



Access to talking therapies in Oxfordshire: a comparative study

1. Background

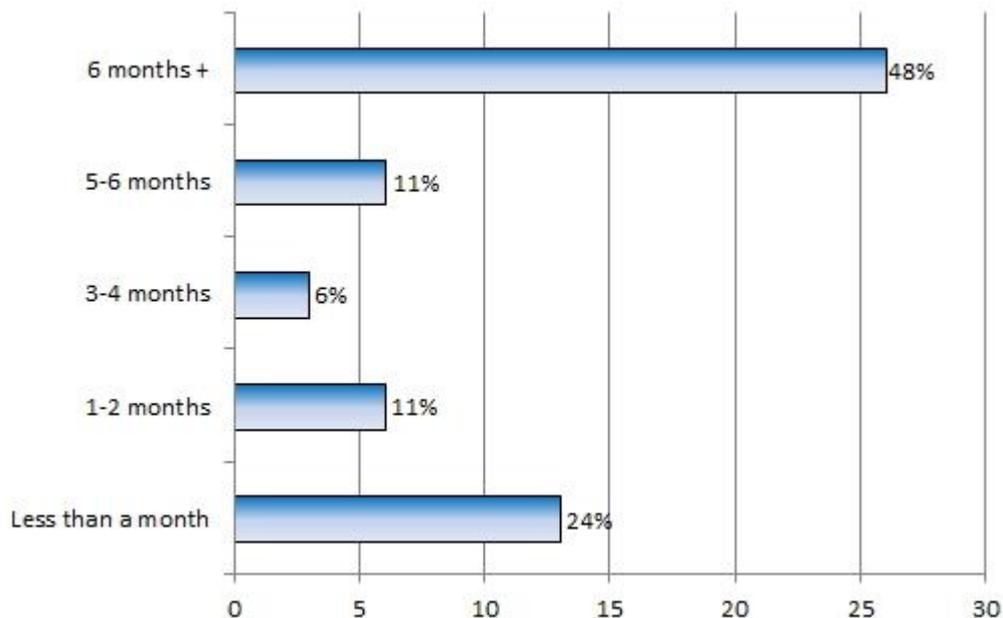
An online poll was recently provided on the Oxford Mental Health Forum website in order to establish how long people have had to wait to gain access to talking therapies in Oxfordshire within the last two years.

In 2010, national charity, Mind launched the *We need to talk* campaign, with one of the aims to ensure that therapy is available to everyone within 28 days of requesting referral.

Giving people access to the right therapy at the right time will deliver cost savings in the treatment of both mental and physical health problems and a reduction in wider societal costs such as unemployment. For example, extending NICE-recommended treatment to those with depression would result in £1 billion of economic benefits each year¹.

2. Results of the Oxford Mental Health Forum poll

The poll received 54 responses.



Of these nearly half (twenty six) had waited more than 6 months before they were able to receive talking therapy; six people had waited between 5-6 months, three people between 3-4 months, and six between 1-2 months.



3. Comparisons with local data

3.1 Waiting times

The sample represents a very small proportion of the total number of people who are currently receiving, or who have received talking therapy in Oxfordshire within the last two years, however, the high number of people within this sample who have had to wait more than a month to receive therapy is alarming; Forty out of the 54 respondents (almost three quarters) waited longer than 28 days.

The poll has prompted Oxford Mental Health Forum to carry out further research to establish the extent at which this snapshot reflects more substantial data. It is important to compare the results of the poll with statistics released by the Government to track the progress of the Department of Health's Improving Access to Psychological Therapies (IAPT) programme, which was launched in 2006 with the aim of improving access to talking therapy services². In Oxfordshire, the TalkingSpace service was launched in 2009 as part of the IAPT programme.

Between April-June 2012 (the latest confirmed statistics at the time of writing), there were 2,254 active referrals to the TalkingSpace service in Oxfordshire, recorded by the Oxfordshire PCT³. The number of active referrals who had to wait longer than 28 days from referral to first treatment/therapeutic session by the end of the reporting period, was 1,976; a substantial 88% of the total figure.

In comparison, in Buckinghamshire there were 1,739 referrals in the same time period to the Buckinghamshire local IAPT service. Only 76 patients out of 1,739 waited more than 28 days for their first treatment/therapeutic session; less than 5%. The difference in the data between the two neighbouring counties is remarkable.

When comparing the IAPT statistics at national level for the same reporting period, it is clear the 88% of patients in Oxfordshire who had to wait longer than 28 days to receive talking therapy is a significant cause for concern. The average for all Trusts in England for the same reporting period was 51%.

It is also concerning that the number increased when comparing the data with the previous quarter, January-March 2012, in which 83% (1,986 out of 2,385) waited longer than the target 28 days. In newly released provisional data for the 2nd financial quarter, July-September 2012, there does look to be significant improvement, with this figure down to around 55%. This however is still higher than the national average for all Trusts in England, both of which are well above the target for *all* patients to receive therapy within 28 days.



