Psychological Therapies Waiting Times in Scotland

Data Quality

Quarter ending 31 March 2020

Publication date: 02 June 2020
Psychological Therapies Waiting Times: Data Quality

Psychological Therapies waiting times data have been collected nationally since April 2011, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time, but some systems for collecting data locally are still at an early stage of development, and as a result, the data are not yet complete. Over the coming months, we expect the quality and completeness of data to continue to improve.

This section provides information on the quality and completeness of data supplied by NHS Boards to Public Health Scotland (PHS). As part of the quality assurance process for this publication PHS has asked Boards to provide information on any data quality and completeness issues that may affect interpretation of the statistics. PHS will routinely ask NHS Boards for updates on these issues and this information will be used to determine if the data remain as developmental.

PHS also routinely seeks clarification from NHS Boards amongst other things where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors including service changes/reconfiguration or data recording changes.
Health Board Accuracy

For this publication, PHS receive aggregated data from each Health Board. This cannot be thoroughly validated by PHS as derivations of the figures and data accuracy are matters for the individual Health Boards. There is a great variation in who compiles the data in Health Boards from administrative staff and information analysts to service managers. The Health Boards do check the data to be submitted, but again this varies from daily checks of the Waiting Times data to weekly or monthly checks. Checks prior to submission are carried out by a range of people; Managers, Clinical Directors and Heads of Service. Some of the submitting Health Boards have a Standard Operating Procedure (SOP) to assist them in the compilation of the data, others are in the process of compiling these. The Health Boards discuss the data at team, management and performance meetings.

Covid-19 Responses

As part of the data quality check for this quarter, PHS have requested information from the Health Boards with regards to their response to the Covid-19 outbreak, and these responses are collated below. Please note the information may be more detailed for some Health Boards than others; as this is work in progress. This information must be read in conjunction with the Health Board Data Quality Issues which start on Page 15.

NHS Ayrshire & Arran

Referrals - There has been a reduction in referrals for computerised cognitive behavioural therapy (cCBT) related to restrictions in GP/Primary Care service provision. They are aiming to remedy this, in part, by opening referral access to the cCBT option through their Adult Mental Health Community teams.

Service Delivery – Adult Mental Health, Older Adult, Neuropsychology, Clinical Health, Learning Disabilities and Medical Paediatrics - Out-patient face-to-face appointments have been paused. New assessment and treatment continue using the remote options of telephone and Attend Anywhere/video-call. Some in-patient assessments in Learning Disabilities, Neuropsychology and Older Adults have continued, where considered essential for multi-disciplinary patient care planning, within appropriate clinic space, distancing and personal protective equipment (PPE) being implemented as identified by that service area.

New referrals are being accepted, albeit reduced numbers, with specification that the patient engage in a remote assessment to determine suitability, risk and to discuss treatment options. Remote treatment is promoted and accepted in the majority of cases. Where patients request waiting for face-to-face treatment and/or where the clinician/patient believe that the most effective treatment option is face-to-face, the patient is placed on the waiting list for face-to-face treatment. This will be reviewed in the context of future SG restrictions/Covid-19 constraints and impact on waiting times. Given that each service is attempting to maintain business as usual, within Covid constraints and remote working, there has been no prioritisation or restriction of access.
NHS Ayrshire & Arran (continued)

Neuropsychology and Neurodevelopmental Specialist Assessments - Community outpatient appointments for Neuropsychological and Neurodevelopmental specialist assessment, where face-to-face assessment is required, have paused. This has impacted on the Services of Neuropsychology (organic assessments), CAMHS and Community Paediatrics where a major proportion of their work is specialist assessment. The latter has also impacted on AMH, Older Adult and Learning Disabilities.

Service Delivery (continued) - CAMHS Psychology and Community Paediatrics - The wider CAMHS Service moved to essential service delivery following the Covid constraints, with the Psychology resource re-focusing some of their time to wider team service provision, including duty/assessment/triage. PT provision of open cases has continued through remote options, where possible, but new assessments and neurodevelopmental assessments have been impacted. Likewise, Neuropsychological and Neurodevelopmental specialist assessments in Community Paediatrics have paused related to the wider Paediatric team staff shifting focus to essential service delivery only and the limitations of remote options for this group of disabled children.

Data Recording - For those Services who use CarePartner as their record keeping system, clinical information is being recorded as usual, with a drop box option flagged. For those Services using paper records, clinical information is recorded in the clinical case note record, and notes classed as an intervention.

Data Submission – The above changes will be reflected in the data from March and subsequent months for PT aggregate submissions.

NHS Borders

Referrals - Referrals are decreasing. Believe that Primary care reduction in GP activity is the key issue here. Anticipate that as restrictions relax that there will be an influx of referrals.

Service Delivery – Managing to undertake Near Me and telephone appointments with patients requiring ongoing PT where this is essential. Otherwise caseloads are RAG rated and where required contact maintained. Exploring provision of on line group work and use of on line interventions.

Issues - Challenges with IT connectivity in a rural Board. Psychologists heavily involved in staff wellbeing service “2Here 4 U” and supporting the Well Being Plus service regarding Covid-19 related GP referrals. This leaves a considerably depleted Psychology work force to undertake core PT activity.

