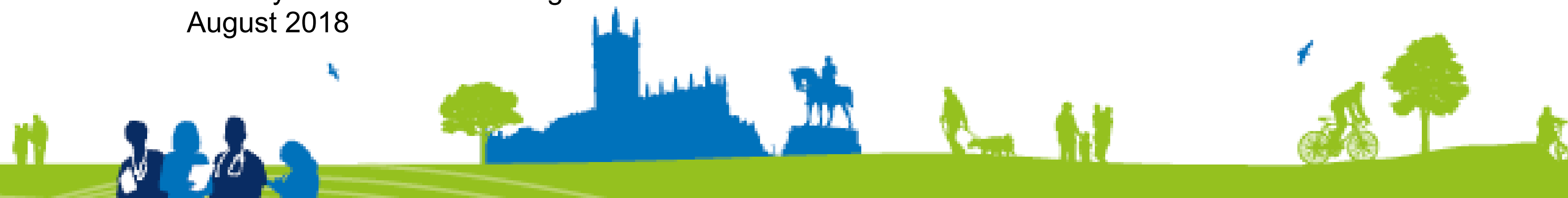
NHS Wolverhampton Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
7th AUGUST 2018

TITLE OF REPORT:	Primary Care Counselling service
AUTHOR(s) OF REPORT:	Ranjit Khular, Primary Care Transformation Manager
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To provide Primary Care Commissioning Committee with an update on work that has been undertaken with the service to address some points that have been raised by referring practices such as access to the service and waiting times.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	A casenote audit of a sample of patients referred to the service is being undertaken no later than mid-September. Discussions are being held with both providers to ensure that all relevant activity delivered by the Primary Care Counselling service is recognised and recorded as contributing to the CCG local IAPT target. Both providers are engaged in discussions on how patients presenting at Healthy Minds whose needs are better met by the Primary Care Counselling service can be diverted to that service. Conversely there are a number of patients referred to the Primary Care Counselling service who would be better supported through the CBT model that the Healthy Minds service
RECOMMENDATION:	[To be noted, for approval or for decision or to make a recommendation to another body – a short list of key statements that are positive and clear]
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]



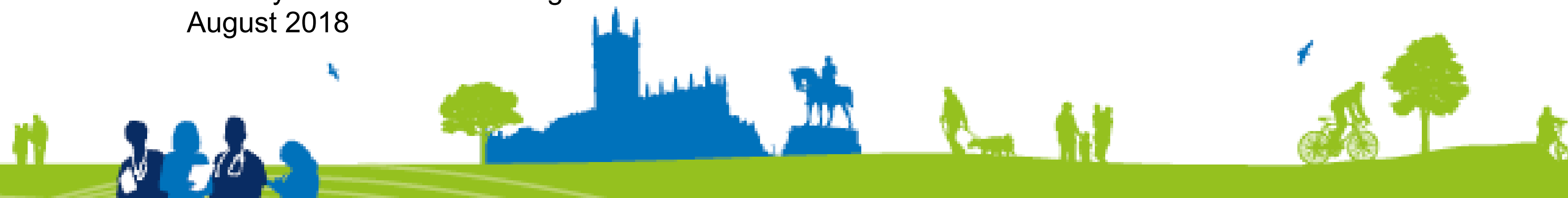
1. Improving the quality and safety of the services we commission	Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing Health Inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings

1. BACKGROUND AND CURRENT SITUATION

1.1 The Primary Care Counselling service was commissioned as a pilot from 1 June 2017, and was positively received by both service users and referring General Practices. The provider was Relate who were working in conjunction with the Disability Resource Centre, The Haven and Aspiring Futures CIC. The pilot was initially for six months (until 31 December 2017) but was extended until 31 March 2018. During this extension period a procurement for a service to run from 1 April 2018 to 31 March 2021 was undertaken. This contract was awarded to a consortium again lead by Relate and the original delivery partners with the addition of Base 25, and the Terence Higgins Trust. The value of the contract is £511,680 (yearly cost of £170,560), which is funded from the PMS premium monies on a recurrent basis.

