

Patient and Public Involvement, Engagement and Experience (PPIEE) Plan
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About the Network

The Oxford Anxiety & Depression Network will build on the already successful local IAPT (Improving Access to Psychological Therapies) network previously run through South Central Strategic Health Authority incorporating providers, commissioners and university based researchers who are at the cutting edge of psychological treatment research. The Clinical Network will extend its focus to medically unexplained symptoms (MUS) and to patients with chronic health problems whose management is complicated by the presence of anxiety and/or depression as well as to working with Children and Young People (CYP) IAPT.

Aims

The focus of the Anxiety & Depression Clinical Network will be on reducing IAPT service variation in clinical outcomes, a region-wide improvement in recovery rates, rapid dissemination of latest advances in treatments, reduction in waiting times and improved user involvement. The network will focus on both the Adult and the Children and Young Persons IAPT services and Professor David Clark is the Clinical Lead for adults and Professor Shirley Reynolds is the Clinical Lead for children and young People (CYP).

Current projects

Project 1: Understanding outcome variability

This work stream will involve a detailed analysis of the last 12 months of outcome data from the OAHSN member IAPT services. Nationally, there is considerable variability in outcomes between different services and we anticipate that the same will be true locally. Our analyses will quantify variations in access rates and outcomes (recovery and reliable improvement rates) by service, by clinical condition (depression, PTSD, generalised anxiety disorder, social anxiety disorder, obsessive-compulsive disorder, panic disorder, health anxiety, and specific phobias), and by patient demographics (age, ethnicity, etc). These analyses go well beyond the data that is available nationally, which is restricted to overall recovery rates for a service. Once outcome variability has been quantified, we will aim to identify predictors of that variability in terms of service models, procedures, types of interventions, therapist training, etc. The findings will be fed back to services so that they can use them to restructure their service provision, as appropriate, to further enhance outcomes. We will report on outcomes by service and by clinical condition within services before and after services have received feedback and have had a chance to implement change. We will aim to reduce variability by a minimum of 15% and improve overall outcomes by at least 5 %.

Project 2: Supporting local service innovation and disseminating successes throughout the region: depression and anxiety network

The Improving Access to Psychological Therapies (IAPT) programme involves a core offer of NICE recommended psychological therapies for adults with depression and/or anxiety disorders. However, individual local services, and the National Programme, are also piloting additional types of intervention that are likely to benefit the full range of individuals who present with depression and/or anxiety disorders. Within the OAHSN area several projects are underway. This work stream will provide research support for the projects by advising on outcome measures and evaluation. It will also support the leads of the relevant projects to

share their learning with other IAPT services within our network so that ALL of the services will be able to implement the new service innovations. The network aims to support each of the OAHSN member IAPT services to adopt at least one new innovation.

The key innovations that are currently underway are:

1. **CBT for insomnia:** difficulties in sleeping are common across individuals with depression and/or anxiety disorders. Some IAPT services have now started to offer both individual and group treatments that focus on insomnia. The outcome data so far obtained will be assessed and training in the interventions will be disseminated across services, as appropriate.
2. **Depression and diabetes:** the Berks IAPT services have successfully piloted depression treatment groups specifically for individuals with depression and diabetes. Dr Arek Hassey has shown that the groups reduce general practice costs for managing diabetes. We will work with Dr Hassey and his team to disseminate his treatment groups THROUGHOUT the network and to evaluate their implementation.
3. **Heart2 Heart:** The Oxford IAPT service has pioneered a stepped care psychological treatment service that is integrated with the local cardiac rehabilitation service and aims to speed up cardiac rehabilitation in people who are also suffering from depression and/or anxiety disorders. We will work with the clinical lead (Dr Heather Salt) to make the key service development documents (including outcome measures) and clinical protocols available THROUGHOUT the network and will help organise training for interested parties within other IAPT services in the region.
4. **COPD:** the Bucks IAPT service has pioneered the implementation of stepped care CBT work within local services for individuals with chronic obstructive pulmonary disease. We will work with the clinical lead (Dr John Pimm) to make the key service development documents and clinical protocols (including outcome measures) available THROUGHOUT the network and will help organise training of interested parties within other IAPT services in the region.
5. **Psychological Perspectives in Primary Care (PPiPCare).** Some IAPT services have started to offer brief GP training in the detection of anxiety and depression, motivational interview techniques, behavioural activation techniques, problem-solving and very brief CBT. We will continue to support this training and will aim to make it more widely available THROUGHOUT the network.
6. **MUS** project in Berkshire. Talking therapy services have been shown to improve outcomes for those with medically unexplained symptoms (MUS). Integrating access to talking therapies into the care pathways of those who suffer with these conditions aims to improve outcomes and potentially secure long-term cost savings by reducing the heavy use of NHS resources by people with these conditions. We will work with the project lead (Dr Alison Salvadori) to make the key service documents and clinical protocols available THROUGHOUT the network.

