



Northumberland
Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT)

Engagement Feedback Report

June 2021



1 Purpose of report

To outline feedback received during a period of engagement from May to June 2021 that sought views on the Improving Access to Psychological Therapies (IAPT) service for consideration by the NHS Northumberland Clinical Commissioning Group (Northumberland CCG).

2 Background

IAPT is a national programme, offering Primary Care Talking Therapies to those experiencing common mental health problems such as Depression and Anxiety. The local service in Northumberland is called 'Talking Matters Northumberland' (TMN) and it offers services to those over the age of 16.

TMN offers approved therapies for a wide range of difficulties including Depression, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Social Phobia, Health Anxiety, Panic Disorder, Stress, sleeping problems, bereavement/loss and relationship difficulties.

The purpose of the engagement was to understand local patient experience of the service to support people with common mental health problems and identify where improvements need to be made.

3 Methodology

Aims

- Raise awareness of the IAPT service
- Gather feedback on the IAPT service (to inform provision of the IAPT service across Northumberland)


Objectives

- To provide clear information about the IAPT service in Northumberland to stakeholders and the public
- To provide service providers, service users and the public with an opportunity to share their views on the IAPT service
- To gather seldom heard group's experience, suggestions, questions and concerns about the IAPT service


Activities

As part of the overall engagement plan, we used 'Your NHS Online Community' to run an initial poll with its 200+ members and to promote the public survey to its Northumberland members, see posts below.

Seeking support for a mental health issue

 **Seeking support for a mental health issue**
 4 days ago · General conversation

If you or one of your friends/family members were experiencing a mental health issue, where would you go to for support? Let us know below.

 +6 others commented Comment 10

"Initially GP but would not be hopeful as the waiting lists are so long, I waited 2 years to receive help. Maybe would look into private help instead."

"I'd try my GP to see if they could help as well as organisations like Samaritans."


"I would go to my GP or access Talking Therapies services"

"Start with GP, but expect to be referred to a specialist, who may offer an online consultation by 2023"

- For this discussion, members were asked where they could go to seek support for a mental health issue.
- Overall, **10 comments were left on this discussion.**
- Many respondents stated that they would start with their GP and hope to be referred to a specialist or Talking Therapies.
- Respondents discussed the long waiting lists to receive mental health support through the NHS, commenting that they would consider a private health service or charities.



IAPT

 **IAPT**
 1 week ago · Services

Improving Access to Psychological Therapies (IAPT) is a national programme, offering Primary Care Talking Therapies to those experiencing common mental health problems such as Depression and Anxiety. The local service in Northumberland is called 'Talking Matters Northumberland' (TMN) and it offers services to those over the age of 16.


TMN offers approved therapies for a wide range of difficulties including Depression, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Social Phobia, Health Anxiety, Panic Disorder, Stress, sleeping problems, bereavement/loss and relationship difficulties.

This survey is for Northumberland residents who access IAPT/TMN services or may need them in the future. The results of this survey will help NHS Northumberland Clinical Commissioning Group (CCG) to understand local patient experience of NHS services to support people with common mental health problems and what needs to improve.

We would be grateful if you could take the time to answer this short survey. Please note that the deadline for responses is 11 June 2021.

[Show Link](#)

IAPT Services - Patient Survey
<https://www.surveymonkey.co.uk/P/M5P9Y2>

 commented Comment 2

- For this discussion, members who live in Northumberland were asked **to take part in a short survey on IAPT to understand and improve patient experience.**
- Two comments were left on this discussion.

"I've completed the survey. This past year has increased the need for psychological therapies and I hope the needs can be met"

"I did mention within the survey that services need to be joined up so one assessment catches all needs, this was best practice when I worked in the NHS, and for services I have previously used. The current format of only providing crisis services is costly as it creates a revolving door, services need to be available for acute care and chronic care"



Surveys

Three online surveys were developed:

- 1) for Voluntary and Community Sector (VCS) organisations
- 2) for GP practices
- 3) for Northumberland residents who access IAPT/TMN services or may need them in the future.

We launched the online surveys week commencing 10 May 2021, to coincide with Mental Health Awareness Week, and the surveys closed week commencing 7 June 2021.

Focus group

The IAPT steering group had agreed that holding a virtual / face-to-face focus group with seldom heard groups would be a beneficial engagement activity and add more qualitative feedback to the final report.

Mental Health Concern (MHC) were approached to support with the focus group but it was felt that they didn't have enough service users on their Recovery College Development Groups to form a focus group and instead they would promote the online survey to gather feedback.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) sent out an Involvement Request Form to their Reference Groups but unfortunately, they had no responses. The IAPT steering group took the decision to no longer pursue a focus group.

Communications campaign

Initial discussions about the engagement plan also included discussions about the need for a communications campaign to raise awareness of the IAPT service. This will be designed around the feedback from the engagement activities.