NHS Dumfries & Galloway

Referrals - From 14/4/20 new referrals all directed via Wellbeing Hub for a review the next working day, no patients added to waiting list from this date. All new referrals managed via Wellbeing Hub, not recorded on PMS or under PT waiting time data – separate dataset
NHS Dumfries & Galloway (continued)

created to audit referrals to the Wellbeing Hub including self-referrals. All cases dealt with in less than 24 hours (weekdays) and 72 hours over weekend.

Service Delivery – All face to face appointments from mid-March were rearranged to take place with phone or Near Me. All appointments were suspended from 23/3/20 to allow for redesign of services and move to business critical. New Wellbeing Hub created to deal with Covid-19 related queries from public (via GP referral). Phone/Near Me appointments reinstated (up to 50% clinical capacity for each clinician) from 12/4/20 for existing clients where suitable. All new patients are currently being seen remotely via telephone/video appointments.

Data Recording – All existing patients are recorded on Patient Management System (PMS) and data set.

Data Submission – There should not be any impact on rejected referrals; referrals are all screened by phone or Near Me and offered advice or if urgent, passed to CMHT/CAMHS. Only those that are not appropriate for MH services will be rejected (i.e. school issue, physical health query or don’t meet criteria for MH service). There will be a reduction in referrals from April’s data very few new referrals for psychological therapies will be recorded by Psychology. March’s data will be as usual – some reduction in referral numbers as GPs moved to business critical.

NHS Fife

Referrals - Referrals for face to face psychology (GP and CMHT) reduced as did self-referral to group programmes.

Service Delivery – The majority of face to face contacts for individual psychological therapy were cancelled for the last two weeks of March. In preparation for re-deployment, clinicians reviewed their caseload to identify priority cases that required on-going contact. All patients deemed non-priority/routine care were subsequently contacted (the majority by telephone) to suspend therapy. Contact with urgent and priority cases was maintained by telephone. All group work was stopped. Work began to put group materials online and for clinicians to be able to use Near Me systems for video calls.

NHS Forth Valley

Referrals - Currently receiving very few referrals from GPs but those that are coming through seem to provide as much information as usual.

Service Delivery – Currently only offering appointments to existing patients who are vulnerable or high risk. All routine work has been suspended at present to direct resources to supporting primary care services, staff and inpatient services. Where they are offering ongoing support for existing patients this is being done via Near Me or telephone where appropriate, and where it is not they are providing face to face support with appropriate PPE e.g. inpatient areas.
**NHS Forth Valley (continued)**

They have established a Psychological Therapies Hub to provide support to all other patients who are either already being seen or on the waiting list, should they feel that their mental health is deteriorating. Again, this is provided by phone or Near me.

They are delivering support for primary care services via brief (up to 3 sessions) individual input for patients presenting with distress/anxiety/depression, again via phone or Near Me.

They have also started providing assessments to patients on the waiting list who had previously been identified as requiring assessment, either by Near Me or telephone.

Appointments are being offered for individual staff support by phone or Near Me.

Finally, they are offering appointments to urgent new referrals where these can be carried out remotely (although referral numbers are currently low).

**Data Recording** – All patient contacts are recorded on Trak with a note to say how the contact was delivered. However, staff support contacts are recorded via Occupational Health systems and not on Trak, and therefore will not be included within the data submissions.

**Data Submission** – The data submissions will reflect these changes. The total activity of the service will not be reflected in the data submissions due to the recording mechanisms for staff support. The RTT will also be affected, as the majority of new patients seen will either newly referred urgent cases or newly referred primary care support cases. There is also likely to be an increase in longest waits due to the temporary suspension of routine new appointments.

**NHS Grampian**

**Referrals** - Overall referral rates have reduced slightly. There is no known increase in DNA or CNA rates at present

**Service Delivery** – All cases have been RAG rated and cases at amber and red are all being seen with those at green receiving less contact than normal. A new psychological resilience hub has been set up for Covid-19 and this is supporting core mental health services manage the impact of covid-19. Appointments are by video or phone with emergency USC cases being seen face to face where needed.

**Issues** – Some staff have been redeployed to other areas so there is some impact on core capacity.

**NHS Greater Glasgow & Clyde**

**Service Delivery** – The mental health services are prioritising their resources to maintain capacity to deliver the core community and inpatient services. Where appropriate, telephone/video conferencing facilities are being used. There are currently no group based interventions.
NHS Greater Glasgow & Clyde (continued)

Data Submission – The current situation will likely impact on the number of referrals and the PT activity.

Issues - The prioritising of resources will likely impact on the capacity to facilitate the usual schedule of data review.

NHS Highland

Response in respect of Adult PT

Referrals - To date there has been no difference in the quality of referrals received.

Service Delivery – only provide telephone and video appointments to patients. For psychological therapy this includes patients who had already commenced treatment and new patients.