Project 3: Improving data completeness in CYP IAPT

The Child and Young Person Improving Access to Psychological Therapies (CYP IAPT) programme is an ambitious project that aims to transform existing Child and Adolescent Mental Health services (CAMHs) in England. It was launched in 2012 and currently has coverage in 60% of NHS CAMHs teams in England. Child and Adolescent Mental Health services include NHS, local authority and voluntary sector organisations working in communities.

CYP IAPT is based on a number of key principles –

- involving children, young people and families in delivering and designing services,
- using routine outcome measures to track and monitor change,

- making services more open and accessible to children and young people, and
- providing high quality evidence-based psychological interventions

The CYP IAPT programme is managed around 5 learning collaboratives. These are partnerships between universities and a local CAMHs service. These ‘collaboratives’ offer a comprehensive range of interventions, support, and training to help CAMHs develop and change.

Formal training is offered at a number of levels – to clinicians, supervisors and service leaders. Specific clinical training is provided in psychological therapies to treat anxiety disorders, depression, conduct problems and eating disorders. Clinical supervisors in CAMHs receive training and support to provide supervision using video recordings and structured rating scales. Service managers and leaders attend specific CYP IAPT training to help them understand and promote organization change. They undertake project work within their service as part of CYP IAPT training. All staff working in CAMHs are offered work-based training to help support service change and to disseminate the principles and working practices of CYP IAPT.

The Charlie Waller Institute at Reading University in partnership with Oxford Health NHS Trust forms one of the 5 national CYP IAPT collaboratives (Oxford/Reading). A key focus of outreach work by CWI into local CAMHs is the integration of Routine Outcome Measures into clinical practice.

This work stream will aim to identify ROMs used with children and young people presenting with anxiety and depression as well as those presenting with other disorders such as co-morbid emotional and behavioural difficulties.

Initially the analyses will be conducted on a download of the last 6 to 12 months data from CAMHs if this is available.

A further download of quarterly data in summer 2015 will be analyzed to determine the extent to which data collection rates have improved.

PPIEE

The A&D Network is very keen to have broad and meaningful patient and public engagement and involvement and the network has already appointed a patient representative on to its steering group which is responsible for all strategic decisions as well as monitoring progress on agreed projects and milestones. Steering group members currently include the patient rep member, 2 A&D Network clinical leads, the network manager, all IAPT service leads, the network’s statistician and CYP IAPT expertise

The A&D Network steering group patient representative’s responsibilities include:

- Ensure that the network will, at all times, keep the patients’ perspectives and needs in mind whilst working to deliver on their commitments
- To contribute to the development and monitoring of network work plans
- To facilitate the patient forum meetings
- To offer support to other patient reps as needed
- To attend the A&D extended network meetings/ conferences
- To contribute to the development of a meaningful PPIEE strategy

It is proposed that this plan will focus on 2 aspects of PPIEE:

- 1) The infrastructure the A&D Network will create to ensure meaningful PPIEE
- 2) Support for the IAPT services to share best practice and ensure high levels of meaningful PPIEE

The infrastructure the A&D Network will create to ensure meaningful PPIEE

All IAPT services already have patient feedback and involvement initiatives in place.

The Anxiety and Depression Network will link into these existing patient feedback initiatives through a four monthly patient forum consisting of representatives from these groups from each of the services. This patient forum will be facilitated by the steering group patient member, Ailsa Harrison.

The A&D Network Patient Forum will be set up on a hub and spoke model and:

- Offer feedback and suggestions for improving IAPT services up the line, drawn from their own patient involvement groups. The A&D Network steering group (which includes all IAPT Service Leads) will then collectively, and in partnership with each other, address the various issues raised.
- Will be closely involved in scrutinising and commenting on the outcomes from the various A&D network projects and deliverables

Equally, A&D Network business issues, including outcomes from the projects and/or any changes to the work, should be taken to the Patient Forum by the A&D Network patient member.

The plan for recruiting to the network is proposed below.

Step 1- Map current IAPT services activity

Step 2- Appoint a PPIEE Lead for each IAPT service

Step 3- A&D Network patient member and network manager to meet with PPIEE leads and patient representatives if possible to check activities as mapped and agree on recruitment process for Patient Forum

Step 4- Schedule first Patient Forum for July, ideally face to face and somewhere central e.g. Aylesbury/ High Wycombe. Agree Terms of Reference and frequency of meetings (we propose once every 4 months in early May, late September and early February for 15/16).

The A&D Network will also invite patient and public involvement on the various project steering groups as appropriate.

As PID 1 'Improving Recovery Rates and variability in outcomes across services' requires in-depth knowledge and understanding of multiple IAPT KPIs and measurements it is proposed that the current A&D Network Steering Group patient representative Ailsa Harrison joins this project group workshops as she has a very good understanding of the various aspects of his particular project.

Support for the IAPT services to share best practice and ensure high levels of meaningful PPIEE

The PPIEE leads for each service will be supported by the network manager and the A&D Network patient member. PPIEE activities across all services will be shared and explored

and services will be supported to adopt additional initiatives or enhance those already in place. We intend to recruit additional patient representatives onto this working group. First meeting to be scheduled for mid-March. All patient representatives should be 'recent graduates' from the IAPT services.

