Newham:

Improving Access to Psychological Therapies (IAPT)

The First Year
Draft 3
(21/09/07)
(1) **Introduction**

Building on the successes of the first six months, the service has developed over the second six months of its existence, and the service model has been enhanced in order to further improve its cost-effectiveness.

We have noted the large proportion (over half) of patients with more than one common mental health problem and have striven to elicit a pattern of referrals that matched the diverse population of the London Borough of Newham.

(2) **Right numbers**

(a) **The population**

The London Borough of Newham has a population of 250,600 (2001 Census) of whom 162,700 are adults. It is a Borough of great social deprivation (4th highest Jarman Index in the country, and 10th highest MINI (Mental health Need Index) in the country). It has a large proportion of people from BME (black and ethnic minority) communities at 62% and the highest number of refugees of any Borough in London. The Borough has the third highest unemployment rate of any borough in London and the lowest life expectancy for males and females in the UK.

(b) **Need**

The Project Initiation Document (PID) based the annual need on well known estimates of population prevalence of common mental health problems published by Ayuso-Mateos et al in the British Journal of Psychiatry in 2001, with a cumulative incidence of 26% of depression, phobia, OCD, panic and anxiety. The PID made assumptions about the proportion of people who would present in a year and generated a figure of 2,400 referrals per year to a CBT service covering the whole Borough, in addition to the circa 2000 referrals per annum received by the existing Newham PCT Tier 1 services and the circa 1500 per annum referrals received by the existing Newham PCT Tier2 services.

In the last year the number of referrals has been 1073 to the IAPT CBT service, 1868 to the Tier 1 service, 1341 to the Tier 2 service and 77 referrals to the PCT managed element of IAPT funded therapy.

The number of referrals (1073) to the IAPT CBT service has not matched the number anticipated in the PID but it must be remembered that the service has covered only one third of the population of the Borough for over 8 months of the year.

The important change in model of care and the extension of the referral base are described below.

(3) **Right Service**

(a) **Criteria for admission to the Service**

Newham IAPT has utilised the criteria proposed by IAPT Expert Reference Group (ERG) namely:
Patients must have been experiencing the relevant mental health problems for 6 months or more. The criteria also includes people who have been experiencing symptoms for 3 months or more if their mental health problem is having a critical effect on their employment, accommodation or health. Recent independent evaluation of our service indicated that 82% of our patient had experienced their mental health problem for 6 months or more, while 18% fell into the category of 3 months or more with a serious psychosocial problem.

(b) Initial model (Phase 1) (07/06 to 02/07)
The initial model accepted referrals from 13 GP practices covering one third of the Newham population. The service was set up to provide a stratified stepped care service. Patients received an assessment from an experienced Cognitive Behavioural therapist before being allocated to an appropriate step within the stepped care framework. (This model is shown diagrammatically below. This was popular with patients as most selected individual therapy.

![Stratified Stepped Care Pathway - Phase One -](image)

The clinical staffing of the Phase 1 model was largely experienced CBT therapists (5.8 wte Band 8s) supported by one Band 7 and two Band 5 Assistant Therapists.

The “typical” service user in Phase 1 had been unwell for at least one year (90%, and mean 6 years) and over 50% had at least two disorders,
one of which was an identified anxiety disorder. The patient group referred scored moderate to severe on general measures, and moderate to severe measures of anxiety and depression.

The strength of the Phase 1 model was that a high quality service was provided with promising figures for user satisfaction (90%) low waiting times and good clinical outcomes.

The weakness of the Phase 1 model was that only one third of the Borough was covered and that there was insufficient take up of low intensity interventions.

(c) Phase 2 Model (fully effective from 08/07)

Following collaboration with our sister demonstration site and encouraged by the Department of Health, the model was revised to a model with a greater emphasis on low intensity interventions and a lower average staff cost in order to make the service more cost-effective.

There was a serious debate in the Trust about changing the referral criteria in order to generate more referrals of more people, but with milder problems of shorter duration, but it was agreed with the DoH to maintain the original criteria for entry into the service.

However, the referral base of the service was extended to the whole of the Borough with a 50% increase in finding.

The Phase 2 Model is a semi-stratified model with telephone triage of all referrals prior to low intensity interventions or review by a qualified therapist resulting in Formal High Intensity Cost or referral to other services. (This is shown below)
The clinical staffing of the Phase 2 model has a lower average cost as the (5.8 wte Band 8s) experienced CBT therapists are supported by 9.5 (3.5 band 6 and 6.0 Band 5) Assistant Therapists, the latter undertaking the low intensity interventions, supervised by the senior therapists.

(d) Transition from Phase 1 to Phase 2 (02/07 to 08/07)

There were a number of factors that needed to be sorted out in order to effect the transition from Phase 1 to Phase 2.

(i) Self-Referrals Borough-wide
The service began to encourage self-referrals from all parts of the Borough as the first step in the transition to a Borough-wide model.