Data Recording – All sessions are recorded as “seen” on PMS. Those who had their first appointment via remote communication are identifiable. Those who switched to this after starting with face to face appointments will not be identifiable except by looking at particular patient’s data session by session

Data Submission – Any appointments completed via telephone or video will still be captured in the submitted data.

Issues – Unable to provide neuropsychological assessment/diagnosis appointments because this cannot take place over telephone/video. As a result, these patients, unless very urgent, are placed on the waiting list until such time that we can see them face to face. If restrictions on face to face appointments continue for an extended period of time this will skew our waiting times.

NHS Lanarkshire

Referrals - Primary care GP referrals have decreased. Some patients have stated that they do not wish phone/VC appointments.

Service Delivery – Continuing face to face appointments when clinically necessary. Other appointments are via phone/VC.

Issues – Availability of staff due to domestic circumstances/shielding/isolation. This impacts on overall service capacity, which varies week to week.

NHS Lothian

Referrals - Believe there will be an impact on referrals.

Service Delivery – Routine appointments not being seen face to face, urgent will be face to face if clinically required.
NHS Lothian (continued)

Data Recording – Telephone conversations are recorded as attended, if it was a substantive contact for purpose of therapy etc., not if it was just a brief call - for example- asking if the patient was willing to start therapy by phone / video.

Data Submission – To some extent the above changes will be reflected in the March 2020 data, April 2020 will give a better indication of the COVID impact overall across the system.

NHS Orkney

Referrals - New Psychology referrals are still accepted at this time. Those that don’t meet the psychology criteria, are redirected and offered advice, support and other means to get help e.g. online.

Service Delivery – New patients were seen for assessment purposes in March 2020 in Psychological Therapies, as well as return patients. (This may change in the future). Return patients are still seen in Psychological Therapies. There have however been a number of patients who declined telephone/remote sessions and asked if their cases could be kept open until the pandemic is over to resume face to face sessions. Routine patients in Psychological Therapies are still seen, it is “business as usual”.

Data Recording – All telephone/video sessions are recorded as being seen on TRAK.

Data Submission – Changes will be reflected in the data from March 2020 and subsequent months for PT aggregate submissions.

Issues - There is a 50% vacancy rate in the psychological therapies service at the moment, which will impact on waiting times.

NHS Shetland

Referrals - Referrals are still being accepted and assessments are either via telephone or Attend Anywhere. All referrals being taken and accepted if appropriate – both routine and urgent.

Service Delivery – Patients are now offered either telephone or Attend Anywhere (Near Me) appointments. Some have declined and would prefer to wait. They are being asked again due to the lockdown being extended.

Data Recording – Patient contact recorded as the appointment is delivered i.e. telephone contact or Attend Anywhere.

Data Submission – The above changes will be reflected in the data from March and subsequent months for PT aggregate submissions.

Issues - Staff time being deployed to other tasks.
NHS Tayside

Referrals - Eligibility for access to services are unchanged. Although referral numbers are lower than usual, there is no evidence of an increased rate of rejected referrals.

Service Delivery – Only patients where the clinical risk is significant are being seen in person. All other patients are having appointments over video or telephone. New patients (both urgent and routine) continue to be offered appointments.

Data Recording – Different appointment codes on TrakCare which detail the mode of delivery (ie in person, on video, on telephone) are being used in some specialties. However other specialties are recording telephone appointments/conversations as patients having been seen. The specialties in the latter category are moving towards recording the specific mode of delivery.

Data Submission – Data collection and submission continues unchanged.

NHS Western Isles

Referrals – Adult PT: There are no rejected referrals, new referrals continue to be assessed by MH Team Lead and assigned to waiting lists. CBT Therapist has taken on fewer new cases due to uncertainty about redeployment to nursing role. Psychology able to continue to assess new cases. However, a new temporary Covid-19 psychological wellbeing services for adults and children delivered by social navigators (adults) and education/social workers (children) may allow for other types of support to be provided at this time. New digital CBT offerings currently in preparation for roll out. Digital CBT for insomnia launched last month.

Referrals – CAMHS: There are no rejected referrals, new referrals continue to be assessed. They are applying the same criteria as previously. However, a new temporary Covid-19 related psychological wellbeing system has been established to vet through primary care and Psychological wellbeing hub before triage referral to specialist CAMHs. This allows for other types of support to be provided before referral to CAMHs.

Service Delivery - Adult PT: The majority of patient appointments are changed to telephone or vc through Attend Anywhere - most have continued.

Service Delivery - CAMHS: The majority of patient appointments are changed to telephone or vc through Attend Anywhere. The exception to this are cases deemed high alert i.e. suicidal/psychotic who require face to face for urgent assessment depot injection administration. The majority of the cases are on support and maintenance stance.

Data Recording – Adult PT: Telephone & Video appointments are recorded on TOPAS, and are recorded as being seen if spoken to directly, but appointment system identifies whether telephone or VC.

Data Recording – CAMHS: Telephone & Video appointments are recorded on TOPAS, and are recorded as being seen if spoken to directly. There is the possibility of some omissions in recording telephone/vc contacts in March or early April.
NHS Western Isles (continued)

Data Submission – Adult PT: There may be more patients on tickets awaiting reversion to face to face but these will be reviewed now as future services likely to continue using indirect methods.

