

SOMERSET COMMUNITY HEALTH

Update for General Practitioners regarding Somerset Community RightSteps to Emotional Health and Wellbeing

1.0 Introduction

- 1.1 Somerset Community RightSteps started providing the Emotional Health and Wellbeing Service on 1st October 2009. The service was rapidly mobilised after a brief preparation time of less than three months.
- 1.2 This transformation period saw the expansion of surgeries to which services are provided from 27 to coverage of all practices in the county; the establishment of two new bases (in Bridgwater and Taunton) and a number of community based clinical sites; the introduction and inclusion of a variety of new, evidence based interventions; and the recruitment of new staff members as well as the integration of experienced clinicians who had previously been part of community mental health services.
- 1.3 Whilst the Service is proud of these accomplishments, it is recognised that factors beyond the service's control led to challenges which have affected service delivery to date. The following provides a synopsis of activities so far and the status quo, as well as the planned improvements which will be implemented over the next few months.

2.0 Staffing

- 2.1 Similar to other Improving Access to Psychological Therapies (IAPT) Wave 3 sites across the country, Somerset Community RightSteps experienced recruitment problems for high intensity CBT clinicians prior to, and during, the early phase of service operations. There were no BABCP accredited clinicians working in the original Community Mental Health Services (both the Primary Care Service and practice based counsellors) and the service was unable to recruit during the tendering period. Once the tender was secured there was close competition for staff from other service providers in the South West.
- 2.2 Additional challenges arose in recruitment of BABCP accredited or 'accreditable' supervisors, after the professional body tightened accreditation criteria. Nevertheless, the Service now employs the following workforce:

Psychological Wellbeing Practitioners (PWP) (Low Intensity IAPT workers):
16 (14.4 wte)
High Intensity (HI) therapists (including trainees): 17 (16.1 wte)
Other psychological therapists: 23 (11 of them in bank positions)
Team Leaders: 4
Administrators: 10
Head of Service/Deputy Head of Service: 2

- 2.3 It is expected that by October 2010, the PWP and HI therapist workforce will be 18 wte and 20 wte, respectively and the service is optimistic to be able to retain all newly qualified clinicians.
- 2.4 Somerset Community RightSteps is proud to have recruited 15 formerly practice-based counsellors and psychological therapists, who support the service immensely with their expertise and flexibility.
- 2.5 The majority of these professionals work limited hours, which in some cases may have affected their integration into the service. However, without their contributions, Step 3 cases (those service users with more moderate and severe conditions) would experience unduly long waits, because the clinical efficiency of HI intensity workforce remains limited until October 2010, when their training will have concluded.
- 2.6 The HI trainees are currently spending 2 days studying in the university and one half day for study leave per week. PWP trainees spend one day in university and have a further day as study leave per week. This training 'load' severely compromises the capacity of the workforce to deliver an efficient service. The initial specification built the first year's workforce round fewer study leave hours and a higher level of caseload for students. All trainees should complete their training in July when the PWP and HI capacity will increase significantly as a result.
- 2.7 It is appreciated that during the initial phase it would have been desirable to provide more 1:1 training and administrative support for newly appointed psychological therapists. The Head of Service is currently providing clinical as well as managerial support and training sessions to the four teams and feedback from psychological therapists who attend these sessions is very positive and encouraging.

3.0 Waiting lists

- 3.1 In total, Somerset Community RightSteps has received more than 4,100 referrals in the first five months of its existence.
- 3.2 The service 'inherited' more than 1,250 referrals from previous services and aspired to attend to the needs of these service users with the same urgency as any incoming new referral (whether generated by GPs, other mental health services or self-referred). The inherited waiting times for these service users varied from a few days to almost a year at the outset. Obviously, workforce planning and the establishment of delivery targets during the tendering phase focused on the number of expected referrals *from October 2009* and it is safe to state that without the 'inherited' list, all relevant targets including waiting times would have continued to be met.
- 3.3 In spite of these challenges and whilst accepting nearly 2,900 *new* referrals since October 2009, Somerset Community RightSteps succeeded without being granted additional funding resources to reduce the inherited waiting list

from over 1,250 to 335 in 5 months. Of these, only eleven service users remain on the list for which the wait exceeds 26 weeks and the service is working hard to reduce this number further.

- 3.4 Since 1st October 2009, 2,890 service users have been referred, of which 1,921 have commenced treatment. According to MAXIMS (the patient management system) 576 have been discharged. With the exception of six 'outliers,' the maximum waiting time for these service users from the point of referral is under 14 weeks. However, the service has recently transformed and streamlined the assessment procedures, which will provide a large number of assessment slots in the coming weeks. It is expected that by the end of April, all clients who are currently on the waiting list will have been assessed. Moreover, all new referrals are now offered an assessment within 10 days.

4. RightSteps – Right Stepping

- 4.1 In accordance with the service specifications for the emotional health and wellbeing service in Somerset, Somerset Community RightSteps aspires to minimise the inconvenience to service users which has been noted in other services where every person is initially allocated to and assessed by a Psychological Wellbeing Practitioner. It has been recognised nationally that at least 50 per cent of such clients require stepping up to Step 3 interventions and that service users dislike being assessed more than once and asked to discuss potentially difficult and painful issues with several practitioners.
- 4.2 Somerset Community RightSteps is therefore committed to allocating service users to the correct level of care at the earliest possible time. Therefore experienced clinicians screen all incoming referrals and, wherever possible, allocate them prior to an assessment. They also guide those assessing service users regarding provision of the most appropriate form of assessment.
- 4.3 The service has already reduced the number of telephone assessments and it is planned to offer face to face assessments to all clients identified to have Step 3 needs in the future.
- 4.4 Introductory phone calls by Step 3 clinicians have been introduced. These clinicians will discuss their role, qualifications, the treatment process, expected waiting times, and urgent needs, if any with the service user. This will enable telephone assessments to be offered only to clients who fall into a mild category regarding depression, anxiety, etc. Unfortunately, in cases where clients are self-referred, the information available is scarce and therefore, a comprehensive assessment by a PWP is often needed. However, all clinicians are instructed to offer the service user the option to be seen face to face.
- 4.5 In order to ascertain that the service has as much information available as possible to facilitate 'right stepping,' GPs are encouraged to refer clients using a comprehensive referral letter, rather than recommending a self-referral.

