



# Heart2Heart Stepped Care Model

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# Aims

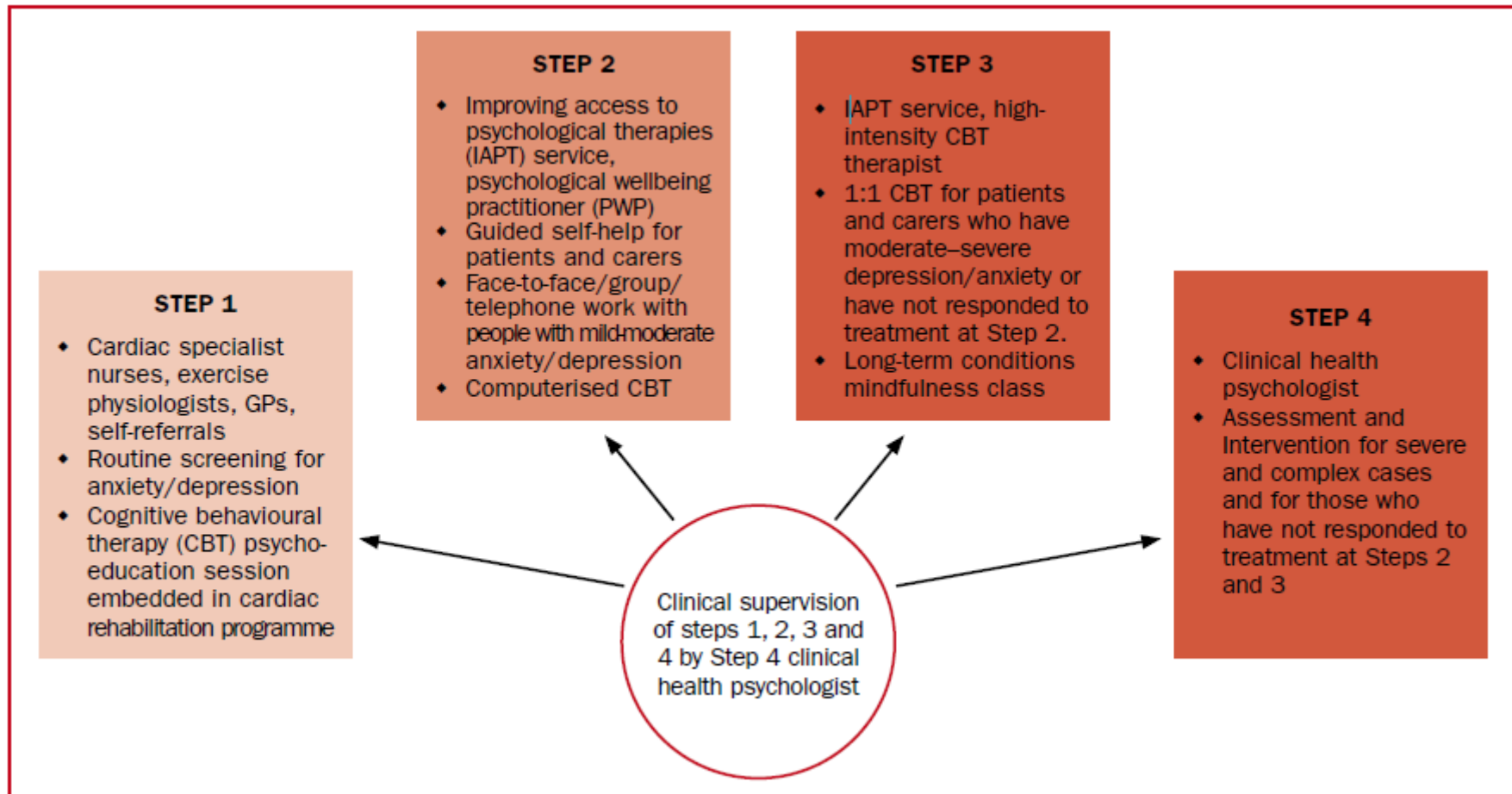
- ❑ Increase access to evidence-based psychological treatments (cognitive-behavioural therapy-based treatments) for people with cardiac diseases and their carers.
- ❑ Cost-effective way to provide integrated physical/psychological care across acute hospital and community cardiac services in Oxfordshire
- ❑ Develop an integrated stepped care model (LIFT model: least intervention first time)





