

Northern IAPT Practice Research Network (PRN) & North West Developments

Dr Janine Archer

University of Manchester

Janine.archer@manchester.ac.uk



Northern IAPT Practice Research Network

**Chairperson: Dr Jaime Delgadillo
(University of York, Leeds IAPT)**

A PRN:

- is a formal group of clinicians that identify areas of practice to be researched, in collaboration with academic partners that are able to offer methodological and technical expertise
- generates practice-based evidence that enables clinicians to assess their effectiveness and to explore the challenges of routine therapy (Margison et al, 2000). Involves the sharing and combining of data (often retrospective).
- is an ideal vehicle to disseminate empirically-supported treatments in naturalistic settings (Barkham & Mellor-Clark, 2000).

- September 2014: Terms of reference developed at initial meeting
 - Agreed to collaborate on 2 initial studies (Transdiagnostic seminars and stress control)
- October 2014: Website launched
- March 2015: Debate web-page launched
- Introduced at second NW IAPT Innovation and Leadership forum
- May 2015: application to RCF to fund SMART relapse prevention study
- May 2015: NW attendance at second annual Northern PRN meeting

12-4pm University of York 28th May. 15 attendees: Clinicians and service/clinical leads representative of 7 IAPT services and 4 Universities

Update on Debate page

Update on projects

Generation of ideas

Task 1 – Share ideas about potential research topics

Task 2 – Generate a list of these topics

Task 3 – Prioritise your list of topics, considering:

Group decided on topic to take forward. Considered RfPB application Sept 2015.

Consensus to consolidate a wide Northern IAPT PRN, including north west services

IAPT SERVICES:

Leeds
Sheffield
Cumbria
Barnsley
York
Doncaster
East Riding
Wakefield
Calderdale
Kirklees
Lancashire

P
R
N

ACADEMIC COLLABORATORS:

U. of Sheffield
U. of York
U. of Huddersfield
U. of Manchester

Northern IAPT Practice Research Network

Debate!

***Should IAPT services be included
in the AQP framework?***

Andrew Sainty
Humber NHS Foundation Trust
February 2015

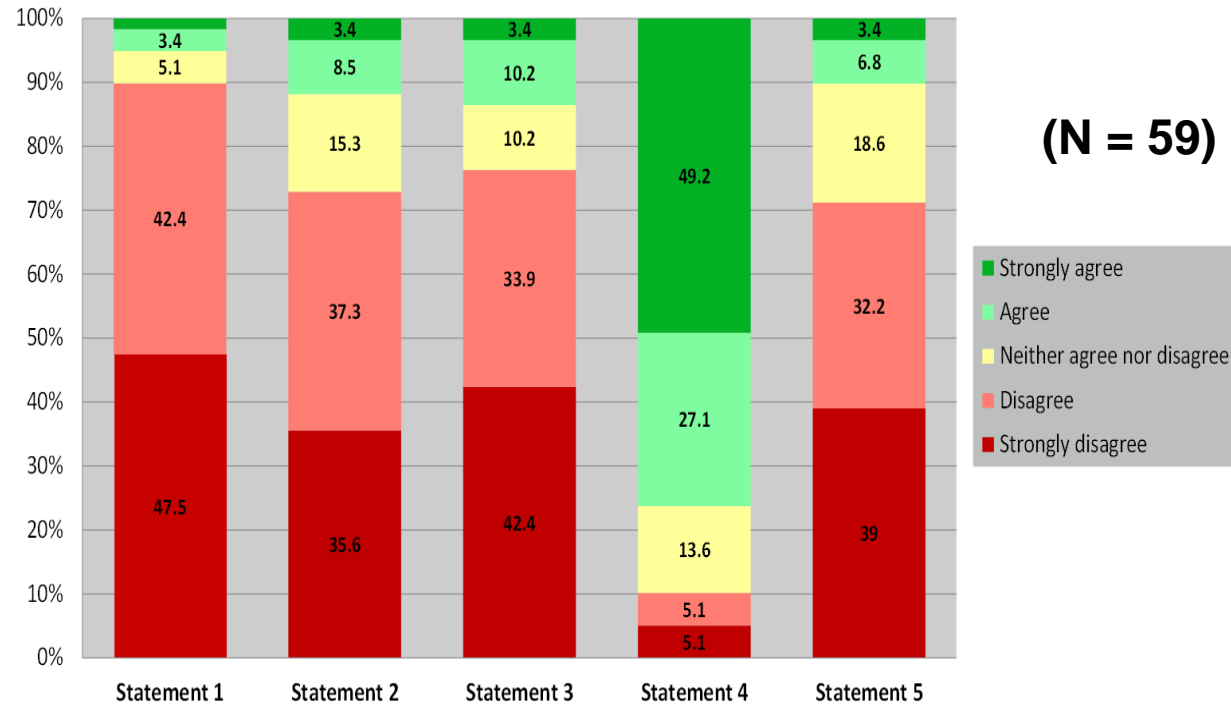
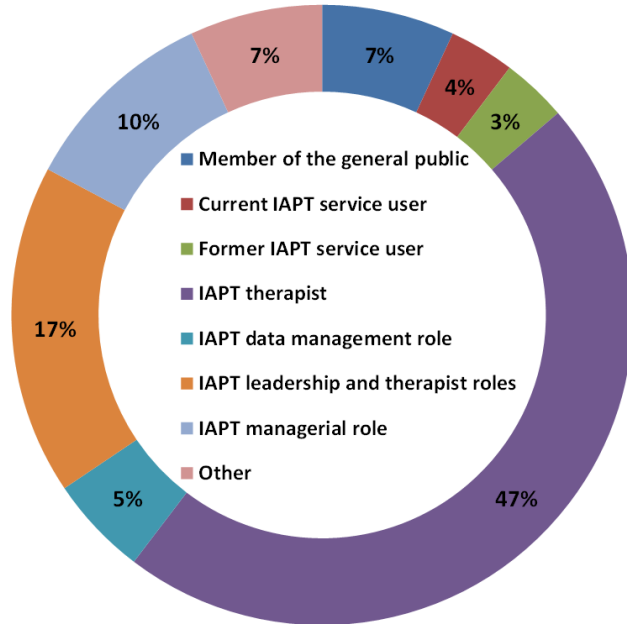
<http://www.iaptprn.com/debate.html>

