

Devastating Cuts to Psychotherapy Services in South London Joint Statement and Press/Media Release from United Kingdom Council for Psychotherapy and the British Psychoanalytic Council (1)

February 27th 2012

Up to 40% of psychodynamic psychotherapy services in South London will be cut if plans put forward by the South London and Maudsley Foundation Trust to reduce clinically trained staff posts are carried out. This will severely reduce the availability of 'talking therapies' across Lambeth, Lewisham, and Southwark. Hundreds of patients will lose the chance of obtaining such psychotherapy without a proper consultation taking place.

Originally, the plan was to cut 80% of these posts. However, after a campaign to fight against these drastic measures, the Trust has come forward with a new set of proposals which acknowledge the damage to patients and services if that level of staff cuts had been implemented.

However, the United Kingdom Council for Psychotherapy and the British Psychoanalytic Council believe that the new proposals will still have a major and damaging effect on the ability of services to provide psychodynamic (and other) psychotherapy. According to the plans we have seen, these cuts will continue to deprive many patients of treatment they both need and value.

Psychotherapy is a clinically proven and cost-effective form of treatment for people with complex emotional issues and mental illness. It is recommended by the National Institute for Health & Clinical Excellence. Cutting psychotherapy for these patient groups will put some of the most vulnerable lives at risk, and put further pressure on other services. Concessions made as a result of the earlier campaign do not alter this situation very much.

We are very concerned that the Trust has not adequately informed its patients about any of these plans. It has declined to hold meaningful public consultation, prohibited therapists from speaking about the plans with patients and even from discussing the proposals with those likely to be affected outside the Trust. 33 highly trained and fully qualified psychotherapists have been told their jobs are at risk. Even senior clinical staff describe being silenced by 'a climate of fear' in which they fear punishment for speaking out.

Despite agreeing to attend Lambeth and Southwark Oversight and Scrutiny Committee hearings in March, managers recently instructed staff to attend interviews for the reduced number of jobs they plan will remain in the service. These interviews are happening before the committees have even met. Although we wrote in January to the Chief Executive, Mr Stuart Bell, urging him to hold a public meeting, the Trust has declined to consult its patients and the public about these cuts. See Note (2) below, to read the text of this letter.

The services that would be cut have an international reputation. The loss would be irreplaceable. Other projects in the area in the mental health field are simply no substitute.

Professor Samuels (Chair of the United Kingdom Council for Psychotherapy) said: 'Everyone believes it's good to talk – except the South London and Maudsley Foundation Trust it seems. Psychotherapy is an economical treatment that really helps people with deep emotional issues and now we face the prospect of a huge area of London being deprived of it – at a stroke. God knows what the patients are supposed to do. Those losing out are ordinary people, not the rich. Psychotherapy helps them and their families with relationship problems, difficulties at work, and generally with living more productive and creative lives. And there is every chance that they will not need to come back for more.'

Dr Lousada (Chair of the British Psychoanalytic Council) said: 'The proposed plans pay scant attention to the range and complexity of the users treated, many of whom are severely distressed and disturbed. The economics of these decisions are at best highly suspect. Without the containing psychological treatments the users now receive many will undoubtedly inevitably present in more costly ways elsewhere in the system, quite apart from 'damage' to those who live or work with them. Far too frequently this will mean their children. The cavalier manner in which cuts to services such as this are carried out draws attention to how mental health remains the Cinderella service in spite of all the rhetoric.'

Dr Kingsley Norton (Consultant Psychiatrist in Psychotherapy, Clinical Personality Lead, West London Mental Health Trust) wrote: Many patients with severe and enduring mental illness complain about the lack of 'talking therapies' (various DH documents confirm). Patients with moderate to severe personality disorder diagnosis (whether with co-existing mental illness diagnoses) require psychological therapies, including psychodynamic approaches, as the mainstay of their treatment (see NICE guidance). Patients with medically unexplained conditions are often amenable to psychodynamic input, enabling them to enjoy a significantly improved quality of life (Sattel et al (2012) *British Journal of Psychiatry*).

All of these severely ill and/or disordered patient groups are high users of NHS services, partly on account of their various difficulties in contributing adequately to a treatment partnership with professionals. Their low compliance with treatment and impaired capacity to engage actively and fully in the process of their own recovery generates considerable inefficiency, which produces additional costs. Such inefficiency and to an extent un-necessary expense are reduced as a consequence of talking therapies, especially psychodynamic psychotherapy, for which there is

abundant evidence (Leichsenring & Rabung (2011). Long-term psychodynamic psychotherapy in complex mental disorders: Update of a meta-analysis. *British Journal of Psychiatry*; Shedler (2010) The efficacy of psychodynamic psychotherapy. *American Psychologist*).

For further comment and information, call Professor Samuels on 07768 662 813 and/or Dr Lousada on 0208 938 2268 and 07958 563 729.



Professor Andrew Samuels, Chair UKCP

Dr Julian Lousada, Chair BPC

NOTE 1: These organisations are the two leading national voluntary regulators in the field of psychotherapy and both organisations have members working in South London & Maudsley NHS Foundation Trust Psychotherapy Services.

NOTE 2: This is the text of our letter:

Mr Stuart Bell CBE
Chief Executive
South London & Maudsley NHS Foundation Trust
Maudsley Hospital
Denmark Hill
London
SE5 8AZ

January 16th 2012

Dear Mr Bell,

PSYCHOTHERAPY SERVICES AT SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST

This letter is sent jointly from the United Kingdom Council for Psychotherapy (UKCP) and the British Psychoanalytic Council (BPC). Please enter it into the consultation you are carrying out.