The service has been well received by both service users and referring practices. A report presented to the Primary Care Commissioning Committee in May 2018 presented some patient case studies and clinical outcome measures data which showed that a sample of patients who had accessed the service had significantly reduced levels of anxiety after completing the counselling process.

During mobilisation of this project, issues have arisen and are being dealt with. This is typical during a mobilisation period, and stakeholders and the provider are encouraged to communicate these issues to the CCG to enable them to be rectified.



2. MODIFICATIONS TO THE PRIMARY CARE COUNSELLING SERVICE FOLLOWING FEEDBACK

2.1 The following matters have been raised:

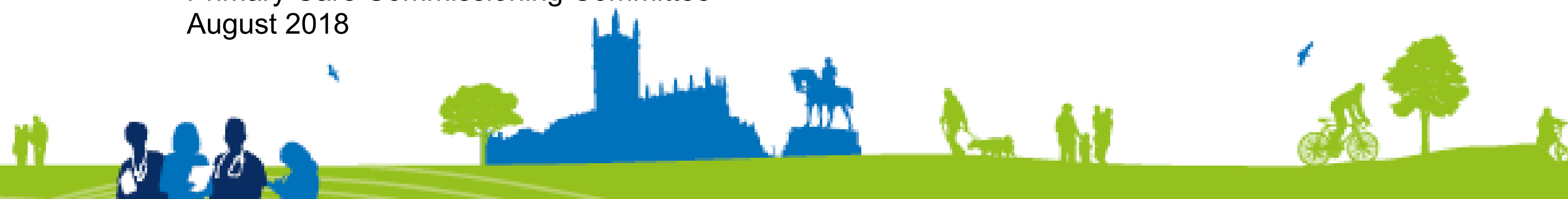
- The volume of referrals being received by the service identifies a clear need for the service. However, there are concerns regarding capacity of the service when faced with this level of demand, and the impact it has on waiting times
- A number of patients had been referred to the service by the Healthy Minds service at BCPFT. The provider had questioned whether these referrals should be accepted, or whether BCPFT should refer the patient back to the GP.
- Some local practitioners had reported that they do not understand the difference between Healthy Minds and the Primary Care Counselling Service

2.2 An analysis of 975 referrals into the service undertaken in May showed the following:

Referrals received	**975**	
no contact from the patient	264	28%
open	481	49%
completed	110	12%
unsuitable referral	52	5%
Client doesn't wish to access service at this time.	68	6%
Total	975	100%

2.3 An assurance visit was undertaken to the service by members of the Primary Care Team in July 2018. During the visit the following points were raised by the service:

- On the date of the visit there were 631 open cases. 30% of these patients have been known to the service before April 2018.
- It was reported that some referred patients request to be seen by a particular practitioner or to receive intervention at a particular location. This can have an impact on the length of time they therefore have to wait.
- 23% of all booked appointments are cancelled with less than 24 hours notice, or not attended. This was noted as a concern- as this is high proportion of



appointments that are not attended and cannot be reasonably practically allocated to another service user.

- The provider reported that if a patient DNAs or cancels an appointment with less than 24 hours notice on two occasions, they are discharged from the service.

- For patients receiving a service, an incidence of DNA or late cancellations is counted as one of their six sessions.

- The service are seeing a number of patients being re-referred back to the service having been discharged after receiving an initial six sessions.

2.4 Following this discussion, the following was agreed with the service:

A case note audit is to take place no later than mid- September by members from the Primary Care Team and the Quality Team. The format of the audit will be a review of a sample of case files for the following purpose:

- To ensure access standards are being adhered to. The current access standards as agreed with the service are as follows:

  - Service to contact patient within 7 days of receipt of referral.

  - Initial assessment to take place within 14 days of receipt of referral. If these access standards are not met, that the service is recording the reason for this variance.

