PPN NORTH WEST Psychological Professions Network
PROMOTING EXCELLENCE IN PSYCHOLOGICAL HEALTH & WELLBEING
www.nwppn.nhs.uk

NHS Health Education England

Welcome and Opening Remarks

Dr Paul Campbell

Chair of the North West IAPT Leadership & Innovation Forum

10:00am – 10:15am

@NWPPN

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Outline of the day

9:30 - 10:00	***Arrival, Registration & Refreshments***
10:00 - 10:15	**Welcome and Opening Remarks** Dr Paul Campbell, *Chair of the North West IAPT Leadership & Innovation Forum*
10:15 - 11:00	**Clinical Innovation: IAPT Complex Cases Pathway** Caroline Dugen-Williams, *Head of Primary Care Psychological Therapies, Pennine Care NHS Foundation Trust* Dr Sheena Aspil, *Clinical Lead, Healthy Minds Oldham*
11:00 - 11:45	***Refreshments & Networking***
11:45 - 12:30	**Commissioning: Payment by Results – What does it mean for IAPT?** Dr Paul Campbell, *Consultant Clinical Psychologist, Greater Manchester & Eastern Cheshire Strategic Clinical Network*
12:30 - 1:30	***Lunch & Networking***
1:30 - 2:15	**Assistant Practitioners for IAPT Pilot Project – Midway Evaluation and Future Developments** Andra Chiscop, *Programme Support Manager – Workforce Transformation Greater Manchester, Health Education England*

2:15 - 3:00	**IAPT National Team Update** Ursula James, National *IAPT Clinical Delivery Manager, NHS England* **IAPT Workforce Wellbeing** Rebecca Minton, National *IAPT Workforce Development and Wellbeing Manager, NHS England*
3:00 - 3:15	***Refreshments & Networking***
3:15 - 3:30	**HEE IAPT & PPN Update** Clare Baguley, *Programme Manager & Workforce Lead, North West Psychological Professions Network & Interim North of England Mental Health Lead, Health Education England* **IAPT Commissioning** Libby Sedgley, *Regional Education Management Lead North, Health Education England*
3:30 - 4:15	**Round Table Discussion: Future Events and Joint Working across the North** facilitated by Clare Baguley & Dr Paul Campbell
4:15 - 4:30	**Next Steps and Closing Remarks** Dr Paul Campbell, *Chair of the North West IAPT Leadership & Innovation Forum*

Local & National update

Greater Manchester SCN
IAPT steering group

- Now reports via MH lead to Adult Mental Health Board
- Change in ToR
- Now called the IAPT Steering Group
- Commissioning support has been assigned
- Membership changes to clinical leads only

NHS England workshop

- Offer of a GM event by NHS England team
- On any topic
- Late October
- Ideas for topics?????

Choices in Mental Health

- Dec 2016 document stating that people can access their treatment anywhere and from any team
- Does NOT apply to IAPT
- Only applies to consultant led services
- Decision to treat lies with the provider
- https://www.england.nhs.uk/wp-content/uploads/2018/02/choice-in-mental-health-care-v2.pdf

Self-referrals

As in physical health, patients' legal rights to choice apply following a referral by a GP to any provider that has a Commissioning Contract with any CCG or NHS England for the required service. Patients may access some services, such as Improving Access to Psychological Therapies (IAPT) and Children and Adolescents Mental Health Services (CAMHS), via self-referral or other locally agreed referral processes, e.g. through schools. In these instances, patients' choices will be determined by commissioners' local choice offers.

Prevalence targets for 2018/19

- Will be monitored in the same way as 2017/18
- I.e. old targets for the first three quarters and new target in quarter 4
    - Quarter 1 = 4.2%
    - Quarter 2 = 4.2%
    - Quarter 3 = 4.2%
    - Quarter 4 = 4.75%

New IAPT Partnership

- Northwest Boroughs Healthcare & Merseycare
- Combined clinical leadership
  - Share one Clinical Lead
- Joint digital strategy
  - Share one Chief Information Officer
  - Combined procurement
- Shared learning

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Outcomes based payment in IAPT

National Context

13 pilot sites in 2013

Development of a payment structure

National model abandoned 2016

Responsibility for developing a model handed to localities

Shadowing due to commence April 2017

Go live = April 2018

Local Context

- ***Greater Manchester***
  - shadowing due to commence April 2018
  - Go live April 2019
  - Currently developing GM wide model

- ***North West Coast***
  - Model currently under consideration
  - Appetite for using GM model

