

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24th NOVEMBER, 2021
REPORT ON: PSYCHOLOGICAL THERAPIES WAITING TIMES
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC29-2021

1.0 PURPOSE OF REPORT

To update the Performance & Audit Committee on those specialities within the hosted Psychological Therapies Service that continue not to achieve Health Improvement, Efficiency, Access & Treatment (HEAT) targets, highlight contributory factors and the actions being taken to address the same. This is based on the previous report Psychological Therapies Waiting Times PAC33-2018, is inclusive of all Psychological Therapies Services that contribute to the adult 18 week referral to treatment target and excludes those that do not. For that reason, Psychotherapy Services have been added to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 *Notes the current position and reasons for certain specialities currently failing to meet HEAT targets as outlined in sections 4.3, 4.4, 4.5 and 4.7 of the report.*
- 2.2 *Notes the actions undertaken within the Psychological Therapies Service (PTS) to address the current waiting time challenges as outlined in sections 4.6 and Appendix 1 and 2.*
- 2.3 *Notes the intention to develop a Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group as noted in section 4.7 of the report.*

3.0 FINANCIAL IMPLICATIONS

Improvements will be funded from a combination of existing resources and the additional Scottish Government Mental Health Recovery and Renewal Fund allocated to address the Psychological Therapies waiting times backlog.

4.0 MAIN TEXT

- 4.1 The current Psychological Therapies National standard is that 90 per cent of patients should commence treatment within 18 weeks from the point of referral. This standard applies to a broad range of psychological therapy approaches – spanning services designed for people with mild to moderate mental health needs to those experiencing severe and/or enduring mental health challenges who may require longer-term, high-intensity psychotherapeutic interventions.
- 4.2 The Psychological Therapies Service (PTS) comprises a number of specialities. Within the HEAT return report, all specialities are aggregated. This masks that a number of specialities continue not to meet the HEAT target. Table 1 outlines the position with waiting time target compliance in 2018 and how this compares to the current position in 2021. The Psychological Therapies services that do not contribute to the adult 18 week referral to treatment target are: Dundee PALMS, CAMHS, Dundee Women's Aid, cCBT, Clinical Health Psychology (ERP), NES, and Tayside Staff Wellbeing. Similarly the resource devoted to University Teaching and the Director and Deputy Director roles do not contribute. Finally, the Prison Healthcare, Neuropsychology Trauma Service, Learning Disability Inpatient Service and Perinatal Service have only recently been advertised and appointed to and remain in the developmental stage currently. Psychotherapy services, also hosted by Dundee HSCP, sit within the Psychological Therapies Clinical Care and Professional Governance framework, but are managed separately, are also included within this update. Psychotherapy services are organised into two teams – the Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans First Point Tayside (V1PT).

Table 1: Psychological Therapies Services Compliance with the Adult 18 Week Referral to Treatment Target (2018 and 2021).

YEAR	Services Achieving HEAT	Services Not Achieving HEAT
2018	Angus Adult Psychological Therapies Service (AAPTSS) Tayside Eating Disorder Service (TEDS) Addictions Psychology (AP) Learning Disability Psychology (LDP) Older People Services in Angus and Dundee (OP) Veterans First Point Tayside (V1PT)	Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP) Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP) Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP) Dundee Adult Psychological Therapies Service (DAPTS) Perth Adult Psychological Therapies Service (PAPTS) Clinical Health Psychology (Health) Older People Services in Perth and Kinross (OP) Clinical Neuropsychology (Neuro) Multidisciplinary Adult Psychotherapy Service (MAPS)
2021	Angus Adult Psychological Therapies Service (AAPTSS) Tayside Eating Disorder Service (TEDS) Addictions Psychology (AP) Learning Disability Psychology LDP Clinical Health Psychology (Health) Veterans First Point Tayside (V1PT) Clinical Health Psychology (Health)	Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP) Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP) Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP) Dundee Adult Psychological Therapies Service (DAPTS) Perth Adult Psychological Therapies Service (PAPTS) Older People Services (OP) Clinical Neuropsychology (Neuro) Multidisciplinary Adult Psychotherapy Service (MAPS)

4.3 Table 1 illustrates that the position in relation to achieving/not achieving waiting time targets has been fairly static between 2018 and 2021, with the exception of Clinical Health Psychology, which is now achieving the standard. While there have been improvements and changes within services across that timeframe, the overall picture is indicative of increasing levels of demand, challenges with recruitment and retention of staff within highly specialist services and the impact of delivering various types of psychological intervention during a global pandemic.

4.4 The performance of services not currently meeting the waiting time target is shown below. 2021 information was taken from the Waiting Times Report produced at the latest Psychological Therapies Clinical Care and Professional Governance Committee meeting on 30th September 2021. Important in understanding this information is the total number of patients currently waiting for the services breaching HEAT.

Table 2: Performance of services not currently meeting the Adult 18 Week Referral to Treatment Target (2018 and 2021 data)

	DCPtoGAP		PCPtoGAP		ACPtoGAP		DAPTS		PAPTS		OP		Neuro		MAPS	
	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021	2018	2021
Longest Wait (weeks)	59	138	55	50	76	26	27	83	24	24	53	22	59	76	N/A*	65
TOTAL waiting	130	212	73	102	86	23	555	416	545	281	47	88	361	110	N/A*	69
Total >18 weeks	78	194	40	72	22	4	97	76	84	9	5	2	233	22	N/A*	44

*Details of MAPS 2018 figures are not included, however this service was not achieving WTTs in 2018

- 4.5 Table 2 highlights that while all listed services continue to breach the waiting time target; there is an improved position for: Angus Clinical Psychology to General Adult Psychiatry (ACP to GAP), Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP), Older People Services and Neuropsychology. Perth Clinical Psychology to General Adult Psychiatry (PCP to GAP) remains in a similar position as does the Multidisciplinary Adult Psychotherapy Service (MAPS). Dundee Adult Psychological Therapies Service (DAPTS) continues to have high numbers of patients waiting, and while there is a moderate reduction of people waiting over 18 weeks, the longest waits have extended by 56 weeks. The position for Dundee Clinical Psychology to General Adult Psychiatry (DCP to GAP) demonstrates continued and increasing challenges with demand and capacity.
- 4.6 In 2018, Scottish Government developed a work stream to improve access to psychological therapies across Scotland and asked Healthcare Improvement Scotland to work with NHS Health Boards and HSCPS where waiting times were consistently breaching. Tayside was identified as an area that required support. As a result, Psychological Therapies Services were required to submit Service Improvement Plans with a specific focus on the actions required to ensure timely access to psychological treatment. A key element of this work involved detailed workforce planning with the support of Iain Scrueder (Senior Data Analyst) from NHS National Services Division. Demand and capacity modelling, using the Demand, Capacity, Activity and Queue (DCAQ) methodology was undertaken to identify the required staffing capacity to meeting the waiting time standard for all new referrals as well as clearing the historical backlogs within services. Detailed information can be found within Appendix 1 and 2.
- 4.7 The Scottish Government Mental Health Recovery and Renewal Fund (March 2021) has made £120 million available for Health Boards and Integrated Joint Boards across Scotland. A proportion of these funds will be allocated to Psychological Therapy Services with the aim of aligning demand and capacity across psychological therapy specialisms and working towards achieving waiting time targets.
- 4.8 While specific challenges in achieving waiting time targets may vary from service to service across Psychological Therapies Services, clinical staff consistently work to their available capacity and sickness absences are generally low. The pan-service challenges include: increasing levels of demand (230% increase between 2006-2019*); delays in recruitment; unsuccessful recruitment to all existing vacancies advertised and the need to increase clinical staffing beyond funded capacity both to meet levels of demand going forward and address the existing queue. Moreover, the age and gender profile of the Psychological Therapies Services mean that maternity leave is an additional and continued aspect of workforce planning. The age profile within Psychotherapy Services means that planned retirement has been an on-going factor in workforce planning.

*Source: 'Living Life Well – A Lifelong Approach to Mental Health in Tayside' Strategy, February 2021, page 72)

- 4.9 The Living Life Well strategy, published in 2021, includes psychological therapies within the range of high quality mental health services that are being further developed. Key strategic areas include: the development of a specific strategic plan for psychological therapies across the lifespan to ensure parity of access to assessment and treatment (including those people with learning disabilities, neurodevelopment conditions, neurological conditions and acquired brain injury; modernising the provision of psychological treatment for common mental health

problems by establishing clinical pathways; investing in early interventions, such as developing new services in perinatal and infant mental health and early intervention in psychosis; fully integrating clinical psychology within inpatient services; further enhancing the use of computerised and telephony therapy and other alternative models of service delivery; expanding capacity for training the wider workforce in psychological approaches; engaging in wider organisational work on recruitment and retention of staff and further developing the workforce so less barriers exist between specialist parts of the service. A number of these work streams have commenced.