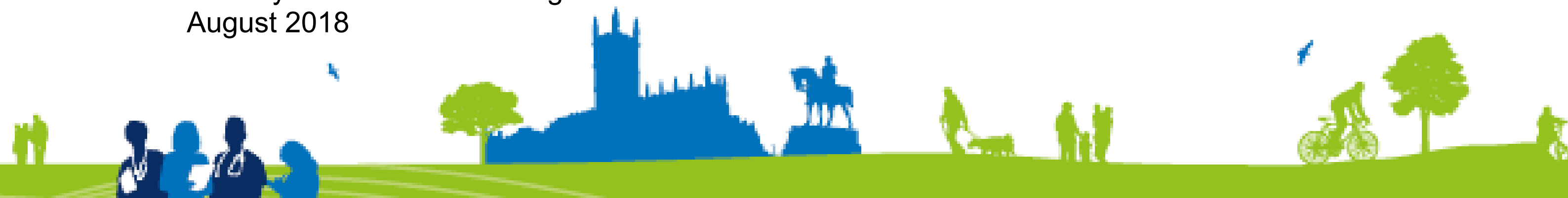
- To follow a series of patients through their pathway through the service, from referral, assessment, and counselling sessions to track the time patients are remaining engaged with the service.

2.5 In addition to this the following actions were agreed with the Service Manager during the visit. These points will inform a comprehensive Improvement Plan to be developed with the service once the audit has concluded:

- The service to advise patients who insist on a particular practitioner or location of the waiting time for that practitioner/ location, and what the waiting time for an alternative counsellor or site might be.

- For the service to introduce a standard whereby a patient is contacted three times to book an assessment or appointment. If the patient does not respond after being contacted three times they are discharged from the service.

- The reporting dashboard is to be amended to allow the service to highlight the following patients:



Those patients waiting to commence the service as they are insisting on a particular counsellor or to be seen at a particular venue

Those patients that have been contacted by the service and have not responded to the service making contact to arrange an initial assessment or further counselling sessions.

2.6 Other matters being worked on with the service

2.6.1 Ensuring patients are accessing the most appropriate service

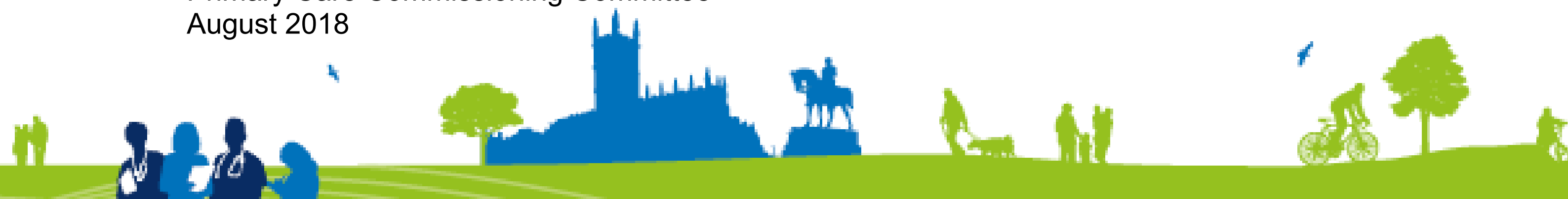
During Contract Review meetings with the CCG, the provider reported that a number of patients were being referred to the service by practitioners at the Healthy Minds service provided by the Black Country Partnership Foundation Trust (BCPFT). This matter has been raised with the service lead at BCPFT who has considered the matter and raised it within the organisation. An indicative process map has been developed whereby Healthy Minds practitioners can refer any suitable patients to the Primary Care Counselling Service.

A corresponding process map is being developed for any patients referred to the Primary Care Counselling service who it is deemed at the point of initial assessment would be more appropriately supported by the Healthy Minds service. If agreed these pathways will have a positive impact on patient experience as it would allow the patient to be supported by the most appropriate service without the need to be referred back to the GP to make an onward referral to either of the services. These process maps have been shared with both services and comments received from both. It is expected that these process maps will be agreed at a meeting between the CCG and both providers on 14 August.

