

York Health Overview & Scrutiny Committee

Briefing Paper: Proposed Scrutiny Topic - Access to talking therapies.

1. Background

Leeds and York Partnership NHS Foundation Trust (LYPFT) provide a range of talking therapy services in York, based around the 'Stepped Care Model' and offering different levels of service to different levels of need. These include counselling, psychological therapy and Improving Access to Psychological Therapy (IAPT) services. Historically there has always been a high demand for non urgent cases accessing these types of services, with consequent waiting lists.

The larger elements of the service are based within primary care, delivering services to patients in a range of community settings including GP clinics, health centres and other community venues.

In 2009/10 IAPT services were introduced to this locality. This prompted a programme of redesign across existing psychological therapy services, to ensure that whilst our resources were available to a range of patients, they were specifically targeted at those with the greatest and most complex needs.

2. Current Situation

Commissioners in North Yorkshire and York have undertaken a full review of counselling services across the locality.

Referral rates to IAPT are high; from June 2011 to June 2012 the monthly referral rate averaged at 107 new referrals per month. The IAPT resource allocation is, however, very low for the level of demand and national allocation of resources benchmarked using the IAPT resource tool. In particular there is high demand for psychosocial therapy input for complex need.

Table 1 below illustrates current waiting times for the Selby and York IAPT service; table 2 shows the resource gap to fully staff this service.

TABLE 1 – IAPT waiting times – Selby, York and Tadcaster

2 level care waiting list (at 31/06/12)	3 level care waiting list (at 31/06/12)
109 patients waiting, equates to an approximate waiting time of 6 – 8 weeks.	168 patients waiting, equates to an approximate waiting time of 8 months

Table 2 Resource gap

IAPT staffing (Selby, York and Tadcaster)				
Post	Band	WTE	WTE req'd for 15% Access target	Actual access target
Senior CBT Therapist	8a	1	0.7 wte req'd for supervision	
High Intensity Therapist	7	3	25.6	1.9%
PWP	5	4	10.5	5.8%

Cognitive Behavioural Therapy Services (excluding IAPT): all referrals are screened on receipt. The current wait to commence therapy is 11 months.

Referrals to St Andrews are seen within 18 weeks for the majority of clinicians, with the occasional exception of some specialist group therapies where the start of therapy is governed by a variety of factors, including the time-length of the fixed-term groups, and the availability of the patients.

Counselling waiting times are shown in table 3 below. The British Association of Counselling and Psychotherapy recommend a formulation of 1.5 hours per 1000 population per week. In York and North Yorkshire the current resources for counselling equate to 0.5 hours per 1000 population per week.

TABLE 3 – counselling waiting times

January-June 2012	Numbers of referrals	Numbers waiting	Average waiting time
	593	291	16 weeks

3. Next Steps

LYPFT is working with local commissioners to highlight and address the issues raised in this paper. A regular Service Improvement Group is in place (a sub-group to the Contract Monitoring Board) with membership from LYPFT, NHS North Yorkshire and York (our current health commissioners), the Vale of York Clinical Commissioning Group (our future health commissioners) City of York Council and North Yorkshire County Council, to review current service issues and plan for future developments. Issues outlined in this paper will be regularly reviewed by that group.

Briefing Note 3

LYPFT are implementing a programme of Transformation of services within the York locality. These services are within scope of that work and will be part of the development of new service models aimed at maximising existing resources.

Therefore whilst issues relating to access to psychological therapies clearly exist, mechanisms are in place to address these issues. In this context the Trust does not consider that a Scrutiny Review is currently indicated; we will of course ensure that the health Overview and Scrutiny Committee is fully informed of our service redesign plans as they develop.