These organisations are the two leading national voluntary regulators in the field of psychotherapy and both organisations have members working in South London & Maudsley NHS Foundation Trust Psychotherapy Services. We are gravely concerned about the Trust's proposals to restructure its psychotherapy services, and associated staff redundancies, which will lead to the effective closure of both the Maudsley Psychotherapy Service and the St Thomas Psychotherapy Service. The proposed changes would an irreparable loss to local mental health services, and would have serious consequences for the welfare of patients, both present and future.

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We have four major concerns:

Firstly, the proposed “re-provision” and restructure of psychological therapies is a complete misnomer. The Trust’s recent internal consultation proposes to cut 81% adult psychotherapy posts and 57% of medical psychotherapy posts in Lambeth alone, placing 36 psychotherapist posts formally at risk. In particular, we note St Thomas psychotherapy service provides treatment to 300 patients every week through a well-established and clinically effective model of service delivery that is highly rated by service users¹. The service hosts over 70 honorary (i.e. unsalaried) psychotherapists, providing specialist psychotherapy training, clinical placements and professional development for experienced mental health professionals, up to and including consultant grade. Yet the proposed restructure will leave just 1.5 (whole time equivalent) posts in the service, undermining this well-established model of service provision which, it is suggested, will reduce psychotherapy treatment provision by around 80%.

Secondly, the Trust’s consultation process does not appear to have followed transparent and standard procedures of consultation and decision making. It is perplexing that the Trust’s consultation process has apparently been restricted to a small internal consultation carried out in an extraordinarily rushed period of just five weeks over the Christmas period - while many potential respondents were of course on leave. We are gravely concerned that service users whose present and future wellbeing this ‘restructure’ will mostly affect appear to have been excluded from the consultation process. (Indeed, we understand psychotherapists were explicitly asked not to inform their patients of the proposed restructure and this consultation). This lack of transparent consultation and decision-making falls significantly short of standards of public service.

Thirdly, such severe cuts to psychotherapy provision will have repercussions both to other clinical services within the Trust, and to the wider mental health field. As part of the unique Clinical Academic Group for mood, anxiety and personality, SLAM psychotherapy services has a wider involvement within King’s Health Partners Academic Health Science Centre, making a distinctive contribution to the AHSC’s purpose of delivering high quality health care, world-leading research, as well as teaching and education. The Trust’s psychotherapy services have a prestigious and international reputation for excellence in the field, and St Thomas’ is notably the international centre of Cognitive Analytic Therapy, an evidence-based therapy pioneered by Dr Anthony Ryle in the 1980s. Indeed, the psychotherapy services provide what we understand to be a highly-regarded contribution to the AHSC’s wider organisational purpose, especially in supporting therapeutic environments in challenging settings - through clinical supervision, reflective practice groups and team consultation. We are concerned that the proposed ‘restructure’ takes no account of such present and future contributions.

Fourthly, while the consultation proposes reductions across the whole Clinical Academic Group, we have serious concerns that the burden of cuts is intended to be borne by psychotherapy services. We note that just 6 clinical psychology posts have been placed at risk, yet cognitive-behavioural therapy (CBT) provision is dominant mode of psychological therapy (indeed, there appears to be a 6:1 ratio of clinical psychologists to psychotherapists across the Trust). Whilst CBT is clearly an important mode of therapy, we seriously question whether tipping the balance even further in this direction is actually based on patient choice and clinical need. The plans we have studied will undoubtedly lead to a lack of choice for patients, the maintenance of which is a key feature of one of Andrew Lansley's 'four steps' consultation guidance. The provision of a choice of a range of psychological therapies is absolutely essential, and we can direct you to

¹ The recent PEDIC report on the St Thomas’ service shows a very high level of patient satisfaction. Outcomes Study funded by Guys & St Thomas’ Charity (summarised in the St Thomas Psychotherapy Service 2011 Annual Report and available on the SLAM Trust website) reports a high level of recovery over all treatment modes, with improvement continuing long after therapy has ended.

research demonstrating this to be the case.

To proceed with such ill-considered plans to effectively close these highly regarded psychotherapy services without proper and full consultation cannot conceivably be justified. We urge you to remedy this as a matter of urgency. NHS bodies have two separate legal duties to consult about the way that the NHS is operating and about proposed changes. The duties focus on consulting patients and the public, and consulting the local authority Overview and Scrutiny Committee.

Section 242(1B) of the National Health Service Act 2006 provides as follows:

“Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- (a) the planning of the provision of those services,
- (b) the development and consideration of proposals for changes in the way those services are provided, and
- (c) decisions to be made by that body affecting the operation of those services.

Subsections (b) and (c) need only be observed if the proposals would have an impact on:

- (a) the manner in which the services are delivered to users of those services; or
- (b) the range of health services available to those users.”

Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 provides that where a local NHS body has under consideration any proposal for a “substantial development of the health service” in the area of a local authority, or for a “substantial variation in the provision” of such service, it shall consult the overview and scrutiny committee of that authority.

These requirements apply before closing, or substantially restructuring or varying a service.

We therefore urge you to call a public meeting or series of meetings as soon as possible, to address both these serious failures of attention to patient welfare, and due process. In addition, we fully endorse the Rt Hon Tessa Jowell’s advice to you in her letter dated 10th January, asking you to carry out a full Equalities Impact Assessment and Health and Wellbeing Impact Assessment.

This letter will be widely circulated and we look forward to your early reply.

Yours sincerely,



Professor Andrew Samuels, Chair UKCP



Dr Julian Lousada, Chair BPC