



Commissioning Psychological Therapies

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The decision:

*The PCT has decided to cease the commissioning of
counselling services and to extend the range of
psychological therapies it commissions from Healthy
Minds (IAPT)*



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- What is counselling?
- What is known of the provision of counselling services within Bucks?
- What was the basis for change?
 - Evidence base
 - 2009 review
 - IAPT opportunity
- What is Healthy Minds and what do they do?
- What have we learned?



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BACP defines counselling as:

“A systematic process which gives individuals an opportunity to explore, discover and clarify ways of living more resourcefully, with a greater sense of wellbeing”

Developed by Carl Rogers in 1957 in the belief that people had the means of self healing, problem resolution and growth if the right conditions could be created.



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Counselling services in Bucks:

Providers – Bucks Mind, PCCP Ltd, Relate, independent
GP practice counsellors
Qualifications, training and experience?
Governance?
Patient benefit (outcomes)?
Equity and accessibility
Cost - £393,112



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Evidence base for counselling:

30+ yrs of published research with no firm conclusions
Qualitative v quantitative outcome measures
Benefit v health gain
Uncontrolled v controlled studies
Short term v long term follow up
Lack of economic benefit clear*

*Bower PJ, Rowland N. Effectiveness and cost effectiveness of counselling in primary care. *Cochrane Database of Systematic Reviews* 2009



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Key major reviews of counselling evidence base:

NHS Treatment Choice in Psychological Therapies and Counselling - Evidence Based Clinical Practice Guideline 2001:

“Patients who are having difficulty adjusting to life events, illnesses, disabilities or losses may benefit from brief therapies, such as counselling”



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Key major reviews of counselling evidence base:

NICE Depression Guideline 2009:

“The first NICE guideline on depression (NICE, 2004a) recommended counselling in mild to moderate depression but ... the GDG decided not to support the same recommendation for counselling in this update of the guideline. Nevertheless the GDG thought that counselling might be considered for people with mild to moderate depression who have declined an antidepressant, CBT, IPT, behavioural activation or behavioural couples therapy, but felt that the limited evidence should be drawn to the attention of the healthcare professional.”



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Key major reviews of counselling evidence base:

York Centre for Reviews and Dissemination

1. Literature review to inform purchasing of counselling in general practice 2001 Hansell A, Bonnet J

1. *There is no evidence that counselling in primary care is any more effective than usual care, therefore purchasing of counselling cannot be justified.*

2. *There is no robust evidence for superior effectiveness of counselling over usual care... There is evidence that counselling is popular with both patients and GPs.*



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Key major reviews of counselling evidence base:

York Centre for Reviews and Dissemination

2. A randomized controlled trial and economic evaluation of counselling in primary care. BJGP 1998 Harvey I, et al

“The study results provide no evidence that counselling is more effective than usual GP care in treating a wide range of mental health problems. There was no clear cost advantage associated with either intervention. These findings provide important evidence to inform future purchasing policy.”



Executive Summary

Psychological Therapies review
across
Buckinghamshire PCT

July 2009



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Scope:

Psychological therapy services provided by OBMH
IAPT and Primary Care service provided by Healthy Minds
Counselling provided by Dove Counselling
(Buckinghamshire Mind)
Counselling provided by PCCP Ltd
Counselling provided by Relate
Counselling provided by independent GP Practice
Counsellors



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Methods:

A questionnaire to all GP practices within the Buckinghamshire PCT area

Collection of data from providers to analyse number of interventions, numbers of new contacts per year and financial costs

Discussions with providers to gather evidence and perceptions of gaps in service.

A review of the service against current national drivers



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Conclusions:

The service provision is inequitable across the county because 50% of practices are not receiving Step 3 interventions and around 12% of practices are not receiving Step 1 counselling services

Referral pathways and patient outcomes between independent counsellors and other services are not clear

Pathways between the services across the whole of the psychological therapy pathway could be improved by developing a governance framework and clearer pathways

It is difficult to clarify the services delivered by the independent counsellors



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The opportunity to extend the range of and access to evidence based psychological therapies

Healthy Minds:

Buckinghamshire Primary Care Wellbeing Service

Evidence base for IAPT

- RCTs demonstrating efficacy of CBT in depression and all anxiety disorders
- Generalization studies demonstrating similar effectiveness in routine samples (if same treatments & highly trained therapists).
- Studies showing that training therapists in evidence based treatments leads to improved outcomes for patients.
- Doncaster & Newham (52% recovery) and 11 Pathfinder sites (49% recovery).

