

Using Research Evidence:

Depression, IAPT, CLAHRCs & Pull-through

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NIHR CLAHRCs

NIHR infrastructure supporting complex, dispersed systems required for growth

Health interventions for growth

Power of using routinely collected health data for research and improvements to care

NIHR aligned with unexpected partners to link research with growth

Collaboration for leadership
in applied health research
and care



***National Institute for
Health Research***

NIHR CLAHRCs

NIHR infrastructure supporting partnerships between universities, industry, health, voluntary & social care economy to:

- Improve patient outcomes; promote growth
- Undertake excellent applied health research in collaboration with services, industry and other partners
- Facilitate the implementation of health research; create and embed distributed systems required to do this
- Investigate the process of applying research to care; increase capacity for these activities

Nine pilot CLAHRCs 2008-13

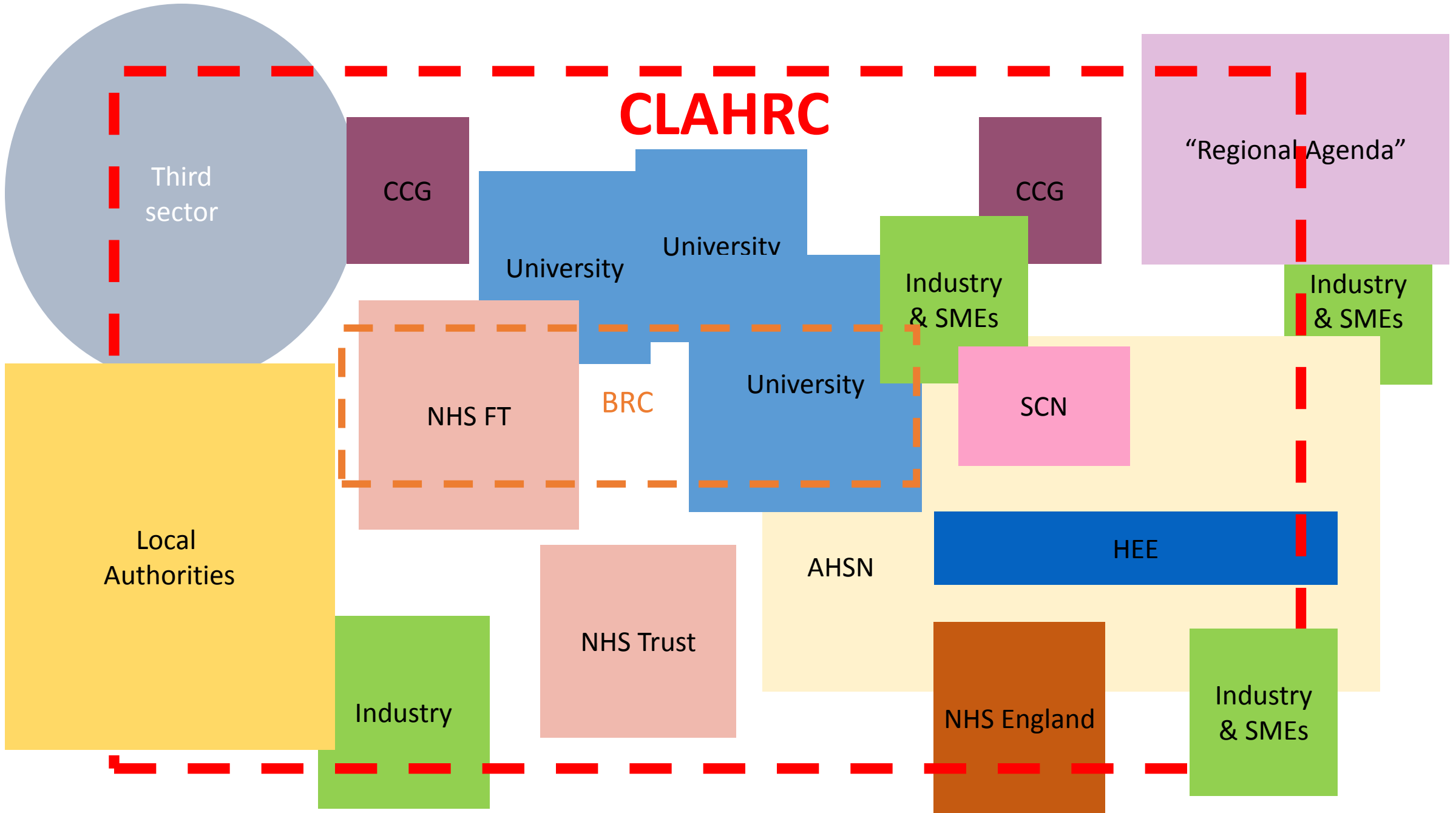
13 new CLAHRCs 2014-18; £124m over five years

