

Review of proposals to reconfigure Psychodynamic Psychotherapy Services

RECOMMENDATION

- 1.1 After having considered the evidence on the proposals for reconfiguration of psychodynamic psychotherapy services in Derby and Derbyshire the Commission recommends:
1. The Trust retains psychodynamic psychotherapy services as part of a balanced treatment service.
 2. That access to psychodynamic psychotherapy services is made fair and equitable across Derby and Derbyshire.
 3. That the Trust should seek to equalise rather than reduce the level and quality of service provision in Derby and Derbyshire.

SUPPORTING INFORMATION

- 2.1 Derbyshire County PCT cluster completed and submitted an NHS Service Reconfiguration Consultation document to the July meeting of this commission which proposed initially reducing and ultimately withdrawing psychodynamic psychotherapy services. The PCT had intended to conduct a two month consultation however the Commission felt this was too short especially falling during summer holiday period when many people are likely to be away. The Commission therefore recommended extending this to three months for all relevant stakeholders.
- 2.2 At the July meeting the Commission also agreed to gather independent evidence on psychotherapy services which would be submitted to the PCT to assist them with their decisions on psychodynamic psychotherapy services. This was collected from the following individuals and organisations:
- Derbyshire County PCT cluster
 - Professor Diane Waller, OBE
 - Unite Union
 - Derbyshire Voice
 - Service User
 - NICE

2.3 The Commission has considered the evidence and gives its recommendations to the PCT.

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| Background papers: | None |
| List of appendices: | Appendix 1 – Implications Appendix 2 – Report |

Appendix 1

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| IMPLICATIONS |
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Financial and Value for Money

- 1.1 None arising directly from this report.

Legal

- 2.1 The Health and Social Care Act 2001 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

Personnel

- 3.1 None arising directly from this report for Derby city Council. However, the changes proposed by the PCT Cluster could affect staff employed by Derbyshire Healthcare NHS Foundation Trust delivering Psychodynamic Psychotherapy Services.

Equalities Impact

- 4.1 Effective scrutiny benefits all Derby people.

Health and Safety

- 5.1 None arising directly from this report.

Environmental Sustainability

- 6.1 None arising directly from this report.

Asset Management

- 7.1 None arising directly from this report.

Risk Management

- 8.1 None arising directly from this report.

Corporate objectives and priorities for change

- 9.1 Our aim is to work together so that all people in Derby will enjoy Good health and well-being.

Review of proposals to reconfigure Psychodynamic Psychotherapy Services

Introduction

1. Derbyshire County PCT submitted a service reconfiguration document to the July meeting of the Adults, Health and Housing Commission on their proposals to reconfigure of psychodynamic psychotherapy services. The proposals involved initially reducing and eventually phasing out psychodynamic psychotherapy services whilst proposing an increase in Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) to 'reflect lack of clinical evidence' for a range of conditions. The Commission was informed that the specialist psychotherapy services were only available in Derby and South of the County area and the Trust plans to make them equitably available to the entire city and county area. It was stated that these proposals had been fully scrutinised and agreed by the PCT Trust Board as part of the Quality, Innovation, Productivity and Prevention (QIPP) programme.
2. The consultation document stated that there would be redundancies although the final numbers were not known. The Mental Health trust was conducting workforce analysis to establish which staff could be retained in specific evidence based therapies. It was also stated that the PCT had consulted with each clinical lead for the consortium, Derbyshire MH Commissioning Group and had informed GP's at a QIPP meeting. The PCT was planning further consultation with clinicians and informing service users to give them an opportunity to provide feedback.
3. The Commission invited the PCT to the July meeting to present their proposals. Following detailed discussions the Commission made the following recommendations to the PCT:
 - All stakeholders should be properly consulted and their views taken into account during reconfiguration of the service
 - The current process for decommissioning is halted and decommissioning should not proceed until responses from consultation have been received and evaluated
 - The PCT should undertake a proper three month consultation process rather than the proposed two months as this is a substantial reconfiguration of a service and the consultation is scheduled to take place when many people are likely to be away on summer holiday.
4. At the July meeting, the Commission also resolved to look at independent evidence on psychodynamic psychotherapy services in conjunction with Derbyshire County Council's overview and scrutiny committee before submitting a response on the proposals.
5. The Commission has sought and received evidence from a range of individuals and organisations including professor Diane Waller OBE an eminent psychologist; Derbyshire Voice, a local voluntary sector organisation supporting service users; Unite Union; a service user; the National Institute of Clinical

Excellence (NICE) Field Team on the interpretation of evidence produced by NICE on psychodynamic psychotherapy services. The Commission also heard from a team of officers from Derbyshire County PCT about the service specification and their consultation process. Evidence has also been submitted by a clinician.

