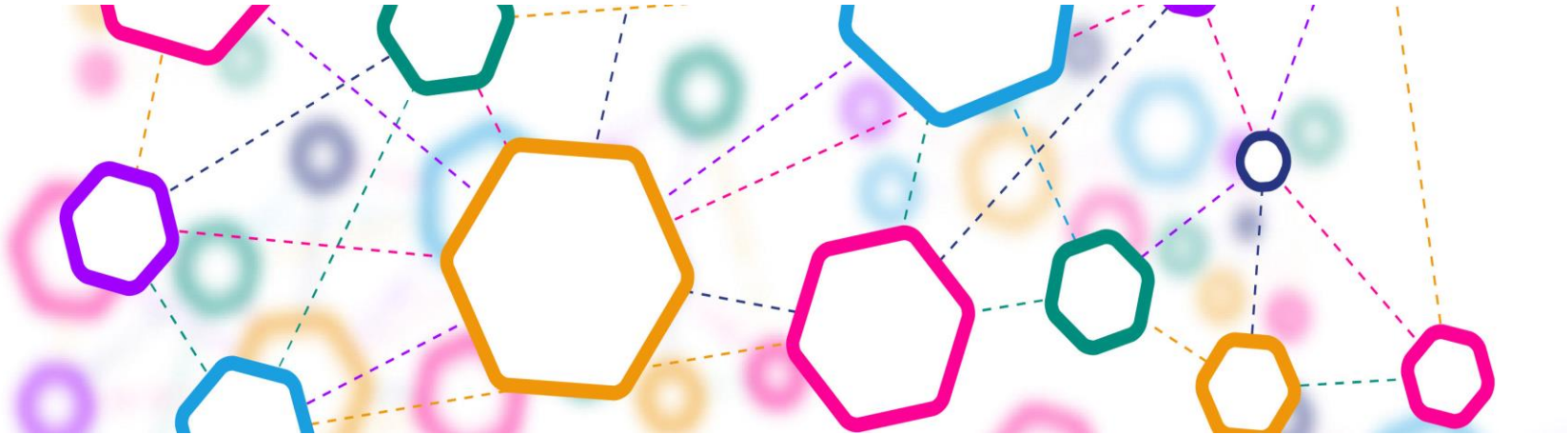


Wales Psychological Therapies Plan for the delivery of Matrics Cymru – The National Plan 2018



Written by the National Psychological Therapies Management Committee, supported by 1000 Lives Improvement, Public Health Wales. May 2018

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This plan builds on the draft Wales Psychological Therapies Plan for Adult Mental Health - Increasing Access and Quality in a Prudent NHS. The plan has been developed at the request of Welsh Government and has been written by the National Psychological Therapies Management Committee (NPTMC), with the support of the mental health and learning disabilities 1000 Lives Improvement team, Public Health Wales. It also sits firmly in the context of the Parliamentary Review of Health and Social Care in Wales¹ and specifically the quadruple aim to:

- Improve population health and wellbeing through a focus on prevention
- Improve the experience and quality of care for individuals and families
- Enrich the wellbeing, capability and engagement of the health and social care workforce
- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste.

The plan covers the period from 2018 to 2021, with a review of progress in 2019.

Purpose

This plan is intended to assist health boards and their partners in the delivery of Matrics Cymru² and the Psychological Therapies in Wales Policy Implementation Guidance (PIG) 2012³, in order to meet the requirement to offer services which will:

- Increase the range of evidence-based psychological therapies available

¹ <http://gov.wales/docs/dhss/publications/180116reviewen.pdf>

² <http://www.1000livesplus.wales.nhs.uk/document/314454>

³ http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.5d_Appendix%204%20-%20Psycholgical%20Therapies%20in%20Wales%20Implementation%20Guidance%20%28002%29.pdf

- Enhance the responsiveness of psychological therapy services to service user need
- Improve service user's experience
- Ensure service user outcomes and satisfaction feedback are used as part of routine practice and embedded in continuous service improvement
- Meet Welsh Government waiting time targets for psychological interventions
- Support the consistent and equitable delivery of services.