Data Submission – CAMHS: There may be more patients on tickets with watchful wait outcomes – this will require scheduled reports as reminder to monitor and check status of patients.

NHS 24

Referrals - Referrals increased – but productivity and through-put increased with home working.

Service Delivery – Staff are working from home, dealing with patients on NHS 24 technology.
Adjustment of waiting times

Waiting times for most NHS services are worked out using a calculation that takes into account any periods a person is unavailable and missed or cancelled appointments. These are referred to as adjustments. Some NHS Boards are not able to make all the appropriate adjustments to waiting times for Psychological Therapies so we have included information on what adjustments each NHS Board has made.

Waiting time adjustments allow fair reporting of waiting times which have been affected by factors outside the NHS Board’s control. However, the timing of appointments is always based on clinical need. For Psychological Therapies services, resetting the waiting time to zero is done for reporting purposes only and does not impact on the timing of any further appointments.

The main adjustments that are made to Psychological Therapies waiting times are:

- If a person is unavailable (for example on holiday), the period for which they are unavailable is subtracted from their total waiting time.
- If a person does not attend an appointment and has to be given another, their waiting time is reset to zero.
- If a person rearranges an appointment, their waiting time is reset to zero on the day they contact the service to rearrange their appointment.
- If a person is offered several appointments and declines them all, their waiting time is reset to zero. NHS Boards report that this happens very rarely as most appointments are agreed by telephone.

This report also shows unadjusted waiting times. These are the actual times people have waited. The Scottish Government have agreed that the LDP standard will be measured using adjusted waiting times. Where NHS Boards are still developing systems to adjust waiting times for Psychological Therapies, their unadjusted waits have been used to estimate the Scotland figure. The Summary Report on the Application of NHS Scotland Waiting Times Guidance provides more explanation on the main adjustments that are made to Psychological Therapies waiting times.
Adjusted and unadjusted waiting times

It is not possible to report nationally consistent data at Scotland level due to the differences in adjustments made to waiting times across the NHS Boards.

When the standard was announced, NHS Boards were asked to adjust waiting times where patients were unavailable or did not attend an appointment and had to be given another. This calculation of wait is used in other NHS services such as inpatients, outpatients and audiology.

Some NHS Boards developed systems to enable this calculation for Psychological Therapies. However, not all systems are able to make all the appropriate adjustments, so all data which includes adjusted figures also includes information about what adjustments have been applied.

NHS Boards are also asked to provide unadjusted waiting times. These are the actual times people have waited. All NHS Boards providing data are able to provide unadjusted waiting times.

**Psychological Therapies at a glance – Adjustments**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Borders</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>No adjusted data submitted</td>
</tr>
<tr>
<td>Fife</td>
<td>No adjusted data submitted</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Grampian</td>
<td>Up to date of breach from January 2020</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Highland</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Lothian</td>
<td>Up to 12 weeks for each stage of the pathway</td>
</tr>
<tr>
<td></td>
<td>(assessment/treatment)</td>
</tr>
<tr>
<td>Orkney</td>
<td>No adjusted data submitted</td>
</tr>
<tr>
<td>Shetland</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Tayside</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Up to 12 weeks</td>
</tr>
<tr>
<td>NHS 24 Living Life</td>
<td>No adjusted data submitted</td>
</tr>
</tbody>
</table>
Number of people referred for psychological therapies

Waiting lists can build up where demand for services exceeds the capacity of that service, so the number of referrals is a key measure for managing waiting times. There are considerable variations in service structures across NHS Boards, and a number of different referral pathways for people seeking to access Psychological Therapies.

In some areas referrals are made directly into discrete Psychological Therapies services, and it is relatively straightforward for Boards to report numbers of referrals for Psychological Therapies, date of receipt of referral and the date of treatment beginning. However, in other areas there are no discrete Psychological Therapies services and Psychological Therapy is delivered, by appropriately trained staff, from within more generic Mental Health teams. These teams generally have a single point for receipt of referrals, and a subsequent process for allocation to a psychological therapist. In this case the date of receipt of referral is the date the referral is received by the Mental Health Team. These teams require processes by which to identify patients referred on for a Psychological Therapy and to record the commencement of therapy. While NHS Boards are developing their systems, Board figures may not be directly comparable. More Information by Board is included in the NHS Board level data quality issues section.