- 4.10 Mental Health and Wellbeing Strategic Plans for each locality have been developed, or are in the process of being, and approved. Integral to these plans is the continued development, enhancement and delivery of psychological therapy services which meet the needs of the local population. Moreover, to achieve local strategic priorities, for example in the Dundee Plan this includes: Reducing Health Inequalities; Prevention and Early Intervention; Getting The Right Support At The Right time and Focus on Recovery, there is a clear commitment to positively utilise the knowledge, skills and expertise of the psychological therapies workforce to contribute to the broader work streams across mental health services.
- 4.11 A Strategic Plan for Psychological Therapies will be developed and this will set out the priorities and ambitions, taking a whole-system approach, in the delivery of psychological therapies to the citizens of Tayside.
- 4.12 A Psychological Therapies Commissioning Group is being introduced and this will consider and process all of the identified need for psychological therapies within the strategic frameworks of Living Life Well and local Mental Health and Wellbeing Strategic Plans across Dundee, Angus and Perth and Kinross.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Patient safety. People with identified mental health needs are experiencing delays in accessing appropriate care and treatment. Within Clinical Neuropsychology, delays in diagnostic assessment may result in failure to treat patients appropriately at an early stage resulting in worse clinical outcomes.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	The Psychological Therapies and Psychotherapy Services have implemented a number of improvement measures including ensuring that available clinical capacity is being fully utilised. Detailed work has been completed in relation to demand and capacity needs and additional financial modelling has been undertaken in response to the Scottish Government: Mental Health Recovery and Renewal Fund (March 2021).
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the moderate level of planned risk, the risk is deemed to be manageable.

7.0 CONSULTATIONS

The Interim Director of Psychology, Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 08 November 2021

Arlene Mitchell
Locality Manager

Dr Michelle Ramage
Lead Clinician in Psychotherapy

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**Enhanced Support : Scottish Government Request for
Local Improvement Plans**

Tayside Area Psychological Therapies Service

**Professor Kevin Power
Consultant Clinical Psychologist
Director of Psychology**

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Senior Information Analyst
Public Health Scotland**

5th July 2021

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4.0 DIRECTOR LEVEL PROFESSIONAL LEAD

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1.0 BACKGROUND

1.1 Scope

Tayside Area Psychological Therapies Service provides a full range of clinical psychology services and other psychological services to alleviate psychological distress and promote the psychological well-being of the people of Tayside. This includes not only mental health problems but also the application of psychological approaches to a range of health issues including health related behaviour change and the psychological factors relating to physical ill-health. In addition to direct individual (and group) psychological assessment and treatment, psychologists also have a major consultative role, provide teaching and supervision for others employed in psychological interventions, provide specialist advice and support to carers and support relevant research and service evaluation. The aim of all of these services is to reduce psychological distress and to enhance psychological and physical well being for patients, families and carers of Tayside.

The population of Tayside is approximately 416,090. Specialist psychological services are provided across the whole of Tayside in all ranges of community and hospital settings, in both acute and primary divisions and across all age groups. In addition, there is also a cross boundary, supra-regional Exceptional Aesthetic Service covering Tayside and Fife. The Service also provides input to the North of Scotland Forensic Service based at the Rohallion Clinic and to the North of Scotland Young Peoples Inpatient Unit.

1.2 Specialties

- Adult Mental Health (including care for severe and or enduring mental illness)
- Adult Psychological Therapies (including primary care)
- Learning Disabilities
- Older Adults
- Health Psychology (including pain clinic, blood borne virus and general physical health)
- Neuropsychology
- Forensic
- Eating Disorders
- Substance Misuse Service
- Child and Adolescent
- Computerised CBT
- Forensic Court Service
- Prisoner Healthcare
- Dundee Women's Aid
- Perinatal & Neonatal Psychological Therapies
- Tayside Staff Wellbeing Service

1.3 Staff

The service comprises a range of staff with the following professional skill mix:

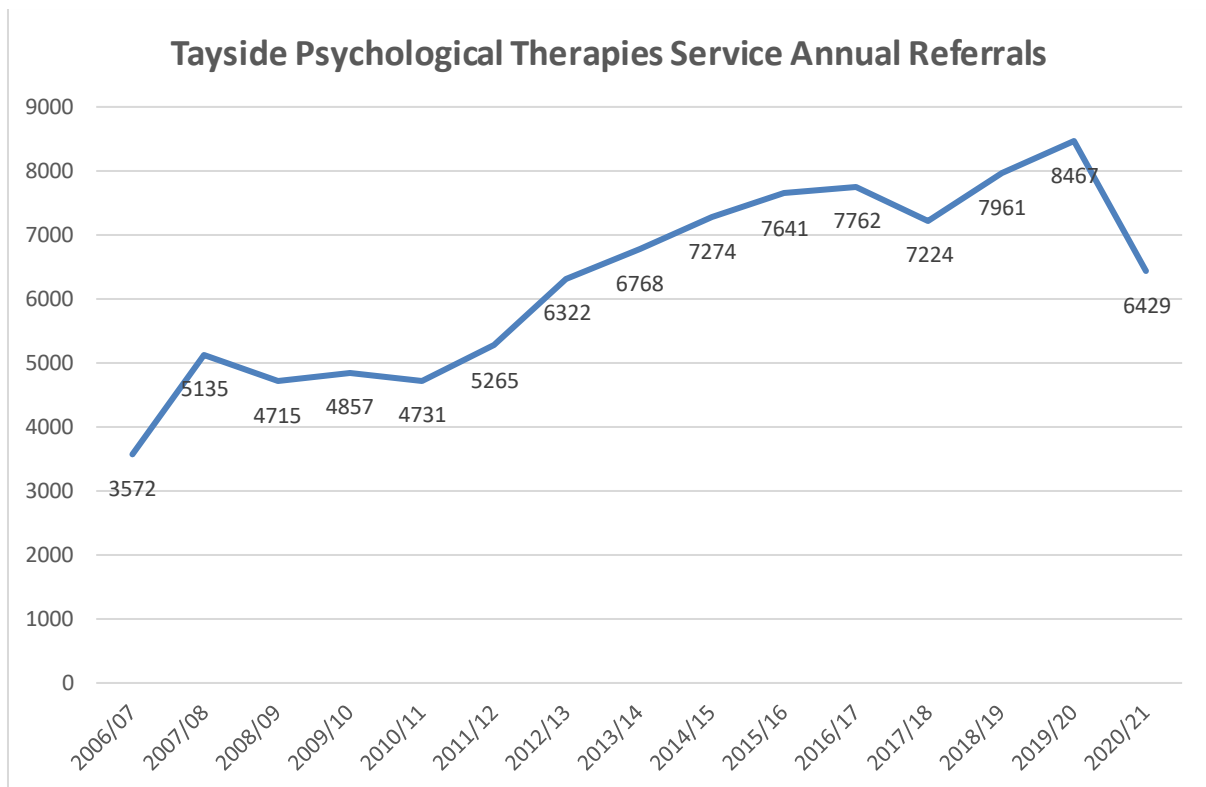
- 11 (10.6 wte) Consultant Clinical Psychologists, mainly Lead Clinicians/Heads of Specialty, plus
- 114 (81.66 wte) Clinical Psychologists (incl. Forensic & Neuropsychologist)
- 36 (31.55) Clinical Associates in Applied Psychology
- 7 (6.2 wte) Accredited Therapists
- 11 (10.2 wte) Assistant Psychologists

- 12 (12.0 wte) Doctoral Trainee Clinical Psychologists
- 4 (4.0 wte) Masters Trainee Psychological Therapists in Primary Care
- 1 (1.0 wte) Health Psychologists in Training
- 1 (0.3 wte) Local Area Development Tutor for applied psychology
- 25 (18.1 wte) Secretarial and support staff who come under the management and budgetary remit of this post

1.4 Annual Referral Rate

Figure 1 presents the annual referral rate by specialty for the years 2006/07 through to 2020/21. The trend has been a steady rise in referrals over this period with a drop in referrals noted for the period 2020/21 as a result of the Covid pandemic. The reduction in referrals for period 2020/21 represents a 24% fall in number of referrals in comparison to 2019/20.