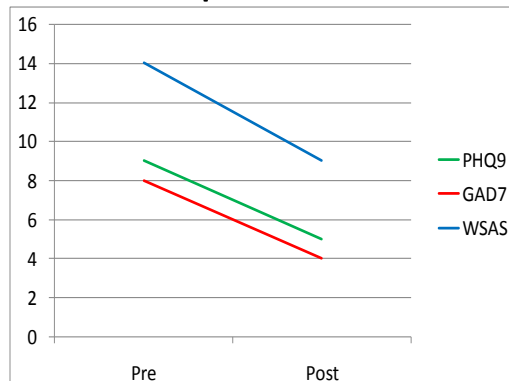
# Description

## The Heart2Heart Stepped Care Model



# Achievements

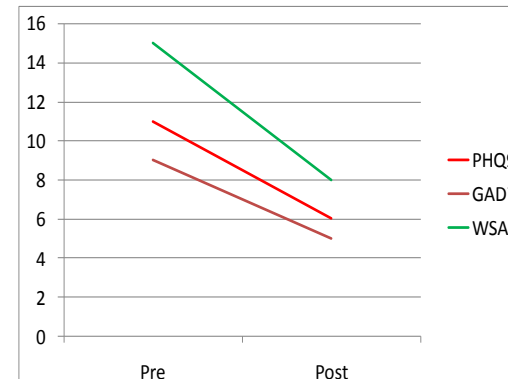
## MI patients



**MI patients: n = 67**  
**Anxiety and depression**  
**51% recovery rate**  
**72% reliable improvement rate**

| MI patients: Cost of ALL Hospital Visits<br>(A&E, Inpatient and Outpatient) |                                       |
|---|---------------------------------------|
|   | REDUCTION IN<br>COST PER<br>PATIENT £ |
| Treated group ie 2<br>or more sessions<br>(N=34)                            | £4,793                                |
| Untreated group ie<br>DNA or 1 session<br>(N=29)                            | £2,814                                |

## Heart Failure patients



**Heart Failure patients: n = 39**  
**Anxiety and depression**  
**39% recovery rate**  
**62% reliable improvement rate**

| Heart Failure patients: Cost of ALL Hospital<br>Visits (A&E, Inpatient and Outpatient) |                                       |
|--|---------------------------------------|
|  | REDUCTION IN<br>COST PER<br>PATIENT £ |
| Treated group ie 2 or<br>more sessions (N=23)  | £1,635                                |
| Untreated group ie<br>DNA or 1 session<br>(N=3)  | £302                                  |



# Next Steps

- ❑ Feasible to develop an integrated stepped care model in cardiac care
  - ❑ Possible to increase access to mental health care services for patients with cardiac disease and their carers (especially older adults and men) and evidence-based treatments
  - ❑ Able to measure impact and demonstrate a cost-effective way to provide integrated physical/psychological care across acute hospital and community cardiac services in Oxfordshire
- RCT Heart2Heart clinical model
  - RCT materials e.g. Step 2 self-help manual
  - Test generalisability across other LTCs and locations
  - Evaluate PPIP care 10 min CBT for cardiac nurses





# Diabetes Type 2

Berkshire Talking Therapies



# Aims

- Address the identified need for improved psychological care for patients with Type 2 Diabetes.
- Achieve improved psychological and physical outcomes for patients with Type 2 Diabetes through the adaptations of IAPT step 2 and step 3 interventions.
- To gather outcome measures including working with GP practices to obtain pre and post blood results to evidence efficacy of psychological interventions



