Service specification no.	05/MHLD/0025
Service/ Care pathway/ Cluster	Intensive Psychological Therapy Service (IPTS)
Commissioner Lead	CCP for Mental Health & Learning Disability
Provider Lead	Dorset Healthcare University NHS Foundation Trust
Period	April 2013 to March 2014
Date of Review	13/14

# **NHS Outcomes Framework Domains & Indicators**

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

### Purpose

# 1.1 Policy context -

- NSF-MH,
- New Horizons
- MHA 1983
- MCA 2005
- NICE Guidance, evidence based and best practice

# 1.2 Local strategic context-

- Local Joint Strategic needs Assessment
- Safeguarding- children and adults
- Mental Health and well-being agenda

# 1.3 Aims and objectives of the service-

Services provided are consistent with evidence of best practice which was included in the Department of Health Policy Implementation Guide (2001) for the National Service Framework for Mental Health (1999), and are of high quality and are focused on engagement, treatment, and recovery.

#### 2 Service Scope

# 2.1 Service user groups covered (including care clusters, where relevant)

All referrals will fulfil the Dorset definition of Serious Mental Illness (SMI) criteria as specified in CPA documentation.

Service users who have been assessed to need more support than can be provided by an outpatient service and are currently being sent out of area to specialist residential services may be accepted.

Service users who have used mental health services and have not benefitted sufficiently from at least one therapy, and who have 2 or more of the following criteria;

- Long-standing Disability Interpersonal Problems
- Behaviour with Intent to Harm
- Impulse Control Problems

#### 2.2 Exclusion criteria

- People who can be effectively treated in Primary Care or CMHT services or other specialist services.
- Those who require on-going inpatient care.
- People who have a dependence on either alcohol and / or drugs as defined by DSM IV (1996).
- People with a psychotic disorder or schizophrenia as defined by DSM IV (1996). This does not
  exclude people with a transient psychosis within the context of a borderline personality
  disorder.
- People who meet criteria for the Forensic Service.
- Eating disorder patients with a BMI of less than 16.

However, the IPTS team may be approached for consultation on and assessment of patients with complex personality problems, even if they do not fulfil the criteria outlined in 2.1 above.

### 2.3 Geographical population served

Bournemouth, Poole and East Dorset.

### 2.4 Service description/ care package- overview i.e. what is provided

### Service description

The IPTS is a multi-disciplinary specialist service providing long-term psychological input for individuals with complex recurrent mental health problems. Many patients have Borderline Personality Disorder (BPD) or other cluster personality disorders. All patients have a mixture of long-standing interpersonal problems, parasuicidal or self-harming behaviours and impulse control problems. Many of the patients seen at the IPTS have traumatic histories, recurrent contact with mental health services and present with risks, usually to themselves.

### **Assessment And Care Planning**

All referrals are discussed in the Treatment Decision Meeting (TDM) and those considered appropriate, are offered an appointment for assessment within nine weeks of the referral date.

As part of the assessment process, patients are asked to complete a number of self-report psychometric questionnaires. This informs choice of treatment and the basis of the unit's clinical audit process. They are repeated after therapy, at follow-up, and before and after any subsequent interventions. They are used to evaluate therapy and minimise the risk of extending ineffective or damaging interventions.

The therapist will email the referrer and care network at the beginning and end of therapy, referring them to the appropriate progress notes. A copy of the email will also be sent to the service users GP in

letter form. A progress report will be provided after a year for those service users who are in longer-term therapy.

#### **Interventions**

The aim of therapeutic input will be to provide stabilisation, exploration, consolidation and generalisation. To these ends, the main focus of treatment are;

- DBT (Dialectical Behavioural Therapy).
- CAT (Cognitive Analytical Therapy).

Other specialist, evidence based therapies may also be included, as these are developed.

Patients who are selected and engage with therapy will typically spend a year or more in contact with the service.

#### **Transfer Process**

Service users are either discharged or referred back to the CMHT or GP.

### 3. Service Delivery

#### 3.1 Location of service

Branksome Clinic, 51A Layton Road, Parkstone, Poole.

# 3.2 Days / hours of operation

The service operates Monday – Friday, 09.00 – 17.00.

# 3.3 Referral processes

Referrals to the IPTS can only be made by members of the CMHTs (adult, older adult and child), Trust Eating Disorder Service and Trust Addiction Service.

Clinical Psychologists who consider that IPTS may be an appropriate facility should refer to the CMHT, including their assessment and recommendation. Such referrals should be made with due consideration to the limitations of access and resource at IPTS and the CMHT. The CMHT would then review to assess whether management could be successfully offered by supporting 1) a referral to the IPTS or 2) a review of alternative interventions such as social treatments or medication. In some cases, it may be appropriate for the Psychologist to continue as Care Co-Ordinator, following a referral to the IPTS.

The decision to refer a service user should be made in consultation with the Service User and Multidisciplinary Team and documented as a progress note in the Integrated Electronic Service User Record.

The IPTS accepts referrals for therapy and for consultation / second opinion. The referrer should specify which is being requested.

The referral should be supported by a progress note in the service users Integrated Electronic Service User Record which will provide additional information as required.

### 3.4 Response times

Once discussed at TDM, those considered appropriate are offered an appointment for assessment within nine weeks of the referral date.

### 3.5 Care pathways (where applicable to meet each care cluster)

**Identify:** partnerships

transitions and interfaces between services and agencies

subcontractors

- DCBT (Dialectical Behavioural Therapy)
- CAT (Cognitive Analytical Therapy)

Both are structured, evidence based therapies; DBT is recommended by NICE guidelines.

# 3.6 Discharge process

When a service user has reached the end of their contract, they will be offered follow-up sessions to review their progress. Following discussions in supervision the service user will either be discharged or considered for further therapy. If further therapy is considered, the service user will be presented to the TDM where the decision will be made to discharge or offer a further course of therapy.

The clinician will then email the referrer directing them to the progress note recording the TDM decision, or discharge summary. This will be copied to the service users GP in the form of a letter. The service user will also be discharged from the IPTS caseload.

# 3.7 Training / Education / Research activities

4. Quality Indicators		
Quality Indicator(s)	Method of Measurement/ information requirement	Incentive or sanction
Consultant-led Service (i.e. does 18 week RTT ap	oply?)	Yes/ No

Activity Plan

Activity Plan				
6. Prices				
Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/Local Tariff/Non-Tariff Price *		£		£
Total		£		£
*doloto oo opproprieto				
*delete as appropriate				