4 Promotion of the Engagement Activity

- Online surveys were sent to all Northumberland GP practices, PCN Boards and VCS partners, including Healthwatch Northumberland and NCVA
- Online surveys were sent to existing service users via Mental Health Concern (MHC) and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)
- Online surveys were sent via existing networks e.g. Your NHS Online Community, Northumbria Healthcare's governor, member, stakeholder bulletins and social media and Northumberland CCG bulletins, website and social media

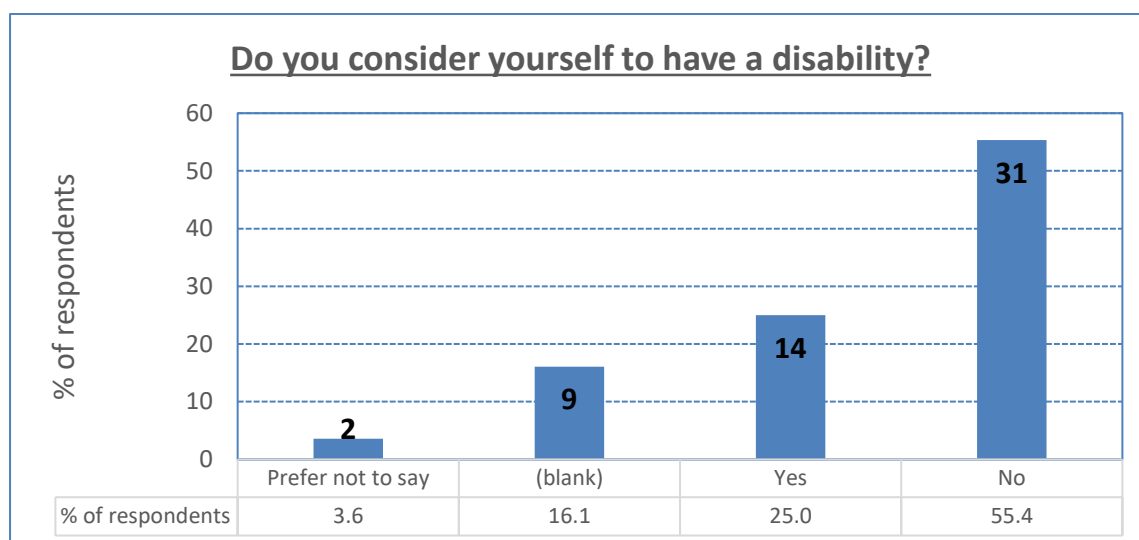
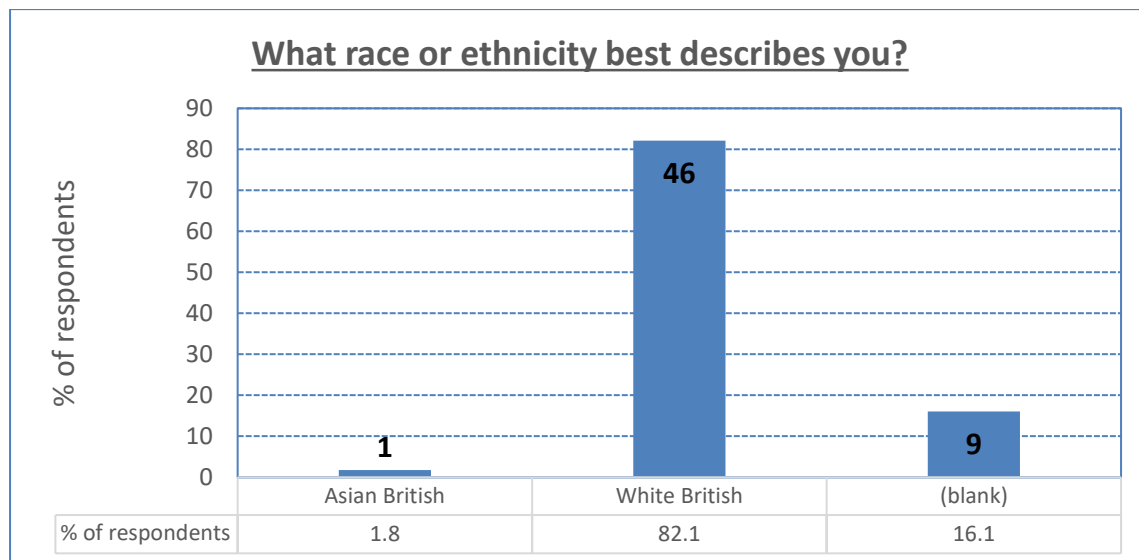
5 Results

A total of 73 people completed the survey, four VCS organisations, 13 GP practices and 56 members of the public.

Equality and Diversity

The survey asked respondents to leave demographic data about themselves. NE24 (Blyth) saw the highest number of respondents (20%).

The majority of respondents were aged 25-49 and more women (58.9%) than men (21.4%) completed the survey. All except one person, who described their sexual orientation as Bisexual, described their sexual orientation as Heterosexual or straight. The majority of respondents described themselves as White (82.1%) and 25% of respondents considered themselves to have a disability. Respondents described a range of disabilities including Autism, physical disability, arthritis, mental health and MS.



VCS results

Well up North PCN, Journey Enterprises and Coping with Cancer North East, plus one other VCS organisation that didn't leave its name, completed this survey. Only two of the four organisations had referred service users to the IAPT service and they both found the referral process easy.

Two thought community based venues were the best place to provide this service and one thought healthcare venues were best.

One respondent answered question seven and reported receiving feedback from a service user who was 'very dissatisfied' with the IAPT service.

One respondent knew how to refer to the service but two said they wouldn't know.

