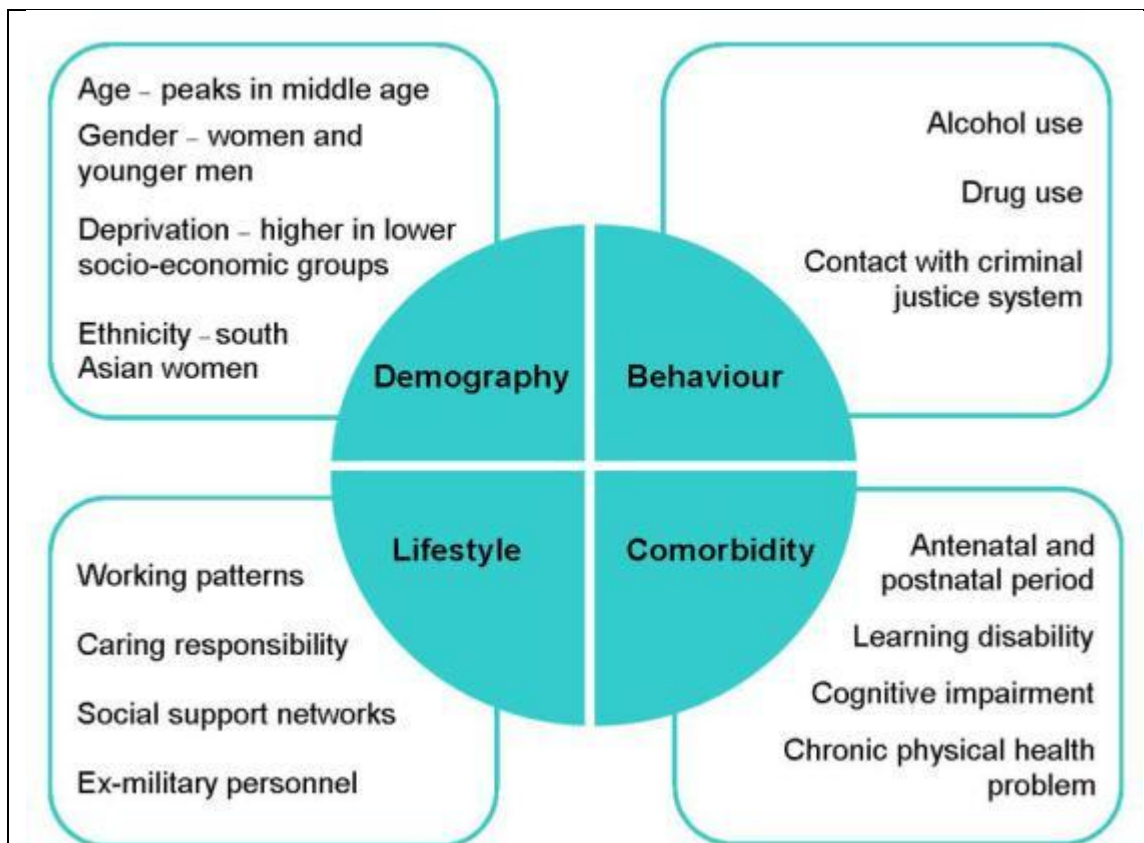


## SCHEDULE 2 – THE SERVICES

### A. Service Specifications (B1)

<b>Service Specification No.</b>	05/MHLD/0042
<b>Service</b>	<b>Primary Care Psychological Therapies (Adults) – Step 2 / Step 3 ‘Steps to Wellbeing’</b>
<b>Commissioner Lead</b>	Mental Health CCP – Dorset CCG
<b>Provider Lead</b>	Director of Children and Families Services, and Psychological Therapies Services
<b>Period</b>	1 <sup>st</sup> April 2014 to 31 <sup>st</sup> March 2016
<b>Date of Review</b>	To be Agreed

<b>1. Population Needs</b>
<p><b>1.1 National/local context and evidence base</b></p> <p>It is estimated that around 17.7% of adults aged 18 and older meet the diagnostic criteria for at least one common mental health disorder. Reducing the prevalence of common mental health disorders is a major public health concern. In 2007 the annual cost to treat depression and anxiety disorders in England was nearly £3 billion, with an additional economic impact of around £13 billion in lost earnings among people of working age.</p> <p>The development of Primary Care Psychological Therapies Services (Adults) has been developed based on a local Joint Strategic Needs Analysis, informed by national epidemiological research and has considered the needs of the whole community for primary care psychological therapies. This has included the following factors:</p> <ul style="list-style-type: none"> <li>• prevalence and incidence of common mental health disorders</li> <li>• additional factors that influence local service need</li> <li>• existing local practice and determination of optimum capacity</li> </ul> <p><b>Figure 1 Risk factors for common mental health disorders</b></p>



A number of recent national surveys, including those conducted by the Office of National Statistics have provided baseline information regarding the prevalence of mental health problems. National estimates suggest that at any one time 15.1% adults (over 15 years old) have symptoms of common mental disorder (CMD), such as: anxiety; depression; obsessive-compulsive disorder; or post-traumatic stress. About half of these (7.5%) are severe enough to warrant treatment (such as talking therapy or medication).

