

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Primary Care Counselling/Psychotherapy Service
Commissioner Lead	
Provider Lead	
Period	1st December 2018 - March 31st 2019
Date of Review	

1. Population Needs

1.1 Local context and evidence base

Therapy offers individuals a safe, confidential place to talk about their life and anything that may be confusing, painful or uncomfortable. It allows an individual to talk with someone who is trained to listen attentively and help to improve things.

The challenges facing North East Lincolnshire as a local health and social care economy reflect the need to offer our community counselling and psychotherapy services, specifically:

- 37.8% of North East Lincolnshire's population live in areas of North East Lincolnshire considered to be within the 20% most deprived areas in England. Of these, 59.6% are of working age (18-59/64)
- Estimates of unemployment for the 2017 calendar year indicate that 5.5% of the economically active population of North East Lincolnshire are unemployed. This is 4.2% of the population aged 16-64.
- In 2017/18, domestic violence accounted for 32% of violence against the person offences in North East Lincolnshire
- The North East Lincolnshire adult smoking rate of 22.7% remains statistically significantly higher than the England average of 17.6%

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year, and the Five Year Forward View for Mental Health committed to expanding services further, alongside improving quality.

IAPT services provide evidence based treatments for people with anxiety and depression (implementing NICE guidelines). The close interrelation of this service and IAPT provision is essential in further improving access to evidence based interventions with the aim of evidenced outcomes for people with common mental health issues, under a wider system 'umbrella'.

1.2 NELCCG Vision, Mission & Values

Vision

Delivering to the people of North East Lincolnshire the best possible independent healthy living through joined up solutions.

Mission

We will deliver modernised, up to date health and social care provision which will:

- Empower People
- Support Communities
- Deliver Sustainable Services

Values

Consistency

We will ensure people receive consistent outcomes wherever and whenever they need help.

Quality

We will ensure people have access to quality services.

Innovation

We will innovate when our best practice is not good enough.

All of our commissioning activities are built around delivering these aims and realising our vision.

Working collaboratively, making use of all available resources and opportunities, we will realise safe, high quality services which are financially sustainable and fit for the future.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

North East Lincolnshire Clinical Commissioning Group (NELCCG) require excellent high quality patient centred services which provide high quality standards of care, is easily accessible and has well-designed care pathway(s).

The aim of the service is to:

- Improving health and well-being of the local population;
- Provide improved signposting to services as appropriate including referral to the Mental Health Single Point of Access as appropriate ;

- Provide increased patient choice and access;
- Provide time limited interventions with clear patient outcomes;
- Provide enhanced patient experience;
- .Work in partnership with local Mental Health Services pathways to ensure prompt access to the appropriate evidence based care

The service must:

- Be transparent and accountable;
- Be outcome focused;
- Be safe, and deliver effective high quality care;
- Ensure that the expected clinical outcomes are delivered in line with the defined service specification.
- For people with common mental health issues (Anxiety or Depression)
 - Provide evidenced based psychological therapies: with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimise outcomes. *
 - Implement routine outcome monitoring: so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress. This supports the development of a positive and shared approach to the goals of therapy and as this data is anonymized and published this promotes transparency in service performance encouraging improvement.
 - Ensure regular outcomes focused supervision so practitioners are supported to continuously improve and deliver high quality care.

- **Collection of routine outcome measures**

All IAPT services collect the IAPT MDS on local IT systems. These data flow monthly to NHS Digital for analysis and national reporting. It is the IAPT worker's responsibility to ensure that the person's progress through the IAPT care pathway is recorded.

It is good practice to ask patients to complete outcome measures before the start of a clinical session; this ensures that valuable clinical time is not wasted by the completion of measures. Questionnaires are often completed while a person is waiting for their appointment or earlier on the day of the appointment. On some occasions, the IAPT worker may want the person to complete measures within sessions, to introduce them to the measures and engage them in the process of objective measurement of symptoms.

