

# LATE ITEM

## Document 2

Psychodynamic Therapies

## NHS SERVICE RECONFIGURATION CHECKLIST

**SECTION 1 – to be completed by or on behalf of a Chief Executive of an NHS organisation**

### Initial information

Name of organisation:	NHS Derby City & NHS Derbyshire County
Information provided by:	Tracy McGonagle
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Date:	July 11 <sup>th</sup> 2011

Please outline how this proposal has or will consider the four tests set out in the revised NHS operating framework 2010/11. The Improvement and Scrutiny Committee will not consider any proposal that bypasses these tests.

1.1	<p>Have GPs been engaged with the proposals? If not what plans are in place to undertake this?</p> <p><b>GPs were involved in the initial proposal meeting February 11<sup>th</sup> 2011. A presentation was made to the Mental Health Clinical Reference Group on July 14 which has a number of GP representatives who liaise with the GP community. GP Consortia have been informed about these proposals and kept in the loop with the pathway amendments. All GPs involved were fully supportive of the proposals.</b></p> <p><b>The PCT, in developing the new service specification has worked with mental health clinicians and psychotherapists representing Clinical Psychology, Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and Psychodynamic Psychotherapy therapists.</b></p> <p><b>As part of the formal engagement activity discussions will continue at the MH Clinical Reference Group.</b></p> <p><b>It is planned for a group of GPs to come together during the engagement period organised by the PCT with the MH Trust and the CCG responsible for MH commissioning.</b></p>
1.2	<p>How have patients and the public been engaged in this proposal to date and what further activity is planned?</p> <p><b>The proposals have been broadly discussed at the Mental Health Strategic Partnership Group and we have discussed it in more depth at the Derbyshire commissioning group where service users and carer reps are present. The service user group, Derbyshire Voice are members of this group, are aware of the proposals and support them. The proposals will be taken to the QIPP Lay Reference Group (an</b></p>

	<p>objective group offering a lay perspective on QIPP programmes). We are notifying patients who will be impacted and having offering them a range of ways of feeding back their views and the opportunity to raise concerns and comments. They will be provided with support, if they wish, from Derbyshire Voice – who will be acting to ensure the patients’ voice is heard at a clinical and a commissioning level. A communications strategy has been produced to ensure all appropriate stakeholders are identified and a plan to engage them is in place.</p>
	<p>What is the clinical evidence base for this reconfiguration?</p> <p><b>The new service specification is based on NICE guidelines for Specialist Psychological Therapy for the treatment of Depression, Anxiety, Borderline Personality Disorder and Anti-Social Personality Disorder. Therapies with limited clinical evidence have been removed from the specification.</b></p>
1.4	<p>How does this proposed reconfiguration fit in with ensuring consistency for patient choice?</p> <p><b>Patients will continue to be offered a range of evidence-based approaches as part of the Psychological pathway. Being mindful that some therapies do not lend themselves so readily to research methodologies we have retained an element of psychodynamic psychotherapy – a second line therapy – to ensure innovation, development and choice.</b></p> <p><b>The proposal will also improve the resources within the pathway to allow service users to access the most appropriate psychological therapy and also will increase availability to people in the north of the county to the service.</b></p>

If consideration to the four key tests has been provided please continue with this section:

1.5	<p>Please outline the nature of the proposed service reconfiguration:</p> <p><b>The proposal is to retain those elements of the Tier 4 Psychological Therapies service that have been recommended by NICE as having the most evidence. These include Cognitive Behaviour Therapy (CBT) for severe and complex anxiety and depression (and in some cases a second – line therapy for Borderline Personality Disorder (BD)) and Dialectical Behaviour Therapy (DBT) for Borderline and Anti-Social Personality Disorder (ASPD). This will mean that the Psychodynamic Psychotherapy therapy will be reduced to reflect the lack of clinical evidence base. There will be a gradual increase in provision of CBT and DBT initially within available resources. Currently, Specialist psychotherapy services are available only in the South of the County and the plan is to make available evidence based therapies to the entire City and County area.</b></p>
1.6	<p>What will the proposed service reconfiguration mean for patients and the public?</p> <p><b>The service reconfiguration will mean that there will be more evidence based therapies available to defined diagnostic groups as</b></p>

	recommended by NICE across the County and City population. There will be a reduction of Psychodynamic Psychotherapy. A reduction in the service will initially impact on patients on the current caseload and a phased transition plan has been designed to ensure the mental health and therapeutic needs of those patients are taken into consideration as a priority eg signposting to other services; continuing with psychodynamic psychotherapy if this is deemed to be the most appropriate course of action.
1.7	Please provide a copy of the project programme, illustrating the project timeline and key milestones. <b>Attach Joe's Plan</b>
1.8	Is there any further information you want to provide at this stage? N/A

## SECTION 2 – Further information

The following information will assist the Improvement and Scrutiny Committee to determine its response to a service reconfiguration.