'Talking Therapies: a Four-Year Plan for Action' states: The aim is to develop talking therapies services that offer treatments for depression and anxiety disorders approved by the National Institute for Health and Clinical Excellence (NICE) across England by March 2015, the end of the Spending Review period.

This involves:

- completing the nationwide roll-out of IAPT services for adults of all ages who have depression or anxiety disorders, paying particular attention to ensuring appropriate access for people aged 65 and over;
- initiating a stand-alone programme to extend access to psychological therapies to children and young people
- building on learning from the IAPT programme and using NICE-approved and 'best evidence'- based therapies where NICE guidelines are pending;
- broadening the benefits of talking therapies by extending them to people with physical long-term conditions or medically unexplained symptoms, which are physical symptoms caused by psychological distress; and
- Expanding access to talking therapies services for people with severe mental illness.

There is strong evidence that appropriate and inclusive services and pathways for

people with common mental health problems, specifically depression and anxiety, reduce an individual's usage of NHS services whilst contributing to overall mental wellbeing and economic productivity.

NHS Dorset CCG serves a registered population of approximately 776,303 people set within practice based localities as shown in Table below.

**Registered Population by Locality as at September 2013**

Locality	Population size @ 30/09/2013
<b>Bournemouth North</b>	65,152
<b>Central Bournemouth</b>	64,711
<b>East Bournemouth</b>	59,550
<b>Christchurch</b>	54,153
<b><i>East Dorset</i></b>	<b>243,566</b>
<b>Poole Bay</b>	71,944
<b>Poole Central</b>	61,560
<b>Poole North</b>	52,045
<b>East Dorset</b>	70,342
<b>Purbeck</b>	33,413
<b><i>Mid Dorset</i></b>	<b>289,304</b>
<b>Dorset West</b>	40,938
<b>Weymouth &amp; Portland</b>	73,768
<b>North Dorset</b>	86,121
<b>Mid Dorset</b>	42,606
<b><i>West Dorset</i></b>	<b>243,433</b>
<b><i>CCG Total</i></b>	<b>776,303</b>

The local Joint Strategic Needs Assessment details the estimated prevalence of common mental health disorders across Bournemouth, Poole, and Dorset.

Condition	B&P 2010	Dorset 2010	B&P 2015	Dorset 2015
Depression and/or anxiety	24,132	23,241	25,948	24,851

It is recognised that there will be variance within prevalence levels in each of the GP localities across Dorset due to differences within local demographic profiles. (Please refer to local Joint Strategic Needs Assessment data for more information)

## 2. Outcomes

### 2.1 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	

The service also contributes to the Public Health Outcomes Framework

Domain 1	Improving the wider determinants of health	✓
Domain 2	Health Improvement	✓
Domain 4	Healthcare public health and preventing premature mortality	✓

### 2.2 Local defined outcomes

The Key Service Outcomes for Primary Care Psychological Therapies are as follows:

- An increased proportion of people with common mental health disorders are identified, assessed and receive treatment in accordance with appropriate NICE guidance
- Improved speed of access and response at various nodes in the care service pathway
- Increased proportion of people with common mental health disorders who make a clinically significant improvement or achieve recovery
- Increased social participation and community integration of service users
- Improved service user choice and experience of services
- Individuals are supported to retain or return to employment/education/training

### 3. Scope

#### 3.1 Aims and objectives of service

The Provider shall develop and deliver a service that:

- Facilitates access to Step 2 and Step 3 of a stepped care pathway for the management of psychological disorders.
- Reduces the stigma and discrimination associated with a diagnosis of, or treatment for, common mental health disorders.
- Provides signposting, information and support to facilitate access to a range of community based support services
- Improves service-user choice and experience of mental health services.
- Improves identification and awareness of common mental health disorders (e.g. through awareness training for a range of health, social care, education and welfare professionals) and promote onward referral for assessment and intervention
- Improves the interface between services for people with common mental health disorders
- Increases the proportion of people who are identified, assessed and receive treatment in accordance with NICE guidance/evidence based psychological care by appropriately qualified clinicians
- Improves the proportion of people who make a clinically significant improvement or achieve recovery.
- Improves emotional wellbeing, quality of life and functional ability in people with common mental health disorders.
- Improves individual's well-being and functionality, including people with physical health problems and long term conditions
- Improves access and support to maintain people in work, help them to return to work, help them into education or training and where appropriate help people to find meaningful activity