FIGURE 1 (1st April – 31st March)

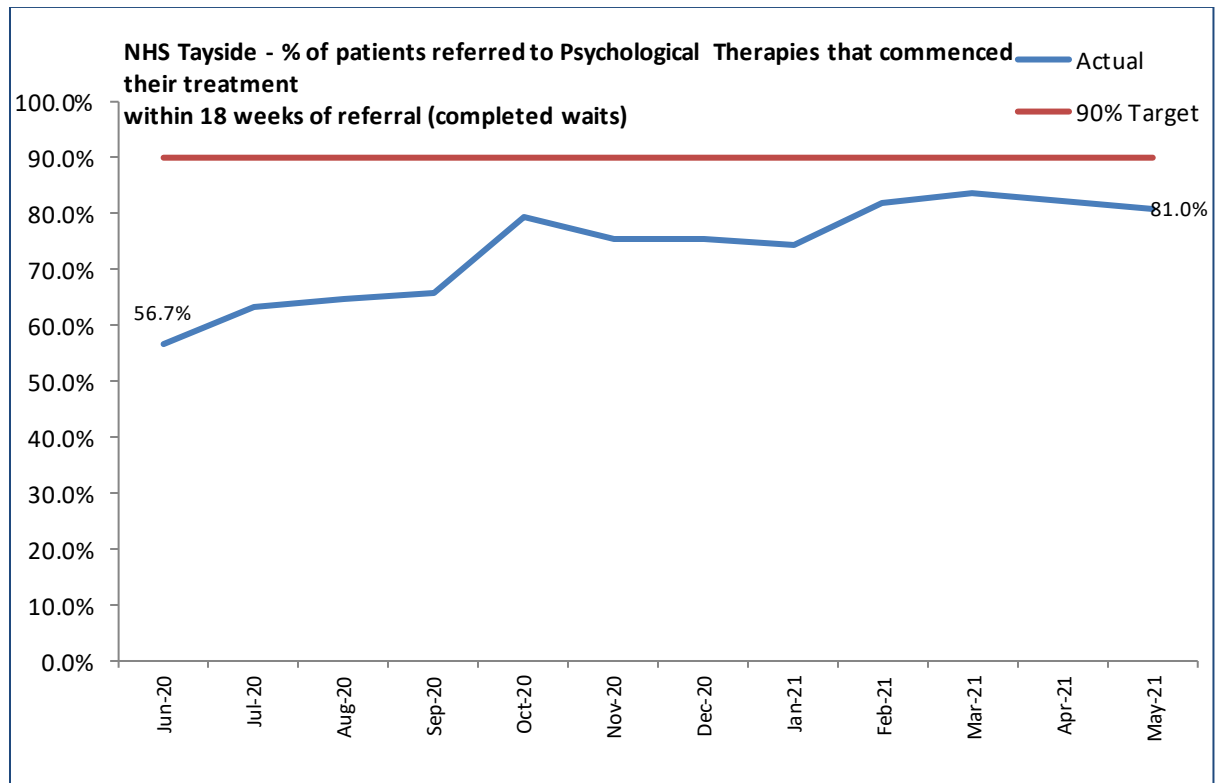


1.5 Psychological Therapies – 18 week access standard

Figure 2 presents a steady improvement in the percentage of patients who commenced treatment within 18 weeks for the period June 2020 up until May 2021. However, this is an amalgamation of all data for the entire service and does not illustrate performance in relation to demand, activity and queue.

FIGURE 2

Psychological Therapies – 18 weeks access standard
The % of patients who commenced treatment within 18 weeks of referral



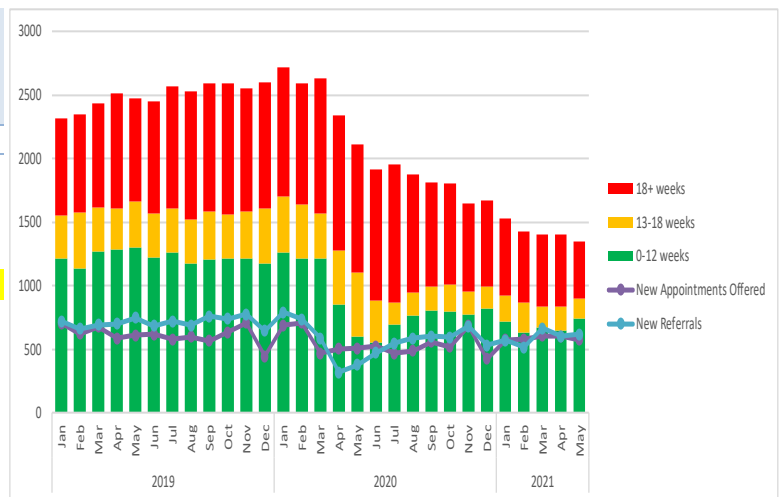
1.6 Demand, Activity and Queue for Psychology Service

Figure 3 illustrates the continued activity of the service with a slight dip in number of new appointments offered during the period March to October 2020. The reduction in the number of referrals over the period April 2020 to June 2020 is also noteworthy. In general from January 2021 there has been a small and steady increase in the number of new referrals and new appointments offered. Figure 3 also shows the overall reduction in numbers of patients waiting to be seen and the percentage of patients in each of the following categories: 0-12 weeks, 13-18 weeks and 18+ weeks.

Demand, Activity and Queue for Psychology Service

LOCATION Psychology Service

Sum of Number	Column Labels			New	
Row Labels	0-12 weeks	13-18 weeks	18+ weeks	Appointments Offered	New Referrals
2019					
Jan	1212	340	763	701	719
Feb	1134	442	772	620	659
Mar	1269	344	817	677	691
Apr	1281	327	902	585	699
May	1302	358	812	607	748
Jun	1224	346	877	615	685
Jul	1259	344	963	577	717
Aug	1172	351	1008	595	686
Sep	1205	376	1007	566	759
Oct	1211	350	1029	631	740
Nov	1212	368	970	707	773
Dec	1170	436	990	444	644
2020					
Jan	1257	447	1010	688	790
Feb	1209	429	955	705	735
Mar	1210	360	1063	465	586
Apr	847	428	1065	504	317
May	602	502	1007	505	378
Jun	553	329	1030	523	471
Jul	692	177	1087	466	547
Aug	763	181	934	487	584
Sep	800	189	824	559	599
Oct	793	212	796	518	593
Nov	775	177	697	682	680
Dec	818	173	681	425	528
2021					
Jan	714	206	605	573	568
Feb	630	234	559	576	514
Mar	668	168	569	606	664
Apr	648	184	571	602	602
May	741	158	447	573	616



Footnotes

- 1 - New Referrals are those accepted and added to the Waiting List that month
- 2 - New Appointments Offered are confirmed with the patient via telephone or opt-in letters to minimise non-attendance.

1.7 Waiting Times by Specialty – May 2020 and May 2021

Table 1 illustrates waiting times as at end of May 2020. At this time a total of 2111 patients were waiting to be seen with 1007 patients waiting beyond 18 weeks.