### Strategic relevance and evidence base

2.1	Is the proposed service reconfiguration in context with the stated aims and objectives of your organisation? <b>Yes – these proposals have been fully scrutinised and agreed as part of the QIPP agenda.</b> <b>These proposals are part of the PCT's requirement to only commission services of proven effectiveness.</b> <b>These proposals support people who will have received treatment in the primary care psychological services the PCT has invested in and who need further interventions.</b>  <b>Many other health communities in the East Midlands region are also disinvesting in dynamic psychotherapy for the same reason.</b>
2.2	How will the service reconfiguration enhance the health of local communities? <b>The reconfigured service will be streamlined to ensure that the most appropriate cases are offered therapies that have the most evidence of giving the best outcomes for the individual. The longer term plan is to plan for these services to be fully embedded in both the North and South of the County.</b>
2.3	a. What is the evidence base for the service reconfiguration? <b>The service specification follows NICE guidelines for the identified client groups. Public Health have provided the evidence base for the service specification in partnership with Nottinghamshire Public health colleagues</b>

	<p>b. Is the proposal in line with 'good practice'?</p> <p><b>Yes – we have followed NICE recommendations but have also ensured scope for choice, innovation and development by retaining a small element of the Psychodynamic Psychotherapy service</b></p>
2.4	<p>How does the service reconfiguration complement your partner organisations' aims and objectives?</p> <p><b>The specification is for services for Derbyshire County and Derby City residents. Derbyshire Healthcare NHS Foundation Trust is working closely with commissioning colleagues to achieve the QIPP agenda. NHS Derby City has been fully involved in the discussions and associates are following a similar approach. The service reconfiguration provides range of psychological therapies that are evidence-based and provided in the community and in-patient services, in particular the Melbourne Unit for women. This is supported by the probation service commissioners.</b></p>

### Finance

2.5	<p>a. What is the cost of the service reconfiguration?</p> <p>b. Is the project affordable, short term and long term?</p> <p><b>This project aims to remove the availability of services with limited clinical evidence to new referrals. However we wish to ensure current patients in treatment continue to receive their treatment or be offered appropriate alternatives and thus the saving in year 1 will be significantly less.</b></p>
2.6	<p>What is the source of funding for the service reconfiguration?</p> <p><b>There is no requirement for a new source of funding.</b></p>
2.7	<p>Are there any direct service changes linked to the proposal so that it can be funded, e.g. service reductions, delays in new services?</p> <p><b>The psychodynamic psychotherapy service will be phased out. Psychology services will be reorganised to be made more accessible from within existing resources. It is planned that additional resources will become available by reducing the number of people who are referred outside of the county for therapy.</b></p>

### Human Resources

2.8	<p>What is the impact on the current workforce?</p> <p><b>The decision not to continue to commission psychodynamic psychotherapy will lead to some redundancies. It is not known at this point how many as some staff may wish to retrain in those therapies that are evidence based. Some may wish to take retirement or redeployment. The Trust will be following existing HR policies in relation to this project.</b></p>
2.9	<p>What are the human resource demands within the service reconfiguration proposals?</p> <p><b>See above</b></p>
2.10	<p>Will you be able to recruit sufficient trained and experienced staff to deliver the newly reconfigured services?</p> <p><b>Initially there will no recruitment of new staff and developments will be managed within existing resources. However the Trust has a plan to develop training opportunities in the evidence based therapies.</b></p>

2.11	What are the plans for workforce development? <b>The Mental Health Trust is currently conducting a workforce analysis to establishing which existing staff members could retrain in specific(NICE recommended) evidence based therapies within existing resources</b>

