

IAPT: the national picture

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- The national picture: expansion
- Anxiety Disorder Specific Measurement CQUINN details

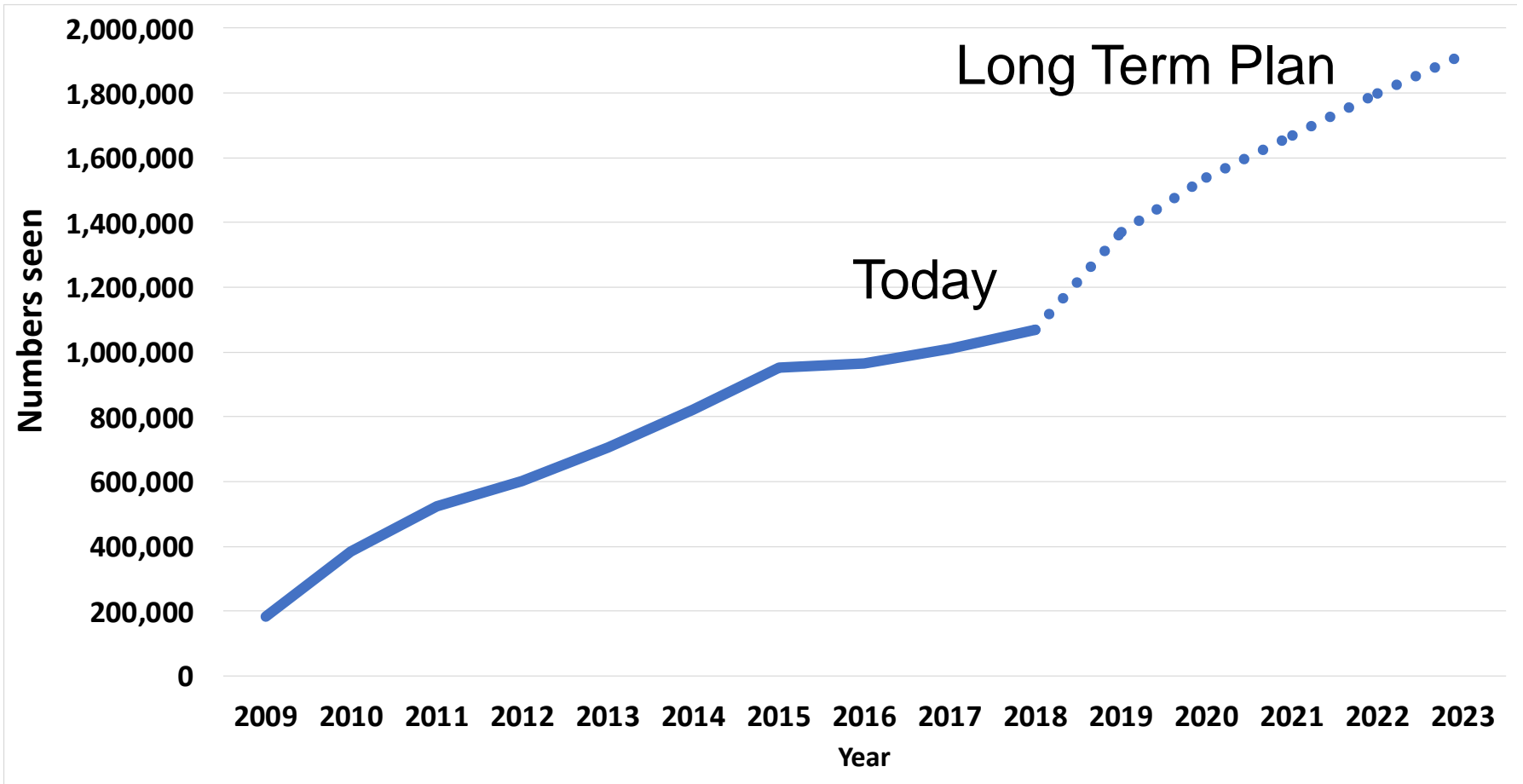
IAPT Expansion to 2023

- IAPT has achieved its ambitious outcome targets.
- Outcomes are now as good as in RCTs
- Nationally around 7 in every 10 (68%) treated patients improve and 5 in 10 (53%) recover.
- In view of this success, the NHS Five Year Forward View committed IAPT to expand, while creating new integrated IAPT services to for people with anxiety/depression and a long-term physical health problem (LTC).
 - LTCs under-represented
 - Physical healthcare costs can be reduced by treating the mental health problem
- Oxford AHSN services pioneered integrated IAPT
- National Evaluation by Imperial College shows it saves money

Imperial Evaluation

- Focus on people who have previously had admission for Diabetes, COPD, Cardiovascular disease
- Compare hospital utilization (A&E visits, Outpatient visits and Inpatient stays) before and after IAPT treatment in people treated in IAPT in target year with control group who were not treated in IAPT until later.
- Savings by 12 months are:
 - COPD £830
 - Diabetes £443
 - CVD £848

NHS Long-Term Plan commits us to further expansion of IAPT



Workforce Requirements

- All IAPT services need to expand their clinical workforce as part of the long-term plan
- Last year we under trained (salary support issue), so we need to catch up
- NHS England commits to cover trainee course fees AND 50% of salary during training year, even though trainees are only on the courses 1 day a week (PWPs) or 2 days a week (Hi therapists).
- Local training places are available

ADSM CQUINN: Background

National IAPT guidance from 2010 onwards recommends that clinicians administer a well-validated measure that is specific to the symptoms of the following disorders, on a session by session basis:

- Social anxiety disorder (*SPIN*)
- Agoraphobia (*Mobility Inventory*)
- Obsessive-compulsive disorder (*OCI*)
- Panic disorder (*PDSS*)
- Post-traumatic stress disorder (*IES-R*)
- Health Anxiety (*HAI*)

Background

NHS Digital data shows that paired data completeness for Anxiety Disorder Specific Measures (ADSMs) is poor (19%) at national level.