Proposed timetable for activities:

What	Who	When
Map current IAPT services activity	Service leads/Ineke	By 10 th February
Appoint a PPIEE Lead for each IAPT service	Service Leads	By 18 th March
First meeting all service PPIEE Leads	Ailsa, Ineke and PPIEE leads plus additional patient reps	By 26 th April Then September, December and March 2016
Patient Forum meetings	Ailsa, Ineke and patient reps. PPIEE leads?	July, November and March 2016
Review by A&D Network steering group	A&D Network steering group	September, December and March 2016

Expenses and involvement payments

The A&D Network will adopt the OAHSN policy for reimbursing patient and public representatives as and when this has been ratified by the OAHSN Board.

All patient and public representatives will receive payment for travel expenses incurred as well as carers' expenses if appropriate. The A&D Network Steering Group patient representative is expected to be eligible for involvement payments as this role is viewed as a strategic, leadership role with substantial responsibilities and time commitments attached.

Mapping current activity: what's happening already?

Buckinghamshire, step 2 and 3 patients (low and high intensity treatments): Healthy Minds

1. People completing treatment are asked if they would like to contribute to the service by joining the Bucks 'people bank', there is a form they complete and this goes on a data base so they can draw on people who are willing to contribute. Those willing to participate contribute to a number of service development initiatives.
2. All patients are asked to complete a Patient Experience Questionnaires and people will complete this on an ipad shortly
3. For specific projects e.g. the Bucks 'Live Well Project' more detailed work including service user focus group and interviews has taken place
4. Bucks have a peer support group all patients are invited to join after completing treatment.

5. Bucks has previously involved service users in developing their web site and are about to refresh this again and will involve service users.
6. Bucks are about to appoint a lead for step 2/3 PPIEE work

Step 4:

Bucks have started to develop their strategy for PPIEE work with step 4 patients who are generally more complex and longer-term. Their objectives for the next 6 months are:

- To agree a leaflet/information to be discussed and given to patients at the end of treatment
- Design and print leaflets for step 4
- To ensure all step 4 therapists are aware of and share with service users at the end of treatment
- To set up a database with details/interests service users have or would like to be involved with and a means of collating this information
- To commence a project at step 4 involving service users in partnership with Artscape

Milton Keynes

All patients who have received treatment are encouraged to submit a Patient Experience Questionnaire.

Milton Keynes IAPT service currently has a focus on improving access to psychological treatments through raising awareness in a number of ways and they have started to pull together their strategy to achieve this.

One important aspect of this is promoting self-referral which empowers people to access the help they need without needing to go through a health professional.

The A&D network is working with the MK IAPT service lead to encourage and support PPIEE activity as they decide on their strategy for increasing easy access to psychological treatments.

Berkshire East and West Talking Therapies

1. Run regular patient forums where we ask /consult our clients regarding service improvements
2. Use Sharon to support our clients in and after therapy and encourage ex-service users to be peer supporters.
3. Invite LTC patients back for a social group
4. Get involved in local self –help patient groups, sign posting to depression alliance and co-work together
5. The Trust runs patient feedback sessions that are open to our client groups

Luton: Luton Wellbeing Service

- LWS run a quarterly service user forum
- LWS routinely collect PEQs
- LWS have service users on their appointment panels

Oxfordshire: Talking Space

- TalkingSpace holds a People Involvement Database consisting of former patients from all parts of the service who have signed up to be contacted about activities around service development, audit, promoting TalkingSpace and recruitment. At present Oxon have 135 people on their bank. They have recently added info about e.g. ethnicity, age, gender, LTCs so that they can target specific pieces of work
- TS hold focus groups at least once a year to gain feedback on the TalkingSpace service both generally and on any specific proposed changes i.e new service model
- Regular service user involvement on interview panels
- People bank representatives attend the quarterly Open Afternoons for Professionals held by TalkingSpace to talk about their experiences.
- Surveys sent out earlier this year to help understand the reasons people do not engage or end treatment early
- Recently people bank members have been approached to be involved in a project looking at the development of the Electronic Health Record
- Former patients are filmed for use on our website, within training materials and for internal use i.e with commissioners. DVDs are removed after two years or whenever the patient requests
- Patients have appeared with us on local radio
- 2014/15 Special project to train veterans who have successfully finished psychological treatment in mentoring new patients in IAPT and specialist services – v successful with benefits for mentors and new patients
- 2013/15 Projects with Cardiac panel (ie not necessarily former IAPT patients) to develop materials specifically for people with cardiac conditions
- People bank members help with feedback around materials such as referral forms and the website

Children and Young People (CYP)

The A&D Network extends to working with CYP IAPT. The CYP IAPT project team for the Reading University CYP IAPT Collaborative have worked closely with CYP participation groups. It was decided that the network would not have a young person on the steering group as meetings generally take place on schooldays. Professor Shirley Williams (Clinical Lead CYP) is currently exploring how the network steering group can link in with the existing CYP involvement groups.

Ailsa Harrison and Ineke Wolsey February 2015