Service Name - Consultant Name or Staff Name	NHS Tayside Psychological Therapies Service								Month Ended	May-20						
	Number of Patients Waiting and Length of Wait (Weeks) - ie: column 6-12 means the number of patients waiting over 6 weeks and up to, but not in excess of, 12 weeks.											New Referrals Received	Patients Discharged (seen)	Patients Discharged (unseen)	Total No of new appointments offered	
LOCATION	0 - 6 weeks	6 - 12 weeks	12 - 15 weeks	15-18 weeks	18-22 weeks	22-26 weeks	26-52 weeks	over 52 weeks	Total Waiting (formula-driven)	Total over 18 weeks	Longest Wait (weeks)	Total for current month			Total for current month	
Dundee Adult Psychological Therapies Service	74	73	79	97	115	89	277	0	804	481	50	64	42	25	84	
Dundee CP to CMHT Alloway	6	11	6	10	7	9	26	10	85	52	73	7	6	11	11	
Dundee CP to CMHT Wedderburn	10	6	13	6	2	3	27	15	82	47	70	14	3	2	3	
Angus Adult Psychological Therapies Service	29	31	30	34	27	37	73	0	261	137	45	20	22	33	44	
Angus CP to CMHT	9	6	1	1	0	0	3	0	20	3	30	7	4	1	27	
Perth Adult Psychological Therapies Service	42	94	66	68	39	24	7	0	340	70	32	37	27	15	61	
Perth CMHT (North)	4	1	0	0	0	0	0	0	5	0	10	4	3	1	2	
Perth City CMHT	8	1	1	2	0	0	0	0	12	0	18	8	2	0	5	
Perth CMHT (South)	1	2	1	0	0	0	0	0	4	0	13	1	0	2	0	
Perth GAP Rehab	2	0	0	0	0	0	0	0	2	0	3	2	2	0	2	
Eating Disorder Service	4	0	0	0	0	0	0	0	4	0	6	1	2	1	1	
Addictions	1	7	3	0	0	0	0	0	11	0	14	0	3	0	1	
Clinical Health Psychology (including Bariatric & HIV)	16	22	1	1	0	1	0	0	41	1	26	14	8	3	32	
Clinical Health Psychology (Exceptional Aesthetic Referral Service)	1	9	2	9	9	4	1	0	35	14	35	4	0	0	0	
Clinical Health Psychology (Adult Weight Management)	1	0	3	1	1	2	26	2	36	31	53	1	3	9	12	
Learning Disabilities	6	13	10	7	10	8	32	0	86	50	47	3	1	1	21	
Neuropsychology	31	28	18	18	11	8	35	58	207	112	104	31	40	7	52	
Older People (Dundee)	9	2	2	1	1	0	0	0	15	1	19	4	10	0	0	
Older People (Angus)	10	8	4	5	7	0	0	0	34	7	20	6	8	2	9	
Older People ((Perth)	4	7	2	0	1	0	0	0	14	1	18	2	4	1	3	
Secure Care - Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Forensic - Court	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Beating the Blues (including Silvercloud cCBT referrals)	13	0	0	0	0	0	0	0	13	0	4	148			135	
Survive & Thrive Project									0	0						
Total									2111	1007		378	190	114	505	

Table 2 illustrates waiting times as at end of May 2021. At this time a total of 1346 patients were waiting to be seen with 447 patients waiting beyond 18 weeks. In comparison to May 2020, of note are reductions in the number of patients waiting to be seen for Neuropsychology, Learning Disabilities, Adult Weight Management, Perth Adult Psychological Therapies, Angus Adult Psychological Therapies and Dundee Adult Psychological Therapies. However, there was a deterioration in waiting times for Perth City CMHT due to staff vacancies and Clinical Health Psychology Exceptional Aesthetic Service due to the cessation of surgery. Furthermore, Dundee Adult Psychological Therapies Service and Dundee CMHT Alloway and CMHT Wedderburn continue to have excessive waits due to staff shortages.

Service Name - Consultant Name or Staff Name	NHS Tayside Psychological Therapies Service								Month Ended	May-21						
	Number of Patients Waiting and Length of Wait (Weeks) - ie: column 6-12 means the number of patients waiting over 6 weeks and up to, but not in excess of, 12 weeks.												New Referrals Received	Patients Discharged (seen)	Patients Discharged (unseen)	Total No of new appointments offered
LOCATION	0 - 6 weeks	6 - 12 weeks	12 - 15 weeks	15-18 weeks	18-22 weeks	22-26 weeks	26-52 weeks	over 52 weeks	Total Waiting (formula-driven)	Total over 18 weeks	Longest Wait (weeks)	Total for current month				Total for current month
Dundee Adult Psychological Therapies Service	123	84	32	28	44	22	49	40	422	155	103	82	36	1	103	
Dundee CP to CMHT Alloway	2	2	1	0	3	2	17	60	87	82	125	2	5	0	0	
Dundee CP to CMHT Wedderburn	6	0	3	1	2	4	32	68	116	106	122	0	0	0	0	
Angus Adult Psychological Therapies Service	54	4	1	0	1	1	1	0	62	3	32	49	45	3	54	
Angus CP to CMHT	11	5	1	2	1	1	0	0	21	2	26	6	0	0	7	
Perth Adult Psychological Therapies Service	111	91	44	5	0	0	0	0	251	0	17	96	49	15	62	
Perth CMHT (North)	2	0	0	0	0	5	0	0	7	5	26	2	0	0	0	
Perth City CMHT	10	14	7	10	11	5	0	0	57	16	31	7	2	0	4	
Perth CMHT (South)	1	1	0	1	0	1	0	0	4	1	22	1	2	0	1	
Perth GAP Rehab	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Eating Disorder Service	15	0	0	0	0	0	0	0	15	0	6	21	7	2	11	
Addictions	4	0	0	0	0	0	0	0	4	0	10	6	3	0	3	
Clinical Health Psychology (including Bariatric & HIV)	28	7	1	0	0	0	0	0	36	0	12	22	10	0	13	
Clinical Health Psychology (Exceptional Aesthetic Referrals)	2	0	0	0	0	0	14	29	45	43	87	1	0	0	1	
Clinical Health Psychology (Adult Weight Management)	0	0	0	0	0	0	0	0	0	0	0	0	2	0	3	
Learning Disabilities	21	9	3	3	3	1	3	0	43	7	33	17	6	1	20	
Neuropsychology	34	19	4	5	2	1	6	4	75	13	62	47	61	4	40	
Older People (Dundee)	8	7	0	0	0	0	0	0	15	0	11	10	11	1	7	
Older People (Angus)	17	6	1	0	2	0	3	1	30	6	56	16	9	0	5	
Older People ((Perth)	15	7	4	0	0	2	6	0	34	8	41	9	7	0	5	
Secure Care - Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Forensic - Court	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Beating the Blues (including Silvercloud cCBT referrals)	5	0	0	0	0	0	0	0	5	0	4	232			227	
IESO Referrals (wait calculated from date of referral into APTs until date triaged for IESO treatment)	6	10	1	0	0	0	0	0	17	0	13	11			8	
Survive & Thrive Project	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total									1346	447		637	255	27	574	

2. CAPACITY MODEL ASSUMPTIONS

2.1 Average Number of Appointments to Discharge - November 2017 to December 2020 and Average Capacity

- For the period Nov 17 to Dec 20 the mean and median appointments offered and the mean and median appointments attended were calculated for those patients discharged by specialty.
- Table 3 illustrates this data. The means and medians are calculated excluding patients who attended 2 or less appointments in order not to artificially lower the mean/medians due to lack of engagement.
- The average number of appointments per patient offered to discharge across the entire service is 10.
- Average capacity for a 1.0wte member of staff is 6 clinical sessions per week with 3 appointments per session based on a 42 week working year.

TABLE 3

Tayside Psychology Service Number of Appointments to Discharge November 2017 to December 2020

Specialty/Locality	Number of Referrals	Appointments Offered		Appointments Attended	
		Mean	Median	Mean	Median
Adult Psychological Therapies	4991	9.6	8	7.8	6
Clinical Neuropsychology	250	8.1	6	6.9	5
Clinical Psychology	1636	7.9	6	6.5	4
Clinical Psychology - CAMHS*	522	12.7	9	10.6	7
Clinical Psychology - Health	893	8.2	7	6.3	5
Clinical Psychology - Older People Psychology Service	510	8.9	6	8.1	6
Dundee Community Mental Health East Team	88	12.6	8	8.8	5
Dundee Community Mental Health West Team	23	16.6	16.5	13.0	12
General Psychiatry - Perth City CMHT	53	9.9	8	7.5	6
Learning Disability	244	13.6	5.5	11.2	5
Survive and Thrive*	5	6.2	4	3.8	2
Tayside Adult Autism Consultancy Team	11	7.1	5	4.6	4
Tayside Eating Disorder Service	89	19.7	14	15.1	10
Tayside Substance Misuse - Dundee	8	8.4	7	8.4	7
Tayside Substance Misuse Angus (AIDARS)	2	5.5	5.5	4.0	4
Tayside Substance Misuse Service	7	7.7	6	4.9	5
Psychological Therapies Service	8805	9.3	7	7.6	6

- Data is for Discharged Patients only (includes Active Monitoring)
- Contains Discharged Patients offered more than 2 appointments to avoid artificially lowering mean/median due to lack of engagement
- Tayside moved to using TrakCare as the main Patient Administration System for the Psychology Service in July 2017. Data prior to November 2017 is considered unreliable or unavailable for this analysis

* These Specialties are excluded from the calculations as they do not contribute to the Psychological Therapies Service Referral to Treatment Standard