When asked about improvements that could be made to the service, the following comments were made:

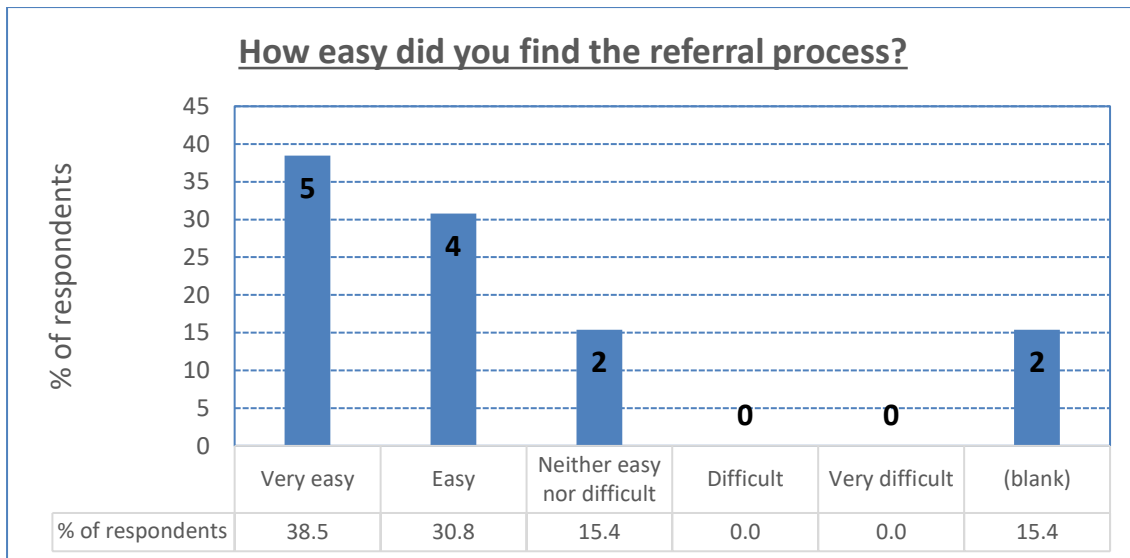
- It appears that demand for the service well out strips the availability at the moment with around 18 week waiting list
- waiting times are too long and staff are not trained to high level
- Work needed around learning disabilities (our Client group) and access to psychological therapies. This focusing on, for example, Easy Read resources and partnership work meeting Clients in host services like Journey to explain how they can self-refer, where there is mental capacity

GP results

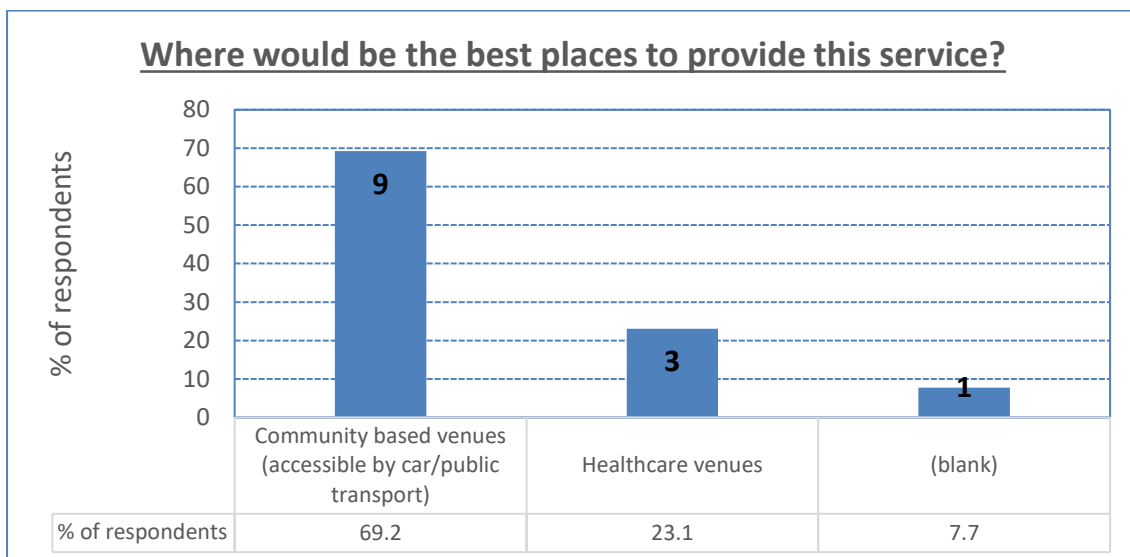
11 GP practices completed their name on the survey, these were:

Lintonville Medical (part of Valens PCN)
Elsdon Avenue Surgery
Prudhoe Medical Group
Coquet Medical Group
Valens Medical Group
Alnwick Medical group
Adderlane
Burn Brae Medical Group
Bedlingtonshire Medical Group
Haydon Bridge and Allendale
Haltwhistle

All 13 GP practices had referred patients to the IAPT service, with the majority referring daily (38.5%) and weekly (30.8%) and most found the referral process 'very easy' or 'easy'.



When asked where would be the best places to provide this service, the majority of GP practices (69.2%) answered 'community based venues'.