# Description

- **Phase 1 – Pilot/Service development at step 2. We delivered an adapted wellbeing course for patients with diabetes and depression/anxiety.**  
**Adaptions included:**
  - ❖ Changes to the '**language**' e.g. worry, stress and low mood rather than depression and anxiety. As well as increased focus on physical aspects of patients difficulty (time to hear the patient journey)
  - ❖ Relied more on skills around **engagement in sessions**- discussions around 'Living with Diabetes'
  - ❖ Increased use of **socratic questioning**
  - ❖ Weekly clinical supervision with health psychologist
- **Phase 2 – Randomised control trial of pilot. Patient's were offered the adapted wellbeing course or the standard talking therapies wellbeing course.**
- **Phase 3 – Step 3 and 4 treatment was provided to support clients with a greater severity/complexity.**





# Achievements

- Systematically developed and evaluated (over 3 years) effective psychological intervention that can be used routinely in IAPT services rolled out to over 400 patients.
- Improved access for South Asian Community.
- Improved access for older adults.
- Demonstrated improved outcome measures:  
General measures of mood (PHQ9/GAD7)  
Diabetes specific problem areas (PAID)  
Adjustment measures (WSAS, EQ5DL-VAS)  
Improvement in diabetes blood markers (ifcc)
- Publication in BABCP journal of phase 1 and awaiting publication of phase 2.  
Shortlisted for HSJ award this year under LTC category
- Multi disciplinary approach to inform practice.



# Achievements

Phase 1 results showed significant improvements in:

PHQ9, ( $t[16]=3.38$ ,  $p=0.04$ )

GAD7,  $t[16]=2.77$ ,  $p=0.01$

SDSCA-**disinhibited eating** ( $t[8] =4.44$ ,  $p=0.002$ )

SDSCA-**frequency of exercise** ( $t[8]=4.00$ ,  $p=0.004$ ).

HbA1c's- $t[10]=2.38$ ,  $p=0.04$

Phase 2 preliminary results showed significant improvement for both dWBG and sWBG in (pre and post means respectively):

PHQ9 (12.84 to 8.03 and 10.29 to 5.02)

GAD7 (10.25 to 6.32 and 7.73 to 4.89 )

WSAS (14.4 to 10.77 and 11.82 to 8.57)

EQ53DL dimensions (0.35 to 0.42 and 0.44 to 0.50)

EQ53DL VAS (56.59 to 70.77 and 56.23 to 64.37)



# Next Steps

- **Awaiting Publication of Randomised Control Trial.**
- **Developing a culturally adapted diabetes wellbeing course protocol for South Asian Community, delivered in the clients mother tongue (Urdu and Punjabi).**
- **Evaluation and publication of culturally adapted programme.**
- **Developing strategy for incorporating findings into current service practice and into an online delivery tool.**
- **Sharing learning wider and developing a community programme involving Public Health.**



# Persistent Physical Symptoms service (formerly MUS)

Berkshire Healthcare NHS Foundation Trust

iapt

Improving Access to Psychological Therapies

NHS



# Aims

- To improve the well-being of people with psychological and physical co-morbidities, in particular those who experience persistent physical symptoms (medically unexplained symptoms).
- To reduce primary and secondary care health service utilization costs by reducing unnecessary health seeking behaviour.



# Description

- BHFT was selected as an IAPT Pathfinder Site to design and deliver a pilot project to improve the care of people with persistent physical symptoms.
- The trial included setting up Step 2 groups and Step 3 individual psychotherapy within the standard IAPT service.
- The bespoke service is now embedded within IAPT and is delivered by a small group of dedicated psychological therapists who receive specialist supervision and training to work with this client group.



