PROGRAMME OF RESEARCH ON ACCESS TO HEALTH SERVICES

PT154

CALL FOR PROPOSALS TO EVALUATE A NEW MODEL IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

Background

The SDO Programme wishes to commission a single study to evaluate the forthcoming Demonstration Site projects which form part of the Improving Access to Psychological Therapies (IAPT) programme, designed to improve access to psychological therapies for working age adults with mild to moderate depression and anxiety.

A range of evidence has made it clear that improved access to psychological therapies is desirable. These include: people with depression and anxiety do not have access to an appropriate response in primary care; evidence that Cognitive Behaviour Therapy (CBT), combined therapies (e.g. CBT and medication together), bibliotherapy and other 'talking therapies' are effective both for anxiety disorders and for depressive disorders (NICE, 2003); patients' preferences for 'talking therapies' i.e. psychological therapies (DH 2003); delays of twelve months or more are common in accessing secondary care based psychological therapy services, which, often in the absence of appropriate service levels in primary care, are used inappropriately.

The NICE Guidance (2004) is explicit about the need for and efficacy of stepped care and the implication is that most of the "front-line" access to psychological therapies should be in primary care. There is evidence that delays in psychological treatment lead to increased severity and prolonged distress and this can lead to those in work losing their jobs, and to those out of work having difficulty finding the motivation to find work. (Currently, 2% of the working population are off work at any one time, half of them with mental health problems.)

Accordingly, the Improving Access to Psychological Therapies (IAPT) programme has been instigated. This programme will comprise two national Demonstration Sites, jointly sponsored by the Department of Health (DH) and the Department of Work and Pensions (DWP), and a national network of local improvement programmes in each Care Services Improvement Partnership

(CSIP) Regional Development Centre (RDC) area. The latter includes 20 sites chosen to be part of a National Primary Care Collaborative. The IAPT programme will strive to improve access to services for working age adults, whilst seeking to improve the health of whole communities by ensuring that these improvements are available to people with common mental health disorders in primary care and other community locations. It is hoped that the Demonstration Sites will provide evidence of the effectiveness of radical improvements in access to psychological therapies and of the resultant benefits to people's health and well-being, to the efficiency and effectiveness of mental health systems and to the economy as a whole.

The IAPT Programme Demonstration Sites

Two Demonstration Sites will bring together a model of multi-disciplinary delivery of psychological therapies for people with mild to moderate depression.

The two sites will test a model of delivery of psychological therapies to service users who choose talking therapies. The model is likely to include the following characteristics:

- A team approach to delivering therapies in a stepped care context.
- A hub and spoke model with outreach into primary care practices. The area to be covered by the team would be a Borough
- Therapy according to NICE guidelines (NICE, 2004), with appropriate follow up and medication if needed in addition to CBT, which is the main therapeutic intervention. The NICE 2002 and 2004 depression guidelines recommend
    - Step 1 watchful waiting
    - Step 2 self help including bibliotherapy, computerised CBT, and/or practice based counselling
    - Step 3 CBT and/or medication
- Strong leadership by a psychologist
- Best practice in terms of training, supervision and peer support for therapists of all professions who provide talking therapy, in particular those who provide primary care, e.g. counsellors, practice staff and general practitioners
- Access to employment and housing advice at team level
- Collection of data routinely on process and outcomes (the latter using validated outcome measures). *Applicants should note that the data will be collected by a team which specialises in interrogating primary care IT systems (contracted by the DH), and that successful applicants will be required to work closely with this team. Successful applicants will be expected to have expertise in interrogating primary care databases. The SDO funded evaluation should include an assessment of the quality of the data collected by participating primary care practices.*

It is recommended that the CBT programme initially targets the following groups of patients:

- Those who have received two evidenced based interventions for a common mental health condition and are still symptomatic; or
- Those who have received one evidenced based intervention for a common mental health condition and their employment or housing is at risk because of their mental disorder; or
- Those who have received one evidenced based intervention for a common mental health condition and whose physical health is at risk because of their mental health disorder.