- Bigger
- Better
- Same NIHR funding for each

Magic ingredients are matched-funding from partners & co-production

NIHR CLAHRCs

- Collaborate
- Lead
- Undertake health research and apply the results to care
- Support growth



CLAHRC

Third sector

CCG

University

University

CCG

"Regional Agenda"

Industry & SMEs

Industry & SMEs

NHS FT

BRC

University

SCN

Local Authorities

HEE

Industry

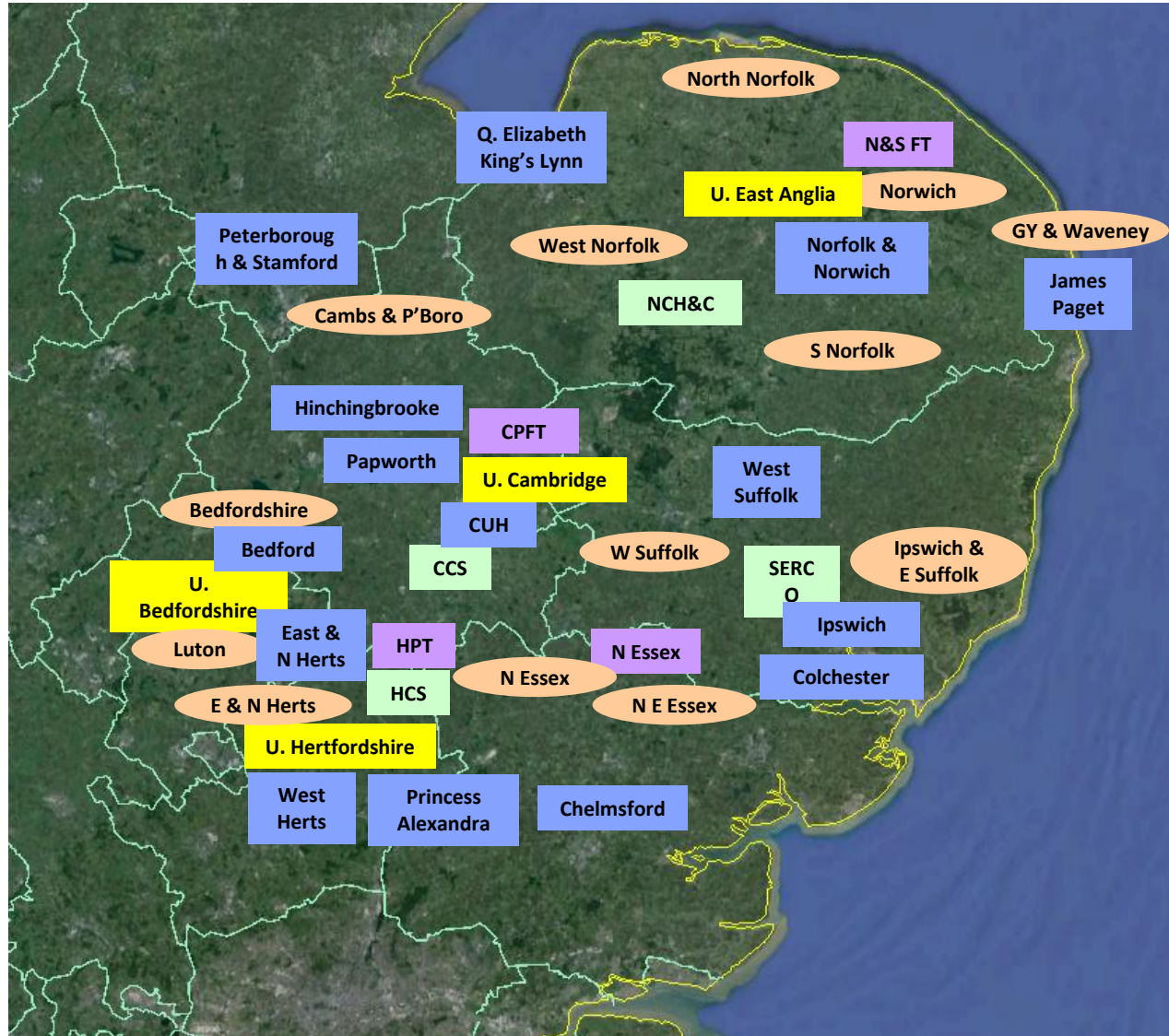
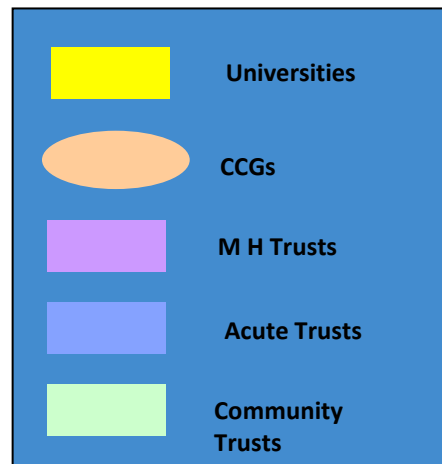
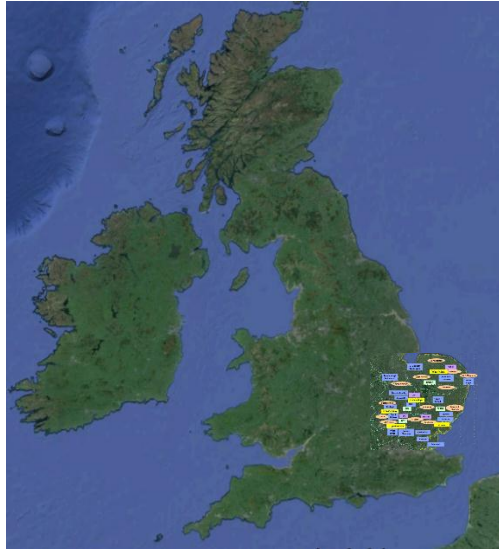
NHS Trust