#### Underlying principles

- To provide a “whole person” approach to the delivery of Primary Care Psychological Therapy Services which takes account of the person's socio-demographic characteristics, health co-morbidities and lifestyle
- To provide a directly accessible primary care driven service
- To provide early access and appropriate interventions to people with common mental health problems in the Contract Area adopting a stepped care approach according to NICE guidelines
- To promote access to services from all sectors of the community including traditionally underserved/socially excluded groups which may include:
  - black and minority ethnic groups, including people who do not have English as their first language
  - certain age and gender groups e.g.
    - older people, including people living in nursing homes or with dementia
    - younger people, especially young men
    - South Asian women
  - black and minority ethnic groups persons in prison or in contact with the criminal justice system
  - service and ex-service personnel
  - refugees and asylum seekers
  - long term conditions (LTC)

- people with Autistic Spectrum Conditions incl Asperger's Syndrome
- people with a mild learning disability
- lesbian, gay, bisexual and transgender people
- people from deprived communities, including people who are on low incomes, unemployed or homeless, single-parents and carers.
- To provide high quality and flexible support to service users that maximises individual potential including:
  - Language and communication support
  - Use of multi-media technology eg. Computerised CBT
  - Subsidised transport
  - Home-based interventions
  - Non-traditional community settings
- To promote recovery and minimise the disabling effects of mental ill health
- To promote choice
- To provide a person-centred service, that promotes a holistic and inclusive manner
- Provision of support to families and carers including recognition and assessment of their individual needs and signposting to other relevant support services.
- To evaluate the effectiveness of service provision through systematic and comprehensive collection of pre- and post-treatment outcome data on at least 90% of patients treated
- Patient experience questionnaires are routinely used to inform service development .

### 3.2 Service description/care pathway

Primary Care Psychological Therapies (PCPT) - Steps to Wellbeing service will be a community based service that builds firmly on the Improving Access to Psychological Therapies (IAPT) programme (see <http://www.iapt.nhs.uk/>). The service will offer a range of evidence based psychological interventions including NICE approved / recommended psychological therapies that support positive outcomes and recovery. The PCPT service model will cover common mental health disorders as outlined within a traditional IAPT model operating at Steps 2 and 3 of the stepped care model. These include:

- depression,
- generalised anxiety disorder
- mixed depression and anxiety
- panic disorder
- obsessive-compulsive disorder,
- phobias (including social anxiety disorder (social phobia))
- post-traumatic stress disorder
- health anxiety (Hypochondriasis)

In addition to these disorders the PCPT service model will not inappropriately exclude individuals with other conditions that present concurrently alongside depression and anxiety and for whom engagement within the Steps to Wellbeing service may provide a benefit. These conditions may include:

- adjustment disorders
- autistic spectrum condition (ASC)
- eating disorders (mild-to-moderate)
- anger management;
- depression or anxiety in adults with a chronic physical health problem or medically unexplained symptoms

- substance misuse (alcohol misuse)
- mild learning disability or cognitive impairment
- personality disorder (not severe)
- other co-morbid mental health conditions (e.g. non-acute or stable psychosis) where anxiety or depression-related symptomatology is present

The Primary Care Psychological Therapies service will primarily address mental health Payment by Results (PbR) Care Clusters 1-4 as follows:

- Care Cluster 1: Common Mental Health Problems (Low Severity) - This group of service users has definite but minor problems of depressed mood, anxiety or other disorder, but they do not present with any psychotic symptoms
- Care Cluster 2: Common Mental Health Problems (Low Severity with Greater Need) - This group of service users has definite but minor problems of depressed mood, anxiety or other disorder, but not with any psychotic symptoms. They may have already received care associated with Care Cluster 1 and require more specific intervention, or previously been successfully treated at a higher level but are re-presenting with low level symptoms
- Care Cluster 3: Non-Psychotic (Moderate Severity) - This group of service users have moderate problems involving depressed mood, anxiety or other disorder (not including psychosis)
- Care Cluster 4: Non-Psychotic (Severe) - This group of service users is characterised by severe depression and/or anxiety and/or other disorders, and increasing complexity of needs. They may experience disruption to function in everyday life and there is an increasing likelihood of significant risks.

The service is based on a stepped care model with provision associated with this specification confined to provision of steps 2 and step 3 of the Dorset Stepped Care model (Appendix 1). There is an expectation that consultation and support will be provided in the delivery of Step 1/Foundation level and that strong links and joint working is forged with Step 4 service provision. The service will build on existing multi-agency partnerships with a variety of statutory, voluntary and private providers and where appropriate work jointly with providers of step 1 and step 4 ensuring smooth transition between each step of the care pathway. Collaboration with social, community, and secondary care professionals in specialist mental health and general health services (particularly physicians involved in treating long term musculoskeletal, respiratory, dermatology, diabetes, heart disease, chronic pain services, neurology and cancer) is vital to ensure that psychological treatment needs are met across the pathway in an integrated, timely and responsive person centred manner.