In order to deliver prudent, proportionate and effective services, each of the key elements described in Matrics Cymru (Table 1) should be considered across the four quality standards set out in the PIG (see an amended version below at Table 2). This process will inform the development of local implementation plans.

Table 1

Psychological therapy services model	Standards to deliver and improve services on a measurable basis
Psychological therapy	Standards for services to understand and improve workforce management
Psychological therapists	The definition of and competence at different levels of proficiency
Supervision	Standards to deliver and requirements to receive supervision
Training	Training standards for therapy and supervision provision
Audit and data collection	Data collection requirements

Table 2

Accessibility	It is a key intention of the Matrics Cymru to ensure access to Level A/highest available evidence-based therapies appropriate to presenting problem across mental health services and that a choice of at least one alternative approach is available, where indicated by the evidence ⁴ . This includes equal opportunity to access services as defined by the Equality Act (2010), the Welsh Language Measure (2011) and the Welsh Language Act (1993).
Appropriateness	Psychological therapies will be delivered by staff with evidence-based skills, receiving evidence-based supervision to ensure both safety and quality for service users. Appropriate competencies are set out in Matrics Cymru (2017).
Effectiveness	Increased routine measurement of clinical progress, outcomes and implementation of feedback mechanisms to ensure continuous service improvement and recovery focused care.
Acceptability to service users	Improved experience and increased use of patient satisfaction feedback to drive improvements, taking into account the aspirations, values and preferences of individual services users and adapted for protected characteristics, as required by the Equality Act (2010), the Welsh Language Measure (2011) and the Welsh Language Act (1993).

The PIG (2012) emphasised that the impact and outcome of therapy is influenced not just by the model of therapy, but also by the way in which it is offered, primarily the relationship between the person engaged in therapy and the therapist. Processes must therefore be in place that enable and support therapists to form emotionally reliable and consistent relationships which are safe, well supervised and with strong clinical governance⁵.

Some service users will have experienced adverse childhood events or trauma. Psychologically informed services should support people for whom this is the case. Advice and guidance in planning and developing psychologically informed services is given in Matrics Cymru⁶.

⁴ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf> – page 26

⁵ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf> pg.13

⁶ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf> pg. 13-14

It is recognised that psychological therapy services have developed differently in each health board and in order to ensure that there is equitable provision across Wales, the Psychological Therapies Management Committee (PTMC) for each health board will need to build on the work undertaken in 2014 which identified gaps in provision and elements of service that need to be strengthened.

While each health board has its own demographically-sensitive provision, the implementation of Matrics Cymru should, over time, lead to a position where all services in Wales are able to offer broadly similar, effective and equitable interventions.

Matrics Cymru sets out the quality standards required for psychological therapies in Wales. An overarching principle is that there is timely access for each service user to Level A/highest available evidence-based therapies appropriate to the presenting problem across mental health services and a choice of at least one alternative approach is available, where indicated by the evidence. Service users should have access to appropriate information about the therapies available. The presenting problems are shown in the Matrics Cymru evidence tables.

Health boards should ensure there is a service delivery culture of active learning by staff in the use of feedback from routine monitoring and outcomes at both the level of service and service user. To support a culture of excellence in delivering psychological therapies, the NPTMC also welcomes reports of innovative approaches, for consideration for dissemination of best practice across all areas in Wales.

The evidence from previous gap analyses submitted to the NPTMC, taken in the context of standards set by Matrics Cymru, suggests focus on the following areas is required as a matter of priority.

- Timely access to appropriate evidence-based psychological therapies⁷
- Development of a training and supervision strategy and re-design of job roles⁸
- Outcome data to evaluate the success of therapies delivered and to ensure continuous service improvement⁹
- Information systems which specifically measure demand and waiting times for psychological therapies.