GMCA GREATER MANCHESTER COMBINED AUTHORITY

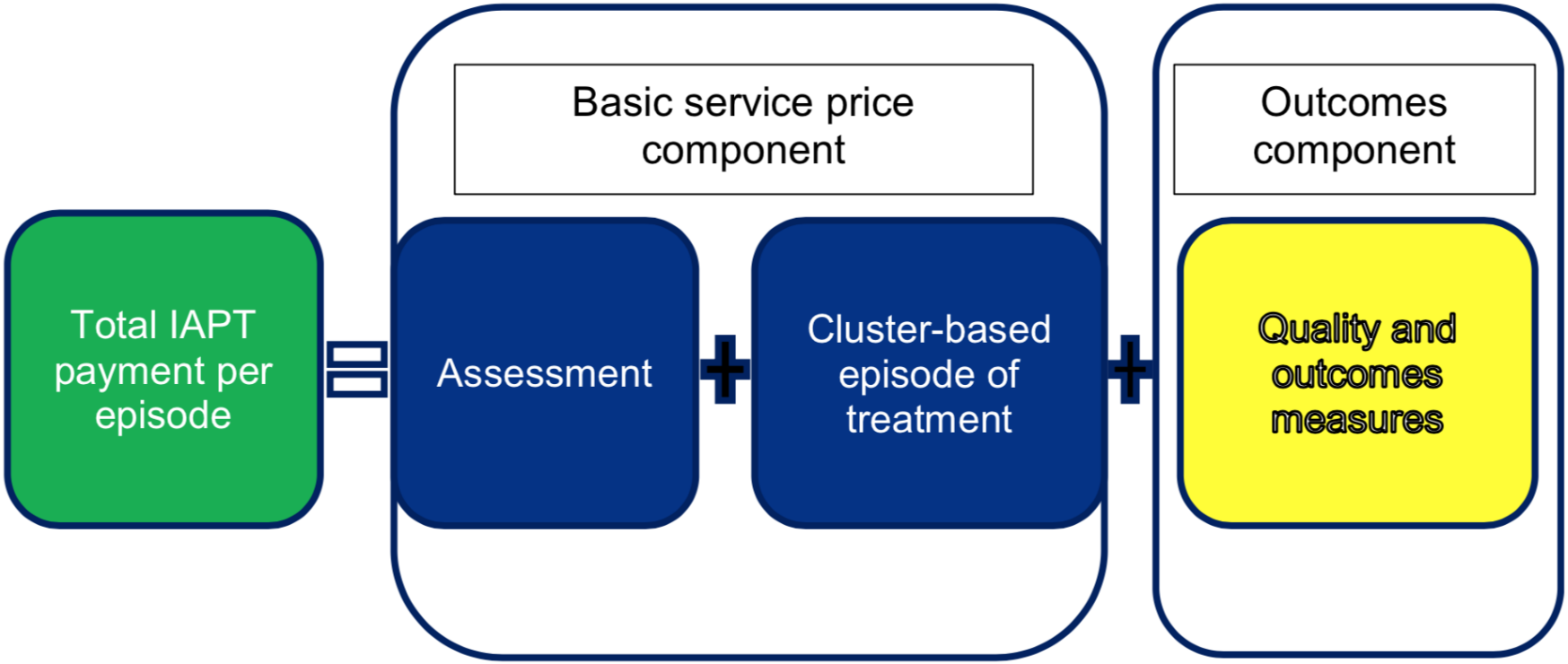
NHS in Greater Manchester

National guidance

National IAPT payment approach

Aims:

1. To reimburse providers for the costs of providing evidence-based episodes of treatment
2. To reward providers for performing well against agreed quality and outcome measures



Activity blocks:
Definition and weighting.