Key requirements of the service include:

- a primary care psychological therapies workforce with the knowledge, skills and attitudes to listen, detect, assess and make decisions about the most appropriate level of intervention
- availability of a range of effective and accessible information and interventions appropriate to each step ranging in intensity and complexity
- clear protocols for 'stepping up' and 'stepping down' of care underpinned by agreed and responsive systems at the interface between primary and secondary care
- links to Community groups

- links to the Job Centre Plus, work programmes, and employment support services

All patients will initially be offered an assessment, which will focus on the presenting problem, a basic risk assessment and referral on to other agencies, if appropriate. This will include the following elements:

- prior to the start of treatment all patients should receive a comprehensive 'patient centred' assessment that clearly identifies the full range and impact of their mental health problems and any linked employment, housing, social and physical health issues
- a risk assessment (suicide, harm to others, etc) should occur at initial contact and at each contact thereafter
- All patients must have their condition assessed using Disorder Specific Measures that are appropriate to the patient being seen. Key measures should be taken at each treatment session with information provided to patients at every session about their clinical scores, indicating improvement in their condition or not
- Services must collect pre- to post-treatment outcome data achieving 90% data compliance.

Within the stepped care model the least intensive intervention appropriate to a person's needs will be provided first with the ability for people to readily "step up or down" the care pathway in accordance with their changing needs and response to treatment.

In accordance with NICE guidance some patients (e.g. those with severe depression or social anxiety disorder or PTSD) will be routed straight to high intensity (Step 3 interventions) as opposed to initially receiving a low intensity intervention (Step 2) which would not be effective in meeting identified treatment needs.

### **Step 2 provision**

This comprises of low-intensity interventions and will include the components outlined below. It can be provided through individual and group sessions (when these are recommended in NICE Guidance) and will include both brief face-to-face contact and telephone/text support. The duration of interventions within step 2 generally consists of 1-6 sessions with an expected average of 4 sessions.

### **Focus of Intervention in Step 2 - Low-intensity psychological interventions**



Psychological intervention	Disorder
Cognitive behavioural therapy (computerised)	Depression
Cognitive behavioural therapy (individual) including exposure and response prevention	Obsessive-compulsive disorder
Cognitive behavioural therapy (group) including exposure and response prevention	Obsessive-compulsive disorder
Cognitive behavioural therapy (CBT)	Depression Generalised anxiety disorder Panic disorder
Group-based peer support (self-help) programmes	Depression (with a chronic physical health condition)
Non-directive counselling delivered at home	Depression (antenatal and postnatal)
Psycho-educational groups	Generalised anxiety disorder Panic disorder
Self help (individual facilitated)	Depression Generalised anxiety disorder Panic disorder
Self help (individual non-facilitated)	Generalised anxiety disorder Panic disorder
Behavioural Activation	Depression
Applied relaxation	Generalised anxiety disorder
Bibliotherapy based on cognitive behavioural therapy principles	Panic disorder
Counselling	Depression (for people as an alternative to antidepressant, cognitive behavioural therapy, interpersonal psychotherapy, behavioural activation or behavioural couples therapy)

### Step 3 provision

This comprises of high-intensity interventions and will include the components outlined below. It can be provided through individual and group sessions (when these are recommended in NICE Guidance) and will be conducted via face-to-face contact. The duration of interventions within step 3 generally consists of up to 20 sessions

over a varied time scale dependent on the type of therapy delivered. Local activity data suggests an average of 10 sessions.

### Focus of Intervention in Step 3 – High intensity psychological interventions

Psychological intervention	Disorder
Applied relaxation	Generalised anxiety disorder
Behavioural activation	Depression
Behavioural couples therapy	Depression
Bibliotherapy based on cognitive behavioural therapy principles	Panic disorder
Cognitive behavioural therapy (CBT)	Depression Generalised anxiety disorder Panic disorder
Cognitive behavioural therapy including exposure and response prevention	Obsessive-compulsive disorder
Cognitive behavioural therapy (trauma-focused)	Post-traumatic stress disorder
Counselling	Depression (for people as an alternative to antidepressant, cognitive behavioural therapy, interpersonal psychotherapy, behavioural activation or behavioural couples therapy)
Eye movement desensitising and reprocessing	Post-traumatic stress disorder
Interpersonal psychotherapy	Depression
Cognitive behavioural therapy	Phobias (including social anxiety disorder (social phobia))
Non-directive counselling delivered at home	Depression (antenatal and postnatal)

The service will offer a variety of evidence-based clinical interventions incorporating self-help options where appropriate and including:

- Cognitive Behavioural Therapy
- Interpersonal Therapy
- Counselling
- Brief Psychodynamic Therapy
- Solution Focused Therapies
- Psycho Sexual Therapy

- Peer support;
- Personal development opportunities

It is envisaged that within the prevalent population, 60% will require an intervention at Step 2 and the remaining 40% at Step 3. It is acknowledged that a proportion of the population may initially access Step 2 prior to being stepped up to Step 3 due to presenting need.