⁷ Waiting times for therapy across a range of conditions will need to meet Welsh Government targets

⁸ To optimise the availability of effective evidence-based psychological therapy, including the widest possible range of therapies available in the Welsh language. This will ensure the minimum level of competency required to deliver different therapy approaches at each tier of the healthcare system. It will also enable delivery across a range of conditions and need, with appropriate designated time within work roles for delivery and supervision.

⁹ The NPTMC has recently noted the difficulties in identifying actual and/or perceived “harm” resulting from therapy or lack of access due to the many different definitions used and is working to standardise a measure to enable more effective identification.

The National Plan sets out questions, actions and outcomes to assist health boards develop local plans reflective of the quality standards for each of the key elements in Matrics Cymru. Some outcomes may already have been met and health boards will be able to demonstrate this through reports, data and appropriate up to date policies etc. This should give scope to concentrate on the less well-developed aspects of services.

Examples of questions and actions are given within the plan, but health boards should not be constrained by these and may have other innovative approaches to achieve the required outcomes. It will be expected that local PTMCs support, inform and assure wider service development toward standards set out in Matrics Cymru.

Local PTMCs should work to identify and prioritise areas for improvement. In order to address the following tables effectively, audit and review activity of services and staff may be necessary. Particular attention is likely to be necessary with regard to services available in the Welsh language.

Overarching	Key questions	Suggested actions	Examples of evidence
	Does the PTMC take an organisational overview of achieving Matrics Cymru standards? Is there accountability and representation at executive level?	Develop a strategy to deliver evidence-based psychological therapies across the health board or review current strategy.	Health board-wide Psychological Therapies Strategy embedded in Integrated Medium Term Planning (IMTP) cycles/reporting at executive level.
	Does service improvement planning address gaps in provision and prioritise or sequence service improvement implementation, including the provision of therapy and supervision in the Welsh language?	Develop project plans to address unmet need.	Procedural/policy documentation for unmet need and waiting list management developed/agreed through local PTMCs. Reduced waiting times for appropriate treatment across tiers of service delivery/complexity.

Psychological therapy services model			
Accessibility	Key questions	Suggested action	Examples of evidence
	Are psychological therapies available in the preferred language of the service user?	<p>Audit of Welsh speaking therapists and those who are fluent in other languages.</p> <p>Create a register of these therapists.</p> <p>Plan to train and/or recruit Welsh speaking therapists.</p>	List of therapists able to deliver psychological therapy in Welsh and those fluent in languages other than English.
	<p>What reasonable adjustments exist to ensure services are accessible to people with learning disabilities, physical health conditions, neurodevelopmental disorders and other protected characteristics?</p> <p>Is the location easily reached by public transport?</p>	<p>Audit for example:</p> <ul style="list-style-type: none"> • clinic settings and assessment suites in easily accessible geographical locations, without excessive cost • appropriate equipment/furniture • information is available in a range of different forms • home visits be arranged if necessary • appointment systems are easy to use and equally accessible to people with protected characteristics. 	<p>Information available in range of different media and therapies offered in a range of different settings including at home.</p> <p>Appropriate aids, furniture and adaptations to all areas in the health board where psychological therapy is provided.</p>
Appropriateness	Do services match the needs of the services users across all steps/tiers of care with the appropriate level of intensity?	As needed, update map of low intensity and high intensity psychological interventions/therapies available at each tier.	Evidenced of increased range of appropriate services across tiers.