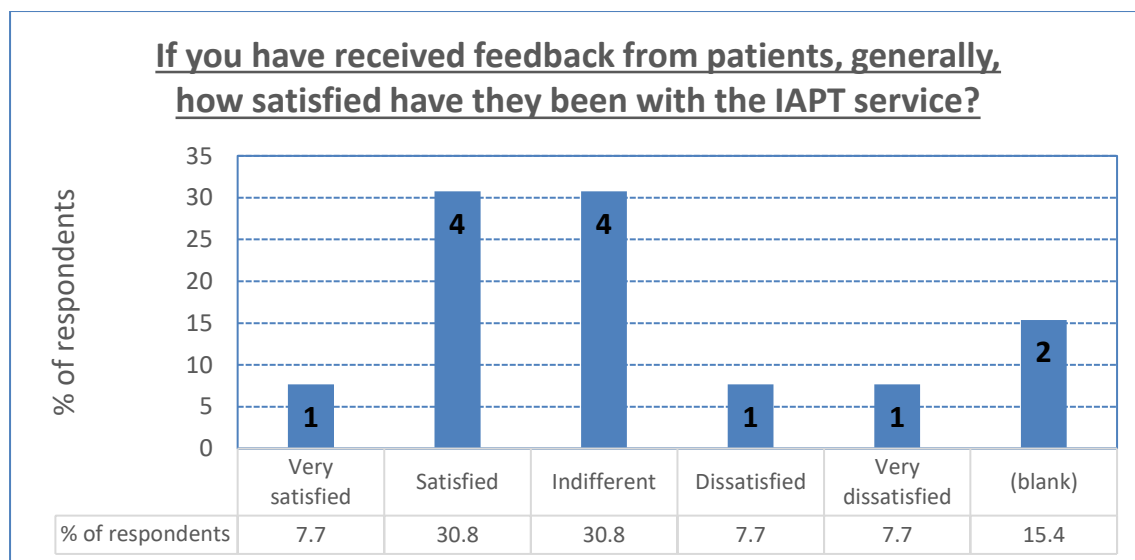


When GP practices were asked 'In your opinion, are there any improvements that could be made to the service?', the following responses were received:

- Speed of access is very slow -- wait list of months for therapy is the norm.
- A form for the patient to complete and submit via website.
- The time to assessment is critical. This needs to be timely. One of the issues is many anxious patients or depressed patients fear answering calls from unknown numbers. Perhaps an SMS to say 'this is Talking Matters' I will call you in the next 5 mins for your assessment.
- Telephone access to register and receive support is a barrier for many patients. Service is usually excellent once established but very long waiting times during which many patients' mental health deteriorates increasing the work load for general practice; very disappointed that unilateral decision that GPs must refer once 3 DNAs - more work and not supportive for GPs who already have an unprecedented workload

- Patients seem to have to wait a long time for the follow up
- speed of provision of service to patients
- Reduce waiting times to triage and therapy.
- Reduce waiting times for patients
- yes. Inevitably, given demand, the service focusses on brief interventions even when a patient is likely to benefit more from longer interventions. Patients also currently face longish waiting lists for CBT etc The service is very quick to discharge patients who DNA/do not answer the phone
- The waiting time is just too too long- which generates loads more work in primary care and use of prescription medication than there would need to be if it were more timely. For those who do eventually manage to access care, it is generally well received

The chart below shows the feedback GP practices have received on how satisfied patients have been with the IAPT service.



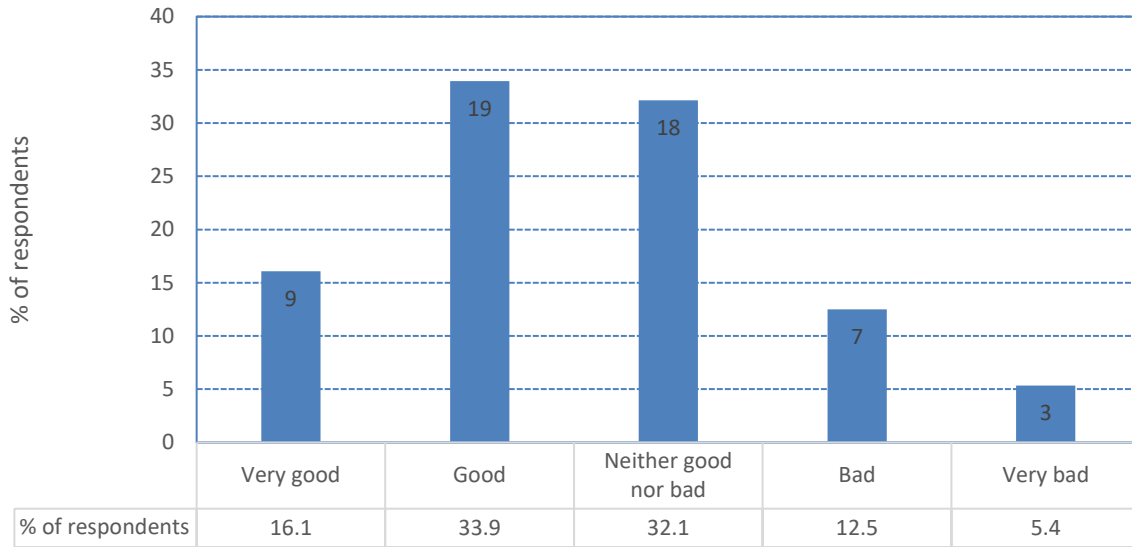
Public results

From the 56 public surveys completed, 34 respondents had not used the IAPT / TMN service in the last 12 months, with 21 responding that they had.