#### **Access to services**

Referrals sources will include GPs', primary care, social, community and secondary care services including long term condition teams (LTC), and specialist mental health services.

The service will ensure there is direct access for people to self refer into the service and this will be positively encouraged and promoted. A recent evaluation of psychological intervention services demonstrated that self-referred service users present with symptoms as severe as those of GP-referred service users but recover with fewer sessions of treatment.

Multiple points of access to the PCPT (Steps to Wellbeing) service will facilitate links with the wider community and promote access to services from people from a range of socially excluded groups. This may include use of accessible, non-stigmatised community venues (including the person's home) for assessment and subsequent treatment

Services will be available 52 weeks of the year with extended and flexible outside office hours.

Services will be easily accessible within the community and incorporate various styles of engagement and delivery ranging from self-help materials, telephone advice and counselling and group approaches at step 2 & 3.

Each general practice shall have a named link worker within the service to enhance and facilitate effective working relationships with primary care.

A "clinical hub" capacity is needed which can accommodate the following functions, facilitated by up-to-dated Information and Communications Technology (ICT):

- Facilities for telephone-based Psychological Well-being Practitioner interventions
- Consulting room space for patients – individual and groups
- Consulting rooms where treatments that require video taping and role play can occur (e.g. social anxiety disorder, some cases of PTSD)
- Alternative venue for patients who prefer to be seen away from GP premises
- Access to supervision from a suitably qualified individual

### **3.3 Any acceptance and exclusion criteria and thresholds**

The service is expected to meet the needs of all adults aged 18 and over who are registered with a Dorset, Bournemouth or Poole GP practice. As noted above it is acknowledged that particular high risk groups including homeless people and the travelling community may not be registered to a local GP. These groups can access the service on the basis of temporary residence within Dorset.

The service will be available to adults experiencing mental distress in relation to common mental health problems such as anxiety and depression (which may also be linked to physical health conditions).

The provider will be expected to work with client groups who have specific needs, including:

- older people
- people with disabilities and long-term physical conditions
- carers
- offenders with common mental health problems
- women with peri-natal depression
- people from black and ethnic minority communities and including travellers and gypsies
- gay, lesbian, bisexual and transgender people
- adults with substance misuse problems
- ex-service personnel and their families
- people with learning difficulties or learning disabilities
- people with medically unexplained symptoms

This will necessitate close working with organisations that represent these client groups to ensure that there are no avoidable barriers to access to the service and that people with specific needs have access to appropriate information about the services available.

The primary care psychological therapies service does not encompass the whole of primary care mental health. For instance, management of people with a stable psychosis/severe mental illness will be outside the scope of this service.

The primary care psychological therapies service is not targeted towards those who pose a high risk to themselves, risk to others or who are at significant risk of self-neglect. This may include “hard to reach” communities who have consistently rejected various treatment options offered.

This group may include people suffering from acute psychosis or who are actively suicidal and those who have a pre-existing diagnosis of severe and enduring, unstable mental illness. Such individuals’ needs are best met via specialist community mental health teams and associated services. However, when an individual with psychosis is being stably managed, they may benefit from psychological therapy interventions.

Similarly, people who have a significant impairment of cognitive function (e.g. dementia); or significant impairment due to autistic spectrum problems or learning disability are best served by specialist services. This may also include patients who need to be primarily referred for forensic or neuropsychological assessment.

Individuals for whom drug and alcohol misuse present as primary problems are best focused towards substance misuse services. However, when their substance misuse problems have been assessed joint working between the drug/ alcohol services and the PCPT services may be the best person centred approach to support the service user’s recovery.

The following areas are likely to be considered outside the scope of the Primary Care Psychological Therapies service:

1. Early intervention (severe mental illness)
2. Personality disorder (severe/complex)

3. Primary care of stable psychosis
4. Complex Medication management

For the purposes of this service, the geographical coverage will be split into five segments defined by localities as outlined below. Patients will be able choose any service across the range of localities in which to be seen irrespective of their home address / registered GP surgery.

#### Localities

- Bournemouth & Christchurch
- Poole, Purbeck & East Dorset
- Weymouth & Portland
- West Dorset - Dorchester, Bridport & Lyme Regis
- North Dorset - Shaftesbury, Blandford, Gillingham & Sherborne

The provider will be required to provide step 2 and step 3 provision within each of the geographical locality areas.

