

NHS reform in England

BACP's **Louise Robinson** explores the implications for AIP members – our services, practice and clients

Practice-based Commissioning (PbC) and Improving Access to Psychological Therapies (IAPT) are terms you may have heard or read lately; of all recent Department of Health (DH) initiatives and reforms, these two have the greatest potential to influence counselling and psychotherapy service provision, both within and outside the NHS.

Introducing practice-based commissioning

Put simply, practice-based commissioning (PbC) is a new system for planning, contracting, funding and reviewing all NHS services. PbC also enables a greater flexibility in service provision, including commissioning services from the private, voluntary and independent sectors. The ultimate aim of PbC is 'to develop a patient-led NHS that uses available resources as effectively and fairly as possible to promote health, reduce health inequalities and deliver the best and safest possible healthcare'.¹

This is the vision set out by government but there is inevitably a gap between the political rhetoric and practical reality. PbC, as with most healthcare reform, is translated and implemented locally by over 150 primary care trusts (PCTs), in partnership with GP practices in their area. Implementing change at this level is challenging, particularly with limited funding. To expand one area of service provision a PCT has to make a saving somewhere else, and to bring in a new service provider may mean not renewing an existing contract.

After over a year of implementation, progress with PbC is patchy – some areas have seen rapid change, while others have experienced very little change. What we must hold in mind, though, is the evolutionary nature of this new system of commissioning. PbC is a continuous cycle of consultation, planning, implementation, evaluation and review around the life cycle of contracts, which are likely to be for one to three years. The shape of service provision will evolve further over time as more contracts come up for review and PbC becomes part and parcel of local planning.

Improving Access to Psychological Therapies

In November 2007 the government announced funding of £173 million for further roll out of the Improving Access to Psychological Therapies programme (IAPT) over the next three years². Some of this money will be used to fund the development of 20 psychological therapy treatment centres across England to be operational by 2009. These treatment centres will be based on the vision presented by Lord Layard of rapid access to psychological therapy and/or support with the aim of helping people achieve improved mental health and wellbeing, thus improving their ability to gain and/or maintain employment³. The treatment centre model has been piloted in Doncaster and Newham⁴. Other projects that the IAPT programme is taking forward include work with commissioners and existing NHS services to develop best practice in

providing services for children and young people, offenders, black and minority ethnic groups, perinatal care, older people, and people with long-term medical conditions and/or medically unexplained symptoms⁵.

Implications of PbC and IAPT on counselling and psychotherapy

When considering the implications of PbC and IAPT for counselling and psychotherapy it is a good idea to bear in mind there is likely to be a general election in 2009, and whichever political party is in power, there is a likelihood of further political reform. It is also important to be mindful there are 152 PCTs in England, with differing local geography, social demographics, infrastructures and priorities; therefore, there will be huge variances in how PbC and IAPT affect services in each PCT area. In this changeable and variable context, how do we explore the implications of PbC and IAPT for counselling and psychotherapy? In the midst of current reforms and developments we can identify some trends (or guiding principles) that are coming to the fore. There are some indications that these trends are already influencing counselling and psychotherapy provision – arguably, they will become increasingly influential over time. The first trend we will consider relates to public awareness.

Increasing public awareness of the benefits of psychological therapy⁶

Our national media reflects a society that is increasingly concerned about our psychological health and wellbeing;

magazines such as *Psychologies*; health articles and supplements in national press; 'reality' television programmes that focus on improving participants' body image, behaviours, and/or relationships; debates on radio and a plethora of related websites and self-help books all raise awareness of the benefits of nurturing our psychological health. At the local level, PbC and associated consultation exercises are giving a voice to GPs and patients who are generally in favour of improving NHS psychological therapy provision.

National political debate is also embracing mental health, wellbeing and the provision of psychological therapies. Since the announcement in the House of Commons of IAPT funding in November, psychological therapy has been discussed in Prime Minister's Question Time and has recently become a key campaigning issue for the new Liberal Democrat leader, Nick Clegg. These are perhaps early indicators that psychological therapy provision could become a political battleground in the next general election.

