

Anxiety and Depression Network: Service Innovations

Executive Summary July 2015.

The Improving Access to Psychological Therapies (IAPT) programme involves a core offer of NICE recommended talking therapies for adults with common mental health problems including depression and/or anxiety. In addition to this, local services are also piloting interventions that are likely to benefit a full range of individuals with Long Term Conditions (LTCs) and common mental health problems.

This short report is a summary of the full activity report submitted to OAHSN. It will outline:

- Update on established Service Innovation projects and evaluation
- Summary on implementation of 'newly adopted' service innovations across the OAHSN

Update on established Service Innovation projects and evaluation

The following projects have been developed, implemented and evaluated by A&D Network IAPT services in the Thames Valley area:

1. Persistent Physical Symptoms Service (formerly MUS) in Talking Therapies, Berkshire
2. Depression and Diabetes in Talking Therapies, Berkshire IAPT
3. Heart2Heart in Talking Space, Oxford
4. Breathe Well (COPD) in Healthy Minds, Bucks
5. Psychological Perspectives in Primary Care (PPiPCare) in Healthy Minds, Bucks
6. Cognitive Behavioural Therapy for Insomnia (CBT-I) in Healthy Minds, Bucks

Further information about the aims of each project can be found below under the corresponding numbers:

1. The aims of this project were to improve the wellbeing of people with psychological and physical co morbidities, in particular those who experience persistent physical symptoms which were previously known as Medically Unexplained Symptoms (MUS). The benefits of this would be working towards reducing primary and secondary care health service utilization costs. Berkshire Healthcare NHS Foundation Trust was selected as an IAPT Pathfinder Site to design and deliver a pilot project to improve the care of people with persistent physical symptoms.
2. The aims of this project were to address the identified need for improved psychological care for patients with Type 2 Diabetes. The benefits of this would include improved psychological and physical outcomes for patients with Type 2 Diabetes through the use of adapted step 2 and step 3 IAPT interventions. A further aim of this project was to work collaboratively with GP practices to obtain pre and post blood results in order to evidence impact on diabetic markers. Berkshire Healthcare NHS Foundation Trust used three phases to break down this project where Phase 2 involved delivering a Randomised Controlled Trial.
3. The aims of this project were to increase access to evidence based psychological therapy (cognitive behavioural therapy based treatments) for people with cardiac diseases and their carers. The benefits of this would be a cost effective way to provide integrated physical/psychological care across acute and community cardiac services in Oxfordshire. The Heart2Heart stepped care model involves routine screening for anxiety and depression at step 1 when patients are seeing cardiac nurses, General Practitioners (GP's) and Exercise Physiologists. Step 1 also includes an embedded Cognitive Behavioural Therapy (CBT) psychoeducation session in a cardiac rehabilitation programme. Step 2 involves guided self-help supported by a Psychological Wellbeing Practitioner (PWP) and step 3 involves 1 to 1 face to face therapy which includes a long term conditions mindfulness class. At step 4, a Clinical Health Psychologist is integrated into the care pathway.
4. The aims of this project were to implement and evaluate an integrated stepped care pathway for people suffering with Chronic Obstructive Pulmonary Disease (COPD).The project has 3 parts to it which includes 1. Pulmonary rehab group, 2. BreatheWell and 3. House bound working. The Pulmonary rehab group consists of a 9 week course facilitated by the physical healthcare team (Bucks Integrated Respiratory Service) and PWPs. The BreatheWell project uses the COPD Breathlessness manual and was developed in Hillingdon Hospital and is used in a Guided Self Help (GSH) way. The main difference from part 1 and 2 is that Pulmonary rehab uses a group format intervention whilst part 2 (BreatheWell) is delivered individually by telephone or face to face sessions. The House bound project is similar but takes place in the client's home.
5. The aim of this project was to train up IAPT staff locally to deliver free of charge, evidence based training sessions for primary care staff including GPs, nurses and health and social care professionals to enhance their clinical consultations by including simple CBT frameworks and techniques. The benefits of this would include improved effectiveness of short patient consultations and higher levels of patient resilience through supporting self-care. PPIPCare training sessions focus on an integrated physical/ psychological approach to

long term conditions and MUS. They also offer advanced consultation skills to support those patients who present with mild to moderate common mental health disorders. There are currently 6 modules on offer which include Detecting Anxiety and Depression, Detecting Anxiety and Depression in Older Adults, Behavioural Activation Techniques, Problem Solving Techniques, Motivational Interviewing and using Guided Self Help. There are a further 5 modules as part of the "10 minute CBT" range which include an Introduction to CBT (Cognitive Behaviour Therapy), Depression, Anxiety/Panic, LTCs and Health Anxiety and MUS.