**Any other comments?**

2.12	Please use this space to add any further comments relating to the proposed service reconfiguration.

**SECTION 3 – Detailed information, with a patient and public perspective**

**Engagement**

3.1	<p>a. Who has been consulted so far? b. Why have you consulted these groups? c. What questions were asked?</p> <p><b>A Each clinical lead for consortia has been consulted in person. In addition GPs have been informed by commissioners at a QIPP meeting. As mentioned the proposal has gone to the Clinical Reference Group. DHFT as part of clinical engagement on the specification asked professor Paul Gilbert to lead a series of meetings with specialists in the field and GPs.</b></p> <p><b>The service specification and proposals by the trust on how to change the service to meet the new specification will be going out to GPs asking for comments to be sent back.</b></p> <p><b>We have consulted with Derbyshire MH commissioning group which has service users carers as well as public health and local authority representatives.</b></p> <p><b>B These groups are the most appropriate specialists to provide feedback on the evidence based nature of the service specification changes</b></p> <p><b>C No specific questions were asked. These discussions were part of an ongoing process about service quality and productivity as part of the QIPP agenda.</b></p>
3.2	<p>a. Who will you consult in the future, as part of your engagement programme? b. Why will you consult these groups? c. What questions will you ask?</p> <p><b>A The plan is for the Provider to consult with their affected staff in the first instance.</b></p> <p><b>The PCT will go out to wider engagement with clinicians to include CCGs</b></p> <p><b>Service users will be informed and given the opportunity to provide feedback.</b></p> <p><b>LINKs will be informed and involved</b></p> <p><b>All key stakeholders have been identified and plans to provide them with information and the opportunity to feedback are in place.</b></p> <p><b>B These are the key stakeholders</b></p> <p><b>C All stakeholders will be asked how these changes will impact on them.</b></p>
3.3	<p>a. What information have you gathered so far from your engagement programme? (key points, themes and issues) b. How do you plan to respond to these emerging points, themes and issues?</p> <p><b>GPs have told us they would like greater availability of evidence based psychotherapies including CBT. They wanted better screening by psychologists to more appropriately signpost patients. GPs also recommend the service be available county wide.</b></p> <p><b>No senior clinician outside of the department of psychotherapy has recommended we keep funding dynamic psychotherapy. We have responded to the suggestion that there is some benefit in short term dynamic psychotherapy and that has been put in the service</b></p>

	<p>specification. The probation service wanted the availability of DBT for people with personality disorders. They wanted better access to services with less waiting time for treatment.</p> <p>The service specification has been drawn up in an iterative fashion involving a collaborative approach with a group of Trust clinicians, and public health. All these views have been incorporated in the service specification.</p>
3.4	<p>What are the views of the Local Involvement Network Members?</p> <p><b>Plans are in place to provide LiNK with the proposals and the feedback from clinicians.</b></p>

### Changes in Accessibility of Services

3.5	<p>Please set out how the proposed service reconfiguration impacts upon the accessibility of services from the patient and public perspective.</p> <p><b>CBT and Group Therapy Services will initially be based in Derby as this is where services have been traditionally based. However, recognising that there may be accessibility issues for patients living in the North of the County, CBT therapists will work in a more community based way and travel where the demand dictates. The Group Programme will be based in Derby initially but once implemented and depending on capacity and demand, group therapy services may be developed in the North of the County. DBT services exist in the North as well as South.</b></p>
	<ul style="list-style-type: none"> <li>Physical access to services e.g. relocation to another site/public transport/opening times/matching accessibility to a community's capacity to attend at the time of service availability.</li> </ul> <p><b>See above</b></p>
	<ul style="list-style-type: none"> <li>Is an existing service being withdrawn or modified resulting in reduced access or changes in access?</li> </ul> <p><b>Access to therapies will continue to be available. Access to evidence based therapies will improve.</b></p>

Impact of the proposed service reconfiguration on the wider community

3.6	<p>Please set out the impacts of the proposals on the wider community:</p> <ul style="list-style-type: none"> <li>Environmental impact</li> </ul> <p><b>N/A</b></p>
	<ul style="list-style-type: none"> <li>Employment impact</li> </ul> <p><b>See HR section</b></p>
	<ul style="list-style-type: none"> <li>Inequalities impact</li> </ul> <p><b>Will help to alleviate some geographical inequalities but this will remain an issue until the service can be developed north of the county.</b></p>
	<ul style="list-style-type: none"> <li>Impact on other organisations.</li> </ul> <p><b>N/A</b></p>
	<p>You may to like provide an environmental or health impact assessment, or similar supporting evidence.</p>

**Patients affected**

3.7	Please set out how the proposed service reconfiguration impacts upon patients, carers (if appropriate) and other members of the public.
	<b>There are a number of patients on the Psychodynamic Psychotherapy caseload. All of these patients and carers (where applicable) will be offered appropriate notice and appropriate therapeutic alternatives within existing services.</b>

**Methods of service delivery**

3.8	Please set out plans to vary the existing form of service delivery – from an organisational and patient perspective. Further provision of information on the link between the patient care pathway and the service reconfiguration is essential.
	<b>Referral pathways will remain unchanged but pathways to the reconfigured services will be improved to ensure that the most appropriate patients receive the most appropriate form of care or therapy.</b>

**PLEASE RETURN COMPLETED FORMS TO (AND TO CONTACT FOR FURTHER INFORMATION):**

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