	Is a pathway of evidence-based psychological care available?		Well-defined pathway to offer alternative evidence-based therapy and/or different therapist where significant improvement has not been achieved.
	How does the service accommodate the needs of people with histories of complex trauma and multiple ACEs?	Consider auditing services in relation to trauma informed practice.	Evidence of routine enquiry, choice of therapist gender, trauma aware practitioners across tiers/availability of trauma focused therapies.
Effectiveness	What mechanism supports an evidence-based assessment of need for therapy, which enables service user needs to be matched to appropriate options for therapy and therapist, at a level of intensity required?	Review assessment process for psychological interventions ensuring that the appropriate intervention and appropriate intensity of intervention can be ascertained.	A robust referral and allocation process with clear inclusion criteria for allocation to different tiers of service to ensure that service users are offered a choice of interventions to match need ¹⁰ . Suite of proportionate and appropriate assessment processes/tools.
	Is there a process for quality assurance including attrition/recovery rates for services delivered?	Ensure assessing staff are suitably qualified to assess need at every tier of care. Develop a plan to ensure all psychological therapy services are implementing routine audit and service improvement methodology. Review administrative procedures to minimise administrative burden.	Services benchmark favorably/show improvement when compared against other similar services. Numbers of service users who disengage from therapy, numbers having to move to a different therapy or therapist, therapy failures, complaints, iatrogenic harm.

¹⁰ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrices%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf> page 10

Acceptability	How does the service support informed service user choice?	Audit service users' views about information and choice, accessibility, timeliness of assessment and services and how they felt about the service model.	Service users report easily accessible services, adequate choice and a good experience of services - the service has methods for using service user views for service improvement.
	How does the service make use of service user experience to improve your service model?	Create robust processes to use service user experience to improve services.	
Psychological therapy			
Accessibility	Key questions	Suggested action	Examples of evidence
	Are waiting times for assessment and intervention met at all steps/tiers? Are the range of psychological therapies sufficient and accessible to all potential service users including underrepresented groups?	Where waiting times are not met, carry out demand/need and capacity assessment to determine the shortfall and develop a remedial plan to address gap in availability. Audit what percentage of the potential client population is accessing the service. Develop plans to increase access.	Increase the percentage of the potential clients accessing services, including underrepresented groups.
Appropriateness	Are a range of evidence-based psychological therapies available at the right level of intensity conditions at each tier of service?	Develop plan to increase range of therapies available across the range of presenting conditions where necessary. Service providers may need to create new capacity ¹¹ .	Evidence-based therapies available for common mental health problems and in more specialist areas where provided by health board.

¹¹Via the introduction of new low intensity workers at Tier 1 and/or increase capacity at Tier 2 via new high intensity and high intensity specialist Psychological Therapist roles (see table 3 Matrics Cymru).

Effectiveness	Is there routine measurement of outcomes using reliable and validated outcome measures in all areas of psychological therapy provision?	Audit use of outcome measures across all areas of service, including therapists.	Report range of outcome measures currently in use.
	Are outcome measures being collated, analysed, reported and used to drive clinical and service improvements?	Develop plan to adopt appropriate outcome measures where not already employed. Identify administrative and managerial staff within services/teams that have responsibility to collate and report on outcomes.	Regular reports to PTMC evaluating the outcome of psychological therapy.
Acceptability	Are service users fully informed of the available options, potential benefit/harm and fully engaged in the process of decision making around any planned interventions, along with processes to repair any relationship difficulties?	Review the information available to service users regarding the range and evidence base for different interventions/therapies available.	Report for PTMC. A low-conflict process established to address service users' and/or carers' concerns, including second opinions and/or supervisors.
Psychological therapists			
Accessibility	Key questions Is there a training strategy to increase capacity to deliver the range of therapies required?	Suggested action Work roles to be developed which support increased competencies in staff through training and retention. Staff enabled ¹² to deliver psychological therapies and access supervision and training.	Examples of evidence Increased competencies across workforce. Increased delivery - increased proportion of protected time to deliver psychological therapy.