Psychological Therapies at a glance – Referrals to Psychological Therapies

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Referrals to Psychological Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Yes, from April 2019, all referrals to Mental Health Service previously.</td>
</tr>
<tr>
<td>Borders</td>
<td>Yes</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Yes</td>
</tr>
<tr>
<td>Fife</td>
<td>Yes</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Yes, but unable to record rejected referrals for Hosted Service. CAMHS can record rejected referrals.</td>
</tr>
<tr>
<td>Grampian</td>
<td>Combination of referrals for Psychological Therapies alone and all referrals to the Mental Health Service depending on the reporting service.</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Are unable to submit the number of rejected referrals.</td>
</tr>
<tr>
<td>Highland</td>
<td>Yes</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>All referrals triaged from a mental health locality single referral point to services that deliver Psychological Therapies and referrals to services that deliver Psychological Therapies which accept direct referrals.</td>
</tr>
<tr>
<td>Lothian</td>
<td>All referrals to clinical psychology are included.</td>
</tr>
<tr>
<td>Orkney</td>
<td>Yes</td>
</tr>
<tr>
<td>Shetland</td>
<td>Yes</td>
</tr>
<tr>
<td>Tayside</td>
<td>Yes</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Yes</td>
</tr>
<tr>
<td>NHS 24 Living Life</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Referral to treatment calculation

Some NHS Boards are not able to calculate the waiting times from referral to treatment yet. While systems are being developed to do this, they are using a proxy for treatment. The Psychological Therapies Waiting Times Guidance and Scenarios document advises Boards should use the second appointment as a proxy for treatment. Where Boards are still using assessment / first appointment as proxy for treatment their waiting times could increase once they are able to calculate referral to treatment. Information on which NHS Boards are still developing their systems for this is detailed in the NHS Board level data quality issues section.

Psychological Therapies at a glance - Referral to Treatment measure

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Referral to Treatment measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Borders</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1st appointment and advised this is not a proxy (from October 2019)</td>
</tr>
<tr>
<td></td>
<td>A new system from May 2020 will enable clinician’s discretion to determine treatment start</td>
</tr>
<tr>
<td>Fife</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Grampian</td>
<td>Clinician’s discretion is used when determining when treatment starts. Treatment starting is therefore defined and recorded as either the first or second appointment based on clinical judgment.</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>2nd appointment for CAMHS activity</td>
</tr>
<tr>
<td>Highland</td>
<td>No proxy used for some services</td>
</tr>
<tr>
<td></td>
<td>1st appointment proxy used for others</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Lothian</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Orkney</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Shetland</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Tayside</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Western Isles</td>
<td>No proxy used</td>
</tr>
<tr>
<td>NHS 24 Living Life</td>
<td>1st interaction is screener, 2nd appointment is initial assessment and 3rd appointment is treatment</td>
</tr>
</tbody>
</table>
**CAMH Services for psychological therapies**

Referrals for Psychological Therapies from CAMHS services are included as part of this standard as well as being included with the CAMHS standard. Not all Boards are including this information in their Psychological Therapies data yet. Information on this by Board is included in the NHS Board level data quality issues section.

**Psychological Therapies at a glance – Inclusion of CAMH PT Activity**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Inclusion of CAMH PT Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Yes</td>
</tr>
<tr>
<td>Borders</td>
<td>Yes, up to July 2017</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Child Psychology is included, CAMH Services are not</td>
</tr>
<tr>
<td>Fife</td>
<td>Yes</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Yes, from May 2017</td>
</tr>
<tr>
<td>Grampian</td>
<td>All CAMHS activity</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Yes</td>
</tr>
<tr>
<td>Highland</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes for patients seen</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>All CAMHS activity for patients waiting</td>
</tr>
<tr>
<td>Lothian</td>
<td>Yes</td>
</tr>
<tr>
<td>Orkney</td>
<td>No</td>
</tr>
<tr>
<td>Shetland</td>
<td>No CAMHS PT activity to record</td>
</tr>
<tr>
<td>Tayside</td>
<td>Yes</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Yes</td>
</tr>
<tr>
<td>NHS 24 Living Life</td>
<td>Includes patients from the age of 16 but is not a CAMH Service</td>
</tr>
</tbody>
</table>
Data completeness

Waiting times data are extracted from local administration systems which are updated frequently with information about appointments, attendances, etc. This may lead to different reported numbers of patients seen or waiting depending on the date the data were extracted. However, any differences equate to a relatively small proportion of total numbers of patients seen or waiting. As from July 2017 we have requested that Health Boards given an estimate of their completeness for patients seen and patients waiting, where they are unable to give a more comprehensive estimate this is taken from services included/not included. The results are reflected in the table below.

**Psychological Therapies at a glance – Data Completeness**

<table>
<thead>
<tr>
<th>Health Board</th>
<th>January 2020</th>
<th>February 2020</th>
<th>March 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients Seen</td>
<td>Patients Waiting</td>
<td>Patients Seen</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Borders</td>
<td>85% (1)</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Fife</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Grampian</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Highland</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Lothian</td>
<td>99.5%</td>
<td>99.5%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Orkney</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Shetland</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Tayside</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Western Isles</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>NHS 24 Living Life</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

1 - NHS Borders have had difficulty reporting PT for CAMHS and LD due to migration and staff issues, these accounts for approximately 10-15% of activity. This is not likely to be resolved until reports are available from the new PMS.
2 – NHS Highland have reported a decrease in estimated completeness for March 2020 as some workers who are home working or self-isolating have been unable to provide their manual submissions so an adjustment has been made for the % their data would normally make-up of the submission.
3 – NHS Lanarkshire state that PT appointments never have 100% of outcomes entered by the time the completed waits report is extracted from Trak.
4 - NHS Orkney advised us that whilst the PT Service data is 100% available as it is on Trak, the CMHT activity is not captured therefore they cannot comment on completeness as a whole, they have advised us that it is no more than 50% complete. NHS Orkney does not submit data for Patient Waiting at present due to migration issues.