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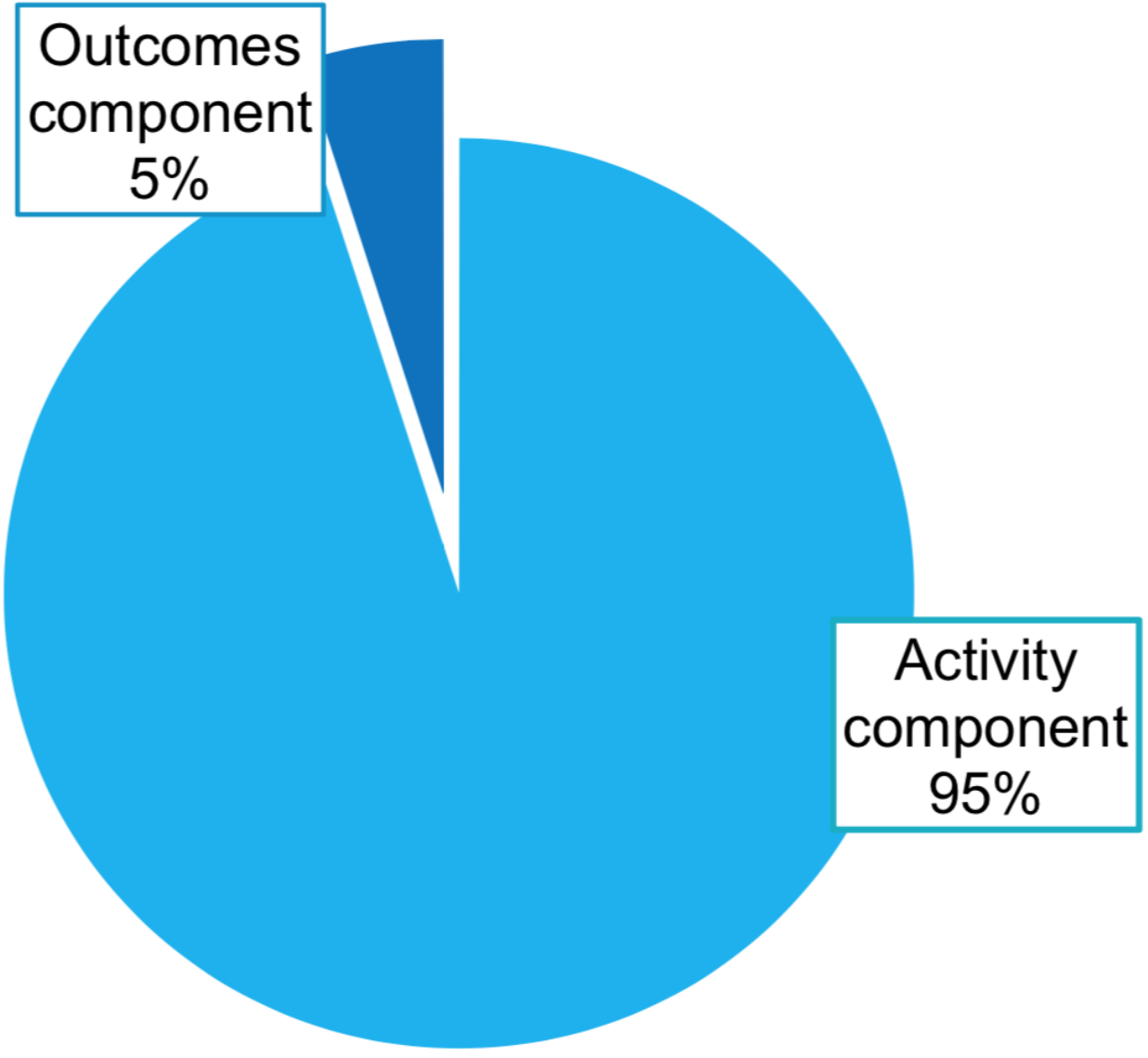


Issues for resolution

- How do we define the activity block?
  - How many sessions etc?

- Should we use clusters??

