

Overview of Anxiety & Depression (IAPT) Network

David M Clark

Network Clinical Lead for Adults

What is IAPT?

An National Programme that aims to vastly increase the availability of NICE recommended psychological treatments for depression and all anxiety disorders by:

- training a large number of psychological therapists
- deploying them in specialized, local services for depression and anxiety disorders
- measuring and reporting clinical outcomes for ALL patients who receive a course of treatment (public transparency)

The National Picture

- IAPT services are now established based in all areas of the country
- Currently (annualized rates)
 - 756,000 referrals enter treatment per year (12.5% of prevalence)
 - 442,000 referrals finish a course of treatment (2 or more sessions)

National Outcomes

- Before IAPT nationally only 38% patients had pre & post treatment scores recorded (Clark et al, 2007)
- NOW 96.8% of referrals that have finished a course of treatment have pre & post treatment depression & anxiety scores.
- 45 % Recovery (target min 50%)
- 60% Reliable improvement

BUT large variability in recovery rates (many CCGs over 50% but some less than 25%)

Oxford AHSN Services & CCGs

Services

Berkshire East

Berkshire West

Buckinghamshire

Oxfordshire

Milton Keynes

Luton

CCGs

Bracknell & Ascot

Newbury & District

North & West Reading

Slough

South Reading

Windsor, Ascot, Maidenhead

Wokingham

Chiltern

Aylesbury

Oxfordshire

Milton Keynes

Luton

Anxiety & Depression Network Projects

Project One

- Improve clinical outcomes (adults) by at least 5%

Project Two

- Dissemination local clinical innovations projects to other services (at least one each)

Project Three

- Improve data completeness for clinical outcomes in CYP IAPT (by at least 10%)

Project One: Improving clinical outcomes

- Started informally one year ago
- Information sharing between four initial services
- Already achieved target with initial services but will continue to achieve more & include new services

Progress with recovery rates (%)

Area	Oct-Dec 2013	Jan-Mar 2014	April-July 2014
England	43.9%	44.9%	45.0%
Oxford AHSN 4 core services	47.6%	54.0%	55.7%
Better than England	3.7%	9.1%	10.7 %

Year One Data Analysis

Gyani, Shafran, Layard & Clark (2013) Behav. Res. Ther.

Services with higher recovery rates

- higher average number of sessions
- use stepped care
- core of experienced therapists
- Self-referral → less sessions for recovery

NICE compliance leads to higher recovery

GAD: CBT > Counselling

Guided self-help > pure self-help

Improving Recovery rates: a local case example

Bucks IAPT service (John Pimm)

- Recovery consistently around 45% & reliable improvement at around 65%
- Review ALL discharged cases that had failed to recover (one month exercise)
- Look for themes. Implement changes to service organization.
- Now recovery 64%, reliable improvement 76%

Improving Recovery rates: staff supervision and CPD

- NHSEngland workshop with some high recovery rate services
- A consistent theme
 - Leadership focused on recovery and reliable improvement data in an inquisitive and staff supportive manner
 - Staff get personal feedback benchmarked against service average or other therapists
 - Personalized CPD programmes for staff

Public Health England CMHD Profiles Tool

- IAPT services *required* submit to NHS Information Centre every month 50 data items *per patient* covering demographics, diagnosis, type of treatment and pre & post treatment scores.
- [Profiles Tool](#) displays numerous IAPT indices at CCG level. Makes it easy for services, commissioners and public to see how they are doing, and how they compare with neighbours.
- Intended to facilitate sharing of knowledge between service & help services judge the success of their innovation
- BUT will also make “gaming” visible to commissioners & public

Analyses from Profiles Tool Data (Sophie Carruthers)

- 200 services
- Identify predictors of recovery
 - Socio-economic deprivation (- ve)
 - % DNAs in service (- ve)
 - % Problem descriptor completeness (+ve)
 - % wait less than 28 days (+ve)

Next Steps

2nd Workshop (this morning)

- Interim analyses
- In depth look at access & recovery by problem
- Letters to GPs
- Plan workshops on key problems for therapists

Upload and analyze 12 months data from all our services

- To identify further predictors of outcome
- Re-organize services in light of the findings

THANK YOU