2.2 Staffing Complement for Entire Service

The staffing complement for the service is illustrated in Table 4

TABLE 4

TAYSIDE PSYCHOLOGICAL THERAPIES SERVICE – STAFFING COMPLEMENT 23 June 2021

Specialty	Wte Establishment	Vacancy Factor	Maternity Leave
Angus Psychological Therapies Service	12.9	3.3	0
Angus CMHT	2.8	1.4	0
Dundee Psychological Therapies Service	15.6	2.6	0.4
Dundee PALMS	3.7	3.0	0.4
Dundee CP to GAP	5.1	2.1	0.8
Perth Psychological Therapies Service	10.05	0.6	1.7
Perth CMHT / Rehab	2.5	1.6	0
Adult In-Patient Services	4.0	4.0	0
CAMHS	23.0	0	1.3
Forensic Secure Care	6.0	0	1.0
Health Psychology	13.1	3.0	2.0
Learning Disability Service	10.1	0.6	0
Learning Disability Service – In Patient MH	2.5	2.5	0
Neuropsychology	8.3	0	0.4
Neuropsychology – Trauma Service	2.1	1.5	0
Older Peoples Service	9.16	1.0	2.0
Tayside Eating Disorders	1.5	0	0
Tayside Substance Misuse Service	4.4	0	0
Dundee Women's Aid	0.8	0	0
University Teaching	0.4	0	0
Prison Healthcare	1.0	1.0	0
Forensic Court	0.7	0	0
cCBT	0.3	0	0
NES (LADT,PTTC, Trauma)	0.9	0.6	0
Perinatal, Maternity & Neonatal PTS	2.6	1.3	0
Tayside Staff Wellbeing Service	1.3	0	0
Director of Psychology	1.0	0	0
Deputy Director of Psychology	0.2	0.1	0
Total	146.01	30.2	10.0

A number of the above specialties do not contribute to the adult 18 week referral to treatment target. These include: Dundee PALMS, CAMHS, Dundee Women's Aid, cCBT, NES, and Tayside Staff Wellbeing. Similarly the resource devoted to University Teaching and the Director and Deputy Director roles do not contribute. Finally, the Prison Healthcare, Neuropsychology, Trauma Service, Learning Disability Inpatient Service and Perinatal Service have only recently been advertised/appointed to and these services have yet to be established. These latter services have been removed from the current capacity modelling exercise as illustrated in Table 5.

2.3 Patient Focused Staffing Complement

Table 5 illustrates the patient focused staffing complement as at 23rd June 2021. Of note are the 17.2wte vacancies and 8.3wte maternity leave.

PATIENT FOCUSED STAFFING COMPLEMENT as at 23 June 2021				
Specialty	Wte Establishment	Vacancy Factor	Maternity Leave	Staff in Post
Angus Psychological Therapies Service	12.9	3.3		9.6
Angus CMHT	2.8	1.4		1.4
Dundee Psychological Therapies Service	15.6	2.6	0.4	12.6
Dundee CP to GAP	5.1	2.1	0.8	2.2
Perth Psychological Therapies Service	10.05	0.6	1.7	7.75
Perth CMHT / Rehab	2.5	1.6	0	0.9
Forensic Secure Care	6	0	1	5
Health Psychology	13.1	3	2	8.1
Learning Disability Service	10.1	0.6		9.5
Neuropsychology	8.3	0	0.4	7.9
Older Peoples Service	9.16	1	2	6.16
Tayside Eating Disorders	1.5	0		1.5
Tayside Substance Misuse Service	4.4	0		4.4
Prison Healthcare	1	1		0
Forensic Court	0.7	0		0.7
Total	103.21	17.2	8.3	77.71
Footnotes				
1 - Excludes existing services that do not take patients from Psychological Therapies Waiting List relating to the Referral to Treatment Standard.				
2 - Excludes new established services, staff awaiting to be appointed. To be incorporated once services are fully established.				

2.4 Additional Assumptions

- Trajectory modelling is based on the assumption that all 17.2wte vacancies will be appointed to. Of these, 2.0wte will be filled in August 2021 and the remaining 15.2wte filled in December 2021.
- The model can be amended to reflect delays in the appointment process, however this will affect either the time to achieve the referral to treatment target or the number of additional staff required to achieve target deadline of March 2023.
- It is also assumed that the current rate of maternity leave of 8.3wte will continue at approximately the same level.
- In addition, it is assumed that there will be a 10% increase in referral rate based on 2019 monthly returns. This figure is based on the historic annual increase in referral rate of approximately 5% plus a 5% increase as a result of the pandemic. **This 5% increase for the effects of the pandemic risks being a conservative under-estimate and should the Government be accepting a higher predicted increase than this, we would wish to adjust our model accordingly.**

- The most recent trend in referrals in the period from April 2021 to July 2021 is upward beyond the pre-COVID baseline at a rate of increase between 35%-62%. Should this prove to be consistent over coming months, the above trajectories will certainly need to be adjusted.
- It is also assumed that the majority of staff to be appointed will target the longest waiters.
- The most recent data available detailing service position of May 2021 has been used as the start point for these trajectories.

3. TRAJECTORY MODELLING

3.1 Trajectory Towards Meeting the Psychological Therapies Waiting Times Standard by 31st March 2023

Table 6 illustrates that with the appointment to all existing vacancies an additional 7.0wte Applied Psychology staff will be required.

It is assumed that these 7.0wte will be in post and patient focused by December 2021. This model predicts that 964 patient will be on the waiting list as at March 2023, with 65 waiting over 18 weeks.

Indicative costs: 7.0wte Band 8a Applied Psychologists (including on costs) = £480,409 (20/21 AfC rates)

2.0wte Band 3 Secretarial/Support Staff (including on costs) = £87,243 (20/21 AfC rates)

Service/Specialty Name

Tayside Psychology Service



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
New Appointments Offered 2019	573	615	577	595	566	631	707	444	701	620	677	585	607	615	577	595	566	631	707	444	701	620	677	
Projected Capacity		682	640	660	628	700	784	493	778	688	751	649	673	682	640	660	628	700	784	493	778	688	751	
Projected Lost Capacity		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Groups		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Vacancies filled - Currently Advertised	2	0	0	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	
Vacancies filled - To be Advertised	15.2	0	0	0	0	0	0	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	
Additional WTE Posts Required	7	0	0	0	0	0	0	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	
Total New Patients Seen		682	640	672	640	712	796	644	929	839	902	800	824	833	791	811	779	851	935	644	929	839	902	
New Referrals Received 2019		616	685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Percentage Expected Rejection	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients added to WL		685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691	
Anticipated %age increase Phase 1	10.0%				69	76	74	77	64	72	66	69	70	75	69									
Anticipated %age increase Phase 2	10.0%														72	69	76	74	77	64	72	66	69	
Percentage Drop-out Pre-Treatment	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total for Treatment		685	717	755	835	814	850	708	791	725	760	769	823	754	789	755	835	814	850	708	791	725	760	
Queue (up to 18 weeks)		899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	
Queue (over 18 weeks)		447	450	527	609	804	906	1025	887	773	631	600	599	519	517	460	516	479	394	459	321	207	65	
Total Queue		1346	1349	1426	1508	1703	1805	1859	1924	1786	1672	1530	1499	1498	1418	1416	1359	1415	1378	1293	1358	1220	964	

SERVICE IN BALANCE

-3 -77 -83 -195 -102 -54 -65 138 114 142 31 2 80 2 56 -56 37 85 -65 138 114 142

3.2 Trajectory Towards Clearing the Historic Backlog on the Waiting List by 31st March 2023

Table 7 illustrates with the appointment to all existing vacancies an additional 17.0wte Applied Psychology staff will be required. It is assumed that these 17.0wte will be in post and patient focused by December 2021. This model predicts that there will be no patients waiting to be seen as at 23rd December 2023. In effect, there will be a small amount of excess capacity amounting to the equivalent of 44 patient treatments.

