NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

NHS Proposals

What changes were we proposing?

We are proposing to recommission a new single IAPT (primary care therapies) service for Bristol, North Somerset and South Gloucestershire.
Depression and anxiety can be caused or worsened by other issues in people's lives such as unemployment, poverty, debt, social isolation and lack of friendships/relationships, poor housing, domestic violence, bereavement, poor physical health/wellbeing, being inactive or having a long-term health condition. These are all factors that can impact on people's need for therapy and support. We want to make sure that people coming into IAPT do not have these other important issues inadvertently ignored through the service focussing on their mental health issue in isolation, or it not having the right external contacts to refer people for other help.

Why were we proposing these changes?

- Bristol, South Gloucestershire and North Somerset (BNSSG) Clinical Commissioning Groups (CCGs) have merged into a single organisation.
- We want to deliver the best value for money across the area.
- We want to commission a consistent service across the whole new CCG area.

Who was consulted and involved?

- Current IAPT service users.
- People with experience of using the services.
- Bristol Independent Mental Health Network.
- Current IAPT service provider organisations.
- GPs (through the 5 area forums).

How were stakeholders consulted?

Through a range of means including: specific focus groups, an online survey, workshops, meetings and conversations.

What did they say and how have we responded?

We received over 700 responses in this engagement process and rather than list them all below, we have attempted to summarise the most commonly raised issues and describe our responses to them.

You said	We did
Service user choice: Provide maximum user choice over location/time/ intervention/tyoe of therapy/therapist.	While the specification recognises the importance of user choice, the service also needs to demonstrate strong clinical judgement and confidence in its offer. Understanding of user choice needs to be balanced against good assessments and management of waiting times. We uphold user choice of times/locations, and expect the service to communicate strongly about how effective its treatments are and which are most appropriate for each person's presentation.
Accessibility: Locations of therapy, proximity to public transport routes, inclusivity/welcome of the service, accessibility of information/communications, use of different community languages (including BSL), understanding of how location can put barriers in the way of therapy.	Access to and accessibility of the service is key. We have noted all these points and included them strongly as full expectations in the specification. The provider will also be required to continually monitor the effectiveness of their actions in relation to access.
Waiting times: People want and expect a timely service that involves the minimum of waiting time, without multiple waiting lists within a set of treatments. Service users express particular desire that this IAPT service takes responsibility for promoting good attendance rather than feeling that the responsibility for non-attendance can lie wholly with them.	We are required to set the national NHS waiting times standard. We have also tried to establish a positive focus on attendance, where the service promotes and expects attendance rather than non-attendance and sets a culture that promotes it.
Service processes: Respondents want an efficient and transparent service that is well managed and communicates well.	Clear systems should be in place for capacity planning/management, understanding the needs of the populations across the area (and their progression through the service). Communicating well to service users and to referring organisations/ professionals.

You said	We did
Assessments: Desire for thorough assessments that are skilled and recognising of people's issues. Concern about 'call centre' assessments (with associated tone of voice/phrasing).	There will be triage to get people early options to promote self-help and education about managing their mental health, as well as signposting to external provision. A skilled person-centred and holistic assessment that can get people into the right treatment for them quickly. Combining the assessment with the first therapy session has been shown to reduce both length and intensity of treatments for some people.
One-to-one and groups/courses: A desire for one-to-one therapy and sense that people should have a choice of it over group treatments.	IAPT is a high volume service and, in order to manage its capacity and keep waiting lists down, must provide courses and group therapy interventions to the majority of people. We expect the service to promote all its (group and one-to-one) treatments confidently and positively. This will mean that one-to-one treatments are available in a more timely fashion to those people who are assessed to need them most. We also expect an understanding of the issues that create anxiety about generic/mixed groups for some people and how some group/issue specific groups can be helpful.
Work with people who present with complex issues: Using trauma-informed approaches and specific therapies for people who present with complex trauma, 'personality disorders' etc	We have made provision for the service to provide specific skilled evidence-based interventions in relation to groups who have complex needs, personality disorders and those who have experienced early or adult-hood trauma – specifying that the service should use trauma-informed practice.

You said	We did
The single lead provider approach: Hope/expectation that a lead provider would extensively draw on local connections and expertise through formal arrangements with voluntary sector organisations to help them deliver the service.	It is our expectation that, in a service with an outward-focussed ethos, no single organisation should expect to have all the skills, expertise or neighbourhood/ community/equality credibility to deliver the diversity of service that will be required. Procurement law prevents us from dictating the exact model that bidders will adopt, but we have made it clear that wide external connections are expected to be drawn upon in the delivery of the service.
Referral pathways to other surrounding services: Concerns that: -Building external connections could divert the service from providing 'IAPT'. -Surrounding organisations might be unwilling/ resistant to building these links. -The service ethos might not be so effectively delivered if external connections are hard to build. -The three local authority areas have very different provision and this will mean people receive different services in each area.	-While bidders will take different approaches, it is not anticipated that pathway development will be a function for therapists but that they recognise people's wider issues. The connections should enhance rather than reduce the impact of IAPT treatments. -Some pathway development will require the assistance/authority of commissioners (CCG and local authority) to ensure the connections are made/maintained. -The successful provider will need to build external connections/protocols over time and while they will meet some resistance, the approach/ethos should represent an underpinning set of values in the service. -We have acknowledged that each local authority area has a different picture of local services, this will mean that the ability to connect with external provision will depend in part on its existence.
Working across the whole area: Concern was expressed that in a service area with such different geography and demographics, some groups and areas could get left out and either not access the service, or receive a poorer quality/ reduced service.	It is essential that the service reaches all communities and all parts of the area. The provider will be expected to continually work across the service footprint to ensure that all areas are served equitably.