Psychological Interventions	Service	Presenting Problem	Organisation
Primary Care Based Step 1	GP & Non Statutory Agencies	Specific problems that are not mental health disorders: Refer to the most appropriate service	Cruise Relate, Rape Crisis, Victim Support, etc
Step 2-3 Secondary Care Based	IAPT steps 2&3	Depression & Anxiety disorders, Mild to severe distress: Specific problem amenable to CBT; Suicide / other risk – minimal; Infrequent past problems None or brief previous psychological therapy	Healthy Minds
Step 4-5	Specialist services	For depression or anxiety disorders, moderate to severe distress, with: Significant impact on current functioning or relationships Suicide / other risk: moderate or above Has received or been considered for at least 2 trials of treatment (which can include a pharmacological treatment) for current episode More than 12 months duration / chronic problem Recurring / relapsing pattern of problems; Poor past treatment responses; Co-morbid factors identified or suspected, e.g. personality problems, cognitive falling; Other complexity factors, e.g. multiple problems, patients on CPA	OBMH/ Specialist Psychological services
	Specialist services and other specialist teams	Significant mental health disorders in addition to anxiety and depression Action- Refer to the most appropriate service (if in doubt specialist services can direct to other specialist teams)	Other specialist services: Eating disorder, Complex needs drug & alcohol

- Is a new service commissioned by Buckinghamshire Primary Care Trust to help people with anxiety and depression
- Will provide access to talking therapies, practical support, and employment advice quickly and easily
- Is a fast acting service with the aim to contact you within 3 days to offer an appointment within two weeks
- Will give the help you need when you really need it
- Will work with you on the telephone
- Will see you at your GP practice or at various community locations
- Will keep in contact with you regularly to help you with your recovery

Who is the service for?

People with Common Mental Health difficulties:

- Generalised Anxiety Disorder
- Specific phobias
- Panic acrophobia
- Social phobia
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Depression
- Age 18+
- Mild-severe distress
- Low risk
- Registered with a Buckinghamshire PCT GP Scope:

What does this service offer?

- Single point of access
- Comprehensive assessment of mental health needs
- Range of evidence based psychological interventions
- Low Intensity Workers - guided self help
 - Book prescription and telephone support
 - cCbt
 - Psychoeducational groups – mood-anxiety-stress
 - Brief individual CBT 1-6 sessions
- High Intensity Workers
 - Individual CBT 6-20 sessions
 - Groups – IPT , Mindfulness Meditation
- 100% of practices – increasing from 50% at practices to 100% - Step 3
- Social care interventions
 - Practical support/advice on Housing, finances, social networks and leisure
 - Employment advice – Richmond Fellowship
 - Signposting information about other services

- Clinical Director
- Service Lead
- Team leaders x3
- 4 clinical HI/LI clinical supervisors/data lead
- 28 HI trainees/workers and gateway workers
- 17 LI trainees/workers
- 6 str workers
- 4 employment advisors – Richmond Fellowship
- 4 admin staff

How do people access the service?

Through:

- General Practitioner
- Any health or social care professional
- Any mental health voluntary organisation
- Job Centre Plus
- employers
- Any education or training organisation
- self referral
- Initial telephone assessment within 2 weeks

Healthy Minds Targets and Challenges

Targets

Extending access to NICE compliant services

Entering treatment by 31st March 2011 –

13292

Hi

4619

Li/STR 8673

Moving to recovery 50%

Helping people back to work

People entering employment from benefits 378

Number in Bucks needing treatment

43000 people with anxiety and depression

10k+ people with anxiety and depression diagnosed by GP's

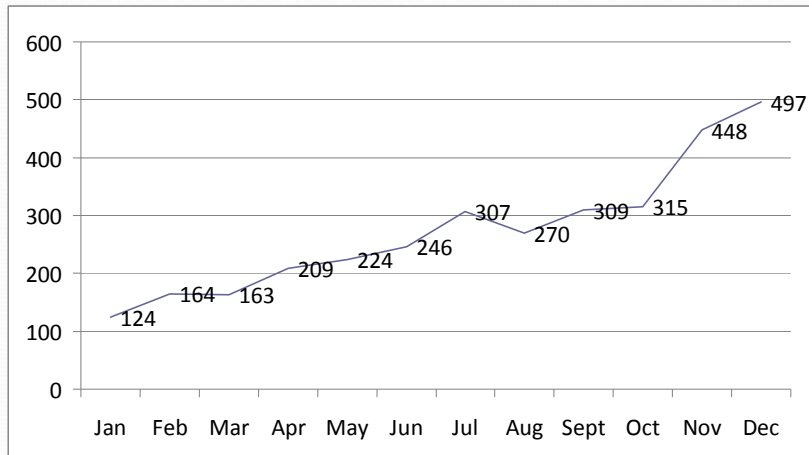
Achievements :

