

NOTTINGHAMSHIRE HEALTHCARE NHS TRUST**SCRUTINY COMMITTEE – SEPTEMBER 2012****Transforming the Nottinghamshire Step Four Psychological Therapies Services
Follow up Report****1. Background**

The Step 4 Service provides specialist treatment for service users using Adult Mental Health Services across Nottinghamshire. The service typically sees service users with longer term, more complex reactive difficulties where psychological therapy is indicated such as: enduring relationship difficulties often linked to abusive experiences, anxiety, depression, obsessive compulsive disorder, eating disorders, personality disorders, bereavement, relationship problems, and post traumatic stress disorder. Therapy is delivered through individual and group work, being short or long term, and tailored to meet the needs of the individual.

Each year as contracts are renewed commissioners and the Trust negotiate how services can be delivered most effectively to the local population. Changes to the contract were requested by commissioners to improve the service and also to achieve a 5% cost efficiency. Seven part time posts were affected, four clinical staff and one administrator took voluntary redundancy in order to achieve the changes and two posts remain under review to assess how best to progress. The required changes were implemented from 1st April 2012 but they have been done so in a way that has had no noticeable impact on the service users.

2. Contract Requirements

The service will offer and provide a choice of evidence based and relevant therapies/approaches as recommended by the needs of the population and as recommended by NICE clinical guidelines to the defined target population as described in section 2.1.

Access to the service will be equitable across Nottinghamshire County and it will be delivered in a range of clinical and local settings throughout Nottinghamshire County, often through partnerships with other parts of the health care system, e.g. mental health in-patient services, GP surgeries, social services, voluntary sector etc.

The service will offer a choice as to where and when people access services together with appropriate choice of therapy. The service will be offered weekdays 8am – 8pm

The service will be safe and effective, delivered by appropriately trained staff, and where possible, professionally accredited in the treatment modality that is being delivered and within a governance framework.

Practitioners within the service will receive clinical supervision from clinicians with appropriate expertise and experience.

The service will work together with all appropriate agencies involved in addressing psychological needs, drawing on all professional disciplines and evidence based therapeutic models.

The service will demonstrate reduction in symptoms and demonstrate improvements in social inclusion and employment status as per an agreed minimum data set of outcome tools and clinical measures.

3. Monitoring the Impact of Changes

The Trust is monitoring the period of treatment from admission to discharge to an average of 30 sessions and commissioners have requested that we advise them when people need more than this. The first year will not require any changes to length of treatment but will be used more by way of benchmarking what percentage of people need longer and help the Trust explore with commissioners what the clinical reasons are for this. At the moment our report is not showing any service users as requiring more than 30 sessions but clinicians are now reassured that they can ask for this if they deem it clinically appropriate.

We continue to monitor that there is a range of treatment types available, and that service users have a choice of therapist.

A clinical oversight group has been set up chaired by the lead consultant psychotherapist.

The service continues to meet its targets each month of ensuring that people have an assessment within 8 weeks. An assessment pro-forma has been introduced that all therapists now complete and also a level one risk assessment. Safeguarding information is also collected during the initial history taking assessment.

Staff have regular supervision each month and a minimum of five case notes are audited monthly to assess relevant standards are being met.

Work is ongoing exploring how we can implement and utilise the findings from clinical outcome measures. It is anticipated that the CORE/GHQ-12 scoring system will be used or FACE depending on information technology compatibility.

4. Feedback on Progress

A meeting held with commissioners in July confirmed that there had been no concerns raised from GPs about the new contract. Neither has the Trust received any complaints from service users in Step Four.

We regularly seek feedback from service users and we anticipate the quarterly service user and carer feedback report being sent to us shortly and will take action where required.

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