(ii) Recruitment and Training of Band 5s
This took place in Spring 07 and they were also trained in telephone triage and low intensity work at the University of Middlesex on a bespoke course, arranged for the Trust.

(iii) Recruitment of Band 6s
This has taken place in Spring and Summer 2007. Recruitment has not been as successful as anticipated owing to concerns about future funding of the project leading to therapists being offered fixed term contracts making the jobs less attractive.

(iv) Revision of the Care Pathway and IT system
This has been necessary to reflect the change of model.

(v) Promotion of Service to remaining GPs in Newham
A number of events, promotions and communication (similar to that carried out for the original GP group) has been conducted to encourage referrals from all Newham GPs.

(vi) PCT Service
During this time, Newham PCT established an enhancement to the local service by commencing a systemic service concentrating on families, which had long been a gap in local priorities. This type of care is recommended under NICE Guidelines and has been receiving an average of approximately 10 referrals per month.

(vii) Service Redesign
Following development of the Phase 2 model of IAPT Care, there has also been a second tranche of service redesign undertaken.

This is the service redesign required to fully integrate the IAPT resources into the existing psychological therapies services in Newham.

This has been led by the Chief Executive of East London and the City University Mental Health Trust, and the relevant Director from Newham
PCT and is anticipated to be completed within September 2007 (in DoH timescales)

(4) **Right Times**

Our data on waiting times has been affected by the change in model from Phase 1 to Phase 2 and the resultant average scores are of little value. We are working to disentangle relevant data to provide meaningful results.

(5) **Right Results**

(a) **Health and Wellbeing**

(i) **GAD - Anxiety**

GAD is the measure used to assess the level of anxiety and the results for our service have been encouraging.

When the mean GAD scores at intake and discharge are compared. They have reduced from 13.26 to 6.33.

The table below shows the percentage of people in each of the categories of anxiety (severe, moderate, mild and minimal) pre and post treatment and the improvement is significant.

![Pre-Post treatment GAD](image)

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mild</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

Mean GAD at intake 13.26 (S.D. 5.485)
Mean GAD at discharge 06.33
Effect Size 1.26

On average Service users had a mean of 7.9 hours over 9.45 sessions before leaving the service to achieve these gains.
(ii) **PHQ – Depression**
PHQ is the measure used to assess the level of depression and the results for our service are again significant.

When the mean PHQ scores at intake and discharge are compared, they have reduced from 14.99 to 7.68.

The table below shows the percentage of people in each of the categories of depression (severe, moderate-severe, moderate, mild minimal) and the resulting improvement.

<table>
<thead>
<tr>
<th>Category</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Moderate-Severe</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Moderate</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Mild</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Minimal</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Mean PHQ at intake 14.99 (S.D. = 6.650)  
Mean PHQ at end 07.68  
Effect Size 1.10

(iii) **Recovery Rate**
The key findings of a recent independent evaluation on outcomes indicated that recovery rates and changes in symptoms scores for these patients with a prior duration of illness of over 6 months was 55% by the end of treatment. Of the sample (of 165), 19% were on medication and their recovery rate was 65%.

(b) **Employment**
Patients showed significant improvement in their economic activity. Patients engaging with Newham IAPT had substantial psychological morbidity with low likelihood of spontaneous remission, and the provision of effective psychological care was associated with either a preservation or improvement in economic activity in most patients who were already engaged with the service. Of the 206 patients in work,
87% maintained their employment, 51% of patients taking sick days returned to employment. These gains occurred while patients were still in therapy.

The employment wing of Newham IAPT is run by Mental Health Matters (MHM) and compromises 2.5 wte employment coaches and 0.5 wte manager. They are supported by honorary staff, the number of which varies.

They work closely with the CBT Therapists who have provided almost exactly 50% (114 of 229) referrals.

Mental Health Matters have received 69 referrals from Jobcentre Plus.

Mental Health Matters actively pursue Jobcentre Plus in Newham (there are 4) for referrals, and the number of referrals has been inconsistent. We have contacted the Jobcentre Plus management structure at a number of levels, but are not yet satisfied with the results, although they have been improving in the last 3 months.

For the first 229 people seen by our employment wing, we have had encouraging results.

Of the 229, 62 have attended interviews of whom 20 people are in work who were unemployed when first in contact with our services.

A further 18 have been maintained in employment who were at risk of losing their jobs, owing to long periods of sickness.

A further 24 have gone onto Further Education after coaching and a further 21 are now undertaking vocational training.

Mental Health Matters has been running a job club for the last 2½ months every Friday in a local Community Centre where people can come and get assistance with finding out about jobs in the local papers and over the Internet. They also get assistance with compiling C.V.s, making job applications and even with clothing for interviews.

