

# Talking Therapies East and West Berkshire

1. Expected Activity, disorders, pathways
2. Where have we got to? Trainees and activity
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# Expected Activity, disorders and pathways across Berkshire

- Diabetes, Heart Failure, CHD ,COPD and MUS.
- New Frequent attenders work in GP integrated surgeries
- Started in Sept 2016 with recruitment, training and initial set up
- Some senior supervisor and team lead posts were funded
- Original trainee plans (17/18) were for:
  - East Berkshire 1186 patients, extra 5 PWPs and 12 HIs
  - West Berkshire 416 patients with 2 PWPs and 6 HIs.
- 9 HIs were deferred to training in Jan 18 & activity levels revised
  - East - 970
  - West - 368



# Expected Activity, disorders and pathways enhanced EAST Berkshire -additional notes

- We have benefited from commitment to future expansion and now need to suggest next steps for full roll out.
- A joint vision of integration is emerging across the ACS
- Hosting Health Makers
- Supporting PINC
- Frimley ACS transformation Integrated pathways and hub working
- GP, Physiotherapists and community nurse training -10 min CBT
- MDT working -New ways of working in GP surgeries with attached CBT health coaches



# Progress to date: activity, trainees

## West Berkshire

	Patients	PWP trainee	PWP top up	HI trainee	HI top up
Planned	368	2	9	6	6
Actual to date	761	2	9	3+3	10

## East Berkshire

	Patients	PWP trainee	PWP top up	HI trainee	HI top up
Planned	970	5	5	12	14
Actual to date	895	5	11	6+6	14



# Key Issues

- Continued pressure on PWP workforce
- Integration into existing pathways has been slow but the integration system work within our 2 ACS will help 18/19
- IT issues and dual systems (e.g. IAPTus & EMIS)
- Data quality of outcome measures is improving – collecting the right data takes training, time & effort
- Service evaluation not ready in time for 18/19 commissioning
- LTC disease creep –all LTC's are being referred so we are learning to work with all inclusively
- New ways of working in GP surgeries with helat coaces



# A snapshot of Clinical outcomes: Berkshire

Month	Referrals with a 1st integrated contact	Referrals finishing a course of treatment	Finished referrals that started treatment at caseness	Finished referrals that started treatment not at caseness	Finished referrals that moved to recovery	Moved to recovery rate for integrated referrals
Mar-17	100	10	5	*	5	86%
Apr-17	95	15	10	*	10	75%
May-17	130	30	25	5	10	40%
Jun-17	140	35	30	*	15	50%
Jul-17	120	55	45	10	20	43%
Aug-17	195	60	50	10	30	67%
Sep-17	190	75	70	5	40	56%
Oct-17	165	100	85	15	40	48%
Nov-17	165	95	80	15	40	51%

## Key learning points

- It takes time to build relationships and integrate into GP practices and existing pathways
- Co-working with GP leads and MH & LTC CCG is invaluable
- National data cycles mean that you are normally working blind for approaching 3 months
- Training places may not be available when you need them
- There is a high turnover of PWPs, its an entry level role and people quickly move onwards and upwards and IAPT-PWP trainees completed CPD have moved to help set up other non pilot sites



# Berkshire Health Economics Evaluation CSRs

Initial findings from 108 matched CSRs (beginning and end of treatments)

- 26% reduction in GP appointments
- 67% reduction in ED attendances
- 60% reduction in Ambulance calls
- 50% reduction in X-Rays
- 3 months saving per patient approx £550 (& benefits lasts 26m)



***‘We have seen excellent outcomes for patients accessing these joined up services including increased confidence, increased independence and an ability to manage disabling anxiety associated with breathlessness’***

***(I know now) – ‘You just need to take a step back and stop. Previously I might have been stopping but I was panicking about the breathing. I now know it will pass. My husband has learnt a lot from this process too. We’ve slowed our life down, but are doing more’.***

***“I’ve got my bounce back. I’m a lot less angry. I’m a lot less tearful, and feeling much happier in myself. “***

