

Report and Response to the Consultation on the Provision of Psychological Therapy Services in Derbyshire County and Derby City

1. BACKGROUND

Derbyshire Mental Health Services (DMHST) provides psychological therapy services for people in Derbyshire. Specialist Psychological Therapy is provided in specialist, centralised departments serving a defined population in Derby City and the south of Derbyshire. This includes cognitive behaviour therapy (CBT), psychotherapy and cognitive group therapy programmes. There have been a number of reviews of specialist psychological therapy services since 1999, which have outlined the need to change services to meet the requirements of patients across all of Derbyshire, including the City. Issues raised by the reviews include the lack of provision in North Derbyshire, long waiting times for CBT and psychodynamic services in Derby City and south Derbyshire and also long treatment times for these services.

1.1 Current Service Model

Derbyshire Mental Health Services Trust provides psychological therapy for adults in two different ways:

- ◆ Specialist, centralised departments serving a defined population i.e. City and County South. Examples of these types of services include:
 - Dynamic Psychotherapy at Temple House, Derby
 - Cognitive Behaviour Therapy (CBT) at Rykneld, Derby
 - Psychotherapy and Cognitive Group Therapy Programmes at 63 Duffield Road, Derby

These services are currently not available to patients in the north part of Derbyshire County.

- ◆ Psychological Therapy services available over the whole geographical area of Derbyshire such as
 - Generic clinical psychology services (linked to CMHT's)
 - Dialectical Behaviour Therapy Services (linked to CMHT areas)
 - Psychosocial interventions (available in some CMHT's but delivered via early intervention services County wide)

1.2 Alternative Service Model Proposed (Scenario 2 in the Consultation Document)

The aim of the consultation was to explore a possible alternative to service provision which aimed to focus on those centralised services not currently available to all residents of Derbyshire.

This option would involve the re-modelling of the current provision of psychodynamic psychotherapy and CBT services. Discussions with commissioners suggest that because of the countywide responsibility of the new PCT there is an identified need to re-align the service to meet needs patients across Derbyshire.

This option would begin to move towards the implementation of the hub and spoke model and would result in psychotherapists from both CBT and dynamic psychotherapy modalities being deployed into local areas, delivering services within CMHT patches. Clinical and professional Leadership along with certain highly specialised services (psycho-sexual services) would remain centralised as a core hub. This hub would also be responsible for the co-ordination of the training strategy and for maintaining the links with local Universities. To offset this the psychotherapy departments will be supported to improve local efficiency by at least 15% hence ensuring that activity targets in the South County/City continue to be achieved.

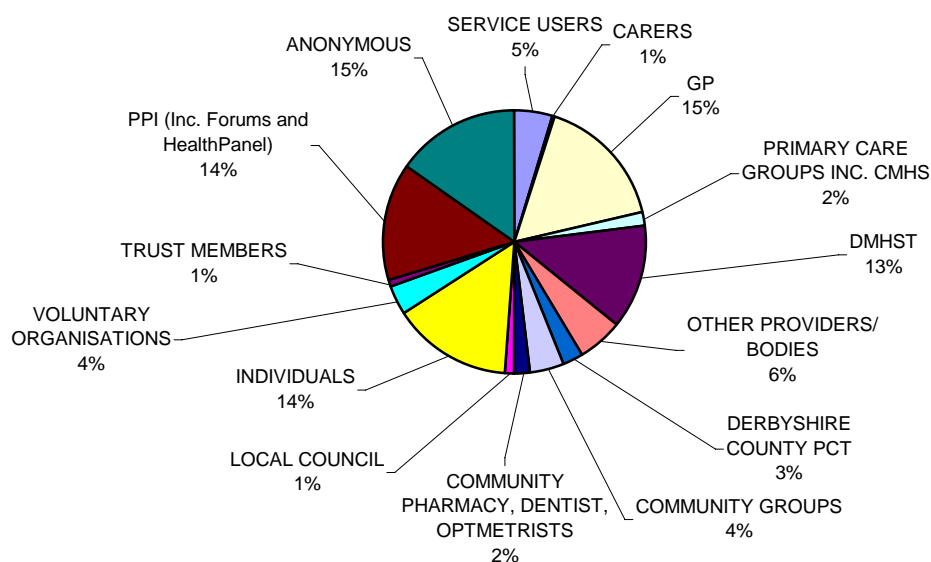
2. APPROACH

In response to the issues raised, a joint working group was set up with members of Derbyshire County PCT, Derby City PCT and Derbyshire Mental Health Services Trust in October 2007. Given the nature of the possible changes outlined in the Consultation Document, and having consulted with Overview and Scrutiny Committee Officers at Derbyshire County Council and Derby City Council, it was agreed that a formal consultation would be required to give stakeholders an opportunity to feedback their views.

The formal consultation was launched from December 17th 2007 to March 17th 2008 and the document was distributed to a wide range of groups. The PCT consulted with teams at DMHST, wider Trust Members of DMHST and all primary care providers including GPs. The consultation was also sent to Union staff, local MPs, Derby City and Derbyshire County Councils and a range of mental health voluntary and community organisations. Patient and public Involvement groups, including health panels for each organisation, were also consulted.