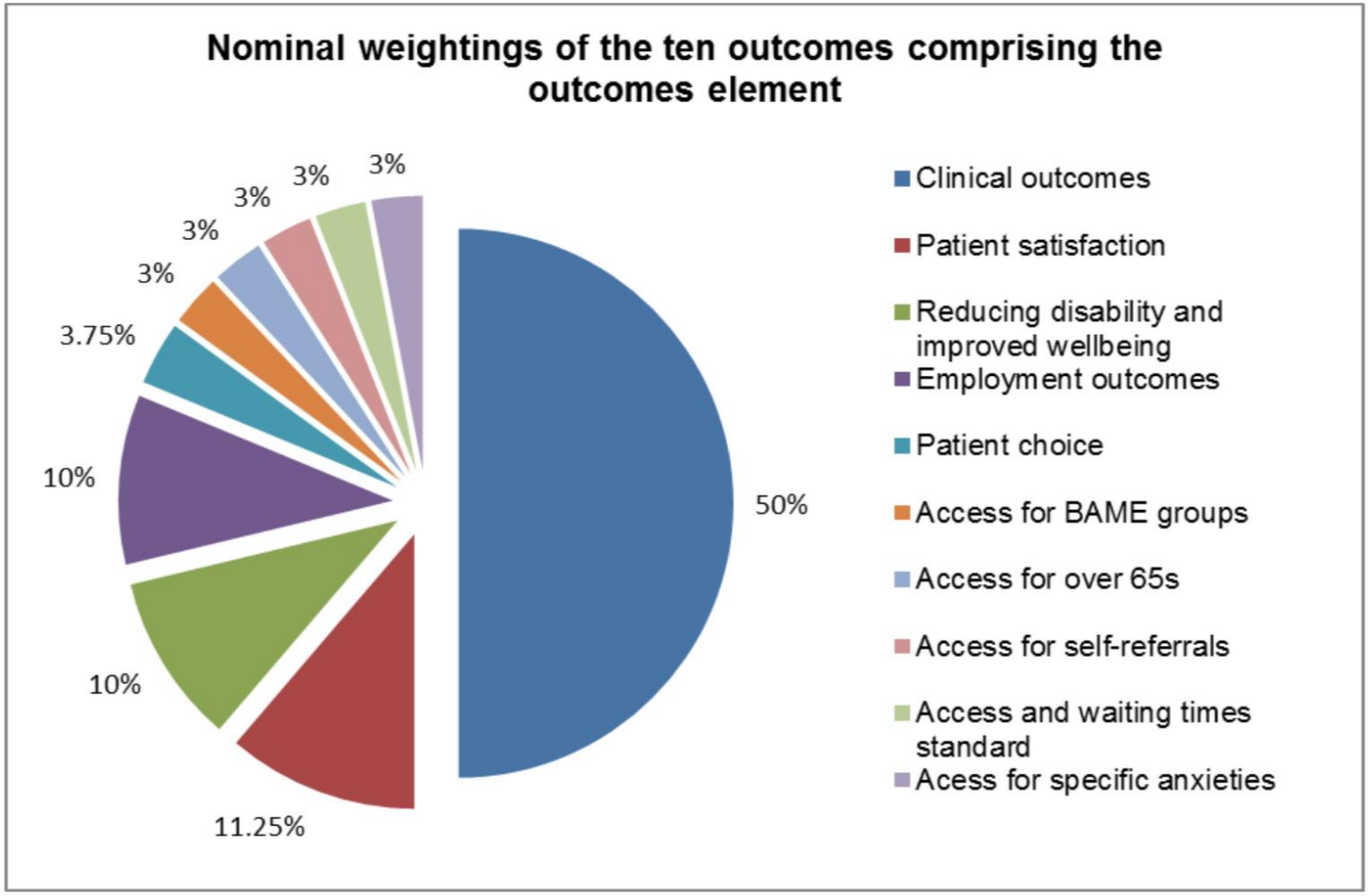
Outcomes component:
Quality Outcomes Measures and weightings.

10 national quality and outcome measures

- Local pricing rule 8 requires the use of the 10 national measures
    1. Waiting times (Access)
    2. Black, Asian and minority ethnic (BAME) (Access)
    3. Over 65s (Access)
    4. Specific anxieties (Access)
    5. Self-referral (Access)
    6. Clinical outcomes
    7. Reduced disability and improved wellbeing
    8. Employment outcomes
    9. Satisfaction (Patient experience)
    10. Choice of therapy (Patient experience).

Quality and outcome weightings

- Commissioners and providers should agree quality and outcome measures weightings in line with local priorities



Issues for resolution

- What QOMs should we choose?
- How should we measure them?
- How should we measure clinical outcome?
  - Recovery Vs reliable improvement

