

Yorkshire and the Humber IAPT Providers Network

Minutes

12 June 2019, 09:45-15:45

Malmaison Hotel, 1 Swinegate, Leeds, LS1 4AG

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Apologies and Introductions. Minutes from the Last Meeting (06.02.19) and Matters Arising, Andy Wright, IAPT Advisor, Yorkshire and the Humber Clinical Networks</p> <p>Andy Wright welcomed everyone to the meeting and conducted introductions around the room.</p> <p>The minutes of the last meeting were reviewed and accepted as a correct record.</p>	
2.	<p>Training Update and Research Initiatives, Steve Kellett, University of Sheffield</p> <p>Andy Wright introduced Steve Kellett to the attendees. Steve Kellett thanked the providers who had expressed an interest to be involved in the ongoing IAPT Research Projects with University of Sheffield following the last meeting on 6 February 2019 and continued that services had been very helpful in providing letters of support for the relapse prevention app funding submission to the "Wellcome Trust".</p> <p>Steve Kellett then presented to the attendees on the current position regarding the October 2019 and March 2020 cohorts of trainees for the PWP and HIPI courses, the recent achievements, new challenges and developments along with what is in the pipeline.</p> <p>Please see the presentation slides for more information.</p> <p><i>ACTION: Steve Kellett informed the attendees of the increase in plagiarism incidents on the courses. Trainees need to be aware that plagiarism applies to published and unpublished work across all universities and they should not share their work. Services to make students aware.</i></p>	<p>All providers and students</p>
3.	<p>Update on Northern Practice Research Network (PRN) Research Initiatives, Jaime Delgado, PRN</p> <p>Jamie Delgado presented to the attendees on "the dose response effect in psychological therapy."</p> <p>Please see the presentation slides for more information.</p> <p><i>Question:</i> Did you just use PHD-9 and GAD-7 to measure response?</p> <p><i>Answer:</i> Yes</p> <p><i>Question:</i> The implications of the findings for supervisors is addressed but what is helpful narrative for patients?</p> <p><i>Answer:</i> Prepare expectations for length of treatment and review points as early as possible in the contract. The contract should be discussed and agreed with each patient.</p> <p><i>Question:</i> What implications did you find when looking at LiCBT?</p> <p><i>Answer:</i> We looked at low intensity 1:1 and computerised CBT but didn't notice any difference in dose response. There is no data available for computerised CBT.</p> <p><i>Question:</i> Does the research suggest that there is no chance of recovery after session 14?</p> <p><i>Answer:</i> The patient should be referred to a multi-disciplinary team and back to their GP as more of the same treatment is less likely to work.</p> <p>There is more work to be done to achieve a better understanding of the dose response</p>	

	<p>to other interventions.</p> <p>ACTION: Attendees were encouraged to join the Northern IAPT Practice Network. Please see link to the PRN website - https://www.iaptprn.com/</p>	<p>All</p>
<p>4.</p>	<p>NAPAC: Trauma-Informed Principles in IAPT, Sameer Munjal, NAPAC</p> <p>NAPAC is a national charity supporting recovery from child abuse - https://napac.org.uk/</p> <p>Sameer Munjal and Sibylle von Ulmenstein presented to the attendees on the ongoing work and training available from NAPAC.</p> <p>Please see the presentation slides for more information.</p> <p><i>Question:</i> How do we bring the relationship/group/evaluation in and show that it makes a difference?</p> <p><i>Answer:</i> It is a matter of getting the right people in the room at the right time.</p> <p>NAPAC have produced a manual which they would be happy to licence out and are happy to discuss further with services.</p> <p><i>Question:</i> Was there something within the NAVIGO service which made you address the issue of training via NAPAC?</p> <p><i>Answer:</i> Grimsby is an area of deprivation and there is a long standing issue of historical abuse. It was felt that the training would increase the confidence of the PWP's when dealing with abuse cases.</p> <p><i>Question:</i> What impact does the new PTSD guidance have?</p> <p><i>Answer:</i> NAPAC are intending to change the training guidelines.</p> <p>Steve Kellett from University of Sheffield continued that is it a real issue as the university training guidelines are for a single issue trauma. However, the training will be updated to cover complex trauma and a PTSD case will be included in the eight core subjects to support recovery rates.</p> <p><i>Question:</i> What do you recommend as a message to take back to therapists to raise awareness of NAPAC and their current locations?</p> <p><i>Answer:</i> The NAPAC phone support line is generally used by people who have just remembered their trauma with a high level of first disclosures. The charity is also used by people who can't talk face to face and offers support to via email.</p> <p><i>Question:</i> Could these people be classed as non-responders in treatment ie. they may be moving to a disclosure?</p> <p><i>Answer:</i> Yes, it is important to listen to the person. NAPAC is the champion for non-responders.</p>	
<p>5.</p>	<p>Clinical Outcomes for patients accessing IAPT: Learnings from an Online IAPT Provider, Andrew Smithsimmons, IESO Digital Health</p> <p>Andrew Smithsimmons, from IESO Digital Health, presented to the attendees on learning from experience – clinical insight, data science and ieCBT.</p> <p>Please see the presentation slides for more information.</p> <p><i>Question:</i> Where do you log the time you spend on a session?</p> <p><i>Answer:</i> Each session is 60 minutes.</p>	
<p>6.</p>	<p>Senior PWP Update and Checklist Discussion, Heather Stonebank, Yorkshire and the Humber Clinical Networks</p> <p>Heather Stonebank provided the attendees with an update on the activities of the Senior PWP Network. The presentation covered the key topics discussed in the Network, learning from the network and key topics going forward.</p> <p>Please see the presentation slides for more information.</p>	