Suggested thresholds for entry to therapeutic services based on a range of clinical assessment tools are included below:

<b>Problem area to be addressed</b>	<b>Recommended Measure</b>	<b>Appendix reference</b>	<b>Number of items</b>	<b>Cut-off score</b>
Depression	PHQ-9	D1	9	10 and above
General Anxiety	GAD7	D2	7	8 and above
Phobias	IAPT Phobia Scales	D3	3	4 or above on any item
Functioning	WSAS (Worker and Social Adjustment Scale)	D4	5	N/A
Obsessive Compulsive Disorder	Obsessive Compulsive Inventory (OCI)	D5	42	40 and above
Generalised Anxiety Disorder	Penn State Worry Questionnaire-Short (PSWQ)	D6	16	45 and above
Social Phobia	Social Phobia Inventory (SPIN)	D7	17	19 and above
Health Anxiety	Health Anxiety Inventory -Short week version (SHAI)	D8.1	18 in total	15 or above for 14 or 18 items
Avoidance/ re-assurance	Avoidance/ re-assurance (health) questionnaires	D8.3	19 in total	Optional measures. No fixed cut-off
Agoraphobia	The Agoraphobia-Mobility Inventory (MI)	D9	52	Above an item average of 2.3
Post-Traumatic	Impact of Events Scale -	D10	22	33 and above

Stress Disorder	Revised (IES-R)			
Panic Disorder	Panic Disorder Severity Scale: self-report version (PDSS)	D11	7	8 and above

### 3.5 Interdependence with other services/providers

The vision for an effective Primary Care Psychological Therapies Service is of an integrated bio-psychosocial approach that considers a person's wider quality of life needs. This whole life approach would require the Primary Care Psychological Therapies service to work closely with a range of other organisations to demonstrate improvements.

Where necessary the service will develop shared care arrangements with other relevant services to ensure patients' needs are fully met, and all aspects of their care and treatment co-ordinated. The service will not be expected to take on any care coordination functions.

If the service is not able to work with the person for any reason they should ensure that they are referred to suitable alternative provision to manage their mental health needs and that the GP is kept informed.

Integral to the vision for an integrated Primary Care Psychological Therapies are services being community based and working in unison with other public service arrangements. The Primary Care Psychological Therapies provider will have a robust relationship with a wide range of stakeholders to augment the quality of both Primary Care Psychological Therapies service delivery and also the wider health economy.

A safe, integrated and effective primary care psychological service requires clear pathways for people to move into, through and out of service provision. Mechanisms for resolution of disputes at various states of the care pathway are essential.

The PCPT service will form part of a spectrum of services commissioned to address the Mental Health Needs of the local population. It is specifically responsible for responding to people with mild to moderate common mental health disorders. Partnership working and collaboration with a range of other health and social care services, residential and nursing care, employment support agencies, criminal justice agencies, well-being services (e.g. leisure services; health promotion) is encouraged. These partner agencies are likely to include a variety of statutory, third sector and independent sector providers.

The service will also need to work in partnership with specialist mental health services to ensure that people with more complex needs have these met in timely ways which are clinically appropriate.

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg NICE)

The provider will be required to collect, collate, manage and provide information to the commissioner and for national mandatory collection purposes as set out in the IAPT data framework, and in line with the core national information standards.

For further information refer to <http://www.iapt.nhs.uk/silo/files/the-iapt-data-handbook.pdf> , and <http://www.ic.nhs.uk/iapt>

The provider will adhere to the quality measures specified in the contract and NICE quality guidance and other reliable sources of evidence.

1. Use of standardised and validated assessment tools to reduce duplication of assessments
2. Use of validated outcome measures
3. Promote accessibility of services e.g.
  - a. Hours of operation
  - b. Accessible, non-stigmatised community venues (including home)
  - c. Use of appropriate technology
4. Workforce competencies to deliver psychological therapies
  - a. Appropriate training
  - b. Regular supervision
  - c. Ongoing personal development plan and training

#### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

#### **4.3 Applicable local standards**

The provider will be expected to work with the commissioner to provide audit data on a monthly basis so as to allow both parties to understand whether the level of activity commissioned is appropriate, and whether the average length of patient pathway is as expected.

##### **4.3.1 Management and Leadership**

There is a contractual requirement for the provider to satisfy the commissioner that they have an organisational structure that clearly identifies responsibilities and accountabilities in the following areas:

- Managerial leadership
- Professional leadership
- Clinical leadership
- Clinical governance
- Corporate governance

The service should be provided in line with the patient and public rights and the values set out within the NHS Constitution<sup>1</sup>

1. [www.dh.gov.uk/en/Publicationsandsstatistics](http://www.dh.gov.uk/en/Publicationsandsstatistics) The NHS Constitution (January 2009)

##### **4.3.2 Governance**

The Provider will have an established Clinical Governance programme which as a minimum covers the following:

- Patient, public and carer involvement;
- Risk management, including incidents and complaints;
- Staff management and performance, including recruitment, workforce planning

- and appraisals;
- Education, training and continuous professional development;
- Clinical effectiveness and audit;
- Information governance;
- Communication both internal and external; and
- Leadership at all levels of the organisation.

The provider will share key clinical governance information with commissioners.