3. OVERVIEW OF RESPONSES

Over 200 responses were received from a variety of groups including service users, DMHST, GPs, carers, voluntary organisations, community groups and healthcare professionals from outside Derbyshire. Below is a summary of responses by group/organisation;



3.1 Summary of Responses

A number of key areas were identified in the response as follows:

1. 61% of respondents agree that the current specialist psychological therapies (SPT) model is not sufficient to meet the needs of service users and **should be changed** in some way.
2. Concerning **equity of provision**, 73% agree that services should be more equitably spread across Derbyshire.
3. The majority of respondents felt that **waiting times** are currently unacceptable for SPT services.
4. There was support for **organising SPT services into community teams** to encourage better links to Primary Care.
5. 62% of respondents agreed that Scenario 2 would **address some of the problems** of the current psychological therapy model. 59% of respondents **support Scenario 2** for the delivery of psychological therapies within DMHST.

However there were some concerns raised that patients in south Derbyshire and Derby City may experience a more limited service if changes outlined in the consultation document were implemented. For example;

1. 25% of respondents agreed with the statement that patients in south Derbyshire might see a reduction in service if the SPT service model changes.
2. Only 3% agree that Scenario 2 addresses all the problems of the current model, which suggests that further work should be carried out to address these concerns.

Qualitative Data

The main theme emerging from the qualitative data was a strong focus on changing SPT services to be more equitable and responsive, with most comments suggesting that under-investment and lack of provision in north Derbyshire should be addressed to facilitate this.

Other themes and issues included:

- Similarly to the questionnaire results, many respondents were dissatisfied with waiting times; particularly GPs, members of the community and patient and public involvement group members. This is reinforced by many comments from service users that place importance on responsive and immediate treatment.
- Several groups questioned the extent to which redeployment of existing staff will increase patient choice or decrease waiting times without additional investment. Many respondents called for increased resources to fund services in the north of the county to replicate those in the south.
- DMHST psychological therapies department is involved in the training of other professional groups as well as being linked to national training programmes. Some respondents felt this resource may dwindle or collapse if the proposed changes are implemented.
- Several groups were not satisfied that the psychological therapies department would function successfully if clinicians were isolated in primary care locations, removed from the support of their colleagues. Respondents also commented that some locations might not be suitable for the service due to the nature of the service users and the feasibility of group sessions may be reduced.
- Some voluntary organisations and carers groups highlighted that the turnover of patients is too slow and that the needs of current patients should be weighed against the needs of those on the waiting lists.

- Many groups commented on the consultation document and the consultation as a process. The extent and remit of clinician engagement was raised suggesting that limited clinical involvement had occurred at the pre-consultation stage.
- As the consultation document was circulated widely there were many responses from non-healthcare professionals. Several of these respondents did not feel able to comment on which scenario would be most beneficial to patients but many did align themselves with common themes such as patient choice, the need to address waiting times and the lack of equity of service provision.

4. OVERVIEW & SCRUTINY COMMITTEE RESPONSE: Joint Scrutiny Committee of Derby City and Derbyshire County Councils

The PCT was invited to a joint meeting of the local authorities' Health Overview and Scrutiny Committees on 26th February. The response from the Joint Scrutiny Committee of Derby City and Derbyshire County Councils welcomed the objective to provide an equitable service across Derbyshire. However there were also some key conclusions and recommendations detailed below;

1. The Committee did not feel that the restructuring of the service would significantly reduce waiting times and no evidence has been put forward to substantiate that services in Derby City and south Derbyshire would be maintained.
2. Regarding the consultation document and process, the Committee feels that the document was misleading and inaccessible and that service users and clinicians were not fully involved in the development of the available options.
3. Further consultation work should be considered involving employees, clinicians and service users in the development of options.
4. Further work should be undertaken to benchmark proposals against service provision in other areas.
5. Further information must be given to ensure the proposed reconfiguration will not adversely impact on, or dilute any services currently available in Derby City or south Derbyshire.

Derbyshire County PCT, Derby City PCT and DMHST will respond to these comments and have agreed that further work will to be undertaken to ensure any future proposals do not impact on patients in the southern part of the county and Derby city. Additional engagement with staff and users is required to further develop other possible options for service delivery is needed.

5. NEXT STEPS AND AGREED ACTIONS

Below is a list of actions jointly agreed between the PCTs and DMHST as follows;

1. The outcome of the consultation gives the PCT a clear mandate that the current service configuration needs to change and that staying the same is not an option. It is recognised that the alternative service model proposed in the Consultation document will not address all of the main issues.
2. It is further recognised from the responses received that staff had not been fully engaged in the development of the options at the pre-consultation stage.

Therefore in order to facilitate the above it has been agreed that;

- The City and County PCTs need to define a service specification outlining what needs to be commissioned for specialist psychological therapy services. Users will also be invited to support this work. By summer 2008.
- A joint working group will be established involving members of DMHST staff, in particular clinical teams, and service users to define alternative models of care that meet the specification outline. By summer 2008.
- The PCTs will consider best practice models and conduct a benchmarking exercise including assessing resources. By summer 2008.
- If required, further engagement and involvement will then be undertaken with staff and service users to examine whether any other alternative proposals produced are more appropriate. By autumn 2008.
- The PCT will ensure that any further consultation proposals are developed with the full involvement of staff and users. The PCT will further ensure that any additional public consultation documentation is produced using suitable language and format.