BUT the Oxford AHSN IAPT services have been working to improve their ADSM completeness in the last 3 years

- Moved from 26% to 60%

NHS England have now introduced a CQUINN to help all services to improve

Why ADSMs are important (summary)

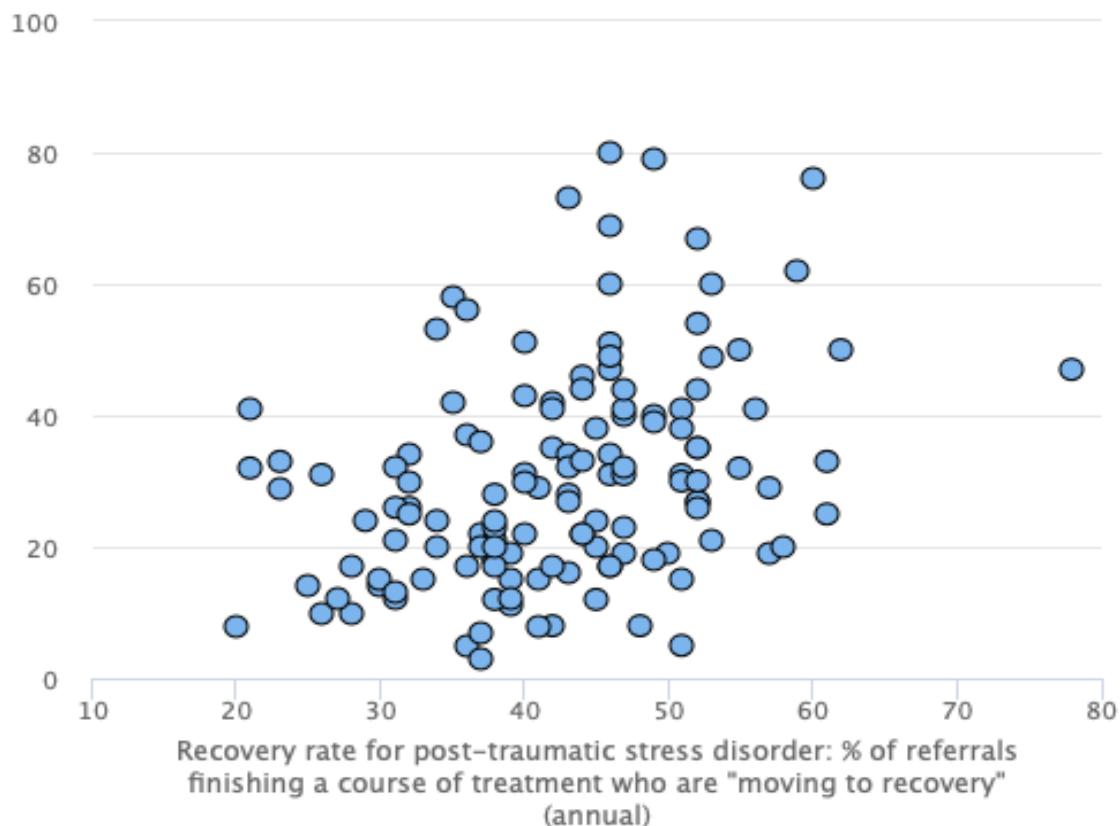
GAD does NOT assess the core symptoms of the specific anxiety disorders.

This means it:

- Does not help therapists target the problems that patients want treated.
- For conditions with marked avoidance (social anxiety, agoraphobia) just administering GAD & PHQ can lead you to discharge too early.
- Some severely disabled patients will not be coded as a clinical case at the start of treatment, so will get no credit for treating them.

Evidence that ADSMs can improve patient outcomes

Anxiety Disorder Specific Measures: % of referrals finishing a course of treatment in the year with appropriate paired (ADSMs) with problem descriptor, PTSD / Days



Failure to use ADSMs can lead to early discharge and missing a chance to transform a life

Assessment	WSAS	SPIN/PHQ Recovery	GAD / PHQ Recovery
Pre-treatment	3.56	0%	0%
Mid-treatment (6-7 sessions)	2.44	28%	71%
Post-treatment (12-14 sessions)	1.69	63%	87%
Follow-up (12 months)	1.48	73%	84%

Source: Clark et al, 2019. RCT of cognitive therapy for moderate to severe social anxiety disorder

How the CQUINN will work

- Pay basis starts Q2 (July-Sept 2019) and runs until Q4 (Jan-March 2020)
- Some payment for 30% paired ADSMs, rising to full payment for 65% or above
- Full payment is 0.25% of IAPT service provider's contract with CCG. Paid to CCG in July 2020, to be passed on to provider.