N/A – Not available.
Data quality issues by NHS Board

This section details specific data quality issues for each NHS Board and provides completeness estimates where there is data missing due to systems still being developed.

**NHS Ayrshire & Arran**

Estimated data completeness for quarter end March 2020 is 95.0% for patients seen and patients waiting. The Board have advised us that due to administration constraints within some of the Teams, the waiting lists require validation which remains a priority and is an integral part of the waiting list reporting process, reporting and monitoring is continuing as normal.

NHS Ayrshire & Arran developed a purpose built database to capture and record all RTT patient contact within Adult Mental Health Services. Data reported incorporated matrix-defined and non-matrix treatment for PCMHTs multidisciplinary staff, Psychological Services staff and OT’s working within Adult Mental Health. The database clearly identifies assessment and first treatment dates. If treatment commenced at assessment, then this is a clinical decision and is recorded as such on the database upon the clinician’s instruction.

From April 2019 NHS Ayrshire and Arran are reporting only on Psychological Therapies as defined in the matrix. Following a review of psychological therapies undertaken by their local workforce they are reporting more accurately on evidence based therapies as defined in the matrix and by the waiting times standard. The referrals now excluded from the report relate to psychologically informed work undertaken by the wider workforce but which do not meet the criteria for the waiting times standard.

Work continues to incorporate the missing services; addictions is now included and work is underway to include Forensics and Low Secure in the return. The Board maintains the expectation that the level of Psychological activity within these services is minimal, and understands that patients are being treated within 18 weeks, and so their eventual inclusion is expected to have a negligible effect on the wider waiting times compliance. For analytical purposes, the new services will be included in first month of the new financial year.

Data is provided for children receiving or waiting to commence a Psychological Therapy within CAMHS, Community and Medical Paediatrics.

The Board have been reporting all referrals to the Mental Health Service. From April 2019 only referrals to psychological therapies will be reported in line with the ISD psychology workforce. The Board have advised us that they are able to report on rejected referrals where vetted as inappropriate for a specific mental health team, however inappropriate referrals to Mental Health Services are referred back to the referrer with sign-posting to appropriate services.

Adjustments are made up to the first treatment appointment for non-attendance and periods of unavailability (infrequently) but the databases do not record reasonable offers so no adjustments are made if a patient declines 2 or more appointment dates.
**NHS Borders**

Estimated data completeness for quarter end March 2020 is 85.0% for both patients seen and patients waiting. Work on data completeness continues. However, our data analysts who are part of our data steering group report that they are still finding errors within the new system and therefore CAMHS PT and LD are not included in returns yet. They are working hard to resolve these issues. A data steering group was set up in the last quarter of 2019 and is working well to identify and resolve issues. We are hoping to be able to have issues rectified by the start of the new financial year. NHS Borders are relying on manual inputting to excel sheets as their IT system was not fit for purpose. With a standalone spreadsheet system for reporting there is increased potential for error, but they now have systems in place to check the quality of data and are confident they are reporting accurately.

Within NHS Borders, the Doing Well Service has become part of the Wellbeing Service. They are including the psychological therapy elements of the wellbeing service into the PT data and as such this is also included in their system change and so the above time frame applies.

CAMHS data is included for referrals for a Psychological Therapy up to July 2017 due to staff/system issues. CAMHS data is not available at present but it is planned to include CAMHS data with the new system currently being piloted, the above time frame applies.

The Board reports figures for referrals to Psychological Therapies only.

The Board records referral to treatment. They have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services. They have also advised that the increase in referrals is due to the inclusion of the Beating the Blues data.

Adjustments are made up to date of treatment.

The Board have stated that there has been an increase in number of new patients seen due to a) new staff starting in adult mental health and b) patients being assessed for a fear of falling group. The latter accounts for the bulk of the activity and the increase of referrals/activity in the 65+ group. This is a new intervention we have been offering since July 2019 as a result of NES funding. There are some current recruitment issues in BAS and V1P which are causing delays to people being seen for psychological therapies.

**NHS Dumfries & Galloway**

Estimated data completeness for quarter end March 2020 is 95% for both patients seen and patients waiting.

The Board have advised us that for Psychology, from May 2020, they are introducing a new system that will enable clinician’s discretion to determine treatment start. From October 2019 the Board are now reporting from 1st appointment rather than using a proxy as they consider treatment starts at the first appointment. From April 2014, the Board were using a proxy which is 2 weeks after the 1st appointment (which is the normal for 2nd appointments for this Board).
Currently in NHS Dumfries and Galloway, data for CAMH services and Child Psychology are recorded on different systems; CAMH services are in Topas and Child Psychology in an Access-based patient management system. The two sets of data are also measured differently; the CAMH services data are adjusted and the Child Psychology is unadjusted as well as the new system that will enable clinician’s discretion to determine treatment start for psychology. Therefore, at present only information for Child Psychology is included in this publication, CAMH service activity is not included.

