Psychological Therapies Waiting Times LDP Standard Definitions and Scenarios

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NHS National Services Scotland

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Executive Summary

This document provides NHS Boards with guidance and scenarios on when the clock starts and stops, and what falls within the scope of the Access to Psychological Therapies LDP Standard.

Starting and stopping the clock:

- The clock starts on the day the referral is received by the service.
- The clock stops when the psychological therapy begins.
- There are some circumstances where the clock may be paused and adjusted waiting times used.
- All Boards should be able to measure and report unadjusted waiting times, irrespective of whether they are also able to adjust.
- It is preferable to have a system in place which allows accurate recording of the start of treatment. There should be no use of a proxy for stopping the clock.

The scope of the Standard:

The Standard applies:

- where the therapy is for treatment of a mental health condition that meets clinical threshold;
- where the therapy is delivered to individuals or groups, in person, on the telephone or by videolink, in real time, by staff trained to recognised standards, operating under appropriate supervision, in dedicated/ focused sessions;
- where the therapy is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client;
- to all ages (including CAMH services);
- in community settings;
- in inpatient or outpatient settings;
- in physical health settings where there is associated mental health condition such as depression or anxiety, for example chronic pain and cancer.
1. Introduction

This document provides NHS Boards with guidance and scenarios on when the clock starts and stops in relation to the LDP Standard to provide faster access to mental health services by delivering 18 weeks referral to treatment (RTT) for psychological therapies from December 2014.

This Guidance and Scenarios document for the Psychological Therapies LDP Standard will be updated as necessary. It does not imply any policy change in the way waiting times should be measured or what is included within the scope of the Standard. The principles set out here should ensure that the needs of the patient is the primary concern, whilst also being fair to Boards through the promotion of a consistent and structured approach.

The Scottish Government issued a letter on the application of the generic national waiting times guidance in relation to mental health access standards to Psychological Therapies and CAMHS LDP Standard Leads on 22 November 2012

In addition, ISD have produced a poster illustrating the key measurement points and ways of defining psychological therapies waiting times, updated February 2014, which can be viewed here:
http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/

and in Appendix A.

2. Scope and definitions

2.1 What are Psychological Therapies?

- Psychological therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning1. The standard applies specifically to psychological therapies for treatment of a mental health condition that meets clinical threshold.

2.2 The Basics

- The standard measures referral to treatment
- The standard applies where the psychological therapy is to treat a mental health condition that meets the clinical threshold
- The standard applies to all ages

• The standard applies in all services and settings delivering psychological therapies
• A well-functioning system should aim to get the patient to the right therapy for them, as quickly as possible, in the fewest steps possible
• Patient need is key

2.3 What is counted under the standard?
Psychological therapies as defined above are counted. These include psychological therapies listed in the Matrix¹ and also those not listed but which clinicians decide are the most appropriate treatment to meet a patient’s needs. This will mean that at a national and local level we have the information that will allow us to develop services that meet the need that exists.

The inclusion of therapies in the Matrix is dependant on the evidence base, particularly as currently defined in SIGN and NICE guidelines. The absence of evidence in literature does not mean that approach should not be used, or that is does not count towards the psychological therapies standard – it may be that not enough relevant research has been carried out to develop and evidence base. Such treatments can still be recognised as being of benefits to the patients. Irrespective of the evidence base, Boards should be providing services which meet local and individual need. What is delivered will to some extent be dependent on what services Boards already have and the expertise available locally.

The standard only applies where therapies are for treatment of a condition that meets clinical threshold. Therefore, any counselling delivered will only count towards the standard where it is specifically for this purpose. Where counselling is delivered to explore a particular difficulty or distress, not for the treatment of mental health conditions that meet clinical threshold, it will not count towards the standard.

2.4 When does the standard apply?
The standard applies:

• Where the therapy is for the treatment of a mental health condition that meets clinical threshold;

• Where the therapy is delivered to individuals or groups, in person, on the telephone or by videolink, in real time, by staff trained to recognised standards, operating under appropriate supervision, in dedicated/focused sessions;

• Where the therapy is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client;

• to all ages (including CAMH services);
• in community settings;
• in inpatient settings and outpatient settings;
• in physical health settings where there is associated mental health condition such as depression or anxiety, for example chronic pain and cancer.

2.5 What is a Referral?
A referral is a request to a care professional, team, service or organisation to provide appropriate care to a patient/client\(^2\). A referral may be made by a person, team, service or organisation on behalf of a patient/client, or where services allow, a patient/client may refer him/herself.

