Anxiety and Depression Network

Ailsa Harrison

Professor Shirley Reynolds

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The Oxford AHSN

- **Our Vision.** Best health for our population and prosperity for our region

- **Our Mission.** We will bring together universities, industry and the NHS to improve the health and prosperity of the Oxford region through rapid clinical innovation adoption

Clinical Network Vision

- Continuous performance improvement in local IAPT (Improving Access to Psychological Therapies) services so that patients routinely receive the best and most effective NICE approved treatments

- Adults, Children & Young People as well as patients with chronic health problems whose management is complicated by the presence of anxiety and/or depression

Clinical Network Team

- Professor David M Clark

- Professor Shirley Reynolds

- Ineke Wolsey

- John Fresen

Actively supported by

- Network steering group (all service leads, Patient Representative and expert input)

- Project management support (secondments)

Project 1

Improvement in recovery rates

What did we sign up to a year ago?

Improve average recovery rate by 5%

What have we achieved so far?

To date 8.8% (from 46.8% to 55.6% at a time when national recovery rates have remained constant)

How did we achieve this?

Bi-monthly workshops (sharing innovation and latest research), staff training. All continues. Detailed analysis of some 20.000 patients Minimum Data Set underway.

Project 2

Oxford Academic Health Science Network

Dissemination of Service Innovation projects

What did we sign up to a year ago?

For each service to adopt a new, successful service innovation

What have achieved so far?

Bucks, Oxon, Luton and Milton Keynes are all adopting a new innovation. Berks is further developing 2 projects

How did we achieve this?

Bi-monthly project group meetings (sharing latest findings, supporting each other in adopting new innovations, problem solving hurdles), support for evaluation of projects, training and 'train the trainer'

Project 3

Improving data completeness in CYP services

What did we sign up to a year ago?

Improving average paired outcome data collection by 10%

What have we achieved so far?

Baseline data now available for 3 out of the 4 counties we are working with

How did we achieve this?

Monthly project group meetings (building relationships and trust, sharing and problem solving data extraction issues) very detailed, on-site work with data leads supporting extraction of data

PPIEE (Patient and Public Involvement, Experience and Engagement work)

What did we sign up to a year ago?

Not a lot

What have we achieved so far?

Steering Group Patient Representative appointed, PPIEE leads in place for each service, process for appointing Patient Forum members agreed, first Patient Forum 21st July

How did we achieve this?

Cooperation from service leads, working closely with OAHSN PPIEE manager

Stakeholders

- Berkshire, Buckinghamshire, Oxfordshire, Milton Keynes and Luton (expected to become Bedfordshire as a whole soon): we have close relationships with all MH Trusts, the CCG GP MH Leads/ MH Commissioners, IAPT services as well as HEIs including Universities of Oxford and Reading.

- We also work at national level with the Department of Health and with providers of data bases/ data collection systems. And there is increasing international interest in the IAPT programme

- We have trained some 200 members of staff in various workshops over the past year

Summary

- Full core team now in place (just!!)

- On track to deliver on our commitments on time and within budget

- Nation learns from Oxford: PID 1 achievements highlighted by Minister (Norman Lamb) and NHS England team. Presented at National NHS Conference

- PID 2 projects attracting regional and national interest

- PID 3 project breaking new ground in outcome data collecting in CAMHS

This financial year

- Large high quality data analysis project PID1

- Health economics evaluation PID 2

- Continue support for CAHMS services PID 3

- PPIEE work with Patient Experience Questionnaire and patient choice

Beyond March 2016:

Continue with performance in recovery rate work, more Patient Forum input, promoting integration of physical and mental health, stronger collaboration with other Best Care Programme Networks, involving commissioners more in what we do and we would welcome your ideas…..