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Professor Andrew Samuels
Chair
United Kingdom Council for Psychotherapy (UKCP)

Dr Julian Lousada
Chair
British Psychoanalytic Council (BCP)

4th April 2012

Dear Professor Samuels and Dr Lousada,

I am writing in response to your letter dated 16 January 2012 about the changes we are planning to make to our psychological therapy services across the Trust.

The reconfiguration, involving psychological therapy provision delivered in Lambeth, Southwark and Lewisham, will result in the development of integrated psychological therapy services for each of these boroughs.

The services provided by the Maudsley Psychotherapy Service and St Thomas' Psychotherapy service will not be lost but will be integrated with other therapy provision to provide local integrated psychological therapy teams (IPTT's). These teams will provide a single point of entry rather than several, as with the current configuration, and deliver care on the basis of assessed need rather than historic patterns of referral, and will be fully integrated with other local community based services. The proposals have the full support of our commissioners, one of whom gave notice to us some months ago that they no longer wished to commission the Maudsley Psychotherapy Service.

In response to your four major concerns:

Impact of the changes

The figures you quote in your letter concerning staffing levels date from the initial staff consultation and are selective, relating only to some staff groups at the St Thomas' service. They do not reflect the original level of changes proposed in psychotherapy as a whole. In any case, following staff feedback during the consultation and a review of the saving levels required by one of our commissioners, changes have been made to the proposed staffing structure. The overall change in whole time equivalent (wte) posts across Lambeth, Southwark and Lewisham will

change from 49 to 39 wte. In Lambeth, the service will reduce from 18 wte to 14 wte and for psychotherapy specifically, from 7.8 to 6 wte posts.

Meeting the complex needs of the local population is a clear priority for us as well as for our commissioners who, in particular, have asked us to review the delivery of psychological therapy to ensure that it works more closely with other local services and pathways. In Lambeth for example, this will be planned as part of the ongoing Living Well Collaborative. We will monitor the impact of this change very carefully including consideration of temporarily flexing the workforce if necessary. However, we are aware, through a recent panelling process instigated by one of our commissioners, that some patients referred for psychotherapy may appropriately be diverted to other services or may be better served through new local community mental health team models. This, alongside efficiencies realised through having clearer referral pathways and single teams, will assist the service in mitigating the impact of the changes.

Consultation

Staff and service users have been involved from the outset in the development of this proposal. One of the benefits of the Clinical Academic Group (CAG) model is the ability to take an overview of all services delivering treatment to patients with similar needs across a number of services. The Mood, Anxiety and Personality (MAP) CAG developed this proposal through a systematic review of care pathways across the Trust. Staff and CAG service users were involved in this process throughout, starting with a series of workshops in spring 2011 (28 February, 28 March and 23 May). This work identified inconsistencies in the pathway, as well as concerns from service users about uneven access and multiple assessments.

The final proposal, developed by a steering group comprising senior psychological therapy practitioners from all disciplines and professions, built upon this work. An outline of this model was presented at a workshop on 14 November 2011 attended by 70 staff. The subsequent formal staff consultation, which ran from 9 December 2011 to 16 January 2012, elicited 84 responses which were subsequently used to review the model. There have been a number of opportunities for ongoing staff involvement including the offer of individual interviews, as well as team discussions concerning the proposal.

Involvement of service users in developing the proposal has been via the CAG service user advisory group, which consists of patients with an expertise or personal experience of services delivered for people experiencing mood, anxiety or personality problems. We did have concerns about the manner in which this proposal was being discussed with patients currently in treatment and have now provided written information for therapists; using their clinical discretion, to share with patients. We have recently engaged patients through the Lambeth, Southwark and Lewisham LINks who are all committed to helping us to develop and monitor the new model.

Contribution of psychotherapy to the mental health community

The proposal will not impact upon the opportunities for psychotherapy to make a contribution to the Kings Health Partners' Clinical Academic Agenda. We are committed to maintaining all modalities where possible and maintaining and expanding our training and supervision profile.

Balance of impact between psychology and psychotherapy

The configuration of professions within the new model was made with reference to a reduction to psychology staffing as part of reconfigurations to Lambeth and Southwark community services last year. We do not believe that the proposed service configuration will affect the choice in the treatment of complex patients.

We are working closely with our Local Authority overview and scrutiny committees in ensuring that the impact of these changes on local people are well understood and have effective mitigation. You will also be aware that NHS Foundation Trusts are not subject to the same duty to consult with health overview and scrutiny committees in respect of substantial developments or variations in service provision as other NHS bodies. As set out in the Health and Social Care (Community Health Standards) Act 2003 (Supplementary and Consequential Provision)(NHS Foundation Trusts) Order 2004 the duty upon NHS Foundation Trusts to consult health overview and scrutiny committees does not arise over every proposal for a substantial development of the service provided, but only where


- a) the NHS Foundation Trust proposes to make an application to the Independent Regulator ["the regulator"] of NHS Foundation Trusts to vary the terms of its authorisation; and
- b) that application if successful would result in a substantial variation of the provision by the NHS Foundation Trust of protected goods or services in the area of the local authority.

We do not intend to make such application to the regulator for any of our proposed changes in our Forward Plan 2012-2015.

Equality Impact assessments are available for Lambeth, Southwark and Lewisham. These do not indicate any adverse impact. Indeed, we expect to be able to improve access to people from BME communities through these changes.

I hope this addresses the concerns raised in your letter. I would like to reassure you that we remain committed to the provision of high quality psychological therapy. We are holding an involvement event on 16 May 2012 which you are very welcome to attend, alternatively Steve Davidson, Service Director, or Dr Jonathan Bindman, Clinical Director, would be happy to discuss any further questions you may have

Yours sincerely



Stuart Bell CBE
Chief Executive