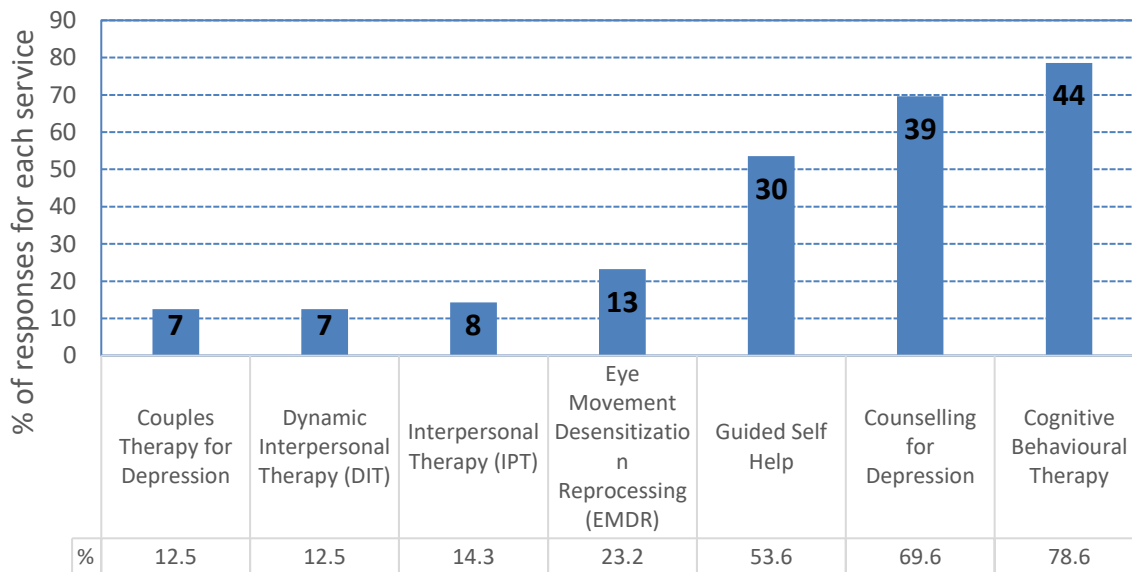
Overall, understanding of the service was good and awareness of which services were provided was highest for Cognitive Behavioural Therapy, Counselling for Depression and Guided Self Help.

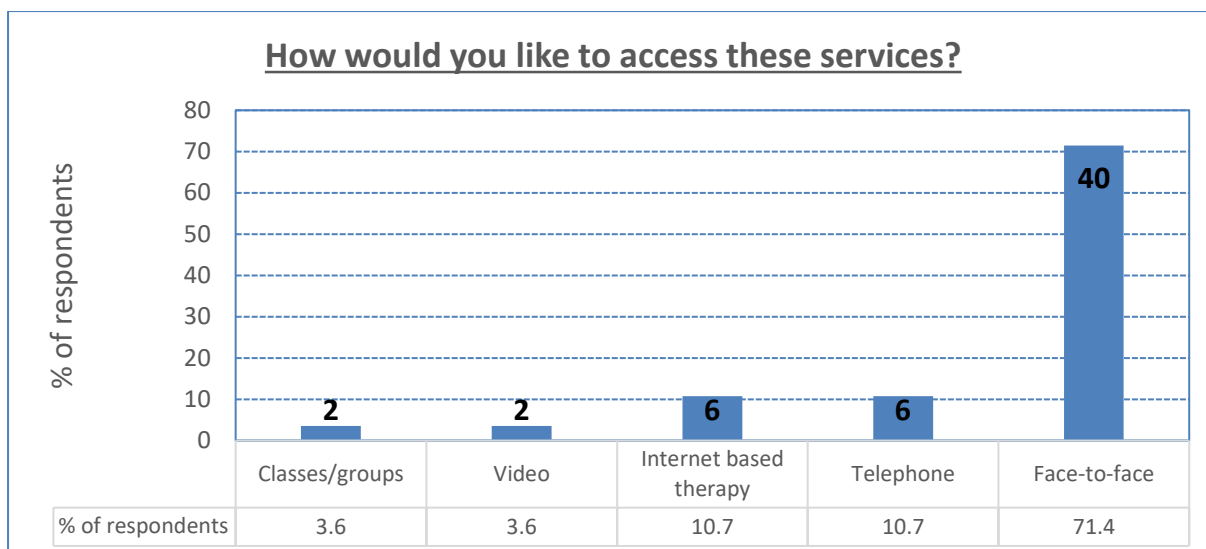
By far, (71.4%) of respondents, wanted to access these services face-to-face.

How would you rate your understanding of the IAPT/TMN service in Northumberland?



Which services are you aware that IAPT/TMN provides?





Of the 34 respondents who had not used the service in the last 12 months, 29.4% would access the service via their GP if they needed it, with 'Telephone' and 'Internet / Online' being the next preferred options.