SDO current call for proposals

The SDO Programme wishes to commission an evaluation of the two Demonstration Sites. The evaluation should take the form of a series of comparisons:

- Comparison of the new model of services with services previously available in the same area; and
- Comparison of Demonstration Sites with other similar sites (in terms of size, demography, case mix). Some of these comparator sites should be chosen from the 20 sites which make up the National Primary Care Collaborative.

The evaluation will consist of five elements. These are:

1. Patient and carer outcomes and experience;
2. Description of different models of service delivery;
3. Workforce implications;
4. Implementation and feasibility issues; and
5. An economic evaluation;

1) Service Users' and carer outcomes and experience

The effect on service users and carers of the Demonstration Sites is central to this evaluation. Questions include:

What are the clinical and social outcomes for patients, including

- Any changes in symptoms?
- Changes in social functioning (such as time off work, employment status, housing status)?
- Quality of life?
- User-determined measures of wellbeing?
- User and carer experience of and satisfaction with services?

Other appropriate outcomes should be specified by applicants. *Applicants should take account of the list of outcome data to be collected by each Demonstration Site, as set out in Appendix One. The reference in Appendix One to 'External Evaluation Group' is to the successful*

applicants for this SDO funded evaluation. Some of the data required for the evaluation will be obtainable from primary care practice databases (as set out in Appendix One).

In addition to the use of validated measures of outcome, qualitative data from interviews with a sample of service users and any carers in demonstration and comparison sites will be needed to determine in more detail issues such as: any perceived benefit of treatment, improvement in quality of life and satisfaction with services received.

2) Description of models of service delivery

A full description of the services offered at the Demonstration Sites is required. Questions to be addressed here include:

- What is the geographical location of the pilot site (rural, urban, other)?
- What is the organisational setting of the pilot site (in a community setting, in an acute hospital, other)?
- What is the catchment population of the service and the size of the area covered?
- Who receives the services?
- How many patients receive services?
- What are patients' pathways through services (before and after treatment)?
- What is the rate of take up of services?
- What referrals are made to other mental health services?
- What referrals are made to other (non-mental health) services?
- What are the effects on the rest of the health system (such as any reduction or increase in use of other services, such as primary care)?
- What are the links to the National Primary Care collaborative on common mental health conditions?

3) Workforce implications

The provision of improved access to psychological therapies may require changes in the patterns of work, responsibilities and job satisfaction of a range of mental health service workers. Questions that need to be addressed include:

- What is the professional background, skills and training of the staff delivering the services?
- What are the supervision arrangements for staff?
- In what ways have the tasks, roles, areas of decision-making and responsibilities of individual health care workers changed as a result of introduction of the service?

- What impact has the service had on staff groups outside the psychological therapies team?
- What are the wider workforce implications of the new service models?

4) Implementation and feasibility issues

The provision of improved access to psychological therapies in the Demonstration Sites may require considerable change to systems, staff and procedures. Questions that need to be addressed here include:

- What were the processes involved in implementing the services in the Demonstration Sites?
- What decisions and actions were taken, and by whom?
- What have been the facilitating factors and barriers to implementation?
- What have been the intended and unintended consequences of introduction of the services?
- Who has taken the leadership role in implementing the service and what are the leadership needs of such service transformation?
- What has been the role of managers in implementing the service, including those commissioning services?

5) An economic evaluation

A full economic evaluation of the Demonstration Sites is required. This should include taking account of:

- Any changes in service costs (eg CBT, prescriptions for anti-depressant drugs) between the periods prior to and after the introduction of the new services
- Any changes to use of acute (general medical) services
- Any changes in benefits payments
- Any changes in sickness absence

Methods

Applicants should provide a full description of the study design they propose, together with the methods they would use to address each of the above issues. The study will require both quantitative *and* qualitative perspectives. Applicants should demonstrate that they have the capabilities to undertake both of these aspects and, where appropriate, integrate between them.