Northern IAPT Practice Research Network

Debate!

***Where have all the Psychological
Wellbeing Practitioners gone?***

Omar Moreea
Leeds Community Healthcare NHS Trust
May 2015



- Statement 1** *Commissioners know enough about IAPT to determine the qualifications of potential service providers.*
- Statement 2** *AQP is an appropriate commissioning model for IAPT services.*
- Statement 3** *There is a sufficient supply of qualified therapists to promote competition between different service providers.*
- Statement 4** *AQP services will sacrifice quality of care to maintain financial viability.*
- Statement 5** *Patient care will be better under AQP.*

STRESS CONTROL STUDY

Objectives: To scope current provision of Stress Control (SC) interventions, to understand which patients benefit more or less from SC.

Method: Retrospective analysis of routinely collected IAPT data, involving 9 IAPT sites.

Progress:

- Ethical approval obtained in Feb 2015
- NHS permissions obtained during Mar – May 2015
- Currently obtaining and aggregating questionnaires and datasets
- Analysis planned for Jul – Aug 2015

- Challenge of combining data sets

Dissemination of the transdiagnostic seminars (TDS) model

A series of three seminars for patients waiting to access step 3 CBT. Developed and piloted by Leeds IAPT. Seminars have 2 functions;

- (1) to prepare patients to make the most of therapy by introducing them to some key aspects of CBT, and
- (2) to provide early access to self-help strategies and booklets.

Objectives: To enable 4 IAPT sites to deliver the TDS model in routine practice, to understand barriers and facilitators to implementation.

Method: Prospective collection of access and outcomes data for TDS participants, analysis of acceptability and symptom reductions using a benchmarking method.

Progress:

- Services trained
- Qualitative interviews have started
- Access and outcome data being collected
- Analyses planned for Sept 2015

Supporting Self-Management after Therapy for Depression : The *SMART* pilot Randomised Controlled Trial

Research questions:

1. Is it feasible and acceptable to provide and evaluate a brief planning-based self-management intervention following psychological interventions for depression?
2. Are patients receiving the *SMART* intervention less likely to relapse than the treatment as usual group?

Method: Parallel group, randomised pilot RCT comparing a self-management intervention (*SMART*) with treatment as usual; aiming to recruit 80 participants across four to six IAPT services in the IAPT PRN.

Progress:

- Received support in principle from Leeds, Kirklees, East Riding, Barnsley, Rotherham and Doncaster (RDASH) and Cumbria
- Research Capability Funding grant application submitted in May 2015

- Register for membership, identify lead person
- Clinicians propose projects (proforma)
- PRN Chairman and academics give advice on feasibility, methodology etc.
- If supported, proposal finalised
- All members informed of supported projects and invited to participate if appropriate

- Clinical services that actively participate in research provide **better quality of care** (Majumdar et al, 2008) and are likely to **improve outcomes for patients**
- First Step (Cumbria): Many staff choose to become involved in the projects and find that this helps them both **improve the treatments they offer** but also to **develop themselves professionally** (and **prevent therapist burnout**).

Membership

- Identify service link person, get managerial support TOR
- Complete and return Membership Application form
- Local R&D and data lead contact details
 - Invited to attend update meetings
 - Invited to participate in supported projects
 - Propose future projects

On your table take a few minutes to consider:

- What are your thoughts about the PRN? Useful? Is your service interested in being involved? Can you identify an individual interested in being service lead?
- How will you take this forward locally? Do you need any additional support?
- Are there any other things we want to do in NW to drive the IAPT research/innovation agenda forward?