	<p>Heather Stonebank then conducted a table top task asking, “how can managers support transition from PWP to SPWP?”. The task was in a “Family Fortunes” style where attendees were asked to place seven statements in order – what do you think was the most prevalent feedback amongst PWPs?</p> <p>The statements were:</p> <ul style="list-style-type: none"> • Managing HR issues like appraisals • Attend managers meetings to improve communication and planning • Time to reflect and transition into the new role • Clarity over job description and role, consistency • Leadership and management course and training • Develop supervision skills and shadow managers • Access to information and data <p>Each table feed back their decision/thoughts and the correct answers were:-</p> <ol style="list-style-type: none"> 1. Attend managers meetings to improve communication and planning 2. Leadership and management course and training 3. Clarity over job description and role, consistency 4. Access to information and data 5. Time to reflect and transition into the new role 6. Develop supervision skills and shadow managers 7. Managing HR issues like appraisals <p>Heather Stonebank then asked the tables to discuss the following points:-</p> <ul style="list-style-type: none"> • What next? • How are you going to respond to feedback? • How many people will create an opportunity to have a conversation with your SPWPs? <p><i>ACTION: All service managers and clinical leads to discuss the feedback from the Senior PWP Network with their own Senior PWPs</i></p>	<p>All</p>
<p>7.</p>	<p>Overview of the New PWP Apprenticeship, Ann Carter, Chair, PWP Apprenticeship Trailblazer</p> <p>Ann Carter presented to the attendees on the newly established PWP Apprenticeship detailing the initial aims, where they are now, their aims now, communications plan, key messages, timeline and next steps.</p> <p>Please see the presentation slides for more information.</p> <p><i>Question:</i> There were thoughts 6-9 months ago that the PWP apprentice training would not attract salary support but it has now been clarified that there will be ongoing salary support. Is that correct?</p> <p><i>Answer:</i> Yes, the PWP apprentice scheme will attract the same salary support as the traditional HEI training route ie. 60%.</p> <p><i>Question:</i> With regard to supporting students who study; how do you find an alternative HEI provider?</p> <p><i>Answer:</i> The apprenticeship can be purchased from a dynamic purchasing system ie The University of Manchester could be interested and would deliver in Essex or locally.</p> <p><i>Question:</i> In the past there has been no job at the end of a PWP’s training so they have left the service. Are the apprentices expected to have a PWP job at the end of their training?</p> <p><i>Answer:</i> Yes</p> <p><i>Question:</i> Will there be staggered cohorts over the 12 month period of the apprenticeship?</p>	