Indicative costs: 17.0wte Band 8a Applied Psychologists (including on costs) = £1,167,679 (20/21 AfC rates)

5.0wte Band 3 Secretarial/Support Staff (including on costs) = £145,405 (20/21 AfC rates)

Service/Specialty Name	Tayside Psychology Service																							
		May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
New Appointments Offered 2019		573	615	577	595	566	631	707	444	701	620	677	585	607	615	577	595	566	631	707	444	701	620	677
Projected Capacity			682	640	660	628	700	784	493	778	688	751	649	673	682	640	660	628	700	784	493	778	688	751
Projected Lost Capacity			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Groups			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacancies filled - Currently Advertised	2		0	0	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Vacancies filled - To be Advertised	15.2		0	0	0	0	0	0	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
Additional WTE Posts Required	17		0	0	0	0	0	0	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107	107
Total New Patients Seen			682	640	672	640	712	796	707	992	902	965	863	887	896	854	874	842	914	998	707	992	902	965
New Referrals Received 2019		616	685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Percentage Expected Rejection	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients added to WL			685	717	686	759	740	773	644	719	659	691	699	748	685	717	686	759	740	773	644	719	659	691
Anticipated %age increase Phase 1	10.0%				69	76	74	77	64	72	66	69	70	75	69									
Anticipated %age increase Phase 2	10.0%															72	69	76	74	77	64	72	66	69
Percentage Drop-out Pre-Treatment	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total for Treatment			685	717	755	835	814	850	708	791	725	760	769	823	754	789	755	835	814	850	708	791	725	760
Queue (up to 18 weeks)		899	899	899	899	899	899	899	899	899	899	899	899	899	899	899	792	785	685	537	539	338	161	-44
Queue (over 18 weeks)		447	450	527	609	804	906	960	962	761	584	379	285	221	78	13	0	0	0	0	0	0	0	0
Total Queue		1346	1349	1426	1508	1703	1805	1859	1861	1660	1483	1278	1184	1120	977	912	792	785	685	537	539	338	161	-44
SERVICE IN BALANCE			-3	-77	-83	-195	-102	-54	-2	201	177	205	94	65	143	65	119	7	100	148	-2	201	177	205

For both of the above models additional staff requirement is based on wte permanent posts. Recruiting to temporary/fixed-term posts will not guarantee staff retention for the entirety of the required timescale.

3.3 Anticipated Impact of the Transformation of Mental Health & Learning Disability Services in Tayside

NHS Tayside & the three HSCPs have committed to a significant improvement agenda as set out in documents such as “Listen, Learn, Change” and the recently published 5 year mental health strategy for Tayside “Living Life Well” which supplements the three local HSCP strategies. The clinical transformation of wider mental health and learning disability services is going to be highly dependent on the availability of timely psychological interventions: be that high intensity interventions delivered by psychological therapy staff, the supervision of other staff delivering lower intensity interventions or through leadership of key clinical workstreams and pathways. Where the core interventions being offered are psychological in nature, it is right that service users can expect these to be subject to the same 18 week referral to treatment targets as the services outlined above.

There are two key priority areas for development where wider services do not currently report specifically through psychological therapies: services for people with Emotionally Unstable Personality Disorder (EUPD) and services for people experiencing Neurodevelopmental Disorder. Those with EUPD are largely seen in CMHT settings and those with Neurodevelopmental Disorders seen either in CMHT settings or by the Tayside Adult Autism Conditions Team (TAACT). These clinical presentations are a major contributing factor to existing waiting times for psychology within CMHT settings and the TAACT team currently has 353 people waiting with a longest wait of 139 weeks; most of whom require an active psychological component to their care.

The National recognised shortage of Consultant Psychiatrists and more local challenges where some services are almost entirely dependent on Locum staff, requires that services start to deliver care and treatment in very different ways.

The other priority area that merits highlighting is the drive towards the provision of gendered services as part of the Government strategy for trauma informed care. Work undertaken locally within The Aspen Project (funded initially with Tampon Tax Funding) has demonstrated that there is a population of women with significant need for high intensity psychological interventions that are unable to access these through psychological therapies services delivered through conventional out-patient models. This hidden group is therefore not captured within the referral rates outlined above.

To be able to address the above three key issues and avoid a situation where any improvements in waiting times are ‘cancelled’ by the better recognised needs of these three key groups, the following further investment is required. This is supplementary to staff already deployed within existing teams to these clinical areas.

EUPD:	2.3 wte Band 8a	3.0 wte Band 8b	1.0 wte Band 8d	1.0 Band 3
Neurodev	2.5 wte Band 8a		1.0 wte Band 8c	0.5 Band 3
Gendered Services	5.0 wte Band 8a			0.6 Band 3
Indicative Costs (including On costs)	£673,132	£254,757	£221,678	£62,582

Total Additional Cost £1,212,149

4.0 DIRECTOR LEVEL PROFESSIONAL LEAD

A Director of Psychology Professional Lead currently exists for all the aforementioned posts. This post is held by Professor Kevin Power. A separate Multidisciplinary Adult Psychotherapy Service also exists with Dr Michelle Ramage as Clinical Lead. These two services co-exist and are hosted within the Dundee Health and Social Care Partnership. The two services share clinical governance processes within the framework of the Psychological Therapies Clinical Care and Professional Governance Group.

The Director of Psychology postholder is retiring as of 31st October 2021. As part of a range of priority work streams to continue transforming Mental Health Services in Tayside, further strategic planning is programmed which will revisit existing leadership arrangements.

For the purposes of this document, it is recognised that there needs to be an increase in the senior leadership capacity within psychological therapies in Tayside. The increased staff represented in this document equates to a 19% increase in qualified staff numbers with only two posts highlighted (Section 3.3) as having clinical and leadership components.

It is envisaged that the Director requires to be supported by 1.0 wte Band 8d Deputy Director post (currently 0.2 wte) at an **additional** cost of £95,604.

Professor Kevin Power
Consultant Clinical Psychologist
Director of Psychology

Iain Schreuder
Senior Information Analyst
Public Health Scotland

5th July 2021

Service Delivery Plan

for

Psychotherapy Services

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1.0 DEFINING THE MAPS SERVICE DELIVERY PLAN

1.1 Introduction

The purpose of this Service Delivery Plan is to review the staffing requirements of the Multidisciplinary Adult Psychotherapy Service (hereafter referred to as 'the MAPS') in the context of longer-term demand and capacity information; waiting time target challenges; the impact of the pandemic on service delivery and details of additional capacity requirements in response to the Scottish Government: Mental Health Recovery and Renewal Fund (March 2021).

2.0 ORGANISATION OF PSYCHOTHERAPY SERVICES

Psychotherapy Services are hosted within the Dundee Health & Social Care Partnership and provide services across the three HSCPs and NHS Tayside. Psychotherapy Services are organised into two services – the Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans First Point Tayside (V1PT). This document will focus specifically on MAPS as Veterans First Point Tayside is currently (and has historically) been able to offer consistent accessibility to users of the service and achieve waiting time targets.

3.0 SUMMARY OF MAPS

3.1 The clinical service

MAPS is a multidisciplinary psychotherapy service comprised of consultant psychiatrists in psychotherapy (also referred to as medical psychotherapists), clinical and counselling psychologists and adult psychotherapists who possess core qualifications in other mental health professions (mental health nursing and mental health social work) in addition to accreditation in a number of different therapeutic approaches.

MAPS was specifically created to provide a range of evidence-based psychotherapies to people experiencing complex, severe and/or enduring mental health problems. That is, sitting alongside Tier 3 services. The service offers consultation, assessment and/or psychotherapy treatment which is generally longer term – with patients routinely receiving 40 treatment sessions on average. MAPS is currently organised into three clinical pathways as outlined below and accepts referrals from the Community Mental Health Teams (also at level 3) and Adult Psychological Therapy Services (at level 2).

Pathway 1: Severe and/or enduring depressive disorder;

Pathway 2: Anxiety disorders;

Pathway 3: Trauma-related disorders.

3.2 The role of teaching and training for medical staff

In addition to the clinical role of the service, MAPS has responsibility for contributing to junior doctor and higher trainee education in psychotherapy. One team member is the Local Tutor for psychotherapy education with the Royal College of Psychiatrists and leads the local co-ordination of psychotherapy placements, teaching and clinical supervision with the support of a part-time (locum) medical psychotherapist.

Working across the Tayside region (Angus, Dundee and Perth), the team currently employs 9.2 WTE clinical staff – see Figure 1 and Table 1.

Figure 1: Multidisciplinary Adult Psychotherapy Service

Hosted within the Dundee Health and Social Care Partnership – managed by Arlene Mitchell (Locality Manager) and clinically-led by Linda Graham (Consultant Clinical Psychologist and Clinical Lead, DHSCP).