The Board report on referrals to Psychology Services only. They have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

The Board have episodic ongoing issues with IT systems communicating with each other. While monthly data reported is reasonably accurate the integrity of the data is threatened at times. When integrity threats are detected they put monitoring systems in place for the future.

The Board supply unadjusted data only. There is no current timescale for the submission of adjusted data due to development/decision of new IT system.

The Board has established regular data-cleansing procedures carried out by admin staff in liaison with the Assistant Psychologist. The speed of rectification of errors which are down to the IT system will depend upon availability of IT resource to inform the exercise. During their latest data cleansing exercise, they highlighted a number of cases which had been discharged but were still on their system as waiting for treatment.

NHS Dumfries & Galloway have advised us that they have had long term vacancies and maternity leave which has affected their performance.

**NHS Fife**

Estimated data completeness for quarter end March 2020 is 100% for both patients seen and patients waiting.

From the August 2014 data the Board are measuring referral to treatment, prior to this they reported to 1st appointment as a proxy for treatment.

The reported data includes CAMHS, Psychology, Day Hospitals, cCBT and Step on Stress/Back on TRAC.

The Occupational Therapy Service had been trialling an electronic record system, this has led to missing data in referrals, people waiting and people seen over the past few months. The Board have advised us that this involves small numbers.

From October 2014 CAMHS Psychological Therapy activity is included.

The Board reports on referrals for Psychological Therapies only. They have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

The Board is unable to provide adjusted waits at present, as this relies on an improved IT system. Testing commenced within the psychology service but not yet validated. Other services are still unable to adjust waits.
NHS Fife have advised us that in January 2020 a larger than usual number of people began group work both within the Day Hospitals and within the community-based psychology led groups. Figures for cCBT also continued the upward trend seen over previous months. These, combined with the usual fluctuation within the psychology 1:1 activity (as clinician’s complete therapy and take on new patients), accounts for an increase in the number of patients seen this quarter. However, there has been a reduction in staff in the Older adults psychology service for this quarter. This is due to maternity leave, a member of staff leaving the service and a member of staff taking a new post elsewhere. Recruitment is complete/underway for these posts.

**NHS Forth Valley**

NHS Forth Valley estimate completeness for both patients waiting and patients seen for quarter end March 2020 to be 100%.

Due to the data extraction taking place at month end, there is likely to be a small number of patients who are reported as waiting who have actually commenced treatment. Clinical staff do not always have the opportunity to update Trak on the day a patient starts treatment (e.g. if the patient is seen as a home visit), and where this falls on the last day of the month the patient’s change in status will not be updated in time for the data extraction.

Within NHS Forth Valley, all relevant staff are now trained on the re-built system, and as of September 2019, data for both new and return patients has been entered accurately. Data quality has improved significantly over the past quarter. Data is being entered accurately onto the system, and local reports are available to clinical staff. Dedicated admin support is in place to work through the final outstanding data issues, but overall there is now reasonable confidence in the robustness of data going forward.

The Board currently reports on the three main psychological therapy services - Adult Psychology, Dynamic Psychotherapy and Behavioural Psychotherapy. Beating the Blues data is also reported. As of May 2017, CAMHS PTs data is included within the psychological therapies return.

The Board have advised us that there are some staff delivering evidence-based psychological therapies out with the reported services. It is not possible to quantify the exact impact of this on the data as the process of identifying and developing reporting systems for these staff is ongoing.

However, the number of patients involved is relatively small, with the vast majority of people seen currently included in the submission. Work to resolve the recording and reporting issues related to Trak is now taking effect, the work above will be recommenced in early 2020. The steering group looking at the delivery of evidence-based psychological therapies out with the main PTs services has reconvened under the leadership of the Lead Nurse for Psychological Therapies. The group is currently reviewing progress made prior to the migration to Trak and agreeing prioritisation of specific therapeutic modalities.
In NHS Forth Valley, **all 3 specialties reported on measure referral to treatment.**

The Board reports figures for referrals to Psychological Therapies only.

Adjustments are made up to date of breach (18 weeks).

The Board have advised us that all rejected referrals are recorded on TOPAS. Referrals are 'rejected' (or signposted elsewhere) if they are more suitable for another service within NHS Forth Valley, more suitable for a service provided by a third sector partner or are not appropriate for a mental health service.

The Board have advised us that the service continues to receive an increasing number of referrals. While capacity within the service has been an issue, NHS Forth Valley are implementing a programme of investment in Psychological Therapies (£440,000 over 2 years). Of this investment, £300,000 has already been received by the service, and several new posts have been recruited to as a result. Due to staff turnover, maternity leave and delays with new staff members taking up post due to the graduation cycle, the full impact of this investment has not yet taken place in NHS Forth Valley. In fact, staffing numbers are actually slightly lower this quarter than last. However, this is a temporary situation and the new investment should begin to demonstrate an impact over the next few months.

Although the HIS Responsive Support Contract has been concluded, the Board is continuing to work with MHAIST on staff wellbeing and a revised pathway for people experiencing the psychological consequences of trauma. The Board also submitted an Improvement Plan for Psychological Therapies to HIS in March 2019.

