FEATURE

PSYCHOLOGICAL THERAPIES AND DIABETES

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

NOW SUPPORTING PEOPLE WITH DIABETES THROUGH INTEGRATED PATHWAYS
Many people with long-term conditions, such as diabetes, also experience mental health comorbidities. Psychological therapies can help improve mental health and NHS England is committed to improving access to these treatments. **Ursula James**, IAPT Senior Clinical Delivery Manager at NHSE, describes how the initiative is now developing pathways designed to meet the needs of people with diabetes conditions, the outcomes were not in line with those for the general population in the services (averaging 3% lower). Working with people who have physical conditions requires the therapist to understand the condition, and the fears and distress it gives rise to.

To effectively equip therapists to work in this complex area, additional training was developed. The training supports the therapist to deliver treatment in the most effective way possible. The IAPT programme at NHSE also commissioned a guidance document to help services understand the requirement for IAPT-LTC (Long Term Conditions) to develop integrated delivery pathways, embedding psychological therapies into physical health services to ensure seamless delivery of treatment.

The IAPT programme in 2016/17 and 2017/18 worked across 68 clinical commissioning groups (CCGs) in England, centrally funding the development of the first IAPT-LTC services. These services provide people with long-term conditions and medically unexplained symptoms access to NICE-recommended psychological therapies in pathways which are integrated with physical health, thus offering care that is coordinated, co-located, and modified to meet the needs of this population. The purpose of this staged roll-out was to test delivery on a large scale to evaluate effectiveness, develop learning around implementation and demonstrate the impact of delivery on the wider health economy. The expansion of the IAPT workforce, to meet the new aims, was also a key driver. Sites were expected to take on trainees to replace experienced staff, who undertook top-up training in long-term conditions and medically unexplained symptoms to deliver IAPT-LTC services.

**Early implementers**

In this early implementer phase, most sites chose to develop pathways in conditions where there is already a significant evidence base for this approach – diabetes, cardiovascular and respiratory diseases. All but one site developed a diabetes pathway.

Successful sites had a combination of condition-specific pathways in acute hospitals and multimorbidity models in primary care. We defined a ‘successful’ site as one which delivered care in a truly integrated way, saw the target number of patients during the early implementation phase and was able to evidence good outcomes. This, within a single disease-specific model, allowed greater depth of integration. Strategic implementation of delivery, into multiple pathways, was more successful in sites that had phased roll-out. However, sites that focused on one or two specific pathways initially, found integration more successful and had higher referral rates.

The early implementer sites clearly demonstrated the need to work collaboratively with physical health providers and teams, allowing for greater understanding and integration. Reciprocal training arrangements between the IAPT-LTC service and the physical healthcare team led to improved relations, higher engagement and increased referrals. Sites highlighted the importance of continual engagement with healthcare professionals to ensure that referrals were forthcoming and pathways collaboratively agreed.

A nationally commissioned robust health utilisation evaluation will be published in early 2019. However, several of the early implementer CCGs have submitted initial local evaluations. Locally validated, the indicators from these reports are positive.

**IAPT-LTC evaluations with diabetes focus**

Local evaluations demonstrated that recovery rates improved for people with diabetes. A detailed analysis of the implementation plan for the Five year forward view for mental health set out the ambition that, by 2020/21, 1.5 million people a year will access psychological therapies through IAPT, with two-thirds of this expansion being integrated services for people with comorbid mental and physical health problems, such as diabetes, and/or persistent and distressing medically unexplained symptoms.

- Around 40% of people with depression and anxiety disorders also have a long-term condition.
- Mental health comorbidities are found among 30% of people with a long-term condition and among 70% of those with medically unexplained symptoms.

Mental health and physical health services are often provided separately and are rarely coordinated – yet the case for integrated care, providing support for both the physical health condition and psychological distress, is overwhelming. Within IAPT services, it has been increasingly apparent that many people accessing them also had a long-term physical condition which was accompanied by mental distress.

Although the standard IAPT services provide evidence-based treatment to patients with long-term physical health conditions, they are rarely coordinated or modified to meet the needs of this population. The purpose of this staged roll-out was to test delivery on a large scale to evaluate effectiveness, develop learning around implementation and demonstrate the impact of delivery on the wider health system. The expansion of the IAPT workforce, to meet the new aims, was also a key driver. Sites were expected to take on trainees to replace experienced staff, who undertook top-up training in long-term conditions and medically unexplained symptoms to deliver IAPT-LTC services.

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**IAPT-LTC evaluations with diabetes focus**

Local evaluations demonstrated that recovery rates improved for people with diabetes.
The patients see the service as a part of the diabetes service, rather than a separate mental health team. The waiting times for assessment and follow-up are short, so it is a very responsive service.

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The early implementer site covering Blackburn with Darwen and East Lancashire CCGs developed a diabetes pathway that was integrated within the specialist diabetes community clinics working with diabetes specialist nurses. The service delivers psycho-education with DESMOND courses and attends diabetes multidisciplinary team meetings. The evaluation demonstrated that recovery rates achieved for the long-term condition patients has improved from 46% in 2016 to 53.5% in 2017 (ie since delivery of IAPT-LTC commenced). Their data also shows an overall saving of £5,877 on A&E attendances and an overall saving of £75,585 on emergency admissions and emergency beds, giving a combined saving of £81,462 for the initial sample of service users, or £147 (rounded to the nearest £) per service user. The three key indicators – emergency attendances, hospital admissions and ambulance call-outs have all reduced by over 60%, with hospital admissions reduced from 29 to zero (100% reduction).