2.6.2 Increasing Access to Psychological Therapies (IAPT) Recording

It is the intention that any activity delivered by the Primary Care Counselling service that meets the national standards for IAPT will be recorded as IAPT activity for Wolverhampton. This has been discussed with Relate as lead provider of the Primary Care Counselling service and the reporting templates have been shared with the service lead. Clarification has been sought from the Quality Improvement Lead for Dementia/ IAPT at NHS England who confirmed that for any activity to be recorded as IAPT, the practitioner delivering the activity needs to have completed the following training:

- PG Dip in Cognitive Behavioural Therapy (High Intensity)
- Counselling for Depression (Person-Centred Experiential)



- Post Graduate Certificate in Low Intensity Psychological Interventions

The service manager of the Primary Care Counselling service is currently reviewing training records of the practitioners working in the service to ascertain which of the interventions/ contacts can be recorded as IAPT activity. This process is set to conclude and the provider will be able to confirm at the meeting on 14 August.

All Relate counsellors are qualified to at least diploma level and have completed further mandatory training in carrying out assessments, working with mental health domestic violence and abuse and adult survivors of sexual abuse. They also have attended mandatory safeguarding training which must be renewed every 2 years and have up to date DBS checks. All counsellors must maintain registration on the Relate Register and work to the quality standards of our service specifications, which adhere to the BACP ethical framework. All counsellors delivering this contract will have at least 4 years' experience of counselling individuals with relevant presenting issues. Most are also trained and experienced in delivering CBT and solution focused therapy and working in either primary care or community settings as well as Relate premises. All counsellors from partner organisations are qualified to at least Level 5, are registered with BACP or UKCP and have up to date safeguarding training and DBS checks. There is a wide range of experience within the counselling team as detailed above. Relate will ensure that all counsellors working in this service meet the contract requirements regarding qualifications, experience and safeguarding training. We will work to the local safeguarding policies and procedures and will identify a safeguarding lead in each Practice Group and/or CCG to liaise with and report to regarding any safeguarding concerns.

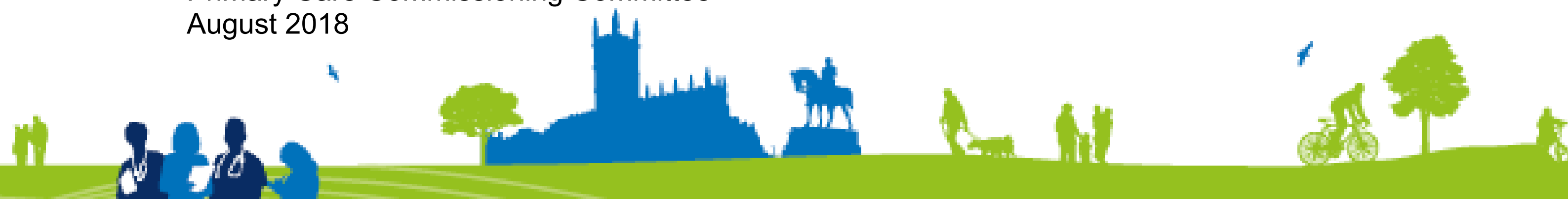
3. CLINICAL VIEW

Feedback from referring GPs has been positive. The following is an example of one comment received.

Dr Pickavance reported: *Feedback from patients has been excellent and I am less stressed as I can access timely and excellent care for patients that were previously waiting for 6 months with healthy minds and therefore seeing me a lot whilst waiting.*

However other practices have fed back about their concerns around the service not meeting access standards. Other feedback from practices indicates that there is a lack of distinction between the two services. This is to be addressed through some communications which are to be developed by the Mental Health Commissioning lead and to be cascaded to practices.

4. PATIENT AND PUBLIC VIEW



4.1. The service is routinely collating patient feedback through the administration of the GAD7, PHQ9 and CORE 10 assessments.