Summary of Evidence

Derbyshire County PCT

6. The Derbyshire County PCT submitted two service reconfiguration documents to the July meeting of the Adults, Health and Housing Commission on reconfiguration of psychodynamic psychotherapy services. The PCT has also subsequently published a service specification on their website. It has recognised the need to retain some psychodynamic psychotherapy services.
7. The PCT has acted on the Commission's recommendations and extended its consultation from two months to three ending on 31 October 2011.

Professor Dianne Waller OBE

8. Written evidence to the Commission was provided by Professor Diane Waller OBE who is a former member of steering groups working with National Institute for Mental Health (NIMH) and DoH on the IAPT project.
9. Professor Waller states that she supports the PCT's desire to improve access to psychological therapies across the county. Although some therapies do lend themselves more easily to the kind of research evidence on cognitive based psychotherapies, NICE is clear that its guidance cannot provide the full picture across the range of patient groups at any one time.
10. There is a large amount of evidence to support the inclusion of psychodynamic psychotherapy as an effective therapy for a range of patient groups. However it is often a matter of luck as to whether patients can access a psychological therapy, let alone have a choice. With IAPT current provision, CBT has tended to be much more widely available than before.
11. There is evidence for psychodynamic psychotherapy but this is not helped by insufficient engagement due to small size of their teams by psychodynamic psychotherapy clinicians with academics to build evidence base of their modality.
12. Combined with the need for a relatively long period (in NHS terms) of therapy, and perhaps less obvious 'results' than with CBT, it is not surprising that psychodynamic psychotherapy can be perceived as not only insufficiently evidence based but also 'too expensive' for the NHS. However, for some patients it is the only approach that can work and the long term results are in many cases more durable (ie prevent frequent re-admissions).

13. Professor Waller urges the PCT to revisit the suggestion to diminish the psychodynamic psychotherapy service and instead retain current provision. Professor Waller asks the PCT to engage actively with other clinicians and researchers to augment this literature through projects that can be quite small yet well-thought through.

A Service User's perspective

14. A service users had been invited to give evidence to the Commission. The Commission accepted her wish to remain anonymous. She stated that for years prior to accessing therapy she was extremely ill. She was unable to work, unable to look after herself and was entirely dysfunctional. She was unable to cope with anything but the very simplest of tasks. She lived in a state of perpetual fear, answering the telephone or the door was often too much for her. She said she couldn't face people, was mostly housebound and hated her life. She made numerous active attempts at suicide over the years and regularly presented in a state of crisis at front-line services.
15. She stated that given the nature of her problem, psychoactive medications were ineffectual for her. She had many attempts at Cognitive Behavioural Therapy (CBT) over the years and beyond tackling some of her simpler problems, her phobias, it was not successful for her. She received Dialectic Behavioural Therapy (DBT) from a Psychologist in Derby which was useful as a stop-gap measure to stabilise her enough to handle the long term psychodynamic psychotherapy.
16. She had been turned down for psychodynamic psychotherapy on many occasions, even though all professionals directly involved in her case were clear that her need for such a service was great and that she was suitable. It took her four years and considerable pushing and assistance from outside organisations to finally access the therapy.
17. She understood that access to long-term psychodynamic psychotherapy in Derby is already exceptionally limited with very few of those who require it and are deemed suitable for such therapy receive it. CBT and DBT have their role in the treatment process, however they are not a complete substitute for long-term Psychodynamic work, which was clearly effective in her case and in many others.
18. The service users said she had many concerns about the consultation process, from a service user's perspective. For most people ill enough to need therapy, simply putting pen to paper, sending an e-mail, or making a telephone call, is naturally going to be too much let alone attending emotive public consultations meetings.