Through this mix of national and local media coverage, local consultation and national political debate we can expect to see increased awareness of the benefits of psychological therapy among both NHS professionals and the general population. Furthermore, as the debate about service provision continues it will also go some way to 'normalise' or 'de-stigmatise' mental ill-health and other issues that people present in therapy. This reduction of stigma coupled with an increased awareness of the benefits of psychological therapy must be a good thing for society – making it easier for people to seek help, be that via the NHS, an independent practitioner, the voluntary sector, or their employer.

Increased demand for psychological therapy

Does this increased awareness mean there will be more demand for therapy? Quite possibly; but if the NHS does extend and develop state provision of psychological therapy

services, what impact will that have on demand for existing services?

Technological advances, rising expectations, an increasing older population, lifestyle choices and improved education are just some of the factors affecting the demands that the population puts on the NHS; it is notoriously difficult for the NHS to meet all these demands. Research into the rates of mental ill-health indicates that GPs are in contact with many patients who might benefit from psychological therapy, but there is not capacity to refer all such patients within the NHS. This means that as new services are developed GPs will refer more patients and the new services will soon reach their capacity – GPs will continue to act as gatekeepers, making decisions on who to refer and who not to refer based on clinical judgment.

Given that state-funded supply of psychological therapies is unlikely to meet demand across the board, the impact of increased NHS provision will be patchy. If you work for a voluntary sector agency or have independent practice in an area that is being well resourced and is seeing increased NHS provision then you may notice a dip in enquiries but equally you could see an increase in enquiries as the new services generate awareness, expectation and demand that cannot be met. BACP has reports from two counselling services based around Doncaster where the IAPT pilot treatment centre has been up and running since 2006 – both services are reporting an increase in referrals.

Wider range of providers commissioned by the NHS

The NHS is becoming a more open market; already, through PbC, some Employee Assistance Providers (EAPs) and voluntary sector organisations have been successful in securing new contracts. If you work for a voluntary sector organisation as part of your current portfolio of work you may already receive NHS referrals; if this process is formalised through a commissioning contract between the organisation and the PCT this may

have implications for the way the service is managed and aspects of your practice. Alternatively, you may work for a voluntary sector organisation or EAP that is embarking on an NHS contract for the first time; again this will have similar implications for your practice. There will be new referral protocols and considerations about note taking, confidentiality and clinical governance to take into account. If this applies to you, or your service, information sheets are available from BACP's Information Service Department that cover many of these issues.

The range of providers is also growing due to considerable change in the charity, voluntary and community sectors – sometimes called the third sector. Government is encouraging the development of new not-for-profit business models, such as community interest companies and social enterprises. The social enterprise model could be used by local independent practitioners to collaborate with one another and prepare tenders for NHS contracts⁷. The benefit to independent practitioners and small services in collaborating in this way is the pooling of resources, ideas, skills, knowledge and contacts.

Collaborative working

This notion of collaborative business models leads us on to the more general notion of collaborative working. In any given locality there is a range of services that people can access when they are looking for help, but many people do not access all such services because the providers of those services do not collaborate or communicate effectively. Good practice is where social workers, housing officers, GPs and counsellors, be they working for a local authority, charity, or the NHS, collaborate to ensure that all needs of the individual are met. There is a commonly held view that good services evolve around the person – rather than the person navigating their way through a complex and unclear system.

Perhaps with the exception of independent practice, all counsellors and psychotherapists need to be

aware of mechanisms for collaborative working with colleagues. If you are working for a service that takes NHS referrals you should know, or be able to find out, how to approach a GP or social worker if appropriate. That said, independent practitioners would still do well to know what other services are available locally even if they do not directly communicate or collaborate with such services. It is always useful to know what other help may be available to clients.

Efficiency and competition

Current reforms are, for the most part, driven by the pursuit of efficiency in the NHS; if the details of these reforms change, the pursuit of efficiency will almost certainly remain a key priority. One way to try to improve efficiency is to increase competition.