From the 21 respondents who had used the IAPT / TMN service in the last 12 months, 66.7% found it 'very easy' or 'easy' to access and 61.9% accessed the service by self-referral.

Comments on how easy it was to access the services often talked about this element of the service as being good but then provided more detail on other issues, such as long waiting times.

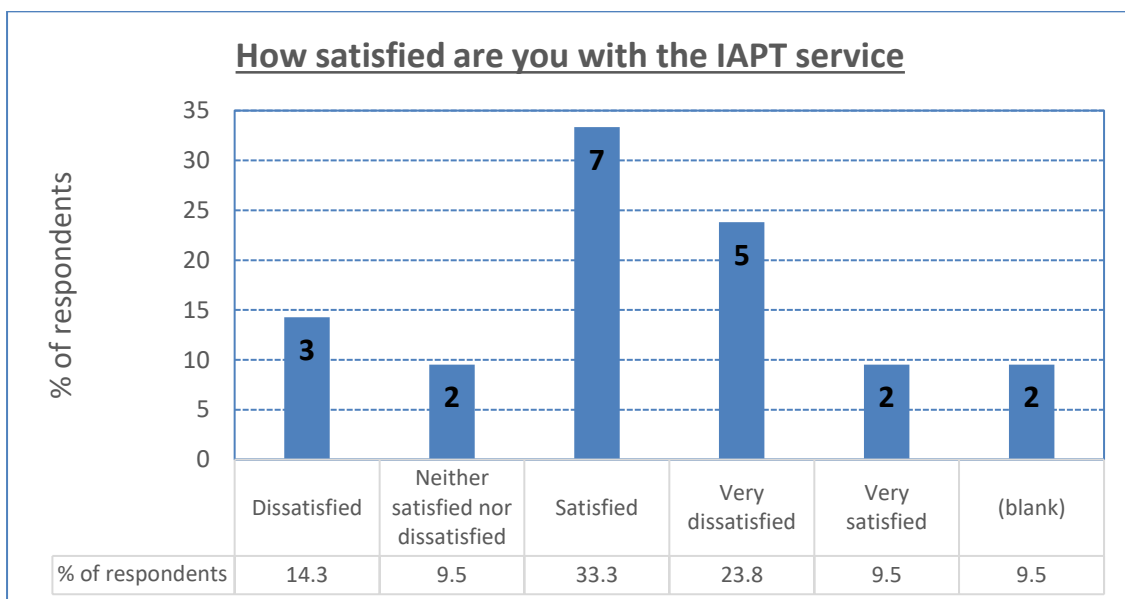
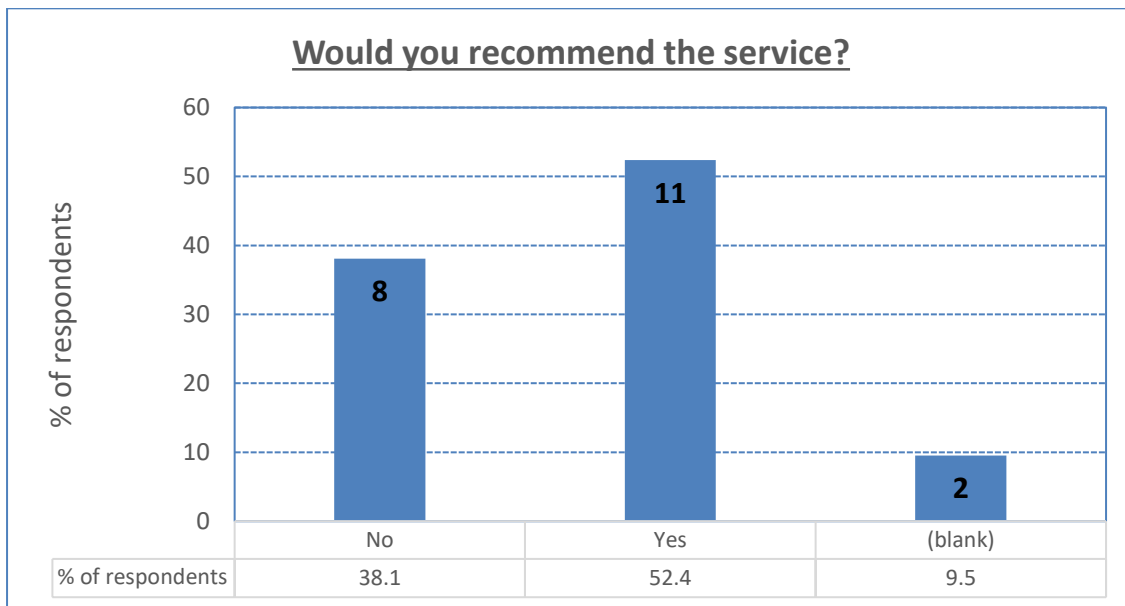
- Online self referral and contacted by someone a few days later
- Very easy to self refer, not so easy to get an appointment for F2F CBT still waiting since self referred in November 2020
- Self refer all makes it easy to access
- The referral process is easy, but there is a long wait before you can be assessed
- Took over 6months to get an appointment but then was discharged from service for sounding to cheerful - yet mood was very low
- Had to be referred via my gp and waiting time was 16 weeks which I feel was a very long wait
- I was on the waiting list for a year and a half after I referred myself and was told I would get help for PTSD
- I got a assessment but no appointment before being discharged
- I was referred in October 2019.... still waiting for an appointment. GP chased it up at the beginning of April and I was told because of COVID the waiting list was long
- It was easy in 2019 to access an initial appt. Getting an actual service was appalling. I had to make a complaint

When considering if the service had met their needs, 61.9% of respondents, who had used the service in the last 12 months, felt it either didn't meet their needs or only partially met their needs. Comments provided a range of feedback as to why

their needs had not been met by the service; waiting times were highlighted again as well as staff attitude and unsuitable therapy.