Derbyshire Voice

19. Catherine Ingram, Chief Executive of Derbyshire Voice presented evidence on behalf of Derbyshire Voice. This organisation supports users and receivers of mental health services to be involved in the commissioning and development of services.
20. Ms Ingram clarified that Derbyshire Voice did not support the proposals for reconfiguration as presented by the PCT to Overview and Scrutiny in July and this error had now been corrected.
21. Ms Ingram provided an interim report and stated that as of the 5th of October 2011:
 - 37 people have made written submissions
 - 24 people have telephoned
 - 46 people have talked to us face to face
22. The respondents are both past and present users of the service and participants in both individual and group therapy. A number of people have been assessed as needing therapy and are on the waiting list. Two respondents were from the North of Derbyshire and currently unable to access psychodynamic psychotherapy.
23. Every contributor to the consultation has made positive comments about the psychodynamic psychotherapy service. Derbyshire Voice had not received a single criticism or concern and in the context of mental health treatments/services which is highly unusual. People felt it important to communicate about the benefits they felt from receiving psychodynamic psychotherapy.
24. Ms Ingram stated that many people mentioned that they believed psychodynamic psychotherapy was a more positive and long-term intervention than their time spent without liberty on psychiatric wards or than taking psychiatric drugs with their negative side effects. A very significant number of people told us that they believed that the therapy they had received had prevented them from committing suicide or from hurting themselves. A number also mentioned that they had also been able to control and not act on their feelings of hurting others. A common comment in written submissions was "Without this therapy I would not be writing this now"
25. People stated that it had taken them a considerable number of years to access the service and felt that time and money were wasted on other interventions. CBT and DBT (which are the therapies mentioned in the new service specification) were both mentioned as other interventions that people had previously tried but that had not been successful.
26. People strongly believe that the loss or reduction of the service would be hugely detrimental to themselves and other potential service users in the future. They consistently said;
 - We should have a choice of therapy
 - To end it would be a betrayal/catastrophic/illegal/dangerous
 - Withdrawing any of this service will further damage already damaged people

- Psychodynamic psychotherapy will not always be effective if its is only short term as some people need more than 40 sessions
 - It takes a long time to develop trust with a therapist, particularly if the patient has been abused and a short-term intervention will not allow this to happen
 - The NICE guidelines that inform this proposal are invalid and medication biased
 - Local services should be designed for local people and should not pander to badly researched national guidelines
 - If changes are to be made there should be more of this service not less.
27. There were many people who were no longer receiving said they wanted to fight for other service users to have the right to get the help that they had received because of the significant change it had made in their lives.
 28. People felt very angry that despite the Government saying that NHS funding would not be cut it was apparent this was happening to a service they received and highly valued. Many wanted to stress that they believed saving money on psychodynamic psychotherapy was a false economy because long term it could cost the NHS more in expensive drugs and hospital stays than the therapy would. Others went further to mention that therapy kept them in work and supporting their families and the affect of them not being able to contribute financially would obviously have wider economic effects, as they would need to depend on other services.
 29. Many people who had received them were critical of other forms of therapy such as CBT and DBT and told us that these were no help or were only of use when used with a psychodynamic approach. People were also concerned that other therapy services would be put under pressure due to them having to pick up cases that would previously have been treated within psychodynamic psychotherapy.
 30. A few patients who have knowledge of diversity and equality issues noted that an equalities impact assessment has not been carried out on the proposals.
 31. On Consultation many patients told Derbyshire Voice that they do not understand the proposals. The format and language of the papers are not clear or accessible. The PCT were informed of this and at their request produced a paper on understanding the proposals but this has not greatly assisted people.
 32. There was strong feeling that promises of keeping people informed have not been kept by the NHS. We are told that people have made complaints about this but have either received dismissive responses or that their complaints have not even been acknowledged. Many people felt that there had not been enough communication with people and that they had relied on Derbyshire Voice and fliers we had left in waiting rooms rather than receiving direct communication from the NHS. The availability of information has been described as “luck” or a “lottery”.

33. Some of the more vulnerable people were not able to write, call or attend meetings and that they didn't believe any consideration had been given to these people.
34. Concerns were raised about an online questionnaire that is written in jargon and that not one person has claimed to understand. This has been fed back to the PCT.
35. There was significant concern that two public consultation events were cancelled due to lack of numbers. People tell us they could not book places, as they did not know the events were being held.
36. Many people have appreciated meeting up, attending the consultation event hosted by the PCT and being able to write their testimony. However there is an overwhelming feeling that decisions have already been made and that patients views will not be heard. Although the PCT have provided answers to questions, many people who attended the last consultation event stated that they felt their questions were evaded.
37. Ms Ingram stated that people wanted her to tell the Commission that their therapy had already been damaged and cut because they were spending much of their therapy time talking about therapy stopping rather than doing the work they should be.

