

**Summary Notes from Anxiety and Depression Network Patient Forum
21st March 2018
4-6.30, High Wycombe Holiday Inn**

Present: Ineke Wolsey (Network Manager), MR (Bucks Healthy Minds), Michelle Lee (Reading University Researcher and project support officer for the Network), DB (Berks Talking Therapies), Dawne West (Talking Therapies PPIEE Lead), and Sabaa Mahmud (Healthy Minds PPIEE lead), KP (Berks Talking Therapies), Emily Gray (Research Assistant with Professor Clark), Ruth Tipping (PPIEE Lead for Milton Keynes Talk For Change).

Apologies: GP (Bucks Healthy Minds), Tanieque Noel-George (Berkshire PPIEE Lead), DA (Bucks Healthy Minds), AG (Bucks Healthy Minds)

Notes from last meeting: notes signed off as accurate and all actions closed. To be anonymised and posted on the Anxiety and Depression Network's web page.

General update on activities: Ineke and Michelle gave a short overview of all activity within the network including Maintaining Therapeutic Gains survey. Michelle shared that we have now received 37 returns for the latter but that the themes are much the same: some 38% of respondents accessed additional help within the first 6 months following discharge and the vast majority of respondents would like more support from the service. Latest results will be presented at the Recovery Rates workshop 24th April. **Action: Ineke** to send through presentation following this. The PF thought that we should try and get to a minimum of 40 (although a minimum of 50 would be better still) responses before final write-up to validate findings.

Ineke gave an overview of activity of the health economics evaluation and the Integrated IAPT work (depression/ anxiety and Long Term Conditions) which was presented at a workshop on 8th March. Feedback had been positive from attendees and those who attended from Patient Forum also thought it had been interesting and informative (especially all the numbers!). Although actually putting a £ sign to any reduction in health care services utilisation is complex (there are many different cost structures that can be used to attempt this) it is clear that patients who are treated within Integrated IAPT attend A&E and hospital less as well as their local surgeries to see GPs and others, so early findings are very promising. More work will be done over the next 8 months.

Therapy Support App

Following the earlier Expert Reference Group meeting, time was spent on a number of outstanding issues from the wider stakeholder meeting held last month. There was a useful discussion about the need to '**normalise**' use of the app and, specifically, use of the app whilst suffering from depression/ anxiety. Results from surveys could be quoted to support this (quoting how common depression/ anxiety is etc). In terms of an intro we could include statements such as: 'We all want good mental health'. 'This app can support you to actively keep yourself well after therapy' 'Practice is most

important'. Also, the importance of setting reminders/ alerts was emphasised by the group so that there will be regular 'stock takes' and review of learning following discharge.

There followed a discussion about the process of issuing a brief to potential suppliers and for the invitation to submit a proposal to include the following:

- How they can add value to our ideas
- What possibilities they see for partnership working
- What security and governance issues they see
- How they can future proof the app- how can it be made scalable for national use
- What could be its limitations
- How could we make it attractive for users

It was thought that it will be crucial to test the app with a small group of patients and staff and incorporate feedback from early adopters. And it was suggested that the brief includes 3 suggestions of apps that we like. **Action on all PF members:** let Ineke have links to apps you like to include in the brief.

The issue of patients **dropping out of treatment/ moving to a different treatment provider** was also discussed and it was thought desirable for patients to be able to continue to access what they had stored on their app but that there should be some way of ensuring they would not be included in the FU activity if not appropriate.

Other recommendations on app development:

- The PIN to start using the app should be issued from a centralised data base
- Only super users will have access to data such as numbers of log-ins etc (but not to personal data)
- The app developers will be interested in subscription-based apps: how could we make this work? What would be the maintenance costs?

There was no AOB.

Date of next meeting: Wednesday 23rd May, 4-6.30 at Holiday Inn High Wycombe.