# Achievements

- Training and supervision provided to a cohort of General Practitioners .
- Stepped care model instituted and over 200 referrals received. 82 clients received treatment over the two year period of the pilot project.
- Statistically significant improvements in pre-post therapy demonstrated in self-report scores of the symptoms of depression, anxiety and somatic symptoms, measures of Work and Social Adjustment, Health Anxiety and subjective ratings of health state.
- Service commissioned 2014/15 by all Berkshire CCG's and embedded into ongoing contracts.



# Next Steps

- The previous MUS Service has now become part of Talking Therapies /Talking Health Services across Berkshire.
- In West Berkshire the service together with the Community Psychological Medicine Service is able to fulfill the needs of patients with physical/psychological co-morbidities within an acute hospital setting. (RBH)
- Co-working with other services in East and West Berkshire has started to address the needs of those who are high intensity users of the Emergency Department and Out of Hours GP services . The aim is to engage in-patients in a therapeutic dialogue offering them the option of outpatient psychotherapy .





# PPiPCare

## **Psychological Perspectives in Primary Care**

Costas Lambropoulos

Cognitive Behavioural Therapist/PPiPCare Operational Lead



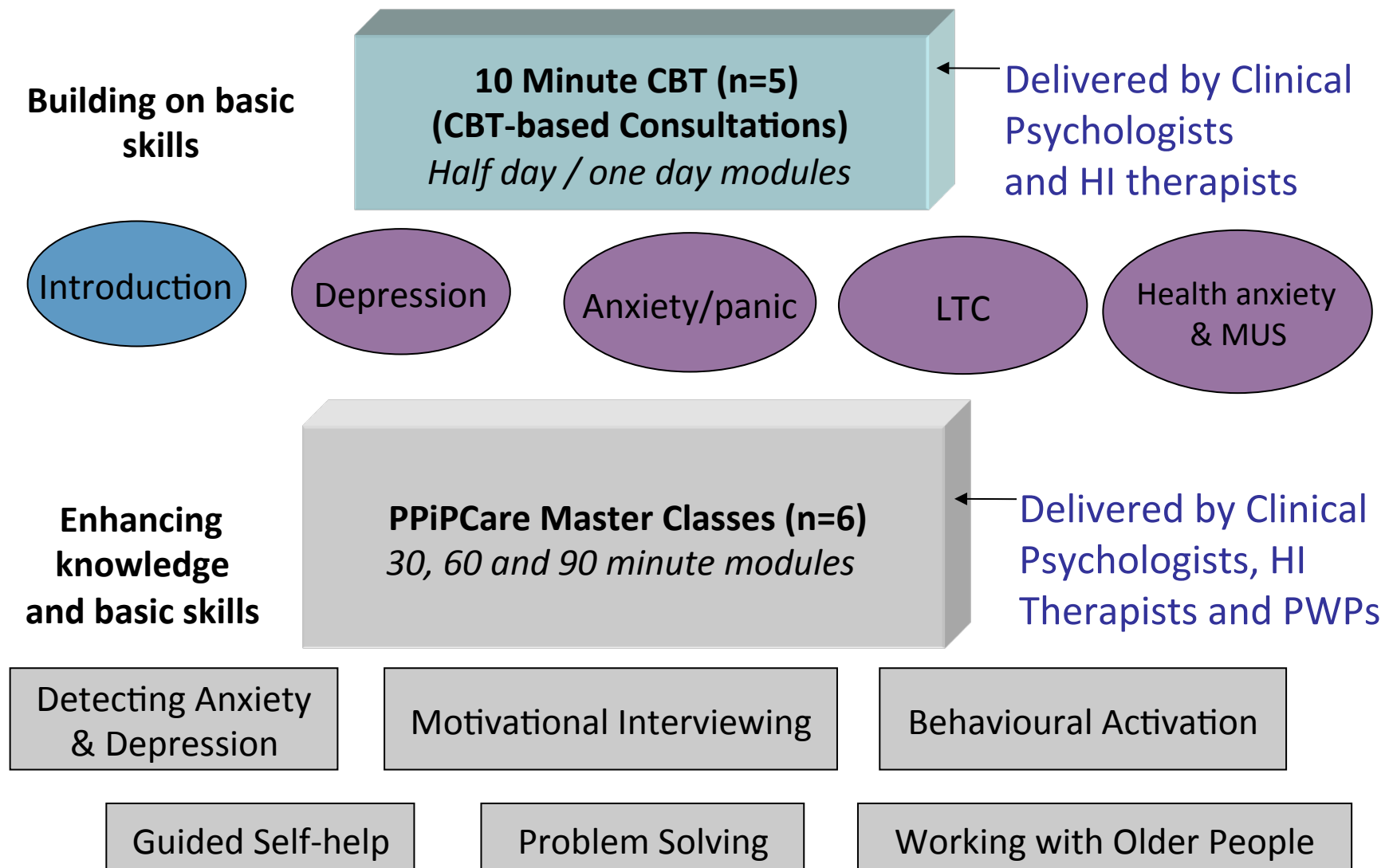
## Aims

Train up IAPT staff to locally deliver free of charge, evidence-based training which offers **doctors, nurses** and other **health and social care professionals** opportunities to develop advanced clinical consultation skills and CBT techniques to:

- Improve effectiveness of consultations and build patient resilience through supporting **self-care and self-management**