2.6 When does the clock start, stop or pause?
The clock starts on the day the referral is received by the service and stops when the psychological therapy begins. The 18 week standard applies to the whole ‘pathway’ from referral to treatment. The ‘pathway’ will more than likely involve some form of assessment or triage but the clock will have already started.

There are five treatment and care activities that stop the RTT clock for PT:
- Treatment as an inpatient or day patient has started as determined by the clinician.
- Treatment as an outpatient has started.
- No treatment is required.
- The patient is offered but declines treatment.
- The patient did not attend a scheduled appointment (DNA). This will be dependant on clinical priorities as well as local DNA policies.

There should be no use of a proxy for stopping the clock. This was introduced when the standard was first implemented an interim measure while data systems were being developed.

There are two treatment and care activities which will pause the RTT clock for PT:
- Social unavailability (includes could not attend - CNA)
- The patient is offered treatment but chooses to delay treatment

In the circumstances where the clock may be paused and adjusted waiting times used, details of this can be found in the letter on the application of the generic national waiting times guidance as referenced in Section 1 above, and here:

However, if Boards are only able to report unadjusted waiting times they should continue to do this.

All Boards should be able to measure and report unadjusted waiting times, irrespective of whether they are also able to adjust, this is to ensure that there is a measure of what patients are actually experiencing.

It should be noted that no adjustments should be made after the 18 week standard has been breached.
3. Scenarios

3.1 Straightforward scenarios

**Example 1a: A patient is referred by a Health Visitor**
A Health Visitor suspects that a patient with a long-term physical health problem has developed clinical depression, and writes a referral to the CMHT on 27th October. The referral is received and date-stamped on 31st October, and the patient is offered an appointment for assessment on 8th November. At the assessment appointment it is agreed that the patient is likely to benefit from a low intensity guided self-help intervention for depression, and an appointment with the self-help coach is offered for 22nd November. The patient attends the appointment, and treatment starts at that session.

The clock starts on 31st October, the day the referral was received, and stops on 22nd November, the day treatment starts.

**Example 1b: A patient is referred by a GP**
A patient visits the GP on Thursday 16th April for a consultation. In the course of conversation the patient asks for help in managing symptoms of anxiety. The GP sends a referral to the local CMHT on the day of the consultation. The letter is opened and date stamped by the CMHT on Monday 20th April. The CMHT may take one of the following two courses of action:

**Example 1 bi**
The CMHT invites the patient to attend an appointment with a psychological therapist on Monday 27th April. The patient attends and it is clear at this first appointment that the patient would benefit from psychological therapy. The treatment begins that day, during the first appointment. The clock starts on 20th April as this was when the referral was received. The clock stops on 27th April.

**Example 1 bii**
The CMHT invites the patient to attend an appointment with a psychological therapist on Monday 27th April. The patient attends and it is clear at this first appointment that the patient would benefit from psychological therapy. The treatment begins one week later on Monday 4th May. The clock starts on 20th April as this was when the referral was received. The clock stops on 4th May.

**Example 1c: Patient referred to CMHT - not clear from referral if a psychological therapy is needed**
A GP sends a referral to the CMHT outlining a patient’s presenting symptoms and asking for an assessment to be carried out. It is not clear from the referral whether a psychological therapy will be the recommended outcome of this assessment. The referral is received by the CMHT on 20th April. The CMHT may take one of the following four courses of action:
Example 1 ci
The CMHT invites the patient to a face to face assessment on 6th May. At this appointment, the need for a psychological therapy is identified. An appointment, where treatment will begin, is offered for 16th May. The clock starts on 20th April, when the referral was received, and stops on 16th May, when treatment begins.

Example 1 cii
The CMHT invites the patient to a face to face assessment on 6th May. At this appointment, a treatment plan is agreed, which does not include any psychological therapies. Staff record that a psychological therapy is not suitable at this stage. The clock is stopped and the patient is removed from the waiting list for psychological therapies. This wait is not recorded towards delivery of the standard. However, this patient will be counted as waiting at month end for April, as it had not been identified at that point that a psychological therapy was not required and the clock started when the initial referral was received for psychological therapies. It is accepted that some patients counted as waiting will be assessed as not needing a psychological therapy and will not go on to be counted against delivery of the standard.