2.2 Recovery rates

The main focus of the IAPT programme to date is to ensure that there is at least a '50% recovery rate' for those receiving treatment⁴.

See the following table to view a breakdown of the latest comparison figures, which detail the number of people who were not at clinical caseness at their last treatment session, as a proportion of people who were at caseness at their first session (%).*

Reporting period	Region	Recovery rate
July-September 2012 (provisional data)	Oxfordshire PCT	45.5%
	All Trusts in England	46%
April-June 2012	Oxfordshire PCT	45.6%
	All Trusts in England	46.1%
January-March 2011	Oxfordshire PCT	47.5%
	All Trusts in England	45.9%

*The number of people who completed treatment in the quarter is not a direct subset of the number of people referred in the same quarter, as some may have been referred for treatment in a previous quarter.

One of the notable observations when viewing the data across trusts in different regions is the variation in numbers with the recovery rate percentage ranging from as low as 22.3% to 70.6%. The recovery rate in Oxfordshire is comparable to that of the average for all Trusts in England, with both approaching, though currently lower than 50%.

2.3 Types of therapy

In Oxfordshire, the TalkingSpace programme is focused on providing Cognitive Behavioural Therapy (CBT)⁵, which reflects the Government's agenda to prioritise CBT as the core type of therapy to be used in treating depression. Studies show that CBT has a robust success rate of around 50% in treating anxiety and depression⁶. The Government plans to continue to increase CBT capacity in the new 2012/2013 financial year⁷. However, it does warrant some concern about the possible neglect of other therapies/treatments; indeed, there is no mention of other types of therapies being available via the TalkingSpace website⁵. CBT is clearly not appropriate in all cases, both in relation to depression alone and also not forgetting other mental health conditions; it seems fair to say that 50% is by no means an overwhelming success rate when this also leaves 50% of patients who have not recovered following



treatment. Government figures reveal that around 30% of the high-intensity therapists in the IAPT workforce are able to deliver non-CBT therapies⁷. It is welcomed that there are plans to increase this investment in both CBT and non-CBT therapies in the next financial year.

4. Conclusions and recommendations

There is no doubt there has been measurable success and significant investment since the IAPT programme was introduced. For the data for all Trusts in England, IAPT statistics reveal that there is evidence of '250,000 'cases' (41%) recovering, and around two-thirds of those treated showing reliable improvement, i.e. achieving significant improvements in symptoms but not achieving the technical definition of recovery'⁷.

It is commendable that the report also acknowledges that the job is by no means complete and that 'further work is required to continue expanding local services both in scale and scope'. The report also acknowledges the key challenges that still exist, for which waiting times is one of these ('to ensure access for all who need treatment within 28 days of first contact') in addition to patient choice, the funding distribution process, and programme continuity. Concerns, however, remain regarding the amount of investment and resource input, and the length of time it is taking to reach core IAPT targets, including the question of whether these concerns are being sufficiently recognised and addressed.

As a result of analysing the statistics for Oxfordshire and comparing the data across Trusts, the key findings of the research demonstrate that the onus should not solely exist at national level to instigate improvements, and that local mental health providers and organisations must continue to work together in order to address local challenges, particularly with regards to variations in waiting times, patient choice, and treatment outcomes, while, of course, ensuring best use of the resources and funding available, and campaigning for further resources and funding where this is needed.

Oxford Mental Health Forum would like to thank everyone who took part in the online poll, who in doing so has prompted this research and helped to raise further awareness of the need for further improvement in talking therapy services and provision. A copy of this report will be circulated to relevant parties.

Sources:

¹ Mind, 2013, *Current Campaigns: Access to talking therapies*, http://www.mind.org.uk/campaigns_and_issues/we_need_to_talk, accessed 25 February 2013.



² Improving Access to Psychological Therapies (IAPT), 2013,
<http://www.iapt.nhs.uk/about-iapt/>, accessed 25 February 2013.

³ The NHS Health and Social Care Information Centre, 2013, *Improving Access to Psychological Therapies, Key Performance Indicators*
<http://www.ic.nhs.uk/searchcatalogue?q=title%3a%22Improving+Access+to+Psychological+Therapies%2c+Key+Performance+Indicators%22&sort=Most+recent&size=10&page=1#top>, accessed 25 February 2013.

⁴ Improving Access to Psychological Therapies (IAPT), 2013,
<http://www.iapt.nhs.uk/data/current-performance/>, accessed 25 February 2013.

⁵ TalkingSpace, 2013, *Getting Help*
<http://www.talkingspaceoxfordshire.org/getting-help/>, accessed 25 February 2013.

⁶ Mind, 2013, *A campaign for psychological therapies: the case*
http://www.mind.org.uk/assets/0000/7445/lord_layard_document_new.pdf,
accessed 25 February 2013.

⁷ Department of Health, 2012, *IAPT three-year report: the first million patients*
<http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf>, accessed 25 February 2013.