- Support an **integrated approach** to physical and associated psychological distress in clinical consultations, including **Long Term Conditions and Medically Unexplained Symptoms (MUS)**
- Enable health and social care professionals to offer optimal immediate help to those suffering with **mild to moderate depression and anxiety**

Offer **Train the Trainer Courses** to other services

# Description





## Achievements

- Accreditation by the **RCGP**
- **Increasing numbers of professionals trained annually.** In **2013-14** four hundred delegates were trained. Expect to exceed this by the end of **2014-15**.
- Over **1100 delegates** trained in **Bucks** in last three years.
- Part of **year 2** and **year 3 GP training** with **excellent feedback**. Over **98%** of delegates would **recommend the training** to a colleague
- **Train the Trainer courses:** 171 IAPT staff have been trained to deliver the PPiPCare training in their areas.
- **Audience now includes:** GPs, practice nurses, specialist nurses, occupational therapists, physiotherapists, health visitors, care assistants, employment advisors, pharmacists, RAF staff.



## Next Steps

- **Oxford Cognitive Therapy Centre (OCTC)** involvement.
- OCTC trainers attending the Train the Trainer **courses/ joint delivery** of the programme and expanding outside the Thames Valley area and within OAHSN. (Train the Trainer course has already been delivered to Brighton and Hove IAPT service)
- Continue with current **evaluation** of the project in collaboration with the University of Reading and OCTC.
- Explore **further research** on the impact of the PPiPCare training on patient outcomes.
- Explore development of **additional modules** and continuously **update** current modules.



# Cognitive Behavioural Therapy for Insomnia (CBT-i)

Healthy Minds, Buckinghamshire IAPT Service

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Improving Access to Psychological Therapies