At the start of the IAPT programme patients whose therapy sessions were delivered over the telephone were often asked to verbally report their symptoms in the session with the clinician entering answers into the IT system. The increasing availability of online portals for questionnaires means that many patients are now able to enter their data via the internet before a telephone call with their clinician; this practice is strongly recommended.

All IAPT services are expected to have local IT systems that support the collection and reporting of the MDS. The systems should allow patients, clinicians and supervisors to view graphical plots of progress during sessions, as well as enabling detailed local reporting and analysis. Automatic flowing of data to NHS Digital on a monthly basis via the Exeter Portal is also required.

3. Scope

3.1 Aims and objectives of service

The aims and objectives of the service are:

- To enhance the number of places locally provided for treatment services;
- To provide a quality, effective, evidence based, accessible and safe generalist and specialist services for patients registered with the Practice;
- To provide a service whereby the patients holistic health needs are met;
- To assist patients to identify and achieve realistic goals and evidence progress towards these outcomes;
- Develop joint working and partnership approaches with the service provision particularly Improving Access to Psychological Therapies;
- To contribute in achieving local and national targets;

3.2 Service description/care pathway

This service specification covers multiple functions of therapeutic interactions with a Primary Care setting.

Where Counselling interventions are offered they will be recorded against the IAPT criteria as a Step 3 intervention. Other interventions under IAPT may be offered according to skillset and supervision of the practitioners in line with and underpinned by the Memorandum Of Understanding for Mental Health in Primary Care.

There will be other interventions offered that are at a pre-IAPT, 'below caseness', or where patients make an informed choice to see this service. This will provide support to patients with psychological, behavioral, emotional and complex and enduring mental health issues. The service may include support for patients experiencing or requiring:

- Anxiety and phobic states;
- Depression – reactive & chronic;
- Obsessive compulsive disorders;
- Behavioural disorders;
- Post traumatic stress/adjustment disorders;
- Anger management;
- Couples and family counselling;
- Confidence development and low self-esteem issues.
- Dementia as part of the NEL Dementia Pathway

Working as part of the local IAPT network this service will be represented by attendance at regular network meetings to ensure consistency in approach and metrics, and to ensure appropriate data flow to MHSDS

Patients using the service will be assessed using agreed assessment tools on a per session basis, and clinical outcomes recorded on the clinical system which is linked to MHSDS. Data from this will be submitted on a monthly basis for all clients that meet Step 3 IAPT.

The service will ensure staff receive regular (monthly) outcomes focused supervision to ensure improvement and deliver high quality care, and participation in a quarterly network meeting

3.3 Population covered

The service is accessible to all patients registered with {To be completed for each provider}

3.4 Any acceptance and exclusion criteria and thresholds

Patients who are psychologically impacted by their long term condition may benefit from specialised input from the long term conditions IAPT service. Clinicians should discuss the transfer of such cases with this team.

Patients who may benefit from other specialised IAPT interventions, outside of the remit of this provision should be referred to the specialist IAPT service or specialist secondary Mental Health Provider.

3.5 Interdependence with other services/providers

Seamless service delivery is dependent on building and maintaining effective working relationships including the development of robust communication and liaison mechanisms. Stakeholders are therefore required to establish and maintain effective key stakeholder relationships by working closely with the following key services/staff groups:

- Practice Multi-Disciplinary Team;
- General Practitioners;
- Primary and Secondary Care Mental Health Community.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges). Furthermore all staff should be accredited by relevant professional bodies.

In particular the provider should adhere to the requirements in the following:-

- IAPT manual
- IAPT data collection manual: https://digital.nhs.uk/media/36520/IAPT-v1-5-technical-guidance/pdf/IAPT_Data_Set_v1-5_Technical_Guidance

4.2 Applicable local standards

- Significant Event Reporting.
- Quarterly submission of caseload data comprising:
 - Caseload numbers;
 - Step 3 Level of intervention;
 - No. of discharges;
 - Referrals to other agencies.
- The practice is required to complete audits of the service to identify quality improvements in the areas as set out in Section 5.1. Admission of audit data should be submitted

quarterly by email in a format designed by the Practice to NELCCG.primarycare@nhs.net.

