

# A PBC business case for IAPT

This proforma provides the information needed for a Practice-Based Commissioning (PBC) cluster to submit a business case to their primary care trust (PCT) for the development of an Improving Access to Psychological Therapies (IAPT) service.

IAPT is a national Department of Health programme which provides greatly improved access to high-quality psychological therapies, in line with National Institute for Health and Clinical Excellence (NICE) guidance.

It would also support a PCT's ability to deliver World Class Commissioning Strategic Commissioning and Operating Plans by appropriately reducing demand on secondary care, improving the management of long term conditions and creating savings that could be used to commission more services and provide better care outside the hospital.

This proforma needs to be read in conjunction with:

- the business case spreadsheet (PBC economic assessment), which will calculate for the PBC population, the costs and benefits of delivering the service; and
- a general introduction to the characteristics of an IAPT service.

Practices should submit business cases to their PCT for all new services or existing services provided differently. As stated in *Practice based commissioning: achieving universal coverage* (January 2006), where practices make recommendations for small contract changes or relatively small purchases, these should be agreed with a minimum of bureaucracy by the PCT. In these cases, the business case will be very straightforward.

Where practices make recommendations involving larger sums, or will require upfront investment in order to deliver savings, PCT agreement will be needed on the basis of a business case. In these cases, the business case will be more detailed. Two proformas have been developed.

## The PBC economic assessment spreadsheet

The spreadsheet has two tabs:

- The first tab – marked 'enter data here' – requires some information to be entered by the practice-based commissioner. This information should be readily available to the practice-based commissioner, and is relatively straightforward. It may be that when you receive the spreadsheet, there are already figures in the blue boxes – these are purely for demonstration purposes and do **not** represent real numbers/activity. They should be ignored and replaced with accurate figures from your PBC cluster.

- The second tab represents the underlying calculations from which the figures in the red boxes (potential costs) and green boxes (potential savings) are derived.

You are welcome to amend the underlying assumptions in the calculation sheet to understand the effect that changes in the care pathway may have on the costs and benefits accrued. For example, try changing the care pathway so that the service does not manage people with obsessive-compulsive disorder or post-traumatic stress disorder, and see the effect that this has on the number of high-intensity workers needed. In the calculation sheet, anything in a blue cell can be changed, and the default value is indicated in the red cells.

## Proforma for development of new IAPT services across more than one practice

### Practice name and contact details

To be inserted by PBC consortium/cluster

### Outline of proposed service change

**To commission an evidence-based psychological therapy service in line with the national guidance issued by the Department of Health *Improving Access to Psychological Therapies (2008)*.**

For further information, go to [www.iapt.nhs.uk](http://www.iapt.nhs.uk)

### Benefit to patients

Mental ill health is Britain's biggest social problem. Depression and anxiety disorders are serious conditions and have a major impact on how well an individual is able to function. A recent World Health Organization study concluded that the impact of depression on a person's functioning was 50% more serious than angina, asthma, diabetes and arthritis. At present, 40% of disability is due to depression and anxiety.

Despite the prevalence of depression and anxiety disorders and the fact that mental health problems account for nearly 40% of people on incapacity benefit and a third of all GPs' time, only a third of people with diagnosable depression and less than a quarter of those with anxiety disorders are in treatment.

### Providing treatment for people with anxiety and depression

NICE recognises psychological therapies as effective and safe treatments for people with anxiety and depression, both in the short term and for preventing relapse in the longer term. It recommends a range of psychological therapies, including cognitive behavioural therapy (CBT), for mild to moderate depression and anxiety disorders. The IAPT demonstration sites and other psychological therapy services have demonstrated impressive health and wellbeing gains.

## Benefit to patients *(continued)*

### Long-term conditions

Psychological therapy services can improve health and wellbeing and, at the same time, lead to significant savings by improving people's ability to manage their long-term physical conditions, such as diabetes and heart disease, through the positive management of their mental health. Studies suggest that depression is associated with a 50% increase in the costs of long-term medical care. Effective primary care helps to achieve these cost improvements by playing a full part in a stepped-care system. Training for staff is essential to enable detection, early treatment, signposting and follow-up. NICE is expected to produce guidance shortly on the co-morbidity of depression with long-term conditions.