	<p><i>Answer:</i> It will be up to the provider/HEI as to when the apprenticeship is delivered. It will probably run along the existing PWP course.</p> <p><i>Question:</i> Is there an expectation that the apprentice will stay with the service once qualified?</p> <p><i>Answer:</i> No, there is no legal obligation for them to stay with their service.</p> <p><i>Question:</i> What is the benefit of going down the apprenticeship route rather than the traditional training route?</p> <p><i>Answer:</i> The Institute for Apprenticeships rules state that apprenticeship training must be 12 months. This means that the course is less stressful as it is spread over a longer period.</p> <p><i>Question:</i> A criticism of the apprenticeship is that as it is a Level Six course it sounds like students only need maths and English to qualify for the course, however, rumour has it that you need to have a foundation/1st year degree. Is that correct?</p> <p><i>Answer:</i> No, you don't need to have studied for a foundation degree. The emphasis must be for the person to be able to undertake a level of study. The employer must make the right decision regarding the employee/apprentice.</p> <p>Universities already delivering PWP training may not want to deliver apprenticeship training but HEIs must change the culture and change the blend of people coming through to be PWPs.</p> <p><i>Question:</i> The interview process for PWP apprentices will be different to that of a traditionally trained PWP. Will there be a forum to share best practice?</p> <p><i>Answer:</i> Yes, we will come together to see how we recruit people. It will be a joint effort and it will be a learning process.</p> <p><i>Question:</i> How do smaller organisations access the Apprenticeship Levy fund?</p> <p><i>Answer:</i> Employers with an annual pay bill over £3 million must pay the apprenticeship levy but smaller employers can still draw from the levy fund.</p> <p>https://www.gov.uk/government/publications/apprenticeship-levy-how-it-will-work/apprenticeship-levy-how-it-will-work</p> <p><i>ACTION: Please let Sarah Boul know if apprenticeships would be of interest to your service.</i></p>	<p>All</p>
<p>8.</p>	<p>NHS England Update and IAPT in the NHS Long Term Plan, Ursula James, NHS England</p> <p>Ursula James presented the NHS England update and IAPT in the NHS Long Term Plan to the attendees.</p> <p><i>ACTION: Please contact Ursula James if local IAPT services are being asked to carry out suicide bereavement work – email: ujames@nhs.net</i></p> <p><i>ACTION: Attendees are invited to sign up for the “Every Mind Matters” webinar series which is a PHE campaign due to go live in October 2019.</i></p> <p>https://campaignresources.phe.gov.uk/resources/campaigns/82-every-mind-matters/resources</p> <p><i>Question:</i> Do you have any thoughts on how services stay aligned to the IAPT model whilst also being encouraged to take on extra work ie. depression/anxiety of conditions such as personality disorder?</p> <p><i>Answer:</i> Use NICE guidelines to support your decision making in conjunction with the IAPT manual.</p> <p><i>Question:</i> With regard to long term conditions (LTC) and access to information from previous pilots are there any LTCs that are outlined as most appropriate to be seen in an IAPT service and do areas have to have IAPT-LTC?</p> <p><i>Answer:</i> The Five Year Forward View and Long Term Plan outlines that every CCG should commission IAPT-LTC pathways. There is shared learning from the pilot sites</p>	<p>All</p> <p>All</p>

	<p>and, though there is no specific national on the ground support for implementation of IAPT-LTC, there are monthly webinars and we can link you up with pilot sites.</p> <p><i>Question:</i> Do you have any advice around PTSD in IAPT?</p> <p><i>Answer:</i> It is very difficult to write a document that will apply to everyone in black and white. The national team recognise that the delivery of training for PTSD is not as good as it could be especially as there are some complex trauma cases. The HEI curriculum has been rewritten and students must undertake 1 x PTSD case whilst in training. A specific PTSD top up training course is also being looked at.</p> <p>The use of IAPT in a trauma case really depends on the trauma. A childhood trauma cannot be treated in IAPT. The clinical decision should be made as a collaborative with local decision making, pathways and a shared language.</p>	
<p>9.</p>	<p>Any Other Business and Reflections On The Day</p> <p><i>ACTION: Andy Wright invited providers to present at the next network meeting. Please contact Sarah Boul if your service would like to present at the meeting in the Autumn. Email – sarah.boul@nhs.net</i></p> <p>Andy Wright invited all the attendees to reflect on the day and consolidate their learning.</p> <p>Andy Wright asked everyone to complete the evaluation form and wished everyone a safe journey home.</p>	<p>All</p>
	<p>ITEMS FOR INFORMATION:</p>	
	<p>Future Meetings:</p> <p>The next meeting will be held in Autumn 2019. A booking link and save the date will be circulated in due course.</p>	

Summary of Actions

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3	All service managers and clinical leads to discuss the feedback from the Senior PWP Network with their own Senior PWPs	All
4	Please let Sarah Boul know if apprenticeships would be of interest to your service.	All / Sarah Boul
5	Please contact Ursula James if local IAPT services are being asked to carry out suicide bereavement work – email: ujames@nhs.net	All / Ursula James
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7	Andy Wright invited providers to present at the next network meeting. Please contact Sarah Boul if your service would like to present at the meeting in the Autumn. Email – sarah.boul@nhs.net	All / Sarah Boul