

Exception Report

Performance Annex 02

Improving Access to Psychological Therapies

Lead GP Commissioner	Dr Hilary Entwistle	Lead CCG	Eleanor Davies Sam Madden	Forecast 2012/13 risk	Red
Comments on current performance	<p>Currently the plan of people entering treatment out of the population need (37,757) is being met.</p> <p>The Recovery Rate is the number of people who are 'moving to recovery' out of the cases that have completed treatment. Patients have to achieve what is known as 'caseness' (i.e. that this assessment of recovery can be made). The Service has identified that the service is seeing patients with more severe needs, where recovery will be more challenging. However, it should be noted that at the most recent patient survey, 88% of people were satisfied with the service.</p> <p>The numbers waiting over 28 days has adopted a national change in definition in Q2 and Q3 2012/13. The new definition adds up:</p> <ul style="list-style-type: none"> any person waiting over 28 days for first assessment during the quarter any person waiting over 28 days from first assessment to treatment during the quarter any person still waiting over 28 days in both these categories at the end of the quarter <p>Overall waits depend on the mix of the number of high intensity workers to low intensity (i.e. more skilled versus less skilled). This is because there are longer waits for the fewer high intensity workers. A recovery trajectory has been proposed by the service.</p>				

Performance Profile	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14
% number of people entered treatment of need ACTUAL	2.5%	2.6%	2.3%	2.9%	3.0%	2.8%	2.6%					
% number of people entered treatment of need PLAN	3.0%	3.0%	3.0%	3.0%	2.6%	2.6%	2.6%					
% recovery rate ACTUAL	45.3%	45.8%	41.0%	40.8%	39.4%	38.6%	35.6%					
% recovery rate PLAN					45.9%	46.0%	46.2%					
Numbers waiting over 28 days.	1550	1554	1345	1302	1266	1754	2010					
Numbers waiting over 28 days recovery								1910	1810	1710	1610	1510

Quarterly reporting

Key milestones and planned actions/mitigations	Month	Summary Milestones	RAG
	January 13	Increase mix of high intensity workers relative to low intensity to improve waiting times for Q4 onwards.	Done
	February 13	Analyse whether are any other sources of waits e.g. keeping patients on case load before treatment start, even if they do not attend(DNA) an appointment (and clock stop or pause rules on 28 days can be made). However, keeping patients within the service and ensuring that their treatment can still be planned with the patient when they do attend, can be in the best interests of the patient. Hence, the balance has to be struck between understanding these reasons (and applying clock stop or pause rules), as opposed to genuine long waits even though the patients have attended all sessions. Analyse the recovery rates to assess whether complexity has increased for the service and how recovery rates can be improved.	Done
	March	Agree revised IAPT recovery rates and numbers waiting as part of SLAM contract for 13/14.	Done for waiting times
	April 13/July 13	Work with the service to ensure that numbers are thoroughly validated before submission.	
	July 13	Quality Alerts from primary care clinicians to be requested on mental health issues will be requested given the increasing severity of patients seen in the IAPT service. Review at FLAG	

NB The Exception Report Form to cover Finance, QIPP, Performance and Risk is being reviewed. This report is presented before this is agreed.