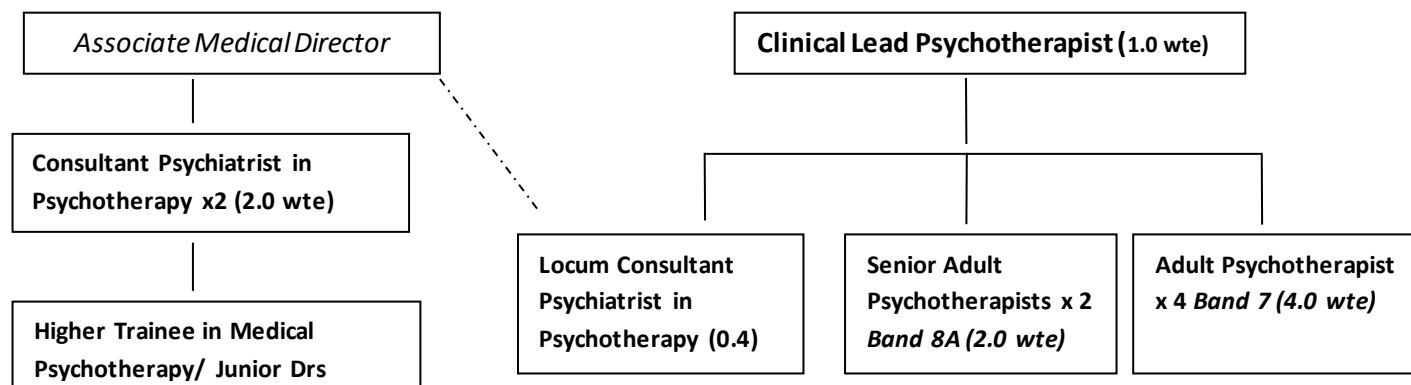


Table 1: Current Staff Team

PROFESSIONAL TITLE	WTE/WORK BASE	FURTHER DETAILS
Clinical Lead Psychotherapist	(1.0; 0.4 clinical) Dundee	Clinical and leadership roles for MAPS and V1PT
Consultant Psychiatrist in Psychotherapy	(0.4; 0.2 clinical), Dundee	Retired from NHST in July 2019 – now offering 0.4 wte sessions per week. 0.2 clinical; 0.2 medical teaching, training and supervision (Psychodynamic)
Consultant Psychiatrist in Psychotherapy	(1.0; 0.4 clinical) Perth, Dundee	Responsible for Higher/Core training in medical psychotherapy (CBT). 0.4 wte sessions for clinical work
Consultant Psychiatrist in Psychotherapy	(1.0) Perth	Retires in August 2021. Does not take patients from the MAPS waiting list for demand and capacity purposes.
Senior Adult Psychotherapist	(1.0) Perth	Therapy provision MAPS
Senior Adult Psychotherapist/Clinical Psychologist	(1.0) Perth	Therapy provision MAPS
Adult Psychotherapist	(0.4) Dundee	Therapy provision MAPS
Adult Psychotherapist/Counselling Psychologist	(1.0) Perth	Therapy provision MAPS
Adult Psychotherapist	(1.0) Perth	Supports medical training via the Balint Group; therapy provision MAPS
Adult Psychotherapist	(1.0) Angus and Dundee	From Nov 2020, reduced to 35 hours per week. Therapy provision MAPS

Number of Clinicians – 8.8 WTE

Available clinical sessions – 6.4 WTE

4.0 RELEVANT BACKGROUND INFORMATION.

4.1 Developing a Multidisciplinary Team

The MAPS service was developed to support the needs of citizens across Tayside with chronic and complex mental health conditions. An attempt to find a similar service within Scotland was unsuccessful, largely as MAPS was designed from its inception to be evidence-based and responsive to local needs. Each area in Scotland has different means of providing psychological therapies or psychotherapy. These are not usually based in a single Psychotherapy Department. Psychotherapy Departments across Scotland are commonly Psychodynamic Psychotherapy departments. Other modalities are often scattered between services.

Since the Service's inception in 2006, MAPS has operated within a multidisciplinary framework. The team was configured on the basis of matching psychotherapeutic modality to each of the clinical pathways for which it had an evidence-base. Thus qualification and expertise in one or more of the evidence-based psychotherapies was required. Examples of psychotherapies offered include: Cognitive Behavioural Psychotherapy (CBT); Psychodynamic Psychotherapy and various Integrative psychotherapies such as Eye Movement Desensitisation and Reprocessing (EMDR); Cognitive Analytic Therapy (CAT); Cognitive Behavioural Analysis System of Psychotherapy (CBASP); Dialectical Behaviour Therapy (DBT), Interpersonal Psychotherapy (IPT) and Schema-Focused Psychotherapy (SFP).

MAPS staffing was originally (broadly) based on Royal College of Psychiatrists guidelines on the number of medical psychotherapists per 100,000 population. At the time, the population size was approximately 390,000; therefore 3.9 wte medical psychotherapists were initially planned. Given the national challenges (then and now) in recruiting "medical support staff" which would usually be provided at a ratio of 2-1 consultant time (7.8), senior non-medical psychotherapist posts were created instead.

In summary, from available information the initial MAPS team was comprised of: 3.0 wte consultant psychiatrists in psychotherapy and 4.0 wte senior adult psychotherapists.

As a new service in Tayside, the available clinical capacity this workforce model offered was not based on demand in practice.

Since then, further modifications in staffing have been based on service demand information. This will be revisited later in the document.

4.2 Benchmarking

Benchmarking has been described as "the process of comparing one's business processes and performance metrics to industry bests or best practices from other industries." Dimensions typically measured are quality, time and cost. Despite the absence of an equivalent psychotherapy service in Scotland, there is a body of research that has been utilised to inform the process of establishing realistic caseload sizes and expectations of the percentage of time a psychotherapist might be reasonably expected to spend in direct clinical care. For example, during a benchmarking exercise within MAPS in 2014, the clinicians involved reached the following conclusions:

Contractual issues – varying contractual issues for medical and non medical psychotherapists need to be accommodated but "ideally departmental or service guidance would apply to all employees".

Non medical psychotherapists – Their working week should be taken up by 60-65% direct clinical care. This would translate in an average of 18-20 hours or 18-20 one hour therapy sessions per week.

Medical psychotherapists – Under the Consultant Contract, a ratio of 7.5 direct clinical sessions and 2.5 sessions for supporting professional activities is suggested. "A range of activities are incorporated within direct clinical care sessions

- but if 30 hours are currently spent on direct clinical care, an average of 18-20 hours of the working week (60-66%) should be spent with patients”.

Within clinical practice, it is possible that some sessions may last 90 minutes, for example, when undertaking trauma processing. However, for the purposes of benchmarking, it is reasonable to assume that a typical psychotherapy session will last 60 minutes.

5.0 DRIVERS

5.1 Waiting Time Targets

In 2018, Scottish Government developed a work-stream to improve access to psychological therapies across Scotland and asked Healthcare Improvement Scotland to work with NHS Health Board and HSCPS where waiting times were consistently breaching. Tayside was identified as an area that required support. As a result, MAPS was required to submit an Improvement Plan with a specific focus on the steps required to ensure people living in Tayside would be able to access psychological treatment, irrespective of the model or service, within the 18 WTT. The Improvement Plan is available for review and contains a broad range of service development/improvement work we have undertaken over the past 18 months.

5.2 Improving Accessibility

In 2015, the MAPS leadership team were directed by senior colleagues at that time to improve accessibility to the service. This work included developing a referral pathway through the different services delivering psychological therapies, illustrated in Appendix 1.

This resulted in a significant increase in referrals (see Table 2) and given the longer-term nature of the interventions delivered by MAPS, saw waiting times peak to an 18 months wait by December 2017, with 147 patients waiting. Following strategic and financial planning which enabled investment to recruit early into posts that we knew would become vacant; the service reduced waiting times to 6 months by December 2018, with 48 patients waiting.

Unfortunately, the challenges of COVID-19 means that throughput of patients has been slower and clinicians have been required to support patients for a longer period given the impact of the pandemic on patients’ mental health and wellbeing. For example, from 1st April 2020 to end of August 2020, 26 patients were allocated into treatment compared to 49 for the same period last year. Moreover, 40 patients were discharged over this period in 2019 compared to only 13 in 2020. As a result, waiting times have reached 1 year again. Further information is available in Tables 7 and 8.

5.3 DCAQ (Demand, Capacity, Activity, Queue) Modelling

As part of the range of service improvement work undertaken, the MAPS Clinical Lead worked with Iain Scrueder (Senior Data Analyst) from NHS National Services Division with the aim of understanding the typical patient journey through MAPS and how this could inform future workforce planning. The data sample consisted of 9,238 appointments for 365 referrals and 310 patients recorded within TrakCare from 03/07/2017 to 31/10/2019. Analysis of the data highlighted that the majority of patients (64%) require an average of 40 appointments. We agreed to use this as working average – assuming some people need more, some less in keeping with person-centred care.

5.3a Demand and Capacity

Table 2 illustrates referrals to the service, those accepted for assessment, and those who went on to be allocated into treatment over the last 5 years.