Example 1 di
A patient visits their GP on the 15th September and the GP decides they will benefit from a cCBT programme (e.g. Beating the Blues). The cCBT co-ordinator makes contact with information about the programme and the activation code on 19th September. The clock starts on the 15th September and stops on the date the activation code is received on 19th September.

Note – depending on the means by which contact is made e.g. by post, it may be necessary to allow a number of days for the patient to receive the code.

Example 1 dii
A patient self-refers to a group psychological therapies intervention by booking through a psychological therapies website. The patient chooses to book into a group that takes place 5 months later, despite there being two earlier opportunities to join this particular group intervention. The clock is started on the date they access the website and stopped on the date of the first session of the first available group of the same type.

3.2 Patients requiring specialist diagnostic assessment

If the assessment is purely investigative or diagnostic, and is an end in itself, then it is not counted under the standard. However, during the course of such an investigation, which may stretch over a number of sessions, it may be identified that the patient would benefit from a formal psychological therapy for mental illness or disorder.

The intervention may be delivered by the clinician conducting the assessment, either concurrently with the ongoing assessment or when the assessment is concluded. In this
case the clock starts when the need for therapy is identified, and stops as soon as the therapy begins.

Alternatively, the clinician conducting the assessment may choose to refer the patient for therapy to another service. In this case the clock starts when the therapy service receives the referral, and stops when treatment begins.

**Example 2: A specialist assessment service identifies the need for a psychological therapy and refers onward**

On 25th January a patient is referred for an assessment for suitability for cosmetic surgery. The assessment takes place on 10th February, and during the session the psychologist identifies that the patient is suffering from body dysmorphic disorder, and would benefit from a highly specialist psychological intervention which cannot be delivered within that setting.

The psychologist refers the patient to a CMHT with a covering letter which details the problem and formulation, and requests that the patient be allocated directly to a highly specialist therapist. The letter arrives at the CMHT on 15th February and is date stamped. The patient is offered an appointment with the clinical psychologist on 28th February, and treatment begins on that day.

The clock starts on 15th February, the day the referral for the treatment of the mental illness is received by the CMHT, and stops on 28th February, the day treatment starts.

**3.3 Therapy delivered under supervision by families, carers or staff with patient not present**

**Example 3: A family delivers psychological therapy under supervision**

A patient with a long-standing diagnosis of Alzheimer’s and their family are referred to the Older People’s psychological therapies service by the GP on 7th July because the patient has shown an increase in distressed behaviour. The team receives the referral on 13th July, and it is date stamped. An appointment for assessment is offered for 22nd July, and at the assessment it is decided that the best approach is to work with the family to help them acquire the skills to manage the situation more effectively.

Family members are offered an appointment with the psychologist to begin to learn how to use elements of Positive Behavioural Support, under supervision, to help their relative and the family as a whole. They attend the first session on 9th August with the patient not present.

The clock starts on 13th July, the date the referral is received, and stops on 9th August, the day the intervention starts.

In this case the intervention, although it is intended to benefit the patient, is with the family rather than the patient themselves. However it is offered by a trained professional in a face-to-face setting, and so meets the criteria for the LDP standard.
3.4 Delivery of specialist therapy not currently listed in the Matrix

Example 4: A patient is referred for highly specialist individual treatment
A clinical decision is taken that a patient would benefit from an individually tailored intervention, drawn from a range of psychological models, due to the highly complex and enduring nature of their mental illness. The therapy delivered does not appear in any of the current Matrix tables.

This intervention should be counted towards the standard, and normal rules regarding starting and stopping the clock should be applied. When Boards make monthly data returns to ISD, there is a specific area of the return template to record the number of people each month whose treatment was not delivered in line with the Matrix. This is to enable analysis of the relative number of people being treated to whom this applies.

3.5 Counselling

Example 5a: Counselling to help with distressing life events
A patient is referred to a short course of counselling to help them deal with a specific set of distressing circumstances they have recently been facing. The patient does not meet clinical threshold for depression, anxiety or any other underlying mental health condition.

This does not count towards the standard. The standard applies only where therapy is intended to treat a mental health condition that meets clinical threshold.

Example 5b. Counselling as a therapy to treat conditions that meet clinical threshold
A patient is referred to a course of counselling. They have been facing some distressing personal circumstances and also meet the clinical threshold for depression. The Counselling they have been referred to is designed specifically to treat their depression. This should be counted towards the standard, and normal rules regarding starting and stopping the clock should be applied.

