

IAPT-LTC Conference 31.10.17

Q&A Summary

1. **Question:** It is clear that the journey has been challenging for Wave 1 and 2 sites with all the support that has been received. What support is going to be made available for sites starting this journey from April 2018?

Answer: Unfortunately the level of support available will diminish. There is no capacity in the programme to continue with the quarterly workshops. There may be potential for a handful of half day workshops but the main level of support will be the National Programme team continuing to update Yammer, share the evaluations when they are complete and cascade information and updates through the Clinical Networks.

2. **Question:** When will the evaluation for Wave 1 be available?

Answer: This is currently unknown. It was anticipated it would be available for April/May 2018 but it is more likely to be available in the autumn of 2018.

3. **Question:** How have you organised the dual trained practitioners in terms of IAPT training – is that a local agreement with the Trust and university? Do they work in IAPT or still in their physical health service?

Answer: Having dual trained practitioners is something that has happened in Sheffield for a number of years. It was set up as an agreement between the University of Sheffield, Sheffield Teaching Hospitals and Sheffield Health and Social Care NHS Foundation Trust. The practitioners retain their physical healthcare expertise but also learn mental health interventions. The trainees take their learning to their physical health settings and also deliver mental health clinics in IAPT. Health Education England provided salary support for the training but payments are different. All dual trained practitioners are Band 6 and are attached to a particular physical health pathway.

4. **Question:** What type of data have you used to determine A&E attendances have been reduced; GP consultations have reduced etc. as a consequence of the service?

Answer: Wave 1 and Wave 2 sites in the Yorkshire and the Humber region have used SUS data. SUS data is the recommended data source to use to evidence A&E. Primary care is more difficult due to consent so it is best to try and obtain data where there are already data sharing agreements in place. Also make use of CSRI data and for prescribing make use of data links already in place.

5. Question: Has the age profile of people being seen by IAPT services increased with the focus on LTC? If yes, how have services adapted to improve access to an older age group?

Answer: The local Wave 1 site advised that there is data to indicate that the LTC programme has seen an increase in patients over the age of 65. However, the service does offer home visits and has staff based in GP surgeries, which older adults are usually comfortable to attend. The local Wave 2 site advised that they currently have no statistics on patient age but also advised that they provide home visits and have linked in with older adults' services in the acute trust. The National Team advised that the Thames Valley area have reported that they have seen more patients over the age of 65 and so this has increased their access rates for older adults. It was also noted that some of the physical health pathways that are being developed are targeted at younger people and so older adult numbers would not be expected to increase.

6. Question: Are Health Education England able to deliver the training numbers required to deliver the 3000 mental health trainees in primary care?

Answer: Health Education England will not be delivering the 3000 mental health therapists in Primary Care. It is expected that these will be experienced therapists, already trained and working in core IAPT, who will transfer into IAPT-LTC services. There will be other mental health professionals who may also move into primary care, which are being demonstrated in areas where there are Vanguards or new care models, however, the majority are thought to come from the IAPT workforce. Health Education England will only be delivering on the other workforce target, which is to train an extra 4500 therapists by 2020/21. Workforce plans are being developed regionally and will then be shared with providers. NHS England is working with CCGs and STPs to develop these plans.

7. Question: When will further training be available for LTC CPD course?

Answer: Health Education England has confirmed that LTC CPD training will continue next year and beyond. Please contact your local training provider for further information.

8. Question: What has been the cost of setting up and delivering the LTC/MUS implementer sites?

Answer: There are no specific figures available as yet but cost implications to consider are staff time, gaps in client facing hours whilst staff are training and developing the service, analysis costs, marketing costs, costs when patients do not attend. However, the intention of the project is that costs will be recouped in the long term due to a reduction in use of wider NHS services.