For the purposes of realistic demand and capacity modelling, I have not included referral information for 2020 and 2021 here as the impact of the pandemic would skew average numbers downwards. This information and discussion is set out under Section 6.

Table 2: Total numbers of Referrals, Assessments and Treatment Episodes Commenced (per annum 2015 – 2019)

Year	Referrals Made	Assessments Undertaken	Treatment Commenced
2015	347	261	165
2016	286	215	129
2017	209	156	92
2018	180	117	74
2019	191	115	93
TOTAL	1213	864	553

Table 3 sets out the total number of referrals, assessments undertaken and treatment episodes commenced over a 5 year period, allowing annual averages to be given.

Table 3: Average Numbers of Referrals, Assessments and Treatment Episodes Commenced (per annum 2015 – 2019)

	Total Number	Average Number per Year
Referrals	1213	242
Assessment	864	173
Treatment	553	111

Within each year, there are 44 available weeks for clinical work (deducting annual leave and mandatory CPD). Based on average levels of demand, Table 4 indicates the clinical capacity (total clinical hours per annum) the service requires to manage this average level of demand.

Table 4: Capacity Projections

Clinical Task	Description	Clinical hours Required
Enquiry/Referral Management	2 clinicians x 3 hours x 52 weeks per year	312
Assessment/Consultation	4 hours x 173 assessments	692
Treatment Sessions	1 hour x 44 weeks x 111 patients	4884
Discharge/Onward Treatment Planning	2 hours x 111 patients	222
TOTAL	6110 clinical hours required	

Assuming the service had no waiting list (Queue), the total clinical capacity required to process referrals, support patients to be assessed for suitability to derive benefit from psychotherapy, and then receive an average of 40 treatment sessions per annum is = **6110** clinical hours per year.

With the existing wte clinician time of **6.4** (assuming **880** available clinical hours per year) we have = **5,632** available clinical hours per year.

The short fall is **478** clinical hours which translates into **0.5 wte clinical hours** (a 0.5 wte clinician).

5.3b Activity

Table 5 describes the actual number of clinical sessions offered to patients over the last 12 months.

Table 5: Actual Clinical Activity In The Past 12 Months

Profession	Number of clinical sessions offered
Medical Psychotherapy	884 (0.6 wte)
Non-medical Psychotherapy	4699 (5.8 wte)
Junior Doctors/Core Trainees/Higher Trainee	564 (Approx 1.8 wte)
TOTAL	6147

This data highlights that team members are consistently working to achieve agreed standards of direct clinical care. In other words, clinical productivity is high within the service and clinicians cannot be reasonably expected to take on additional clinical work over and above what they are offering currently.

5.3c Queue

With a current 'Queue' of 78 patients, this will require **an additional 3276 clinical hours** (3120 for treatment and 156 for discharge/onward treatment planning). **3.7 additional wte** clinical posts would be required to address this queue.

Looking at the existing waiting list in more detail, the numbers of patients who are currently breaching the WTT is 57. This would require an **additional 2.8 wte** clinical posts to address this queue.

A more detailed overview is provided in Table 6.

Table 6: Understanding The Queue: Duration of Wait and Staff Requirement To Address This

Waiting Time	0-3 months	3-6 months	6-9 months	9-12 months	Over 12 months	TOTAL
Total number of patients waiting	17	18	20	23	0	78
Clinical hours required (wt)	0.7 wte	0.8 wte	1 wte	1.2 wte		3.7 wte clinicians

6.0 The impact of COVID-19

Table 7 highlights the total numbers of referrals, assessments offered and treatment episodes commenced in 2020 and the first 5 months of 2021 during the pandemic.

Table 7: Total Numbers of Referrals, Assessments Offered and Treatment Episodes Commenced Against the Averages calculated over the previous 5 years.

Year	Referrals Made	Assessments Undertaken	Treatment Commenced
2020	123	88	80
2021 (to end May)	41	35	38

Table 8 highlights the total numbers of referrals, assessments offered and treatment episodes commenced in 2020 and the first 5 months of 2021 against the averages calculated over the previous 5 years.

Table 8: Numbers of Referrals, Assessments and Treatment Episodes Commenced During the Pandemic (2020 and first half of 2021) compared to the previous annual averages.

Activity	2020 Total	2021 (5 Month Total)	Previous Annual Average
Referrals	123	41	242
Assessment	88	35	173
Treatment	80	38	111

This data highlights that number of referrals reduced by almost 50% during the 17 month period during the pandemic. Equally, assessments offered dropped by 50% in 2020 and are on a similar trajectory for 2021 although it is difficult to predict when referral rates will start to increase again and we are expecting this. Treatment episodes commenced have reduced by 12% in 2020 and are on a similar trajectory for 2021.

Clinical activity data remains consistent and reflects that through-put has inevitably been slower during a particularly stressful period. This can be attributed to a number of factors: the adverse impact of the pandemic on patient mental health and the need for additional support; the various transitions to/from face-to-face to remote forms of therapy (NEARME and telephone) and the impacts on psychotherapy progress for some patients.

7.0 ADDITIONAL CAPACITY

To meet levels of demand going forward and to ensure those waiting for access to psychotherapy will be seen without an extended wait, we require an additional 0.5 wte (for routine demand) and 3.7 wte to address the queue.

This makes a total of **4.2 wte additional clinical time.**

The service will aim to backfill the Medical Psychotherapy vacancy that will arise in August 2021 but it is not clear at this stage if recruitment will be successful for a highly specialised role.

This reduces the requirement to **3.2 wte additional clinical time.**

Advertising for 3 wte full time posts would maximise the likelihood of successful recruitment. To further increase the likelihood of successful recruitment and to maintain the skill and experience mix within the team, recruiting x2 wte Band 8a clinician posts and x1 wte Band 7 clinician posts would be optimal.

Table 9 sets out the additional staffing requirements and associated costs.

Table 9: Additional Staffing Requirements and Costs

Role	X1 WTE	X 2 WTE
Medical Psychotherapist	Required and already in budget	NA
Band 8a Clinician	NA	£138,036
Band 7a Clinician	£58,975	NA
TOTAL COST	£197,011	

Dr Michelle Ramage
Clinical Lead in Psychotherapy

APPENDIX 1: REFERRALS FOR SPECIALIST PSYCHOLOGICAL ASSESSMENT / INTERVENTION

This document provides operational guidance for Community Mental Health Service staff seeking access to specialist psychological assessment/intervention for their patients.

- The patient is ready to undertake psychological assessment and treatment and able to benefit at the time of referral. (All referrals are subject to the NHS Tayside 12 week waiting time guarantee.)
 - The receiving service is aware of the case and has confirmed that it is appropriate to refer.
- The patient's immediate needs have been met, and, if appropriate, pharmacological treatment has been initiated and reviewed.
- The patient is aware that the referral is for psychological assessment, and what to expect, including that assessment will not always result in an offer of ongoing psychological therapy.

Which service?

Is there a need for ongoing CMHS care?			
NO	YES		
	Is the patient stable, and crises/admissions not expected		
	YES	NO	
Mild to moderate psychological disorder. No previous psychological treatment or previous good response to time limited psychological therapies	Severe, chronic and/or complex psychological disorder Limited response to previous structured psychotherapies.	Chronic psychological disorder Difficulties likely to respond to structured psychological interventions, delivered by trained staff under supervision.	Chronic, severe, complex psychological disorder. Individual presents risk to self or others. Requires highly specialist assessment and formulation to Support ongoing multidisciplinary intervention.
Discuss* potential referral with the Adult Psychological Therapy Team	Discuss* potential referral with the Multidisciplinary Adult Psychotherapy Service	Discuss with Team Leader referral for psychological interventions delivered by CMHT staff	Discuss potential referral with the Clinical Psychologist in GAP
Typical cases for APTS - Mild to moderate psychological disorder - includes	Typical cases for MAPS - Complex PTSD, chronic depressive disorders, chronic and	Typical cases for psychological interventions - psychosis where family involvement	Typical cases for CP to GAP – complex PTSD where patient may present in crisis, personality or

Specialist assessment and intervention is also available through the Clinical Health Psychological Therapies Service, Tayside Eating Disorders Service, Clinical Neuropsychology Service and Substance Misuse Services. See CPI website on Staffnet for details.

All services encourage discussion of cases if the appropriate psychological service is unclear.

**Follow locally agreed processes for case discussion with MAPS/ APTT – e.g., letters held in draft sent to receiving team for agreement; emailed request for review of MIDIS notes; face-face or telephone discussion with link worker.*

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