¹² Through for example protected time

Appropriateness	<p>Are all staff delivering psychological therapy trained to the required level of competence?</p> <p>Is there a mechanism for ensuring that staff delivering psychological therapies are members of relevant bodies?</p>	<p>Audit of training and competence development against the standards set in Matrics Cymru.</p>	<p>Create a health board register of staff delivering psychological therapy and training received.</p> <p>The register to include information on registration and membership of relevant bodies.</p>
Effectiveness	<p>See questions in psychological therapy section</p>	<p>Service managers to ensure progress and outcome measurement is taking place and discuss in regular supervision meetings.</p> <p>All staff to have access to Continuing Professional Development (CPD) necessary to ensure they are up to date with practice requirements.</p>	<p>Staff providing psychological interventions and therapy are able/have a mechanism to review outcomes from their own practice as an aid to increased learning and effective practice.</p>
Acceptability	<p>See questions in psychological therapy section</p>	<p>Identify appropriate mechanisms for service users to feedback their experience of the therapeutic relationship during/after therapy and incorporate these into therapy process.</p> <p>Develop or revise a policy to address concerns and ruptures in relationship constructively and with low conflict levels.</p>	<p>Measures identified and use of measures promoted.</p> <p>Policy/procedures signed off by PTMC/senior managers/health board.</p>

Supervision			
Accessibility	Key questions	Suggested action	Examples of evidence
	<p>Are there sufficient numbers of appropriately qualified and trained supervisors¹³?</p> <p>Is there protected time for regular supervision appropriate to the level of service delivery?</p>	<p>Identify staff with appropriate qualifications and experience to offer psychological therapy supervision and quantify the supervisory capacity available from this workforce.</p> <p>Develop a plan to increase supervision capacity if required.</p> <p>Review job plans to ensure time is included for delivering/receiving regular clinical supervision.</p>	<p>An index of supervisors, to include capacity and the psychological therapy model(s) offered.</p> <p>Supervisory capacity will meet requirement from trainees and qualified staff.</p> <p>Job plans include time for regular clinical supervision.</p>
Appropriateness	Is there a framework/policy for the provision of psychological interventions/therapy supervision that has been signed off at senior management level/PTMC?	Revise or develop supervision framework/policy for the delivery of psychological therapies.	Supervision framework/policy for the delivery of psychological therapies signed off by PTMC/senior managers.
Effectiveness	Do all supervisors meet the standards identified in the University College London (UCL) competence ¹⁴ framework and Matrics Cymru?	<p>Review supervisor competence against UCL framework and Matrics Cymru standards.</p> <p>Provide training, where appropriate, to increase supervisory capacity and develop skills.</p>	All supervisors will have, or be working towards, the competences set out in the UCL supervisor competence framework.

¹³ Offering an appropriate range of modality specific supervision, to ensure the capacity for regular supervision of both trainees and qualified staff

¹⁴ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf> – pg. 26

Acceptability	Is there a process to resolve concerns expressed about the quality of supervision by either supervisee or supervisor?	Review supervision framework/policy and ensure that a process to resolve concerns is included.	Process to resolve concerns is included in supervision framework/policy.
	Is there a process to assess the service user's feelings about whether the therapist is aware of issues that require supervision? E.g. service user feedback on concerns about therapy.		

Training			
Accessibility	Key questions	Suggested action	Examples of evidence
	Is there a process for determining what training or CPD will be necessary to enable staff to deliver relevant psychological therapies?	Review range of processes in place currently e.g. personal development/annual review, job planning and supervision arrangements.	All staff delivering psychological therapy or providing supervision of psychological therapy meet the competence levels described in UCL competence standards and Matrics Cymru.
Appropriateness	Is there an educational infrastructure and funding identified to support training?	Identify appropriate pathway and funding stream.	There is a plan in place to support CPD for staff required to deliver and supervise psychological therapies.
Effectiveness	Do all staff who have received training to deliver psychological therapy(s) have protected time within their job plan, to ensure that they are able to make use of their skills?	Review job plans to ensure that staff have protected time to deliver psychological therapy consistent with skill development.	Time identified within job plan to deliver therapy at the level appropriate to the training undertaken.
Acceptability	Is there an educational infrastructure and funding identified to support training?	Identify appropriate pathway and funding stream.	There is a plan in place to support CPD for staff required to deliver and supervise psychological therapies.