Here are some examples of potential health and wellbeing benefits that psychological therapies offer to people with long-term physical health conditions:

- The Hillingdon chronic obstructive pulmonary disorder service saved £70,000 in six months, by providing CBT to patients, at a cost of £25,000.
- An estimated 40% of hospital admissions and half of revascularisations could potentially be prevented by providing CBT interventions to those with refractory angina.
- Among those with diabetes, depression is associated with a 50% increase in health service costs.
- In primary care, providing psychological therapies for those with medically unexplained symptoms produced a reduction in GP visits of 50%.
- Morley et al<sup>1</sup> have shown that CBT is effective in reducing pain experience and improving coping in people with chronic pain.

### Employment

The IAPT service makes the link between health and employment. It supports people whose employment is at risk because of a mental health problem, and provides a route back to employment for those who are currently workless. Worklessness is associated with poorer health outcomes, and people who are currently workless are more likely to be admitted to hospital. They also use more health resources than those who are in work. Returning to work reverses these changes.

1 Morley S, Eccleston C, Williams A. Systematic review and meta-analysis of randomised controlled trials of cognitive behaviour therapy and behaviour therapy for chronic pain in adults, excluding headache. *Pain* 1999; 1–13.

**Estimated number of patients the service is likely to cover, also including an indication of the minimum and maximum numbers**

See the worksheet on the CD as a separate document – the Economic Calculator, an Excel spreadsheet – in the Practice Based Commissioning for IAPT section.

**Evidence to support the clinical effectiveness of the proposed service**

Evidence for the service is best summarised in the NICE guidelines for common mental health problems (these include depression, generalised anxiety disorder and panic disorder, post-traumatic stress disorder and obsessive-compulsive disorder).

**Evidence of patient support, including consultation with patients and users**

For local discussion and completion.

It is recommended that the following groups are consulted:

- commissioners, including:
  - PCT commissioners (both mental health and long-term conditions); and
  - adjoining PBC commissioners;
- mental health trusts;
- voluntary sector organisations, e.g. MIND;
- any counselling services that are provided locally;
- employment services – Pathways to Work, Condition Management Programme;
- public participation forum; and
- those who use mental health services (for people with a common mental health problem).

**Evidence of stakeholder support, including evidence of consultation with other relevant professionals and, where applicable, other providers**

For local discussion and completion.

See above.

**Costs of the proposed service, including details of any upfront investment required. Detailed costs should be set out in the contract for the new service, but an overall estimate of the cost should be included here**

See attached worksheet on the CD as a separate document – the Economic Calculator, an Excel spreadsheet – in the Practice Based Commissioning for IAPT section.

**Likely value of freed-up resources and over what timescale. Overall value should be included here with further detail provided in the contract**

See attached worksheet on the CD as a separate document – the Economic Calculator, an Excel spreadsheet – in the Practice Based Commissioning for IAPT section.

**Links to and any impact on local and national priorities**

The IAPT service is a national priority which has a national tier 3 Public Service Agreement target associated with it.

Further details can be found at:

[www.hm-treasury.gov.uk/d/pbr\\_csr07\\_psa18.pdf](http://www.hm-treasury.gov.uk/d/pbr_csr07_psa18.pdf)

**Assessment of risks of the service, including consideration of whether there are other similar service providers locally**

Example risks associated with the service:

- Stakeholder support and involvement with service redesign: managed through early involvement and increase in service delivery associated with compliance with NICE guidelines and best practice.
- Sufficient new therapists to deliver the service: national training programme with nationally agreed and applied criteria, funded through new strategic health authority-managed funds.
- Evidence of effectiveness: use of the national minimum data set and benchmarking service to other services elsewhere in the country.