Outputs

The SDO Programme is interested in ensuring that all projects produce a variety of outputs of practical use to diverse stakeholders. Outputs from this project should include:

- A plain language executive summary (maximum 2000 words) suitable for wide dissemination across the NHS.
- A main project report with supporting technical appendices suitable for academic peer review. This should critically describe the methods used; provide rigorous and detailed conclusions about each element of the evaluation; contain a commentary which clearly indicates the implications of the evaluation for the introduction of services like those in the Demonstration Sites across the NHS; identify any critical factors in the successful implementation of enhanced access to psychological therapies; and clearly identify areas for further research and how these might be addressed.
- Academic peer-reviewed outputs.

Additionally, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build-in an active programme for disseminating their research findings in policy, practice and research contexts.

A three year project is required with two full reports of interim results after one year and two years.

References

Department of Health (2003) *Building on the Best Mental Health Taskforce report* December

NICE (2002) *Guidance on computerised cognitive behavioural therapy for anxiety and depression* Technology Appraisal Guidance 2002/051

NICE (2004) *Guidance on depression: the management of depression in primary and secondary care* Clinical Guidance 2004/023

Application process and schedule

The process of commissioning the study will be in **one stage** and applicants should submit **full proposals**.

Applicants must submit proposals using the **A4 Full Proposal application form,** which is available as a Word 97 file or Rich text format from:

- the SDO website: http://www.sdo.lshtm.ac.uk/calls.htm, or
- by Email from: **Michael.Yates@LSHTM.ac.uk**

Please do not use any previously obtained version of an SDO Programme application form.

To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to **Michael.Yates@LSHTM.ac.uk** with the words '**ref. PT154'** in the subject/header.

Questions received by **15 March 2006** will have generic answers posted on the SDO website (http://www.sdo.lshtm.ac.uk) by **22 March 2006**.

No other correspondence about this research call can be entered into.

Applicants are asked to submit proposals by **12 April 2006 at 1pm to:**

Michael Yates
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine
99 Gower Street
London
WC1E 6AZ

AN ORIGINAL PLUS TWENTY-FIVE HARD COPIES of the completed **A4 Full Proposal application form** should be submitted together with a copy on disk or CD. Please note we will not accept electronic submissions or hand written proposals. **No late applications will be considered.**

Guidance notes for the completion of the **Full Proposal application form** can be found at the front of the application form.

Funding of a maximum of **£450,000** is available for awarding **one** project in this topic area. **Applicants should note that value for money is an important consideration in respect of this research**. Proposed costs of the project should not exceed the limits stated above. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.

Following submission of **full** proposals successful applicants will be notified no later than the **July 2006.**The project should take no longer than **three years** to complete and start no later than **September 2006.** Please note that these dates are approximate and may be subject to change.

The SDO Programme will look favourably on proposals that include an element of research capacity building.

In addition, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.

Please clearly label the outside of the envelope in which you submit your proposal with the following: **'Tender Documents – ref. PT154'**. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the 'Call for Proposals' page.

Before funding, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO website under the Funding opportunities & commissioning processes' page).

Successful candidates will be expected to attend at least one meeting with the SDO Programme at their Central London offices during the project lifetime and as such should ensure that travel costs are appropriately costed within the proposal budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

Applicants should visit the SDO website: http://www.sdo.lshtm.ac.uk to familiarise themselves with the work of the SDO Programme.

