



Summary Notes from Anxiety and Depression Network Patient Forum 19th September 2018 4-6.30, High Wycombe Holiday Inn

Present: Ineke Wolsey (Network Manager), MR(Bucks Healthy Minds), Michelle Lee (Reading University Researcher and project support officer for the Network), Sabaa Mahmud (Healthy Minds PPIEE lead), Alisha Smith (Research Assistant with Professor Clark), Hannah Jones (Oxon Talking Space Plus PPI lead), GP (Bucks Healthy Minds), Shannon Gardner (Berks Patient Engagement Lead)

Apologies: Ruth Tipping (PPIEE Lead for Milton Keynes Talk For Change), D B(Berks Talking Therapies), Dawne West (Talking Therapies PPIEE Lead), K P (Berks Talking Therapies), Anisha Gangotra (Employment Advisor, Bucks Healthy Minds) D A(Bucks Healthy Minds

Unfortunately we have to say goodbye to **Sabaa** who is leaving Thames valley to move back to Manchester. PF will miss her, is grateful for her contributions to date and wishes her all the best for the future. The group welcomed **Shannon** who will be attending for Berkshire for the foreseeable future as Dawn has started a 6 month secondment into a new role.

Notes from last meeting: notes signed off as accurate and all actions closed. To be anonymised and posted on the Anxiety and Depression Network's web page.

Ineke and Michelle gave quick updates on Network activity.

Internet-based treatments (cCBT) and uptake by older adults (there was an action on Ineke to find out about this to get some idea of how many older adults choose to use the web based treatments). Across Thames Valley this is *less than 3% of the total number of patients who choose the web-based version*. This can mean a number of things including older adults having more time and therefore preferring human contact over the phone rather than the web based option or not feeling confident in utilising the web-based version. It was thought that it would be useful to understand this better and Ineke has agreed to explore further with service and data leads.

Update on **Staying Well/ Relapse Prevention** project: the working group has now met 3 times and is close to finalising a new document to be used for 'planning staying well post discharge' from the beginning of therapy, together with a new protocol for therapists, outlining how the new documentation should be integrated into the therapeutic journey. Once final drafts have been agreed the proposed documentation and new protocol will be presented at the Network's steering group (which is attended by all service leads) for discussion and decision on roll-out. If services agree to roll this out we will have to offer training sessions for all step 2 therapists and their supervisors.

Health care utilisation evaluation: this is the study which will look at the impact of the new, integrated IAPT treatments for patients with Long Term Health Conditions and co-morbid anxiety/depression. We are looking at clinical outcomes as well as use of health care services (including GP)

appointments, specialist nurse appointments, A&E visits, out-patient appointments and in-patient appointments) before and after treatment to determine if the treatment has made a difference. Ineke shared that they have just finalised preliminary findings for cohort 1 (560 patients) and that the results looked very encouraging showing very good clinical/ therapeutic gains and a reduction in the use of healthcare services as described above. It has also been shown that there are cost savings as a result of these treatments. The full presentation will be shown at the next Patient Forum, once the evaluation data has been signed off by the service leads. Action on Ineke: ensure this is an agenda item for next PF

Other updates included the fact that the network has received **confirmation of funding** until April 2021 which is very welcome news.

Michelle worked with the group to explore **how the App should be evaluated:** a comprehensive paper which divided the evaluation process into 4 phases was presented and discussed ('Thoughts on evaluation of the app' attached to e-mail) and further valuable feedback received from all PF members which will be incorporated into the next iteration of the proposed evaluation methodology. There was a useful discussion about the fact that we haven't really created any opportunities for seeking feedback on barriers to using an app and, after some discussion on where we might get such feedback, it was agreed that Michelle will attend the Berkshire Patient Forums which meet specifically to offer feedback on these types of service improvement initiatives. Action on Michelle: liaise with Shannon to attend meetings and get feedback on potential barriers to using an app. Outstanding action on lneke: work with M to visit older adult meetings to obtain feedback on the use of an app. Action on all: get any additional feedback on the evaluation proposal to Ineke.

Michelle also took the group through a **free course** which was brought to our attention by DB(who couldn't attend PF as on annual leave) on **Digital Skills**. This course can be found here: https://www.futurelearn.com/courses/digital-skills-mobile. Michelle has kindly produced a summary document (attached to e-mail) which sets out the basic concepts of the course. Some of the content is very helpful especially when developing an App e.g. the 7 mobile design principles for an app which we should keep in mind:

Do you want to create your own app? In this video Richard shares the following seven principles to keep in mind when developing a mobile app:

- 1. Simple doesn't do too much (do one thing well)
- 2. Efficient easy to use and not slow loading times
- 3. Intuitive can use it without the aid of a user manual
- 4. Engaging clear title and call to action
- 5. Supportive introductory video with main features or help button
- 6. Accessible across range of platforms/frames, language and good for audience
- 7. Structured clear what you're trying to achieve and how that's achieved (e.g. Uber)

Think about a favourite app. Does it follow all seven design principles? How does it do this? Share your thoughts in the comments section.

The group also spent some time looking at the **important issue of how to encourage therapists to introduce and encourage their patients to use the app.** Although all therapists will be motivated to encourage and support their patients to use it, it is also likely to be perceived as 'yet another thing to do' when sessions are already pretty pressurised in terms of getting everything covered. Feedback included the need for the app use to be included in the session protocol in a succinct way. We should also think about sending out information about the app before start of treatment so that the therapist doesn't have to explain it but merely register the patient. It is also important to ensure that therapists understand the rationale behind the introduction of the app.

Ethics approval for app project: Michelle reported back that she has done as much as she can at this point to get the project through ethics approval. We next need to agree on the detail of the pilots and the patients' involvement to be able to submit the request. Action on Michelle and Ineke: discuss and take forward.

Improved care for patients in need of **practical support: 'Book project'** offers mentoring in Slough and **P3** charity offers support with housing issues. At the last meeting the group discussed the fact that this project would be worthwhile (mapping all practical support available for patients for each area and ensuring patients would be signposted when needed) but it was also acknowledged that it would be a big piece of work to pull together. It was decided that this needs more discussion and a 'Go/ No Go' decision in view of other commitments and current work load. Action on Ineke: put on agenda for November.

It's a shame the new Oxon patient rep didn't attend the meeting today (we have had a number of contacts and discussions with her) and this may indicate that she is not interested in joining. Action on Ineke: discuss with Hanna recruiting new Oxon members.

Date of next meeting: Wednesday 21st November, 4-6.30 at Holiday Inn High Wycombe.