3.6 Referral of a patient on existing caseload

In principle the standard is designed to measure from point of referral for a psychological therapy to start of treatment. It is important that the patient’s pathway to the appropriate treatment is as short as possible and that there is not a series of referrals from service to service before the patient reaches the clinician who will deliver the appropriate therapy. We recognise that for some patients with a high level of complexity this could take longer, which is why there is a tolerance in the standard.

Example 6a: A CMHT refers an existing patient to a forensic psychology service
A CMHT has been treating a patient for depression. Their wait for this therapy has already been logged and treatment has commenced. Several months into treatment, the therapist has identified a potential need for anger management. She makes a referral to the forensic psychology service, who receive the referral on 11th November. The forensic psychology service carries out a face to face assessment on 26th November. They
identify the need for a course of CBT anger management, and the first session takes place on 22\textsuperscript{nd} January. The clock starts on 11\textsuperscript{th} November and stops on 22\textsuperscript{nd} January.

**Example 6b: A psychiatrist working within a CMHT refers an existing patient for a psychological therapy for anxiety and depression**

A patient has been attending the psychiatrist within the CMHT for a specific mental disorder. At the time of initial referral the patient was identified as not being suitable for a psychological therapy, so the clock started at point of referral to the team and stopped when it was assessed that the patient was not suitable for a psychological therapy. Following a period of treatment, the psychiatrist identifies that the patient would now benefit from a psychological therapy, and requests an appointment with the psychologist. The clock starts when the psychiatrist requests an appointment with the psychologist within the CMHT and stops when the psychologist starts treatment.
Appendix A – Psychological Therapies Key Measurement Points

Defining and Measuring Waiting Times
Within the context of Mental Health services, NHS Boards have the option to make clock adjustments in line with NHSScotland Waiting Times Guidance. However, these adjustments should be for reporting purposes only and should not determine clinical decisions on the timing of any offers of appointments to patients.

Adjusting for Periods of Unavailability
- Any periods of unavailability should be recorded.
Unavailability and refusal of a reasonable offer early impacts on mental health waiting times, therefore NHS Boards may choose not to apply adjustments but may apply them if cost effective to do so. However, these adjustments should be for reporting purposes only and should not determine clinical decisions on the timing of any offers of appointments to patients.

Resetting the Clock with Non-attendance
- Patients who having accepted a ‘reasonable offer’ of an appointment and then cannot attend (CNA) or do not attend (DNA) have their waiting time adjusted following non-attendance.
- The waiting time is reset to zero on the date the appointment is cancelled or the date the patient DNA.

It has been recommended that NHS Boards put systems in place for resetting the clock for DNA/CNA. However, these adjustments should be for reporting purposes only and should not determine clinical decisions on the timing of any offers of appointments to patients.

Psychological Therapies Waiting Times
Delivering faster access to mental health services by delivering 18 weeks referral to treatment for Psychological Therapies from December 2014

The waiting time is measured between the date referral received and the date psychological therapy commences as planned.

As a balancing measure, the waiting time is also measured between:
1. Date referral received and START of initial assessment for suitability for psychological therapy (incorporating ICP 15) and the date psychological therapy commences as planned.

Definitions for Key Measurement Points
DATE REFERRAL RECEIVED
A referral is a request to a care professional, team, service or organisation to provide appropriate care to a patient/client. A referral may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/her self. The clock starts on the date of receipt of referral.

INITIAL ASSESSMENT FOR SUITABILITY FOR PSYCHOLOGICAL THERAPY
The assessment for suitability may be carried out:
- as part of a generic mental health assessment;
- as part of a specialist psychological assessment;
- during a care plan review.

It must incorporate ICP 15 – the need for structured psychological and/or psychosocial intervention for the service user is assessed. The assessment for suitability may result in a provisional formulation and action plan for what to do next.

TREATMENT COMMENCES (START OF PSYCHOLOGICAL THERAPY)
It has been suggested that treatment commences when ‘initial formulation is complete, a collaborative treatment plan is in place and the psychological therapy commences as planned’. This may include the following steps:
- Complaint(s)/Problem(s) have been identified
- The decision about the suitability for psychological therapy has been made
- Boundaries have been established
- There has been formulation of a treatment plan
- There is collaborative agreement with the patient on the next steps
- Goals and Reviews are set

And will be when a psychological therapy starts to be delivered by a suitably qualified/trained practitioner.