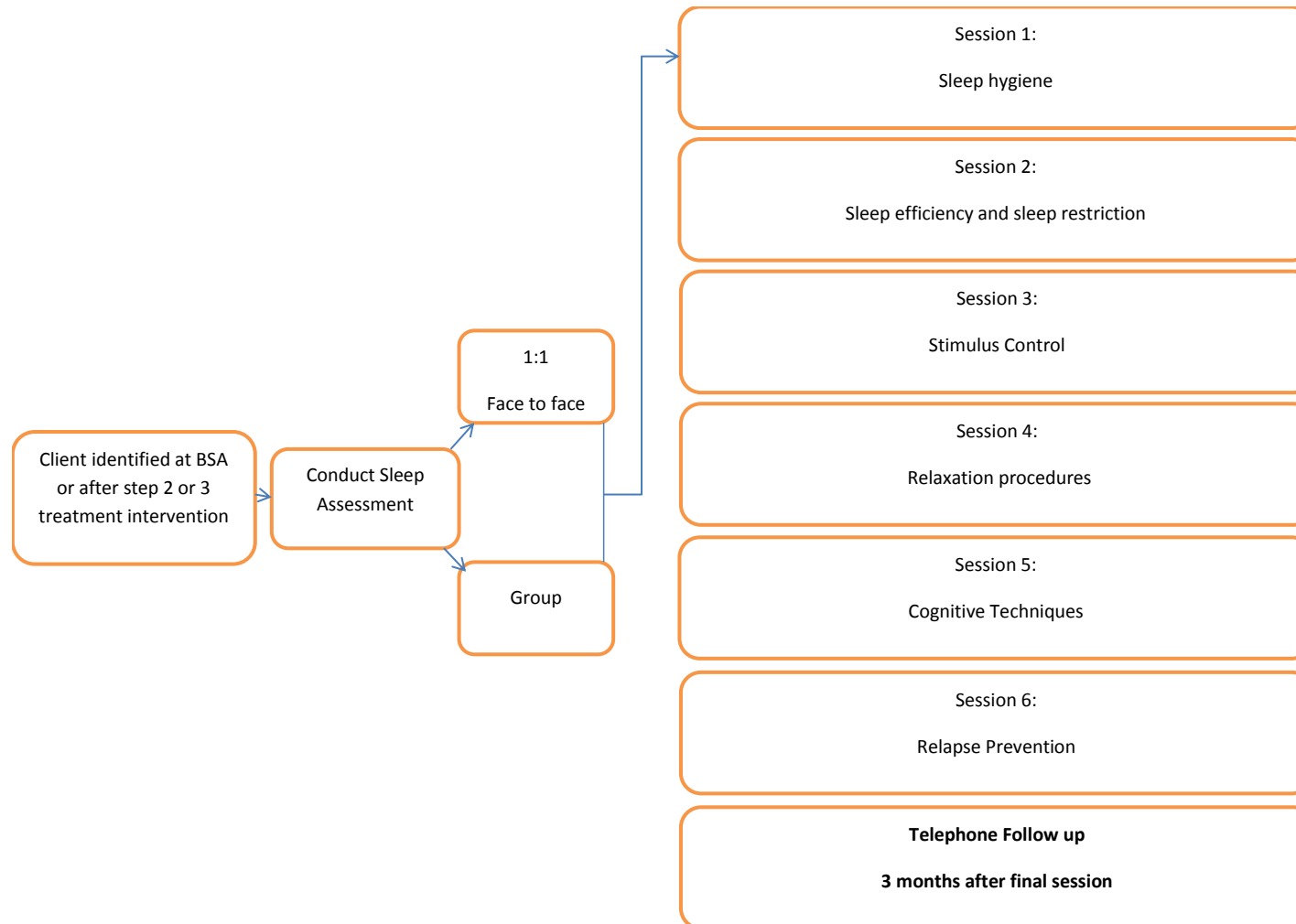
NHS



# Aims of the project

- To engage with patients presenting with Insomnia as their primary problem and to offer them a less costly and significantly quicker to access service than the Sleep Disorder service.
- To provide GP prescribers and patients of the South Central IAPTs region with an effective alternative treatment to medication, in terms of talking therapy for Insomnia, that does not carry the risk of side effects, a clear advantage over drug treatment.
- To develop a manualised 6-week intervention for adult insomnia (individual or group CBT) , based on the work of Professor Kevin Morgan (Loughborough University), which will be delivered in a guided self help format, by Psychological Wellbeing Practitioners (PWPs) within IAPT services for adults referred with anxiety and/or depression and insomnia.