AHSN

NHS England

Industry & SMEs

NIHR CLAHRC East of England



Depression, anxiety and IAPT

Mental illness is common

- One-in-four of us suffers a mental illness at some time, excluding dementia
- Depression and anxiety most common – circa 15% prevalence over a year

Huge effect on the workforce

- Mental health problems cost employers in the UK £30 billion a year
- 30% all sickness absence

Effective, evidence-based talking treatments used to be widely unavailable

Richard Layard (economist) & David Clark (psychologist) championed IAPT

- Increasing Access to Psychological Therapies
- Industrial scale CBT
- Prospect of self-funding
- East of England the first region to implement IAPT at scale
- Approximately 540 therapists for 5.4m population through 14 PCTs circa 2008

iapt

Improving Access to Psychological Therapies



IAPT three-year report

The first million patients

High volume CBT

Health outcomes rated routinely

Health informatics platform

Performance-managed

Some variation in practice

Not much research in services

www.iapt.nhs.uk

NIHR CLAHRC involvement

NHS East and 14 PCTs involved the CLAHRC since 2010

Mutually agreed question:

- Is therapy over the telephone as effective as therapy face to face?

IAPT services provided health informatics data for psychometric, statistical & health economic analysis

- 39,000 patients
- 190, 000 sessions of therapy
- ~4 million pieces of information

NIHR CLAHRC involvement

Question:

- Is therapy over the telephone as effective as therapy face to face?

Answer

- Clinical effectiveness of low intensity CBT-based interventions delivered OTT was not inferior to those delivered FTF except for people with more severe illness where FTF was superior
- Direct and indirect cost-savings of therapy by phone vs FTF were considerable, and patients preferred it
- This provides evidence for better targeting of therapy, efficiencies for patients, cost savings for services and greater access to psychological therapies for people with common mental disorders
- Yes

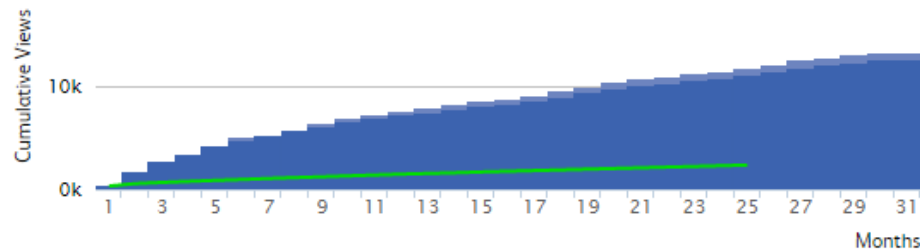
The researcher view

OPEN ACCESS Freely available online

PLOS ONE

Comparative Effectiveness of Cognitive Therapies Delivered Face-to-Face or over the Telephone: An Observational Study Using Propensity Methods