(c) Choice and Satisfaction

(ii) Choice
The feedback from patients concerning choice has been extremely positive (CSQ questions 9,10 and 11).
- 91% reported satisfaction with the information provided about services and treatments available.
- 92% reported satisfaction with the range of treatments on offer.
- 89% reported satisfaction with the experiences of choice in treatment.
(iii) Overall Satisfaction
The feedback from patients concerning overall satisfaction has risen with time in treatment (CSQ 1-8 average), and improvement in mental health.
- After one hour of consultation, 73% reported satisfaction.
- After 6 hours of care, 87% reported satisfaction.
- After 12 hours of care, 97% reported satisfaction.

(d) Ethnicity
The ethnicity of the referrals to the IAPT CBT service is shown below and has grown closer to the target population as measures to elicit referrals from BME communities have taken effect. The interesting figures for “white other” is probably explained by the influx of residents from East Europe since the 2001 census.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Population of Newham</th>
<th>Ethnicity of those who declared it</th>
<th>Numbers (963)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>33.7%</td>
<td>38.4%</td>
<td>370</td>
</tr>
<tr>
<td>White Other</td>
<td>5.7%</td>
<td>13.1%</td>
<td>126</td>
</tr>
<tr>
<td>Mixed</td>
<td>3.4%</td>
<td>4.0%</td>
<td>39</td>
</tr>
<tr>
<td>Asian</td>
<td>32.5%</td>
<td>25.8%</td>
<td>248</td>
</tr>
<tr>
<td>Black</td>
<td>21.6%</td>
<td>16.3%</td>
<td>157</td>
</tr>
<tr>
<td>Other</td>
<td>3.0%</td>
<td>2.3%</td>
<td>23</td>
</tr>
</tbody>
</table>

The measures to elicit referrals from BME groups include:
- The employment of Therapists who speak the relevant BME languages in Newham namely: Bengali, Urdu, Hindi, Gujarati, Punjabi
- The development of GAD and PHQ forms in the relevant BME languages namely: Bengali, Urdu, Hindi, Gujarati, Punjabi, Arabic
- The use of translators where necessary for BME patients.
- Marketing materials in relevant BME languages.
- Use of a helpline with BME languages speakers.
- Engagement with local community and religious BME groups.
(d) **User Involvement**

The service has actively engaged the views of service users and regular meetings (at least monthly) have taken place between the service Lead Clinician, Manager and service users. Attendance at meetings has varied with up to 20 service users present who have contributed to the thinking behind changes in the service as well as very practical participation such as in the production of user friendly leaflets.

We have seen a turnover of users involved and participating as some have returned to work.

(6) **What Next?**

(a) **Referrals**

Most importantly, we expect that the number of referrals will increase as the Phase 2 model beds in, with therapists available in a larger number of GP practices. We intend to increase the number of practices with in-house therapy one day a week from 13 to 23 in the next 3 months.

We also intend to contact every other GP practice in person in the next six months to promote the service.

We shall continue to press the 4 Jobcentre plus for referrals, and anticipate a higher level to be maintained after the introduction of “Pathways” in Newham in early 2008.

(b) **Increase in Throughput and Cost-Effectiveness**

We anticipate an increase in throughput and cost-effectiveness over the next 6 months as the Phase 2 model beds in; and as the Service Redesign of all the NHS Psychological Therapy services in Newham (model due to be agreed by the end of September 2007) takes effect.

(c) **Increase in Physical Capacity**

The service has been struggling with inadequate and unattractive accommodation. Refurbishment of a second community base for IAPT CBT is under way and the new centre is due to be operational in October 2007 with the added benefits for patients and staff.

(d) **Engagement with BME Communities**

The measures that are already in place will continue and efforts will be redoubled so that our service can better reach our BME communities.

(e) **Extended Opening**

One of the features of Newham IAPT is that the service is open from 8am-8pm on weekdays, and for shorter hours on Sunday in order to allow patients greater convenience in their choice of appointment.

We intend to analyse the use of our extended opening hours to assess their cost-effectiveness.
(f) **IT System**
We have discovered that the development of an appropriate IT system is a critical element in developing a high quality service.

Recent developments in our IT System will allow a number of performance management measures of the service to be easily available including information on individual therapists. This will improve the ease with which the service can be performance-managed.

(g) **Contracting of Funding from PCT in 2008/2009 and beyond**
Clearly we will endeavour to obtain an agreement from Newham PCT to fund IAPT beyond April 2008 when DH funding finishes.

(h) **Development of the Systemic Family Element**
We intend to nurture the development of this fledging service which has been operational for only 7 months.

(i) **Mental Health Matters**
Mental Health Matters provides the valuable employment arm of our service. As well as increasing referrals from Jobcentre Plus, links are being made with local employers which we expect to result in an increase in referrals and a number of work-placements for the patients we provide care for.

7 **Conclusion**
We believe that the second 6 months of the Newham IAPT has improved the services in a number of ways including whole Borough coverage, better access by BME populations and a new service model.

There remains plenty to do and we look forward to the continued improvements in the service. We expect the full benefits of all the changes to kick in this autumn, and look forward to providing a service that best meets the needs of the resident population of Newham.