# Description of the CBT-I protocol







# Achievements

- Healthy Minds have implemented a successful treatment protocol which has added to the essential treatment protocols for the service
- Healthy Minds data sample (2011-2014):
  - 241 patients completed either group or individual sleep intervention over the past 4 years, of which:
    - 28 patients dropped out of treatment, 90 patients recovered, 105 patients were not at caseness (as measured by PHQ9 / GAD7) at the point of treatment.
    - Recovery Rate = 66.18%, Insomnia Severity Index – average reduction of 10 points (from moderate severity of insomnia symptoms to sub-threshold symptoms).
- 173 CBT-I trained PWPs and Clinical Supervisors from 10 IAPT services (from the South Central region), between 2011 and 2014 and following the success of this intervention, training of 50 IAPT clinicians from 5 IAPTs in the East of England region in 2014
- Development of a network of CBT-I practitioners across the south central region, supervised by Clinical Supervisors trained in the protocol
- Provision of peer supervision and coaching to support the set up of similar projects in other IAPT services as well as support to adhere to 'best practice' training model
- Forging links between regional sleep clinics and IAPT services with the support of Dr Zenobia Zaiwalla, Sleep Disorders Clinic, John Radcliffe Hospital and Dr Luci Wiggs, Oxford Brookes University



# Next Steps

- continued promotion of this effective treatment to GP referrers and to the public
- publishing the research findings of the application of CBT-I in primary care (in conjunction with Oxford Brooke's University) to raise the profile of this effective treatment to more clinicians
- continuing the development of the CBT-I practitioner network
- support of future training of the CBT-I protocol to IAPT /other clinicians
- the promotion of the CBT-I protocol in the treatment of patients with long term health conditions and co-occurring insomnia



# **Buckinghamshire Breathe Well:**

## **Developing Integrated Physical and Psychological Care For People With COPD**

Bronwen Taylor

CBT Therapist, Buckinghamshire IAPT Service



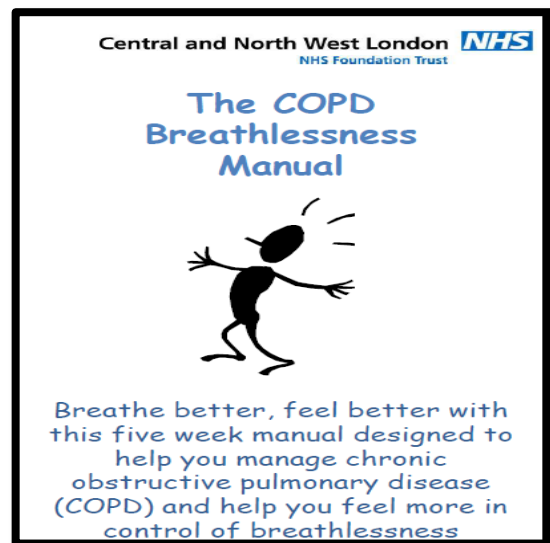
# Aims

- Implement and evaluate an integrated stepped care pathway for people with COPD.