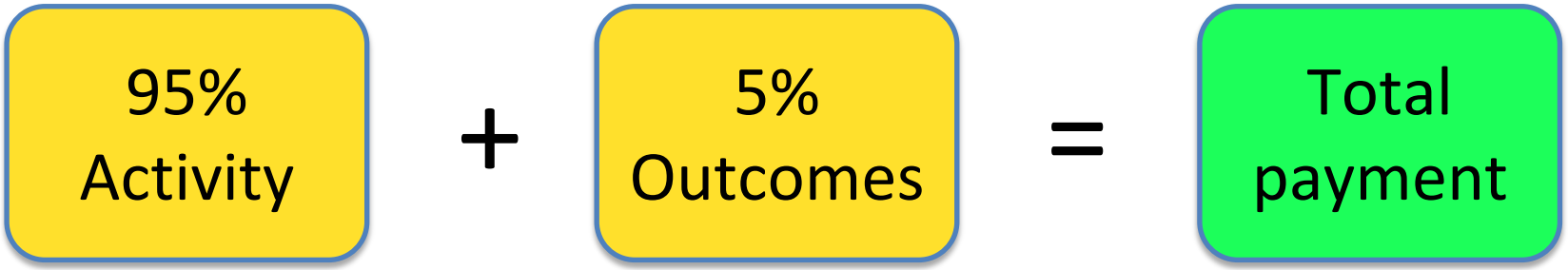
Financial Framework & Risk share

Financial Framework & Risk share

- ***Things to discuss/consider on your tables***
  - Is cost per case viable?????
  - What framework for withholding payment?
    - Caps & collars
    - Risk share
    - **<u>Overpayment ??</u>**

National Case studies

Birmingham Cross City



- **QOMs**
  - access for >65s
  - Access for BAME communities

- Due to commence 2018

Humber

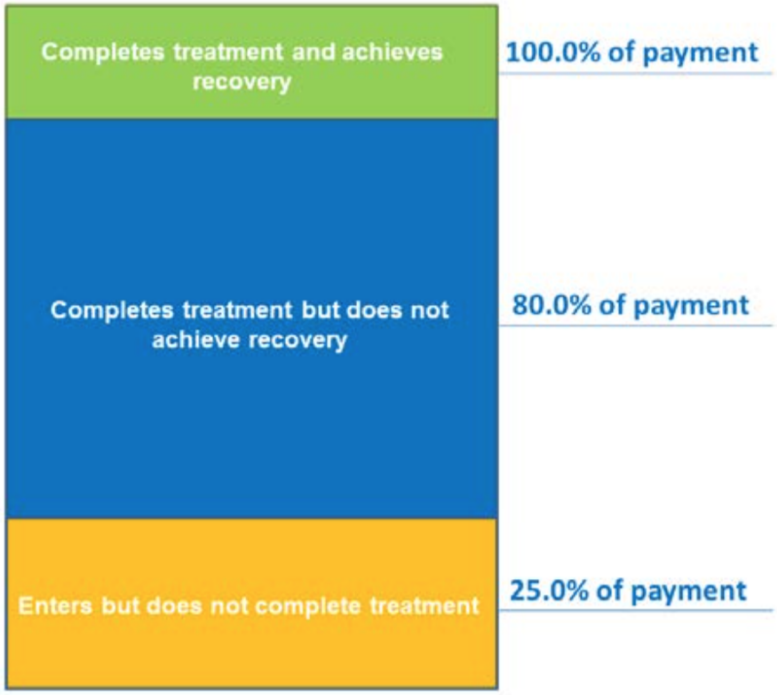
- **AQP model**

- ***Price per intensity***
  - 2a, 2b, 2c, 3a, 3b, 3c, 3d
  - Intensity refers to treatment not case complexity (e.g. = LI group)

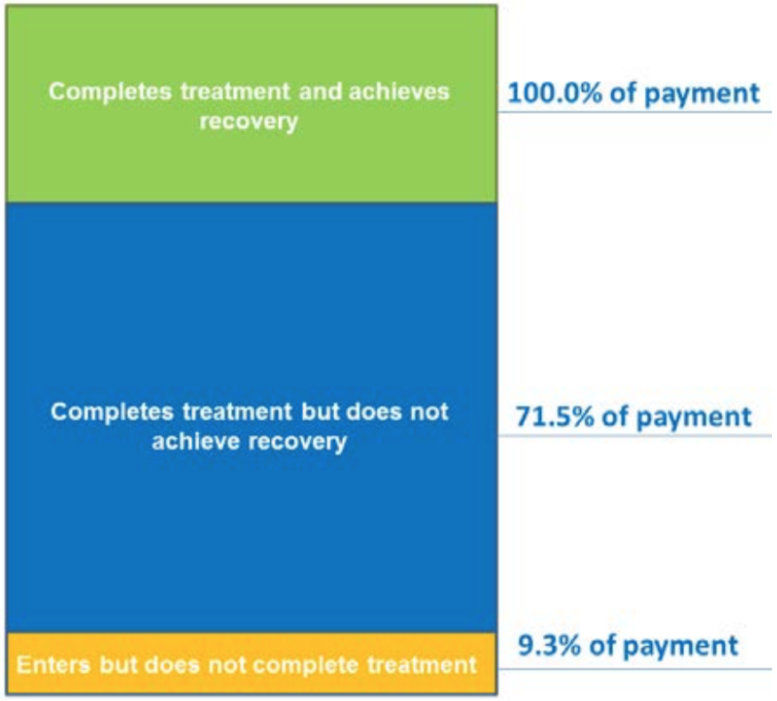
- ***3 payment triggers***
  1. Patient enters but does not complete treatment
  2. Patient completes but does not recover
  3. Patient completes and recovers

- Only one QOM = recovery

Step 2b: low intensity group therapy



Step 3a: high intensity therapy (Cognitive Behavioural Therapy, Interpersonal Psychotherapy, Counselling for Depression etc.)