The provider will act on any recommendation in any Care Quality Commission report that the Independent Regulator requires to be implemented or is otherwise agreed by the parties to be implemented. Results and recommendations from annual Care Quality Commission audits will be built into a programme of continual improvement.

#### 4.3.3 Information Governance

The Provider will identify an Information governance lead.

The Provider will have in place a completed NHS Information Governance Statement of Compliance (IGSoC) process, comprising:

- IGSoC signed by the most senior executive in the organisation, and sent from that individuals mailbox (usually the CEO) to [igsoc@nhs.net](mailto:igsoc@nhs.net);
- Logical Connection Architecture – a description of the applying organisations network infrastructure;
- Sponsorship letter from the NHS organisation to whom you provide services.

All IGSoC processes will have to be approved via Connecting for Health IGSoC Team. <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/igsoc>

The provider must complete and provide evidence that they have achieved minimum of level 2 scores for their organisations Information Governance Toolkit <http://www.igt.connectingforhealth.nhs.uk/>

The Provider will comply with all relevant national information governance and best practice standards including:

- NHS Security Management – NHS Code of Practice;
- NHS Confidentiality – NHS Code of Practice;

The Provider will participate in additional Information Governance audits agreed with the Commissioner.

#### 4.3.4 Safeguarding

The Provider will be expected to comply with the following policies and procedures

- Multi-Agency Safeguarding Adults Policy & Procedure (July 2011) <http://www.dorset.nhs.uk/WS-Pan-Dorset/Downloads/NHS-Dorset/Policies/Clinical/dorset-adult-protection-policy.pdf>
- Dorset Safeguarding Children Board – Policies and Procedures <https://www.dorsetlscb.co.uk/site/advice-for-people-working-with-children/local-inter-agency-procedures/>

#### 4.3.5 Subcontracting

“Micro-providers” who have specific expertise (e.g. in working with smaller ethnic minority groups, peer specialist mental health charities) may be able to partner with



the provider to provide services tailored to meet specific community needs. This is particularly relevant to 3rd sector providers who often have a track record of being able to provide many important elements of the overall service delivery.

The service Provider will ensure that no part of the service outlined in this specification is subcontracted to any other party than the approved provider without prior agreement and approval of the commissioner.

Any sub-contracting agreements must meet the requirements of the standard NHS contract as published by the Department of Health.

## 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

#### **Response times and prioritisation**

Services are required to meet the national IAPT access standards for commencing treatment as defined in the IAPT technical guidance (KPI3b).

People identified to be at high risk (e.g. suicidal ideation, severe self- injurious behaviour, psychotic symptomatology) should be urgently referred to the appropriate mental health service. The access standard for referral is the same day. The GP will also be informed of the identified risks at the same time.

#### **Patient Experience**

Providers will be expected to undertake a range of activities to ensure that the patient experience is fully recorded and reported, including the development of a user forum to meet on a regular basis, the use of focus groups, one to one interviews and questionnaires.

The service will be responsive to external evaluation and allow the necessary access to data and information when required by external reviewers.

#### **Service Promotion and Information**

The provider will work to promote the PCPT service within two distinct populations:

- Health, employment and social care professionals who may refer their patients or clients to the psychological therapies service
- Local residents and workers ( primary care - GP's and the voluntary sector), who need accessible information about how the service may be able to help them recover their sense of wellbeing

Self referral should be promoted within any information as a recent evaluation of psychological intervention services demonstrated that self-referred service users present with symptoms as severe as those of GP-referred service users but recover with fewer sessions of treatment. Additionally, it uncovers and addresses otherwise unmet need in the local population.

Providers will be expected to develop promotional and information material for both users and referrers which is user friendly, consistent and co-ordinated. All necessary information should be given/ available to individuals at the time of referral to assist in making informed choices, as well as understand how they will be able to interact with the service.

Information should be made available in all appropriately accessible formats and also in languages other than English appropriate to the population covered by the service.

Provider material should be limited to the inclusion of the following points to ensure consistency and a standard approach:

Details about how quickly patients will be able to get a service;

- Information on what happens to patients when they leave the service (follow up care etc);
- The range of specific services offered by the provider;
- Opening / access times, including availability during evenings and weekends;
- Information relating to the effectiveness of the service;
- Staff qualifications;
- Location of service;
- Information about how patients will be welcomed into the service;
- Testimonials from previous users of the service;
- The provider's length of experience of delivering the service.

The list above has been derived out of consultation with people who have experienced primary care psychological services which suggest that overall, all of the ten identified criteria above are important in making decisions between services.

### **Communication**

As a minimum, the provider will be expected to routinely communicate outcomes of assessment and treatment to the registered GP in a consistent written format subject to consent from the service user.