5. Feedback from Service Users

- 5.1 Somerset Community RightSteps collects a Patient Experience Questionnaire (PEQ) from every service user, which captures (in a nationally agreed way) the views of clients about the quality of the intervention they receive. It also provides information about the clinician, the perceived benefits of the intervention, views on waiting times, and free text comments added.
- 5.2 All PEQs are reviewed by the Head of Service and a recent summary review of almost 2,000 questionnaires (some relating to the service users on the 'inherited' waiting list) received since the service started indicated that *only two service users* were dissatisfied about the quality of the intervention they received (one felt s/he was not initially allocated to the right level of intervention and was subsequently allocated to a high intensity therapist, while a second person was disappointed that RightSteps did not offer Relate-type counselling for herself and her partner). Any negative comments received relate to waiting times and an initial examination of identifying information suggests that almost all service users who stated such dissatisfaction came from the 'inherited' waiting list.
- 5.3 Somerset Community RightSteps is continually reviewing the feedback forms used and also appreciates comments and suggestions from other healthcare professionals. A GP feedback form has recently been produced to enable GPs to directly and easily comment on their experience of the service. A copy of the form is attached.

6 Current Challenges:

- 6.1 Referrals from Secondary Care
 - 6.1.1 Over the past five months, Somerset Community RightSteps received 268 referrals from secondary care. Obviously, all these referrals are of a complex, chronic and/or enduring nature, often related to multiple trauma and personality difficulties. The high number of such referrals poses challenges to the clinical team and also affects waiting times and resources because of the time-intensive measures required to treat such service users.
 - 6.1.2 Service users allocated to Step 3 have experienced longer waits because of the relatively limited number of highly skilled psychologists and psychological therapists. These patients generally require treatment over long periods of time, so the throughput of patients is relatively slow. Information produced nationally in relation to IAPT indicated that services should expect 2/3 of the caseload to be of a low intensity (step 2) level and 2/3 of the workforce should be targeted at managing the needs of the 1/3 caseload of patients with higher level needs. Somerset Community RightSteps experience indicates that 2/3 of the caseload is of a high intensity (step 3) level and as such require greater numbers of sessions and more complex skilled interventions. The service is reviewing the skill mix of staff on the basis of this information.

6.1.3 The high number of complicated cases referred to RightSteps is recognised and the South West Development Agency is currently conducting a Gap Analysis to ascertain the extent of this problem, which is understood to be experienced by most primary care emotional health and wellbeing services in the Region.

6.1.4 Together with Somerset Partnership NHS Social Care Foundation Trust, Somerset Community RightSteps clinicians have developed a set of referral pathways for a number of conditions to optimise referral procedures (although previously circulated this is attached). Regular network meetings between both services are conducted in all bases to ensure a seamless service.

6.2 MAXIMS Patient Management System

6.2.1 Over the past few months, identified shortcomings of the data collection system MAXIMS have resulted in delays in data entry and clinical record keeping. This has affected both administrators and clinicians and, consequently, service efficiency. A software upgrade has improved the situation somewhat, and a quality assurance exercise initiated by the Department of Health is currently under way in Bristol to determine what further steps are necessary to ensure optimal data fidelity and service efficacy. Somerset Community Health supports the Department of Health and Bristol PCT in this exercise and looks forward to receiving the findings and recommendations in the near future.

6.3 Future Developments and Aspirations

6.3.1 Somerset Community RightSteps will commence negotiations shortly with Turning Point, the local provider of drug and alcohol services, to develop pathways similar to those agreed with Somerset Partnership for service users with dual diagnosis.

6.3.2 Whilst funding related matters will still have to be resolved, RightSteps is fully supportive of the national IAPT initiative to expand the clinical approaches offered to service users. RightSteps will if requested augment the already existing approaches provided by our psychological therapists and offer further evidence-based psychological interventions, such as Interpersonal Therapy, couples therapy, counselling, brief psychodynamic interventions, and behaviour motivation, from October 2010. Somerset Community RightSteps is in a position of strength because the service already employs a number of highly experienced non-CBT clinicians who are qualified to undergo relevant training and are already working using some of these techniques.

6.3.3 Finally, Somerset Community RightSteps will continue to work in close cooperation with the sub-contractors, Turning Point, Somerset MINDs, and the Somerset Racial Equality Council offering choice and high quality interventions (either face to face or in groups) in community settings and during times which are more suitable to service users of working age.

6.3.4 Currently, condition focused groups are offered in each area of the county and the service was successful in its bid to receive funding to recruit two employment support coordinators for a year long project to reach out to service users who want to improve their emotional wellbeing and recognise the importance of employment or an employment type alternative in this context.

6.3.5 PWPs with 'special interest' will be developed once the training programmes have finished. These PWPs will link with General Practices to help with signposting and assist service users with particular needs to access the most appropriate service.

7. Summary

7.1 Somerset Community Health recognises that the challenges faced regarding referral numbers and types, and the data collection issues have meant that the RightSteps service has not delivered in a responsive manner. The team are confident that over the next few months that the desired response times and outcomes will be delivered and quality outcomes will continue to be demonstrated.

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