6. This project was jointly developed by IAPT services and individuals within the Thames Valley area and is currently led by Dr Adam Lacey and colleagues within Healthy Minds IAPT service. The aims of this project were to design and pilot an evidence-based treatment intervention for patients presenting with insomnia as their primary problem and co-morbid mild depression in order to reduce inappropriate referrals to the John Radcliffe Sleep Disorder Clinic. In partnership with Professor Kevin Morgan (Loughborough University) a 6 week manualised intervention for adult insomnia was created and staff within each of the Thames Valley IAPT services were trained up to deliver this treatment. Interventions were delivered by PWP's who were supervised by HI CBT Therapists who were also trained in the protocol.

All detail on evaluation of clinical outcomes can be found in the full report (available from the A&D Network Manager) but in summary, all LTC projects (1-4) which supported integrated physical and psychological treatments were successful in reducing not only anxiety and depression levels but also, in most cases, disorder-specific markers e.g. diabetic markers in diabetes (HbA1c levels), for the BreatheWell COPD patient group the mean scores on the Medical Research Council dyspnoea scale (MRC) reduced from 3 to 2.8 which, broadly speaking, shows mild improvement in symptoms and Mean scores on the COPD Assessment Test (CAT) reduced from 18.4 to 16.

Evaluation of the Persistent Physical Symptoms Service (formerly MUS) showed statistically significant improvements in pre and post therapy scores on self-report outcome measures on symptoms of depression, anxiety, somatic symptoms, measures of work and social adjustment, health anxiety and subjective ratings of health state.

As well as looking at clinical outcomes the Heart2Heart project also found significant cost savings in terms of health utilisation cost for MI patients who completed treatment (£4,793 per patient) and for heart failure patients it was found to be £1,635.

The A&D Network is currently involved in conducting a health economics evaluation of these projects in partnership with the Central Commissioning Unit (CSU). A detailed spec for data to be supplied (for patients who took part in the various treatment programmes) and data to be extracted (health services utilisation data) has now been agreed with the service leads and the CSU and we are hoping to complete the data download by the end of August for analysis in September/October.

The final 2 Service Innovations, PPIPCare and CBT-I, have also been evaluated. PPIPCare has been evaluated on 3 levels: Reaction, Learning, Behaviour (to evaluate the 4th level, Result, we would need to run a full scale evaluation exercise involving filming GPs and patients before and after their training and this would require considerable resource). Attendees of PPIPCare training modules (the

majority GPs) showed clear evidence that they were able to incorporate psychological approaches within their regular primary care consultations. Of those who replied to the follow up questionnaire, the vast majority had reviewed their training material and were (to a greater or lesser extent) using them in their routine clinical practice.

CBT for Insomnia treatment has been partially evaluated and has shown a reduction in depression and anxiety levels. The Insomnia Severity Scale was also used and showed an average reduction of 10 points (from moderately severe insomnia symptoms to sub threshold insomnia symptoms).

All IAPT services which were involved in the original Long Term Conditions pathfinder projects have continued to offer their patients these treatment options and most are now focused on further developing and improving treatment protocols.

Most services are also in discussion with their commissioners to explore how these effective treatment options for people suffering with Long Term Conditions and co-morbid depression and/or anxiety can be routinely offered to patients.

Summary on implementation of ‘newly adopted’ service innovations

All Anxiety and Depression Network IAPT services have now also adopted a new, or newly adapted, service innovation and have an adoption plan in place.

Berkshire is further adapting and developing the Diabetes treatments on offer and achievements include adapting material for people from the south Asian community and delivering Step 2 psychoeducational groups in languages such as Hindi and Punjabi, as well as developing a bespoke “Silver Cloud” package which is an online version of their latest innovations.

Oxfordshire has started the roll-out of the Breath Well COPD treatments for its patients but has had to pause this activity whilst Oxon IAPT services have been put out to tender by OCCG.

Buckinghamshire Healthy Minds has chosen to adopt the Diabetes and Depression service innovation and to date a test run has been completed where the newly adopted project was run in 2 separate groups of people.

Milton Keynes is adopting the CBT for Insomnia project. The A&D network has arranged for staff to be trained up in the treatment protocol and the service is now planning individual and group interventions, supported by the A&D Network

Luton Wellbeing service is adopting the PPIPCare service innovation. The A&D Network has arranged for staff to be trained to deliver the training to GPs and others in primary care and training sessions are already taking place.

The A&D Network service innovation project is a good example of services sharing evaluated, best practice service innovations and supporting other services to implement these. The A&D Network will continue to support the implementation of newly adopted projects as well as their evaluation.

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