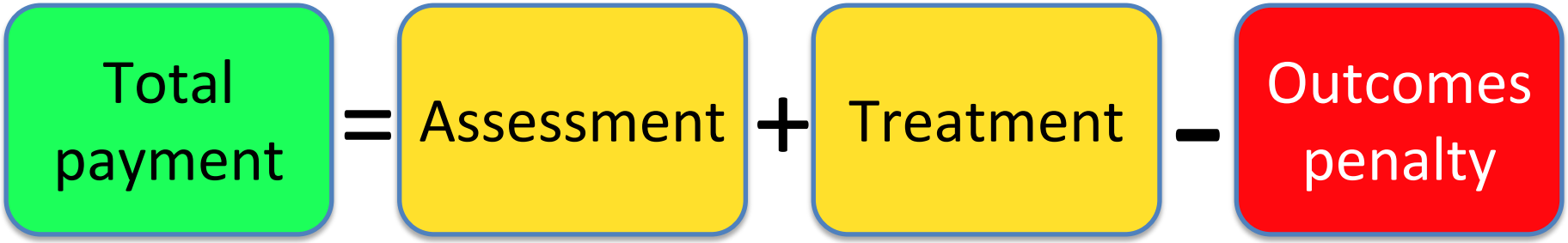


South Staffordshire & Shropshire

95% Activity + 5% Outcomes = Total payment

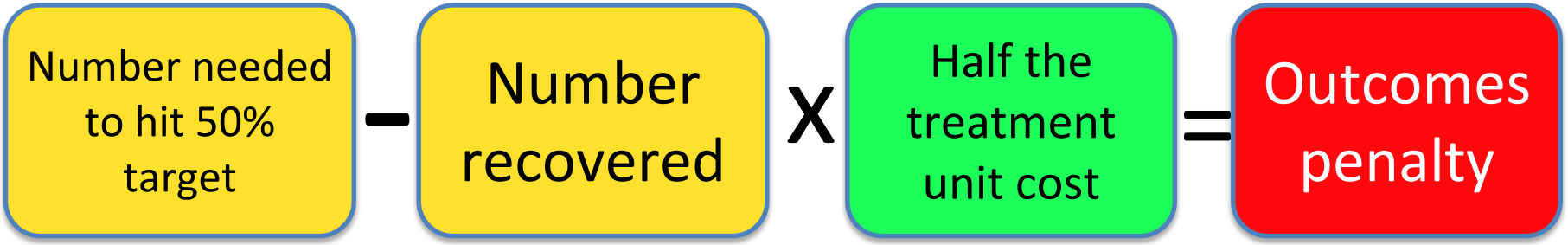
- **Treatment**
  - Cluster based pricing
- **QOMs**
  - 5 in total
  - Yet to be finalised

South Tees



- **Penalties**
  - Recovery
  - Waiting times

Recovery penalty



- **Penalties**
  - Recovery
  - Waiting times

Waiting time penalty

- **1% monthly for each waiting standard**

Outcomes

- Model piloted between 2015 & 2017
- Recovery:
  - 37% in 2015
  - 54% in 2017
- Waiting time
  - Shortest waiting time since service began
- Moving to a 90/10% payment split this year

South Staffordshire & Shropshire

90% Activity + 10% Outcomes = Total payment

- **Payment**
  - Quarterly & in arrears

- **QOMs**
  - 3 in total
  - 1 QOM achieved = 2.5%
  - 2 QOMs achieved = 5%
  - 3 QOMs achieved = 10%

QOMs

- 75% in treatment within two weeks
  - Assessment & 2 treatment sessions
- 75% of clients get a PEQ
  - 90% score >=15 out of 20
- 50% of clients recovered or improved

Next steps

- GM SCN producing a guidance document

- NWC SCN hosting discussion at their IAPT Forum
  - Contact Eleanor fountain for details

Questions?