- I have had 5 sessions for PTSD which were good and now waiting for counselling part but waiting list is understandably long
- Still waiting for an appointment
- Waited a year and a half for CBT and it only started last week and is telephone instead of face to face
- I was struggling with money problems at the time and could have done with extra help with that
- The first time I accessed the service I was (eventually) able to access face to face therapy, though I had to attend group therapy first. The second time I referred myself I couldn't go directly back to face to face therapy and was offered group therapy again, which I knew wouldn't help, so I had to do self-guided therapy online, which also didn't help (my anxiety and depression scores were higher after I finished) but by then we were in lockdown so I couldn't have face to face therapy, so I've been trying to manage on my own instead.
- Immediately discharged for being too cheerful. Not appropriate for long-term health problem - assumption that once treated medically everything is fine. Yet mood extremely low and not supported accordingly. GP also extremely disappointed in the service and how it treated me. Had to re-refer and was told would be put back on waiting list. Luckily I spoke to someone when discussing the referral who managed to sort out a quick appointment with a lovely lady called Polly - who referred me to hospital service to see if that would be appropriate.
- Very good service exactly what I needed knew exactly how to help
- I was offered guided self-help. I didn't feel the PWP had the level of therapeutic skill needed to help me
- I have only just started treatment and the therapist is very unhelpful and unkind.
- Still waiting to see someone 20 months later. Ended up contacting the crisis team as I hit rock bottom
- The service did not meet my needs at all, it was appalling. I was offered a group or CBT on line, this is not what I needed/wanted. I know all services need to abide by the organisational rules but really!! I would not advise anyone to use this service.

The charts below are based on the survey responses from the 21 patients who have used the service in the last 12 months.



Respondents who had used the IAPT / TMN service in the last 12 months listed a range of improvements that could be made to the service, these have been categorised below starting with the improvement most cited:

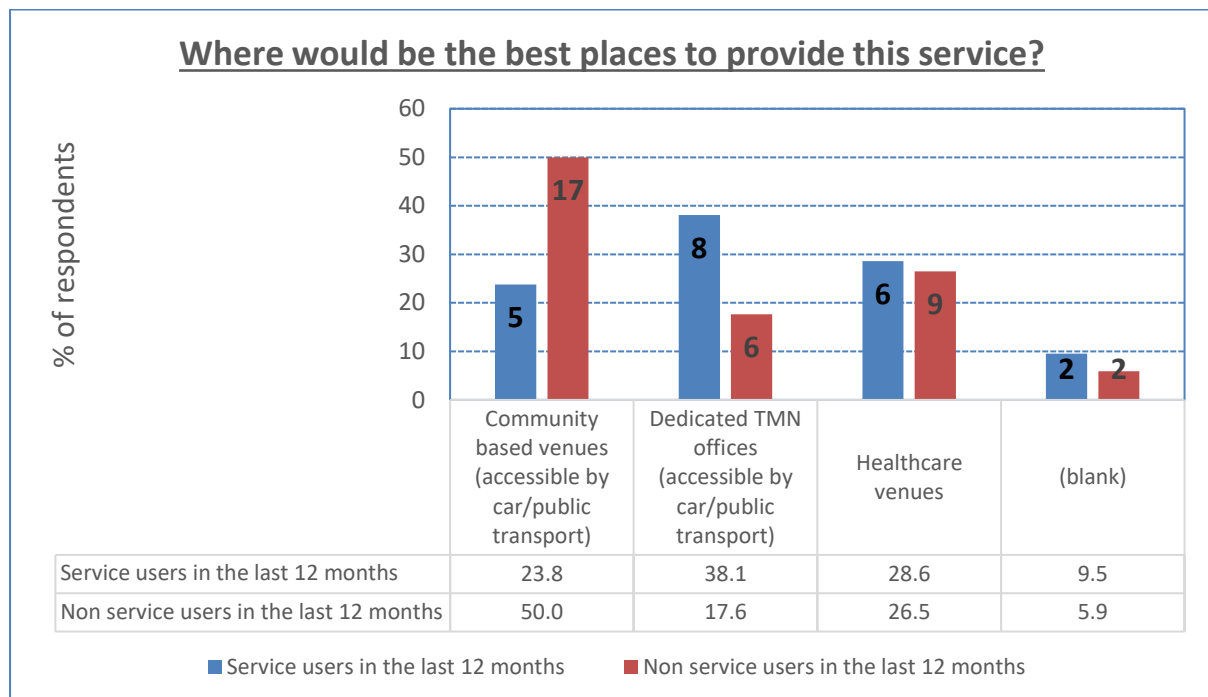
- More investment and resources to reduce waiting lists / increase speed of service
- Communication - feedback to patients, increase checks / contact with patients on the waiting lists, let patients know what is going on, provide information if the patient needs immediate help
- Longer sessions / treatment
- Better training for therapists / counsellors