5. KEY RISKS AND MITIGATIONS

5.1. A key risk associated with the project is failing to record any relevant activity delivered by the Primary Care Counselling service as IAPT activity. This is being addressed by the provider and all relevant activity will be recorded from Quarter 2 of 2018/19.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The value of the current contract is £511,680 (yearly cost of £170,560), which is funded from the PMS premium monies on a recurrent basis.
There are no specific financial implications relating to the contents of this report.

Quality and Safety Implications

6.2. This service is deemed to be an early intervention as it is supporting those with mild to moderate symptoms of stress, depression. The outcomes data presented in the report indicates that the intervention is bringing about an improvement in the mental wellbeing of patients.
There are a number of quality and patient experience implications related to the content of the report. Following the casenote audit an Improvement plan will be agreed with the service to ensure that the service is delivering against access standards, and that the service is proactively contacting patients to arrange sessions.
The services are due to agree a process for onward referral between the services which will help ensure that patients presenting within primary care with low level mental health disorders are referred to the service that is deemed most appropriate for their presenting needs.

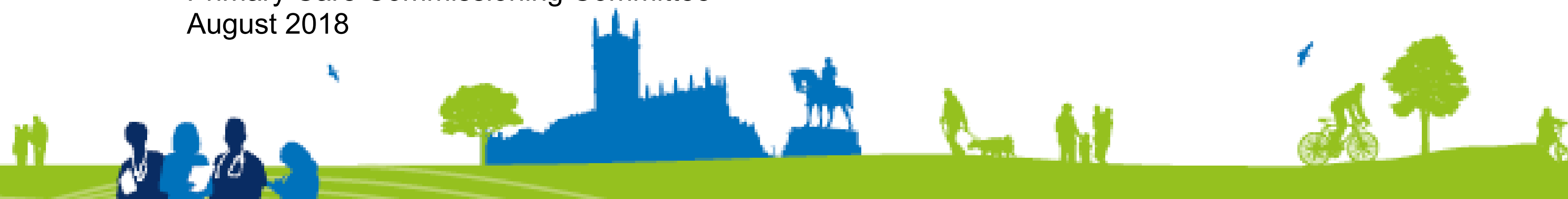
Equality Implications

6.3. Equalities had been discussed at the inception of the pilot and when procuring the full service. This was not articulated in authorised documentation but considerations have been made throughout the mobilisation of the service, and a review of the service has now taken place.

Legal and Policy Implications

6.4. There are no specific legal or policy implications relating to the content of this report.

Other Implications



6.5. N/A

Name **Ranjit Khular**
Job Title **Primary Care Transformation Manager**
Date: **31 July 2018**

ATTACHED:

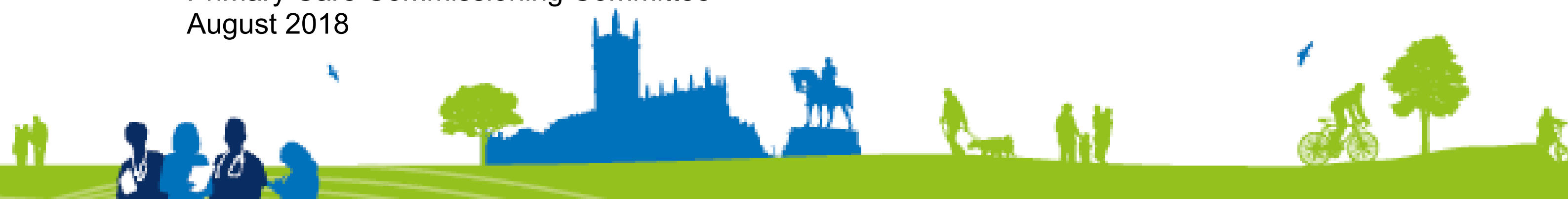
(Attached items:)

RELEVANT BACKGROUND PAPERS
(Including national/CCG policies and frameworks)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)		



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BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	**Strategic Objectives**
1. Improving the quality and safety of the services we commission	a. Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	b. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this c. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. Deliver improvements in the infrastructure for health and care across Wolverhampton The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.