Kevin Jarman: IAPT Central Team Briefing to North West Collaborative
04 February 2014

Intensive Support

For 2014/15 adult IAPT will be a clearer priority in the planning guidance and operational incentives to support commissioners and providers with their 2014-15 plan.

- A population health gain measure in the NHS Operating Framework and clearer focus in the CCG Outcome indicator Set
- There is a Quality Premium payment to incentivise achievement of a minimum of 15% access or where 13% or more achieved at Q4 13/14 to incentivise achievement of at least a further 3% ,. The value is 15% of the total quality premium. CCG plans should include plans increase the proportion of individuals accessing IAPT services from communities where use of IAPT is known to be disproportionately low.
- A data quality sanction in the NHS Standard contract coupled with a suggested local CQUIN for recovery

The national team are keen to have enhanced communications with CCGs, Area Teams and Regions and use of the emerging Strategic Clinical Networks to highlight good performance and support improvement.

The Intensive Support Team has undertaken diagnostic review with a number of health communities. Key areas that are highlighted as potential blocks to achieving the 2014015 standards, that would lends themselves to wider learning and discussion are:

- Insufficient investment in some areas.
- Clinical productivity and value for money, linking back to the original England modelling
- The continued reliance on GP referrals. Wide promotion of self referrals will be required, to both achieve the standards and ensure there is equal access for all section of the community
- Older people entering treatment is significant below prevalence for every CCG.
- Long waiting times in some services are suppressing referrals and those referred are less likely to engage (attrition)
- The need for whole system promotion and marketing

We have also produced Regional sets of management reports from HSCIC published data. Q2 report will be available in two weeks time and we are happy to share with SCNs and IAPT networks.

IAPT Adult Development

IAPT Data Standard

IAPT providers are advised to look out for new guidance that will be out shortly around closing cases. There is an issue with cases that are not closed within the quarter within which the patient completes the treatment. The new guidance will demonstrate the steps that need to be taken to ensure that the outcomes of all closed cases are published in IAPT Data Set reports.

Version 1.5 Data Change Notice that incorporates changes to: allow clock pauses; stepping up and stepping down; and other changes in line with the PBR pilot that are outlined below.

The Information Standards Notice was issued in December 2013 for implementation by July 2014.

PbR Pilot

The PbR pilot is continuing during 2014/15, with a view to a national road test in 2015/16. The most significant development to support his is the PbR specific data will move into the next version of the IAPT MDS, version 1.5, which goes live on 1st July 2014. This will facilitate services to use the PbR versions of the Patient Experience Questionnaires, to collect the individual WSAS scores, rather than the total, and to assign a MH care Cluster to all patients who will enter treatment. The strategy and timing for the implementation of these fields for all services to complete is being developed and will be announced at an HSCIC event on 12th March about the new MDS.

Workforce Census

The IAPT central team and HEE will be carrying out an IAPT Workforce Census in March / April 2014. The census will ask for the same information previously supplied in the IAPOT workforce census of 31 August 2012.

LTC/MUS Pathfinders

The Phase 1 Evaluation report undertaken by Surrey University will be published this month. Issues of data quality have been overcome and early findings are positive.

The Phase 2 Pathfinder sites have undertaken a practice data collection. Surrey University will analyse the data returns and issue bespoke data quality reports in an effort to ensure that data quality improvement when the Phase 2 data is collected in April 2014

IAPT for SMI

IAPT for SMI Demonstration Sites are funded to continue until December 2014. Information on the open days that took over the summer is now available on the SMI pages of the IAPT website.

Equalities

The evaluation of the work undertaken by DH Strategic Partners to look into access to IAPT services by people with protected characteristics as defined by the Equality Act 2010 is underway and should be published in the spring.

Older People

Age UK will be re-running the promotional campaign to encourage older people to take up talking therapies. IAPT Services should receive posters and leaflets in the next few weeks. IAPT services will be asked to make contact with their local Age UK centres, if not already undertaken, to improve referral pathways for older people as a way of driving up access.

CYP IAPT

Service Development

Greater Manchester Cognitive Training Centre now rolling out Systemic Family practice training to add to the CBT, Parenting, Service Transformational leadership, outreach supervision and outreach site development.

Data

Data returns are now a high priority, all year one and two sites should be returning data from all community CAMHS. Returns have been affected by the degree to which local primary data collections systems are in place, and we are aware in some sites that are still using paper that this is affecting returns. As of the April return, sites will be named rather than anonymised.

Wave 4

We plan to advertise for wave four new partnerships in February / March 2014

Accreditation

The Accreditation systems are developing, and the first course accreditation should take place in March.

Secure Video

The launch of the Secure Video System is imminent- this will allow upload of confidential video footage to a secure cloud that will allow supervisors and tutors to review the footage safely.