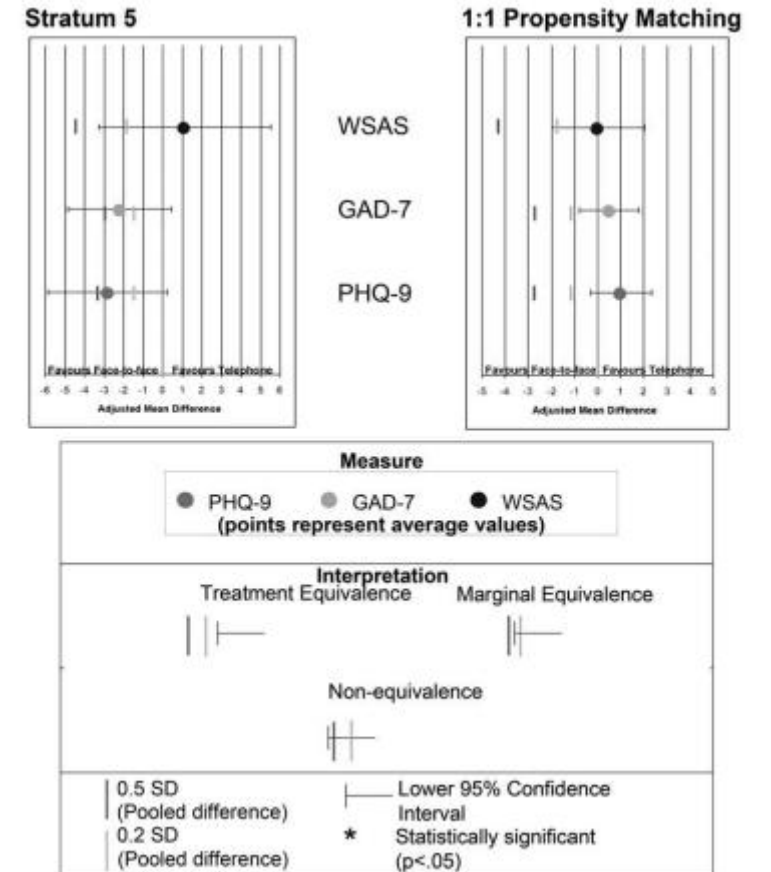
Geoffrey C. Hammond^{1,2}, Tim J. Croudace³, Muralikrishnan Radhakrishnan^{1,4}, Louise Lafortune^{1,4}, Alison Watson^{1,5}, Fiona McMillan-Shields⁵, Peter B. Jones^{6*}



■ Compare average usage for articles published in 2012 in the subject area:

Medicine and health sciences ▾

Show reference set



The NIHR CLAHRC view

Collaboration between commissioners, providers, statisticians, organisational theorists, public health, health economists in meetings with managers, trainers, clinicians and service users

Co-production of question

- the researchers were looking in the right place

The partners / customers made the research possible

- Provided the data, funded the analysis, aligned their staff time

Monthly meetings between researchers and “customers”

Early discussion of emerging results and a shared process of research

The result

PULL THROUGH!

300 special new telephones purchased before research publication even submitted

- Good deal secured through organised procurement by providers involved in project

Education requirement for therapists to implement research

- NHS East developed an education programme

Subsequent collaboration with [relate](#), a national third-sector organisation, for workforce development



Telephone Intervention Skills Training

**A unique one-day course for professionals involved in Talking Therapies
designed in partnership with NHS East of England and NIHR CLAHRC-CP***

Delivered by relationship specialists Relate

Lin Griffiths MA Counselling and Psychotherapy

Major Lew Webb (Ret) *Relate Certificate in Couple Counselling, Telephone Counselling and Group Skills Trainer*

Background

Relate won the 2010 Charity Times Award for “Best Use of Technology” and was also highly commended at the 2010 Third Sector Excellence Awards. Relate’s training has been recognised and awarded the 2010 BACP Award for Innovation in Counselling and Psychotherapy.

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