Under PbC, competition will focus on price and quality. Services will be funded on the basis of the work they do – described as ‘units of care’; in the context of psychological therapy ‘units of care’ are therapy sessions. The mid- to longer-term vision for PbC is commissioning on the basis of outcomes (outcomes-based commissioning) where services are paid based on achieving the desired outcome for each individual patient.

Regardless of whether outcomes-based commissioning does evolve as a formal system, we can expect competition among services based on their ability to demonstrate good outcomes. When services go to tender, comparing outcomes is a key way to differentiate between services. For AIP members working in the voluntary sector or an EAP tendering for NHS contracts, or for those working direct for GP practices as lone practitioners or as part of a collaborative, audit and evaluation will be increasingly important for continued NHS funding.

There is potential that in some areas increased NHS provision may impact on other services. Consider this scenario: you are a human resources manager in a small to medium sized company and a psychological therapy treatment centre is provided in your

area through the NHS with links to the government Pathways to Work⁸ programme – would you fund an EAP programme for employees? It would certainly make you think about what an EAP provider can offer that your employees would not have access to via the public sector, and so increasing provision in the NHS may make other sectors more competitive on both quality and cost.

For those who are enterprising there is also the opportunity to become part of the jigsaw of state-funded provision. For example, the EAP ICAS is currently partnering with Ultrasis, interactive health care specialists, to offer CMP Direct. ‘The purpose of CMP Direct is to offer providers of Pathways to Work a means of enabling their participants immediate access to the latest range of evidence based computer and telephonic interventions, delivered within a vocational rehabilitation framework.’⁹ This is just one example but there are many more ways that NHS reforms will bring both opportunity and challenge for the workplace counselling sector^x.

Increased awareness of public protection and standards

While catching up on which multi nationals and rogue traders are duping which unwitting members of the public (I am referring to BBC1’s Watchdog programme based on consumer rights) do you ever think perhaps customers need to be more careful? ‘Buyer beware’ is a sad necessity but a true one. The problem is that as customers we do not always know what to look out for – you cannot ask about things you do not know, and the service provider or manufacturer is in a position of power.

If we relate this back to the context of counselling and psychotherapy provision, lack of state regulation places the emphasis on service providers and practitioners to self-regulate, largely through professional memberships and adhering to an ethical framework. It also puts an emphasis on employers, commissioners and clients to educate themselves when seeking a therapist – knowing

what to look for, what to ask and how to identify safe, ethical and effective practitioners. BACP has set standards that employers sometimes refer to – the NHS often specifies BACP accreditation, or equivalent, in employment criteria. Members of the public who have some awareness of how professional associations work may seek out therapists with appropriate membership and perhaps ask about training, but this is by no means the majority and many people are unaware and vulnerable.

The increased attention that we can expect psychological therapies to get in the media and press, the less taboo the subject of seeking therapy becomes, the more accessible state-funded provision becomes and ultimately, as state regulation comes into force – the more aware commissioners, employers and clients will become of what to look for and what to expect from their therapist. The inevitable increased awareness of commissioners, employers and clients about standards of practice has the potential to impact on all practising UK counsellors and psychotherapists, from those offering therapy in independent practice for just a few hours per week, to those who have a broad portfolio of work across different sectors. We must anticipate more questions from commissioners, employers and individual clients about training, experience and registrations. If you are reading this journal then you are probably a member of BACP and AIP so you are no doubt conscientious about these things. When clients become more aware of standards to look for, if you are able to demonstrate these in your practice and promote them effectively, clients are more likely to find you than to find themselves in difficulty with a rogue therapist!

In summary, those are our six main trends – they all come with the health warning that these are my interpretations based on evidence and information gleaned from reading and the people I am in contact with. It is fair to say there is a lot of uncertainty at the moment but by

What can you do?

In response to the six trends highlighted in this article, common considerations for counsellors and psychotherapists across the board, regardless of their portfolio of work, are: How can I evidence that I am effective? What will my future commissioners/employers/clients want from me in terms of expertise, experience and standards of ethical practice? How will I demonstrate that I am working to those standards? What additional training might I need?