In Warrington, the diabetes-specific pathway was integrated via GP surgeries, acute care and with specialist nurses. The service also formally agreed that psycho-education sections be co-facilitated in the diabetes education programme. The return on investment demonstrated through local evaluation indicated a saving of £2.14 for every £1 spent. This was based purely on secondary care utilisation, as the return on investment did not include primary care and prescribing data. Reductions of 60% in A&E attendance, 100% in ambulance attendance, 72% in non-elective admissions and 56% in outpatient appointments were also shown for those who had engaged with the IAPT-LTC service compared with the period prior to the launch of the service. The data shows a reduction of healthcare utilisation at the end of treatment, but also demonstrated even bigger impact at 90 days following the end of treatment.

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In Dorset, the IAPT-LTC service was delivered by specialist nurses in community diabetes clinics and provided an intervention to people with long-term physical health conditions, compared with data from core IAPT for people accessing with LTCs. In some areas, these rates exceeded the recovery rates for their core IAPT service. Reductions were demonstrated across the wider healthcare system, with decreased rates of GP and outpatient appointments, and in acute admissions. Some services reported reductions in reported days off sick. In many areas, some pathways developed also showed increases in specialist nurse usage, which may be an indication of better physical health self-management.

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WARRINGTON CCG

- In Sussex, the Time to Talk Health IAPT-LTC service is co-located within the diabetes team at Western Hospitals NHS Foundation Trust. The Nurse Consultant for Diabetes has reported that the development of IAPT-LTC in her area has been extremely positive for the outcomes of the patients and has contributed to shared learning for staff and the destigmatisation of diabetes distress. The service advises that there has been a significant change in the Diabetes Distress Scale (DDS) for this cohort of patients. At assessment 55% of people had high overall distress levels, but on discharge this had reduced to 11%. The local evaluation shows that the largest average reduction in category scores can be seen under ‘emotional burden’, followed by ‘regimen-related distress’.
- The IAPT-LTC service in Dorset is also integrated with the community diabetes team and in GP surgeries. The local diabetes community team feedback: “IAPT has had a lot of referrals and the feedback from the staff in the Diabetes Centre is that we think it is great having someone based in the department. The patients see the service as a part of the diabetes service, rather than a separate mental health team. The waiting times for assessment and follow-up are short, so it is a very responsive service.” Meanwhile, 49% of individuals reported an improvement in their levels of diabetes distress after IAPT treatment.
- One of the most successful sites developing a diabetes pathway was the Hertfordshire Wellbeing Service, which covered CCGs in Hertfordshire and West Essex. The service – focused solely on diabetes and integration – spans primary care, specialist care and the West Herts Hospital Trust. The long-term conditions lead within the IAPT service ‘paired up’ IAPT therapists with diabetes specialist nurses to sit in on diabetes clinics, allowing cross-training and learning. Healthcare professionals involved in the integrated pathway were trained to administer screening tools used by the IAPT service to identify cases, which enabled a shared language and trusted assessment.

**What is IAPT?**

IAPT (Improving Access to Psychological Therapies) services have transformed the treatment of depression and anxiety disorders in England. They are established in every CCG providing NICE-recommended psychological therapies, for people with common mental health disorders, such as anxiety and depression, in a model of stepped care.

Prior to 2008, when IAPT started, most people with depression and anxiety disorders were not offered psychological therapies, despite there being a good evidence base of their effectiveness. IAPT services were developed as transparent systematic services delivering evidenced-based psychological therapies by well-trained therapists working under expert supervision. The progress of each patient is measured session by session, which helps both the therapist and patient advance the treatment. Virtually unheard of in mental health prior to IAPT, the performance of the service, the patient outcomes, training curricula, and guidelines for delivery are all publicly available.

Each CCG commissioning IAPT services locally has nationally agreed standards to meet. Prior to 2016, services were expected to meet 15% of common mental health disorder prevalence, six- and 18 week waiting time standards, and 50% recovery rate. Recovery is robustly defined requiring the patient to reduce symptoms measured on both anxiety and depression measures to below the validated cut-off.

The national IAPT criteria for reporting outcomes for generalised anxiety disorder patients requires an individual to drop below the clinical threshold on BOTH the GAD-7 and the PHQ-9 to be coded as recovered. These double criteria are considerably stricter than those used in research trials and reduce recovery estimated by previous trials of treatment by an estimated 4% to 7%. Both measures are also used in the IAPT reliable improvement calculation, with similar outcomes.

**National roll-out of IAPT-LTC**

The main driver for this development has been to improve the outcomes and experience for people with long-term conditions and comorbid depression and anxiety. The national data has previously demonstrated that people with long-term conditions in IAPT services currently achieve recovery rates approximately 3% lower than the national average when accessing core IAPT provision.

The data from the early implementer sites demonstrates improvements in recovery, bringing this in line with the 50% standard. Combining the increased performance, service and staff satisfaction, patient experience and outcome improvements, together with the potential for healthcare utilisation reductions, the programme has demonstrated great value to the wider healthcare system.

As the programme continues to roll out across the country this financial year, in line with the NHS planning guidance, we would expect to see new pathways developing in more CCGs across England. This will allow greater numbers of patients to access this integrated model of psychological therapy and offer support to physical healthcare colleagues in managing distress experienced by people with long-term health conditions.