Audit and data collection			
	Key questions	Suggested action	Examples of evidence
Accessibility	Have all services delivering psychological therapies been identified and are arrangements in place to collect data ¹⁵ from these services?	Review services to make sure that all delivery of psychological therapies is identified and methods to collect data are in place.	Dashboard of a range of data, to include waiting times for assessment and treatment, plus an indication of clinical outcome as a minimum for all areas of service providing psychological therapies.
Appropriateness	Is the clinical data collection system easy to use in clinical practice and able to feed meaningful and clinically relevant information back to staff to inform client care, audit and re-design?	Review service user information system to establish whether fit for purpose, as per Matrics Cymru. Take short and long term measures to ensure data capture meets needs of service.	Service user views are regularly collected and collated and used to inform service user care, audit and re-design.
Effectiveness	Is data used to inform service improvements using recognised quality improvement methodology? Is data accurate and of good quality? Does the service regularly evaluate therapy outcomes ¹⁶ ?	Develop service improvement projects to deliver on strategic priorities for psychological therapy development. Ensure clinical measures are used as part of outcome evaluation, including retrospectively <i>after</i> completing therapy.	Examples of service improvements utilising locally derived data and quality improvement methodology. Clinical outcome and recovery measures used routinely to evaluate outcomes along with service user feedback. Clinical audit is well established and contributes to improvement of clinical outcomes and cost effectiveness of services.

¹⁵ Are there effective data capture systems in place to monitor waiting times? Are you collecting data on protected characteristics of all referrals, clients and those who disengage from therapy, to ensure that there is no indirect discrimination and that usage of services reflects the proportions of people with protected characteristics in the population and the likelihood of each group in having mental health problems?

¹⁶Using clinical outcome measures, in addition to service user and recovery-based feedback, to assess change in clinical symptoms and mental wellbeing

	<p>Does the service have methods of evaluating post discharge outcome and impact on a future care?</p> <p>How are clinical errors identified and used to improve services¹⁷?</p>	<p>Audit quality of records – are opinions supported by objective observations? Is accuracy checked with service users? Are entries suitable and respectful enough to be read by service users? If coding is used, is it accurately applied?</p> <p>Processes are in place for clinical audit.</p>	
Acceptability	<p>Have service user communication needs been taken into account in data capture, to ensure that all have an opportunity to contribute to the evidence base?</p>	<p>Review mechanisms for service user feedback.</p> <p>Develop a range of formats in which service users can express their views.</p>	<p>Regular reports indicating service user views about their experience of different aspects of therapy.</p> <p>A system to incorporate and apply what is learned from service user and carer feedback.</p>

	Key questions	Suggested action	Examples of evidence
Carers	<p>Is there a system of effectively engaging carers in therapy, with client consent?</p> <p>Does the standard training available include consideration of effectively engaging carers in therapy?</p>	<p>Introduce a system of effectively engaging carers in therapy (with client consent).</p> <p>Introduce systematic exploration and record keeping about service user choice, to involve carer(s) in therapy, or not and develop outcome measures to assess client satisfaction, effect and efficacy.</p>	<p>Review outcomes based upon engagement of carers, or otherwise.</p> <p>Develop a strategy/system for carer involvement, if practicable.</p> <p>Training includes an element in effectively engaging carers in therapy.</p>

¹⁷ Are clinicians made aware of errors? Are they discussed in supervision?

Risk Assessment/ Safety planning	<p>Is there an effective system of conducting, recording and reviewing risk assessments/safety plans in an equitable manner in place?</p>	<p>Ensure an effective system of conducting, recording and reviewing risk assessments/safety plans, in an equitable manner is in place.</p> <p>Including specific risks associated with the therapeutic model in general and specifically to the individual.</p>	<p>Training in effective yet equitable risk assessments/safety planning (Matrics Cymru Appendix 1).</p>
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