### **Workforce**

The PCPT workforce will reflect a multidisciplinary service, equipped to deliver the psychological interventions recommended in the NICE guidelines for Depression and Anxiety and the other common mental health conditions outlined within this specification. This consists primarily of High Intensity therapists delivering step 3 interventions and Psychological Wellbeing Practitioners (PWP) delivering step 2 interventions. We would expect all practitioners delivering both high and low intensity interventions to have accreditation or be eligible for accreditation with the relevant body. Please refer to <http://www.iapt.nhs.uk/workforce/workforce> for further information on the required standards. Any deviations from this must be discussed and agreed with the commissioner. Counsellors who are trained and meet the required accreditation standards may also deliver step 2 low intensity or step 3 high intensity psychological interventions.

Competencies for the PCPT workforce will be subject to continual development in line with the range of therapies recommended by NICE.

### **Supervision & Training**

Supervision from experienced accredited practitioners is an essential component of the service and the service provider will ensure provision of management and case supervision at all levels, good clinical governance and evaluation.

Please refer to <http://www.iapt.nhs.uk/workforce/supervisors/> for information relating to the required standards and competencies associated with supervision.

The service will carry out training with partner agencies in the identification of common mental health disorders, will work (in conjunction with others) to educate universal and other services available to the general public on mental health and wellbeing issues relevant to the client group.

### **Research Activities**

The service will conduct research where appropriate on issues relevant to the service area and client group and will contribute to Local, Regional and National networks linked to the clinical area.

### **Equality**

The provider will be able to demonstrate an understanding of the mental health issues facing groups identified as having protected characteristics as identified by the Equality Act 2010.

Psychological support services are readily accessible to all population groups including older people and those with a long term conditions with the aim of ensuring 15% of the prevalent population with common mental health disorders are accessing treatment.

People with common mental health disorders can access psychological support and treatment within 28 days

Psychological therapies ensure individuals have the best chance of recovery from common mental health disorders with the expectation that a minimum of 50% of individuals receiving treatment achieve recovery.

### **5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

## **6. Location of Provider Premises**

### **The Provider's Premises are located at:**

The PCPT Service will be delivered from a range of accessible community venues (GP practices, libraries, resource centres and employment settings). Interventions must be facilitated in an environment which is conducive to the needs of the individual.

Wherever possible assessment and treatment will be delivered close to the patient's home (and in patient's own homes where they are housebound or have prohibitive mobility issues).

## **7. Individual Service User Placement**

In instances of individual treatment requests please refer to the following policy for prior approval:

<http://www.dorset.nhs.uk/WS-Pan-Dorset/Downloads/NHS-Dorset/Policies/Commissioning/joint-individual-cases-policy.pdf>

## Appendix 1 Dorset Stepped Care Model for Common Mental Health Disorders

Step	Presentation	Intervention Stage	Intervention
Step 4	Severe Mental Health Problems: Severe Complex Depression Severe Personality Disorder Complex treatment for Generalised Anxiety Disorder Severe Panic Disorder, OCD & PTSD Complex Co-Morbidity	Multi - Disciplinary Specialist Intervention	Highly Specialist Treatment including medication, high intensity psychological treatments with a multi-disciplinary/multi-agency approach, crisis intervention, in-patient treatment; complex risk assessment & management plans
Step 3	Moderate – Severe Mental Health Problems: Moderate - Severe Depression Depression (with a chronic physical health condition) Panic Disorder Moderate – Severe Post Traumatic Disorder (PTSD) Generalised Anxiety Disorder Obsessive Compulsive Disorder Phobias incl Social Phobias Other co-morbid mental health conditions where anxiety or depression is present Mild – Moderate Post Traumatic Disorder (PTSD) Social Phobia	High Intensity Interventions	Cognitive Behavioural Therapy (CBT) – Individual or Group Interpersonal Therapy (IPT) Behavioural Activation Behavioural Couples Therapy Eye Movement Desensitising & Reprocessing (EMDR) Bibliotherapy based on cognitive behavioural therapy principles Counselling Risk Assessment & Management Plan
Step 2	Mild – Moderate Mental Health Problems: Mild – moderate depression Persistent sub threshold depressive symptoms Depression (with a chronic physical health condition) Depression (antenatal and postnatal) Generalised Anxiety Disorder Mild – Moderate Panic Disorder Obsessive-compulsive disorder	Low Intensity Interventions	Cognitive behavioural therapy (CBT) - Individual or Group Computerised Cognitive behavioural therapy (CCBT) Group-based peer support (self-help) programmes Psycho-educational groups Self-help (individual facilitated) Self-help (individual non-facilitated) Behavioural Activation Applied relaxation Bibliotherapy based on cognitive behavioural therapy principles Counselling Risk Assessment & Management Plan
Step 1	Early Signs of Mental Health Problems Recognition of Problem All Common Mental Health Disorders	Screening, Advice & Information	Identification Assessment Psycho-education Active Monitoring Peer Support Referral for further assessment & intervention