Beyond those key considerations, how you prepare for the challenges ahead very much depends on your portfolio of work and developments in your locality. You can find out what progress is being made locally by: referring to local media, searching on the PCT website for the Local Delivery Plan or requesting a copy from your PCT, attending public PCT meetings and asking questions of colleagues and the GPs you are in contact with.

If you work as a lone practitioner in a GP surgery and the PCT decides to invite tenders for a new service, your contract might not be renewed. If you think this is a possibility, now or in the future, one option you might pursue is to form a

collaborative (perhaps a social enterprise) with other lone practitioners in your area. You can then pool your resources and evaluation of outcomes in readiness for preparing tenders to gain new NHS contracts. You might be tendering against competition, but you will have strengths that the PCT and GPs might be looking for. You already know the local systems, you have established relationships with GP practices and you have an existing client base. If you can also demonstrate good outcomes and the ability to offer reliable service, your tender has the potential to succeed.

With regards to independent practice, it may well be that current changes in the NHS do not have a significant impact on this aspect of your work. If there is an impact it could be a reduction or increase in enquiries. It is important to be aware of developments in service provision in your locality so you are able to see what is on the horizon and are more able to adapt if necessary, and continue to offer a service that people want or need regardless of changes in NHS provision. Over time you can also expect clients to come with a better understanding of psychological therapies and perhaps higher expectations as awareness about standards in practice grows.

thinking these scenarios through and discussing them we are better prepared for what does unfold. To close we will consider how all the above will affect your clients and practical action you can take to prepare for the challenge and opportunity ahead.

Effect on clients

The NHS is working towards equity in provision but it will remain something of a postcode lottery for a while. Some clients will have more choice about where they access services; this may include choice of psychological therapy and/or guided self-help with a mental health worker. Choice and access will be limited, however, and based on the needs of each NHS patient – for example, there may be a time limit on the psychological therapy, or only one modality of therapy offered. We know that some clients will want a longer course of therapy and that one modality does not suit all clients; so while they might get more access and choice through the NHS it will not necessarily meet all their needs. Some clients prefer an independent practitioner or private therapist because they do not want that information held by the NHS on their healthcare record. There is real

potential for more clients to gain improved access via the NHS but this will always be limited and there will still be a need for counselling and psychotherapy provided elsewhere.

We do live and work in exciting and challenging times for counselling and psychotherapy. I have outlined some of the challenges but I ask you to consider the growing potential for members of AIP and BACP to contribute to the emotional health of society. We always knew that potential existed and we know that it is being realised in some areas, but as the media and political spotlights grow, and access to state-funded psychological therapies grows, we can expect to see more recognition for the contribution of counselling and psychotherapy and a wider impact on the emotional health and wellbeing of society. ■

Future issues of The Independent Practitioner will cover AIP members' personal experiences of this issue. If you would like to contribute, or if you have any questions, please contact Louise at BACP on 01455 883311.

BACP is holding seminars in London

and Manchester in May and June this year – see advert on the back cover.

References

- 1 Department of Health. Health reform in England: update and commissioning framework. July 2006. www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4137226&chk=D2YSig
- 2 See interview with Lord Layard on IAPT in March *therapy today*.
- 3 Lord Layard and the business case for improving access to psychological therapies: www.lse.ac.uk; IAPT: www.mhchoice.csip.org.uk
- 4 Doncaster and Newham IAPT demonstration sites: www.mhchoice.csip.org.uk/psychological-therapies/demonstration-sites.html
- 5 IAPT pathfinder sites: www.mhchoice.csip.org.uk/psychological-therapies
- 6 Psychological therapies is an all embracing term preferred by the NHS to include the broad range of talking therapy modalities.
- 7 Social Enterprises: www.socialenterprise.org.uk
- 8 Pathways to work: www.dwp.gov.uk/welfarereform/pathways.asp
- 9 CMP Direct: www.icasworld.com/cmp
- 10 Robinson L. Health reform in England. *Counselling at Work*. Summer 2007;14-17.