## Description



Integrated clinics in  
primary care



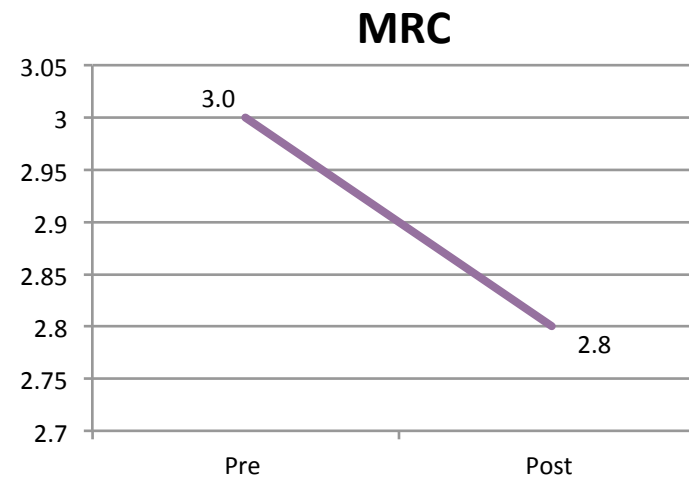
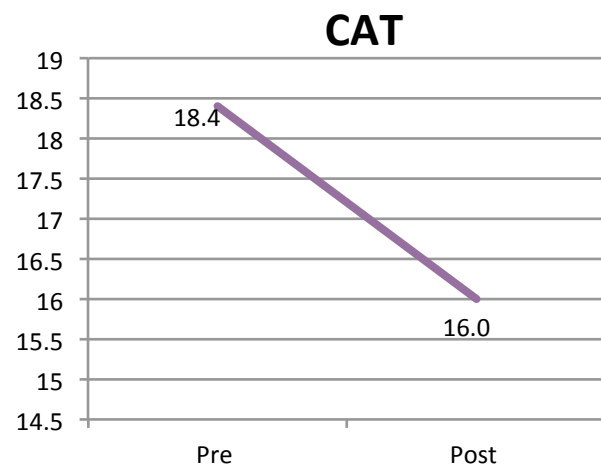
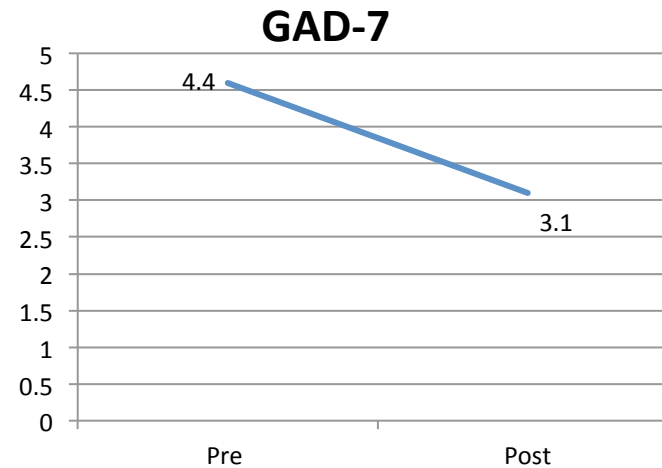
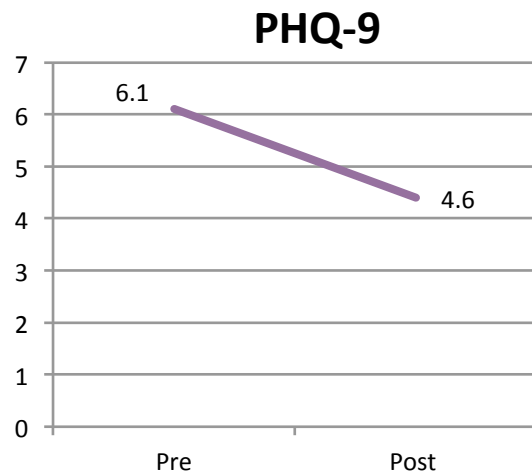
Integrated pulmonary  
rehabilitation groups



Integrated working  
with acute services  
pathway including  
housebound  
patients



## Achievements



# Achievements

## Recovery Rate of Treatment Completers

| Outcome Measure | Patients above caseness at assessment | Recovery Rate | Reliable Improvement |
|-----------------|---------------------------------------|---------------|----------------------|
| PHQ-9           | 23%                                   | 49%           | 54%                  |
| GAD-7           | 22%                                   | 60%           | 67%                  |
| PHQ-9 & GAD-7   | 15%                                   | 41%           | 41%                  |



# Conclusion and Next Steps

## Conclusion

- COPD associated with high levels of anxiety and depression
- Brief psychological interventions delivered by IAPT- acceptable and effective
- Developed an integrated respiratory care pathway for primary care and community, now extending to hospital
- Evaluation of benefit to health economy in progress

## Next Steps

- Rapid learning event to share learning across Thames Valley.
- Sharing Agreement
- Piloting new innovations – Buckinghamshire Diabetes Group and Long Term Conditions Self-Management Group.