- Increase staff (face-to-face contacts)
- Help with money problems
- Appropriate options for individual patient's conditions / needs and experienced staff
- Make a clear diagnosis to avoid confusion

Respondents who hadn't used the service in the last 12 months also added a number of improvements, which have been categorised below and again, the improvement most people wanted to see is at the top:

- Shorter waiting times / increase face-to-face contacts rather than online courses / therapy
- Promote the service better - increase awareness, including making local employers aware
- Increase resources
- More information generally available about the service
- Increase awareness
- Not turn people away – support / signpost
- Improved facilities / access for patients with disabilities
- Improve communication with patients during telephone consultations / keep patients better informed of their progress
- Longer sessions / treatment
- Services linked together for one pathway of care
- Better training for therapists / counsellors
- Improve people's trust and availability to use online services
- Bereavement support to be provided
- Increased flexibility to accommodate the patients' preferred approach

Just as the VCS and GP surveys showed, the public survey respondents thought the IAPT service should be provided in community based venues.



When considering all of the public survey responses, the top three places people would like to see the service advertised were GP / Doctors surgery, social media e.g. Twitter, Facebook and TV, with leaflets / door drop just behind. A few people left comments in the ‘other’ option, these included:

- Visual presence at front entrances at the hospitals community services
- Use parish council newsletters to add your flyer to. Longhoughton Parish Council’s goes to 790 houses!
- There isn’t any point advertising a service unless you have the capacity to deal with the demand
- Voluntary groups
- All of the above, my problem isn’t knowing that it exists, it’s the delay to receiving the support.

6 Themes

A number of themes emerged from the engagement, which will be explored in more detail below.

Waiting times

The waiting times for therapy have been a recurring theme from all survey respondents and in some of the comments received, the waiting times are actually exacerbating the person’s mental health issue.

Primary care

The role of the GP has featured heavily in responses, as most people, who may need to access the IAPT service in the future, would approach their GP first and many of those who were using the service, had seen their GP first. GPs are referring in to the service regularly, and whilst not the most preferred option, some people did say they would like to access IAPT services at a healthcare venue. Working with GPs and increasing awareness of the service and what therapies are offered via GP practices would be extremely valuable.

Flexibility

Several comments by GPs and the public have referred to a lack of flexibility in the IAPT service. This has been related to how the services are offered, for example, the majority of respondents wanted to see someone face-to-face but were more likely to be offered telephone, online or group therapy and the need to tailor an approach to the individual. It has also been related to people being discharged from the service for not answering a call or DNAs and suggests a need for more flexibility around this when someone has a mental health issue.

Communication

Communication has been raised many times in the survey responses, this has included feeding back to service users, increasing checks / contact with service users on the waiting lists, letting people know what is going on and providing information if the person needs immediate help.

One public respondent commented:

‘Still waiting to see someone 20 months later. Ended up contacting the crisis team as I hit rock bottom’

A GP offered the following suggestion for improving communication:

‘One of the issues is many anxious patients or depressed patients fear answering calls from unknown numbers. Perhaps an SMS to say ‘this is Talking Matters’ I will call you in the next 5 mins for your assessment.’

Raising awareness of the service has been mentioned many times, this could include posters in GP practices, community venues and information sent to employers. More social media presence is also needed.

7 Conclusion

Overall, the response rate on the surveys was disappointing and it would have been good to hear from more GPs, PCNs and IAPT service users. The lack of interest in a focus group was also disappointing but understandable, given talking about your own mental health can be challenging, especially in front of others.

When people have used the IAPT service, they have reported being satisfied and would recommend the service. They reported that it was easy to access and the self-referral option was well used, however, 61.9% of respondents, who had used the

service in the last 12 months, felt the service didn't, or only partially met, their needs and long waiting times were raised by many respondents.

Of those respondents who had not accessed the service in the last 12 months, the majority said if they needed to, they would access it via their GP. This links to where most respondents would like to see the information advertised and suggests a need for an IAPT awareness campaign across primary care in Northumberland. Responses to the question about which services are provided by IAPT / TMN only referred to three services, it may therefore be useful to promote all of the services offered, as part of the awareness campaign.

Based on the feedback from the engagement activity, action is needed to reduce waiting times, increase resources to recruit and train more staff and increase face-to-face contact.

8 Next Steps

This report will be shared with the IAPT steering group and a copy uploaded to Northumberland CCG's website.

The information will be used as a 'thermometer gauge' around service provision and, whilst IAPT services are very prescriptive in terms of what's offered, there is much to be gained regarding future delivery in terms of where and how sessions can be offered and how this links in to greater integrated working across all partners, whether secondary care, primary care or the VCS.

A communications campaign to raise awareness of the IAPT service will be designed around the feedback from the engagement activities.

Appendices

Appendix 1 – VCS Survey Data



VCS Survey
Data_All_210629.pdf

Appendix 2 – GP Survey Data



GP Survey
Data_All_210629 (1).p

Appendix 3 – Public Survey Data



Patient Survey
Data_All_210629.pdf