6 Feb 06

APPENDIX ONE

LIST OF OUTCOME DATA TO BE COLLECTED IN EACH DEMONSTRATION SITE

	Impact Area	Data used and test applied	Data source
1- IMPROVED WELL-BEING			
1ai	Provision of CBT who will benefit the mental health, happiness and well-being of individuals who receive treatment.	Pre, post-treatment and follow up general psychometric measures supplemented by specific measures for the disorder(s) treated in each individual.	Psychometric measures administered by therapist and completed by service user.
1aii	Reduced referrals to secondary mental health services.	Number of referrals before and after provision of additional services by surgery with additional service. Number of referrals made for individual seen within the service pre and post treatment.	EMIS/GP practice IT interrogation.
1bi	Change primary care consultation rates (frequency of contact with GPs and other health professionals).	Number of individual presentations to GPs (and other primary care health professionals) pre and post treatment by individuals treated by the service	EMIS / GP Practice IT interrogation.
1bii	Physical well-being	Objective measures of physical health for specific disorders: Diabetes – HbA1c, COAD – Peak Flow, Cardiovascular Health (including Ischemic heart disease) – Blood Pressure	EMIS / GP Practice IT interrogation.
1ci	Diagnosis treatment match	Record of diagnosis and previous treatment offered within the stepped care framework	Data from treatment records
1cii-1	Reduction of psychotropic drug prescribing.	Total number and duration of prescriptions for psychotropic drugs pre and post service provision. Psychotropic medication	EMIS / GP Practice IT interrogation.

	Impact Area	Data used and test applied	Data source
		prescribed to individuals seen by the service.	
1cii-2	Provision of additional resources will reduce the use of medical prescribing.	Total number of prescriptions within the GP practice pre and post service provision, analysis by drug class (e.g. benzodiazepines) and disease groups (e.g. diabetes). Medication prescribed to individuals who are seen within the service	EMIS / GP Practice IT interrogation.
1cii-3	Appropriate care	Service User treatment adherence including: number of sessions offered, DNAs and premature termination of therapy ("Drop Out").	External evaluation group: Service records
1d	CBT provision reduces referrals to the acute sector.	Number of referrals before and after provision of additional services by surgery with additional service, and referrals of individuals treated by the service. Number of referrals between surgeries where the additional service is and is not provided. Number of referrals made for individual seen within the service pre and post treatment.	EMIS GP Practice IT interrogation.
IMPROVED SERVICE USER AND CARER EXPERIENCE AND SATISFACTION			
2a	Waiting time for treatment	Time from (a) diagnosis on PHQ9 to referral and (b) from referral to treatment.	EMIS GP Practice IT interrogation.
2b	Increased Service User satisfaction with service	Iterative improvement in service and Service User experience using Service User Forum and administration of existing validated to Service User questionnaire to sample of Service Users in GP Surgeries pre and post intervention.	External evaluation group: Administration of Service User questionnaires. Data from Service User Forum.
IMPROVED CHOICE OF CLINICALLY EFFECTIVE PSYCHOLOGICAL THERAPY TREATMENT IN PRIMARY CARE			
3a	Provision of resources will increase	Record of number of Service Users given choice of therapies. Question asking service users if	Interrogation of EMIS and record of CBT /

	Impact Area	Data used and test applied	Data source
	Service User choice	they feel they were given choice.	other therapy referrals
3b	Support Service User choice	Preparation of “Patient Information Leaflets” and other educational material (e.g. DVDs) for external validation	External evaluation group: External validation, and Service User perception of information provided.
3c	Choices responsive to need of individual	Record ethnicity (Using Census and Reed data structures) to compare with population and Service User-Therapist Language Match	Data from service records
MAINTAINING PEOPLE IN WORK			
4a	Referrals from occupational health services	Service will record referral origin	Service Data set
4b	Intervention maintains people in work	Reduced number of sick-notes issued in Surgery as a whole and specifically in those treated. Collection of Duplicate Med 3,4&5s. Self report (see 5b).	EMIS / GP Practice IT interrogation.
SUPPORTING PEOPLE RETURNING TO WORK			
5a	Provision of CBT and employment support service will reduce benefits claims and increased return to work.	Individual claims for benefits (amount), return to work for those claiming incapacity benefit. Record kept by employment coaches on referral sources, number of people return to work and amount of benefits claimed.	Information from benefits office compared with national database. Information from employment coaches.
5b	Reduced extended absences from work	Reduced service user sickness rates: data from partner employer records and self assessment.	External evaluation group: Employer partner records and Service User self assessment.

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.