- Annual submission of reporting summarising the results of Patient Satisfaction Survey.
- All equipment used to deliver the service will be serviced in line with the manufacturer's recommendations.

Failure to comply with the audit and patient satisfaction survey will result in funding being temporarily withheld. On-going failure will lead to termination of funding for this service.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

Quality Requirement	Threshold	Method of Measurement	Consequence of breach
Patients will be offered a date and time of appointment which is mutually convenient to them.	100%	Quarterly Performance Report.	Remedial Action Plan.
Waiting times for the service will not exceed 6 weeks.	100%	Quarterly Performance Report.	Remedial Action Plan.
Complaints register to be provided quarterly.	No more than 5% of complaints substantiated.	Quarterly Performance Report.	Remedial Action Plan.
Patients agree that they have benefitted from the service and/or have received clear signposting to services.	80%	Annual Patient Satisfaction Survey	Remedial Action Plan.
Attendance and participation of each provider at local IAPT network group meetings	75% per practitioner	Quarterly performance report	Remedial Action plan

6. Corporate and Clinical Governance

6.1 Responsibilities of the provider

The Provider will:

- Apply the principles of sound clinical and corporate governance;
- Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;
- Undertake systematic risk assessment and risk management to meet requirements monitored by Care Quality Commission;
- Ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
- Challenge discrimination, promote equality and respect human rights;
- Develop, implement and adhere to quality standards and protocols;

- Ensure all interventions carried out will be shared with the patients' registered GP as well as with the patient and/or carer.

The Provider will ensure that:

- Clinical care and treatment are carried out under supervision and leadership, at appropriately regular intervals, expected to be at least quarterly and in line with professional body requirements;
- Clinicians continuously update skills and techniques relevant to their clinical work and maintain relevant professional registration;
- Clinicians participate in regular clinical audit and reviews of clinical services, with relevant partners (this could be GP Practice, Intermediate Tier, Secondary Care).

6.2 Safeguarding

The provider has a duty to work within the local multi-agency Safeguarding Policies.

6.3 Complaints policy

The service is expected to operate and promote an effective complaints policy in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for users of its services or their representatives. Any person wishing to make a complaint has the right to complain either to the provider or the commissioner (in this case NELCCG). All complaints correspondence should be acknowledged within three working days and responded to in writing within a timescale agreed with the complainant. If the complainant is not satisfied after receiving the written response they have the right to refer their complaint to either the Local Government Ombudsman (for Complaints about Adult Social Care) or the Parliamentary Health Service Ombudsman (for complaints about health services). Providers are required to provide a quarterly report to the Commissioner detailing all complaints received, The procedure should aim to meet the following objectives:

- Be well publicised;
- Be consistent;
- Be easy to access, simple to understand and use;
- Be fair and impartial to staff and complainants alike;
- Ensure that the care of patients will not be adversely affected if they or their advocate make a complaint;
- Ensure that rights to confidentiality and privacy are respected;
- Provide a thorough and effective mechanism for resolving complaints and satisfying the concerns of the complainant;
- Provide answers or explanations promptly and within agreed time limits;
- Keep the complainant or their representative informed of progress;
- Enable lessons learnt to be used, and evidenced, to improve the quality of services to patients;
- Regularly review the complaints procedure and amend if found to be lacking in any respect.

6.4 Providers Premises

The Provider's Premises are located at:

[provider to enter location details]

SCHEDULE 3 – PAYMENT

A. Permitted Variations to Tariff, Non-Tariff Prices and Other Payment Arrangements

Table 1: Non-Tariff Prices

Service Description	Price
	£

Model for Mental Health in Primary Care