- Redesign and transformation of services
 - Recruitment over 50 new staff
 - Training and supervision
- Buckinghamshire IAPT Care pathway and Referral Guidance
 - New clinical and operational protocols
 - Developed range of step 2 and 3 CBT choices
- High Intensity and Low Intensity clinics – over 100
 - Opening Healthy Minds office
 - Clinical help Line
- DWP funded Employment Advice – Retain service
- First Wave PWP and High Intensity trainees completing training

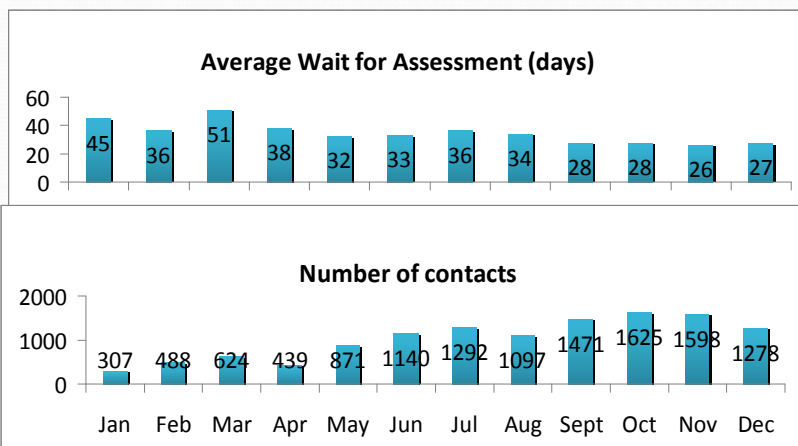
Improving Access

Single point of access
Communication
Leaflets
Press – radio, newspapers, till rolls, community publications
Website
Engaging professionals
Engaging the public – events
Improving equity of access – BME, older people, all diagnostic conditions
Self referral
Extended hours services

Referrals into Healthy Minds in 2009



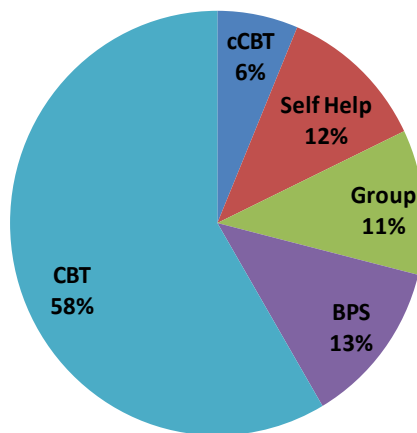
Waiting times and contacts 2009



(01.01.09 to 31.12.2009)

- 3276 referrals made
- 1996 people have been offered an assessment
- 1642 people have entered into treatment
- 575 people have completed treatment
- Step 2 contacts: 5819
- Step 3 contacts: 6240

interventions

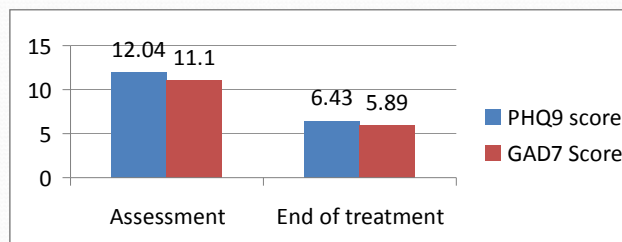


Outcome data

Mean number of sessions = 7 (for those who attended at least 2

sessions)

- Mean PHQ9 and GAD7 scores



Patient experience - satisfaction

	Very dissatisfied	Dissatisfied	Neutral	Mostly Satisfied	Very Satisfied
Wait (n=192)	5.2	10.9	12.5	43.8	27.6
Treatment (n=192)	3.6	2.1	14.1	44.3	35.9
Therapist (n=189)	4.8	1.1	5.8	34.9	53.4
Overall Experience (n=189)	3.2	2.6	7.9	42.3	43.9

Patient experience - comments

“The service I have received has been helpful, caring and friendly. I cannot praise xxx and others involved in my care enough”

“Very helpful – can suggest no improvement”

“Too long a wait to receive help – need to be quicker”

“Please run more mood management groups in the evening”

Conclusions

- Good progress nationally and locally despite very high expectations
- Further work needed to improve access, numbers entering treatment and moving to recovery
- Need to support the development of workforce and consolidation of service
- Expand IAPT pathway to encompass new areas of work



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Learning points:

1. Despite the paucity of evidence, there is a passionate belief in the benefits of counselling amongst counsellors, GPs and patients
2. The range and benefits of evidence based psychological therapies are not well understood
3. An inclusive approach to decision making can have added value even when the evidence favouring a particular decision is very strong