Unite Union

38. A detailed response has been received from Unite Union including this summary. Unite states that the draft Service Specification fails to provide a context within which to understand what is being proposed. It does not make clear which clinical services are included and what the implications are for service users.
39. The opportunity has been missed for a review of the whole range of psychological therapies within Adult Mental Health services in Derbyshire, and the Specialist Psychodynamic Psychotherapy service appears to have been singled out to bear the brunt of the need for savings in the general mental health budget.
40. Commissioners did not consult with clinicians to ensure they understood the needs and vulnerability of service users currently engaged in Psychodynamic Psychotherapy, and the adverse effect the proposals would have on them.
41. The draft Service Specification was developed without necessary dialogue with all relevant stakeholders, and this has serious consequences for the clinical viability of the proposals.
42. Through these proposals, the choice of therapy for service users will be restricted to cognitive and behavioural approaches. Commissioners do not appear to have appreciated the important part that service user choice is known to play in the success or failure of a therapy.

43. The proposal to de-commission the Psychodynamic Psychotherapy Service is based on a flawed analysis of the evidence base as, contrary to the assertion of Commissioners, there is clear and objective evidence in support of psychodynamic psychotherapy for the treatment of severe and complex disorders. Furthermore, Department of Health guidance repeatedly asserts that clinically indicated psychodynamic psychotherapies of appropriate length should be provided as part of Specialist Mental Health Service provision.
44. Either there has been an exclusion of step 5 service users from this proposal or a relegation of their clinical needs to step 4 levels of treatment. The struggle to appreciate the severity and complexity of difficulties, and the intensity of highly skilled treatment required is evident throughout the draft Service Specification document.
45. At a time when there is increased funding available through the Improving Access to Psychological Therapies (IAPT) programme for those with mild to moderate difficulties, an appreciation of the needs of those in greatest difficulty has become lost and they appear to have become a lesser priority.
46. The failure to recognise the costs of these proposals to service users, their families and wider society, as well as the provision of mental healthcare in Derbyshire is a major omission.

Conclusion

47. The Commission received evidence from a range of organisations and individuals on the PCTs proposals to reconfigure psychodynamic psychotherapy services. The key message from service users, staff and unions is that there has been a high degree of confusion over the consultation process which could have been avoided had the PCT been clear from the start about its intentions and what it wanted to achieve. The initial documents presented to the Commission and subsequent the confirmation through email stated that the PCT had already taken a decision to phase out psychodynamic psychotherapy services. It also expected the provider Trusts to reassess individuals on whether they should be receiving psychodynamic psychotherapy services. A direct consequence of this approach was that the provider trust began issuing redundancy notices to its staff. This was prior to the start of the consultation from 1 August.
48. Evidence considered by the Commission provides a strong case supporting continuation of psychodynamic psychotherapy services. However, the Scrutiny Commission does not feel it should dictate the level of psychological therapy services over other types of provision such as CBT to be commissioned by the PCT.
49. The Commission does not feel it is in apposition to favour the level of provision of psychological therapy services over other types of provision such as CBT.

There is evidence that both are effective for certain conditions and both need to be retained to provide patient choice.

50. The Commission was also very concerned that service changes had already begun to be implemented by the provider trust before proper consultation had been started let alone be completed. This should not have happened. This approach has caused anxiety and stress for service users as well as staff and could have been avoided.
51. The Commission is not qualified to make recommendations about the level of Psychodynamic Psychotherapy Services to be in the city. However, it is important for patients that require this service to be able to access it. The Commission heard that the reason there was no demand in the North of the County was because it was not commissioned in the north and therefore there would be no referrals.

Recommendations

52. The Commission was concerned that this is the second time reconfiguration of a psychological therapy services has been carried out without following proper procedures. This is unacceptable. It has caused anxiety and stress for service users as well as staff which could have been avoided. The Commission recommends that the PCT follows proper procedures and consults its stakeholders during any substantial reconfiguration of its services.
53. After having considered the evidence on the proposals for reconfiguration of psychodynamic psychotherapy services in Derby and Derbyshire the Commission recommends:
 1. The Trust retains psychodynamic psychotherapy services as part of a balanced treatment service.
 2. That access to psychodynamic psychotherapy services is made fair and equitable across Derby and Derbyshire.
 3. That the Trust should seek to equalise rather than reduce the level and quality of service provision in Derby and Derbyshire.