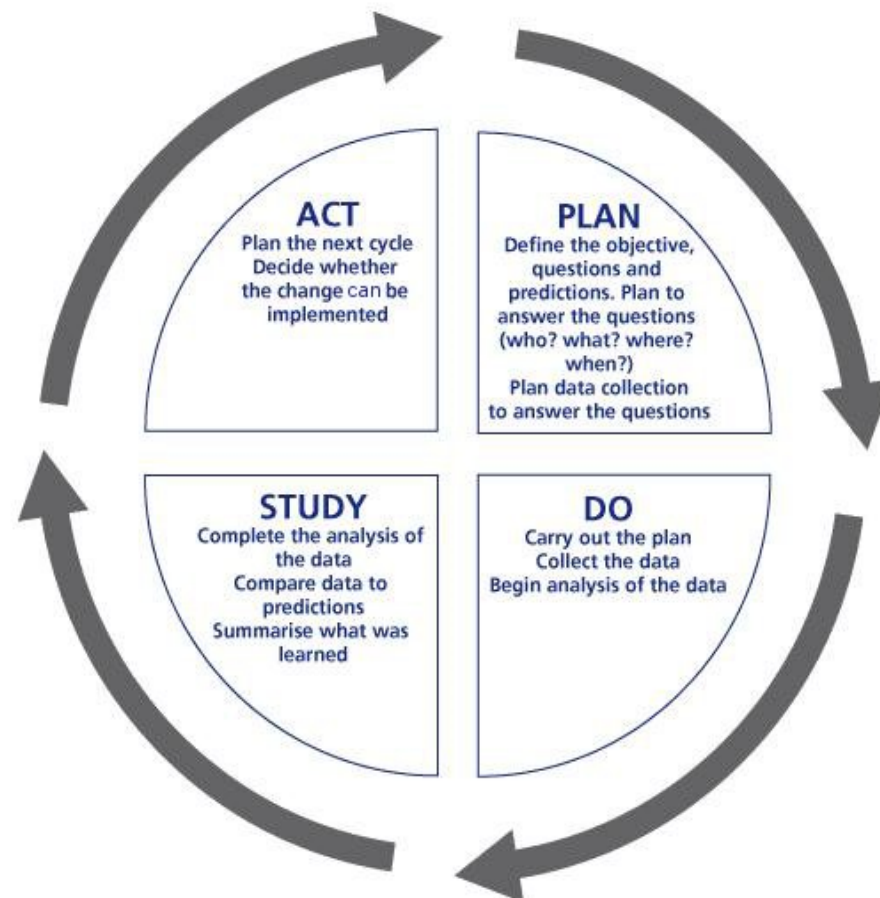
Dr John Pimm  
Clinical Lead

Madhur Virathajenman  
Deputy Clinical Lead





# Plan, Do, Study, Act (PDSA)



# Study - the Problem

- \* Average recovery rates below 50%
- \* Variation over time, location and step
- \* Difference between recovery rate and reliable improvement
- \* Repeated attempts to understand and intervene small and short term effect
- \* Despite well run service, IAPT trained staff, regular supervision, CPD & following IAPT guidance

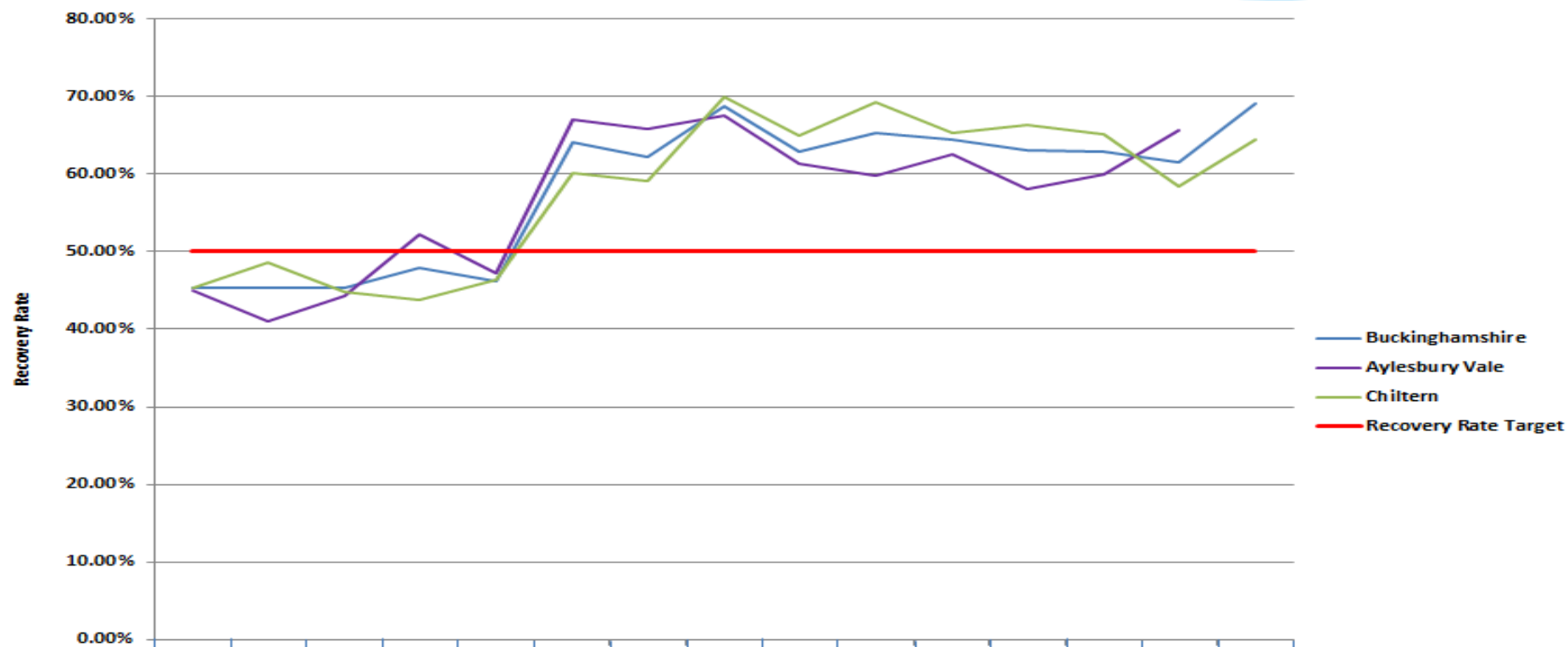
# Plan do – What we did....

- \* Review of clinical notes for all patients discharged not recovered
- \* Identify themes/ common patterns in the data
- \* Monthly performance report for all therapists includes Attendance, Recovery rate, DNA Rate, Completion Rate, Targets, etc.
- \* Change procedures, training and supervision
- \* Asked staff to aim for 65% recovery
- \* Check recovery rate weekly, check practise changed, feedback to staff regularly
- \* Adherence to the stepped care model/ Adequate dose of treatment step 2/3
- \* Offering CBT, IPT, EMDR, Mindfulness, couples therapy for depression at step 3

# Themes and patterns

- \* Clients discharged with reliable improvement but not recovered
- \* Clients stepped out to counselling above caseness
- \* Clinicians unaware or not attending to cut offs
- \* Clients stepped up without a trial at step 2
- \* Failure to repeat ADSM
- \* Simultaneous PDSA cycles

# Recovery Rate Nov 2013 – Oct 2014



	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Buckinghamshire	45.32%	45.26%	45.32%	47.83%	46.24%	64.09%	62.16%	68.71%	62.91%	65.22%	64.42%	63.06%	62.90%	61.57%	69.11%