**NHS Grampian**

Estimated data completeness for quarter end March 2020 is 100% for both patients seen and patients waiting. However, not all areas are reporting on Psychological therapies; psychological therapies in acute, some limited areas within mental health, and some areas of primary care do not currently report data. An action plan has been created and is being shared with Chief Officers and managers. Aberdeen City primary care team did hope to be able to report on the system from April 1st 2020, however due to Covid-19 response it is anticipated that this will not be possible before August 2020. There are therefore data quality issues that aim to be resolved in future data reporting.

NHS Grampian are now submitting adjusted data from January 2020. The adjustments are made up to date of breach (18 weeks).

NHS Grampian includes all CAMHS activity as all bar a very small number of detailed cases result in a Psychological Therapy.

The service is now fully implementing the revised national waiting times guidance document which states that clinician's discretion should be used when determining when treatment starts. Treatment starting is therefore defined and recorded as either the first or second appointment based on clinical judgment. This is the case for both PT and CAMHS.
NHS Grampian reports figures for referrals to Psychological Therapies however are unable to submit the number of rejected referrals. The CAMHS service can and does record rejected referrals internally. There is currently no system to report this with PT. It is estimated that it will be 6-12 months before this can be achieved in PT.

For the majority of referrals to psychological therapies, the Board have advised us that referrals are received by each Community Mental Health Team. If at the CMHT meeting a referral is not deemed appropriate and thus rejected, the CMHT will appoint the most appropriate clinician to feedback and advise the referrer of the outcome and when appropriate suggest appropriate onward referral to other services. However small specialist services such as Eating Disorders Service, Psychotherapy and Rehabilitation still have a multidisciplinary team meeting where referrals would be allocated or rejected with signposting offered to the referrer.

**NHS Greater Glasgow & Clyde**

Estimated data completeness for quarter end March 2020 is 100% for patients seen and patients waiting.

The data is complete for this quarter; however, there are a number of recording and validation issues. Data quality checks have been developed to identify inconsistencies and anomalies in recording that will be corrected over the coming months. NHS Greater Glasgow & Clyde are not in a position to resubmit for previous months.

From November 2014 CAMHS Psychological Therapy activity is included.

The Board report a combination of 1) referrals for Psychological Therapies alone and 2) all referrals to the mental health service depending on the reporting service. They are unable to submit the number of rejected referrals, as this data is only available at team level.

NHS Greater Glasgow & Clyde does not have discrete Psychological Therapy departments, but provides Psychological Therapies for the treatment of a mental illness or disorder as part of locality based Primary Care Mental Health teams, Community Mental Health teams and Specialist Mental Health teams. Therapies are delivered by Clinical Psychologists, Nurses, CBT Therapists, Occupational Therapists and Psychotherapists, working within those teams, who are trained and supervised to deliver a range of Psychological Therapies listed in the Matrix.

The waiting time for access to Psychological Therapies, for newly referred patients, is counted from the date that the referral is received by the team (including self-referrals to Primary Care Mental Health teams).

The waiting time for clients of non-mental health services who have a need for a Psychological Therapy for treatment of a mental disorder identified, begins once the client is referred for therapy to the appropriate clinician within that team or to another team with a Psychological Therapy resource.
NHS Greater Glasgow & Clyde have stated that the data is provided with a breakdown of age (65+) for all services except acute.

Adjustments are made up to date of treatment.

The Board have informed us that they are aware of capacity issues in some teams at present.

**NHS Highland**

Estimated data completeness for quarter end March 2020 is 94.3% for patients seen and 97.7% patients waiting, with the exception of psychological therapies delivered by community mental health teams. Some workers who are home working or self-isolating have been unable to provide their manual submissions so an adjustment has been made for the % their data would normally make-up of the submission.

There has been some completed waits data missing from previous reports. Complete data has been submitted from and including July 2018, however a small percentage (3% for the Jan-Mar period) is unadjusted. A request has been raised with their Business Intelligence (BI) Team to investigate why this small percentage are not being included in the full adjusted report on completed waits. No progress has been made in investigation into this with BI team due to current demands on their time. Once the reasons for deficit are known data will be resubmitted.

Data are not available until October 2014 due to the Board migrating to a new patient management system (from iSoft (PAS) to Trakcare (PMS)). The Board have advised us that they will not be able to submit the missing data.

In NHS Highland adjustments and clock resets for the patient being unavailable/not attending are made up to 18 weeks (date of breach). As mentioned above, a small percentage are not included in the full adjusted report on completed waits. However, until investigated further these are currently reported as unadjusted but this does not mean an adjustment to the clock would actually have been required.

CBT Northwest and Lochaber, Guided Self Help, and Occupational Health report first appointment proxy for treatment start. All other Psychological services in NHS Highland report referral to treatment.

CAMHS Psychological Therapies are not included in the return.

The Board submits figures for referrals to Psychological Therapies. Referrals in Highland (i.e. NHS Highland except for Argyll & Bute) now come via the Community Mental Health Teams, whereas previously they went directly to Psychology.
NHS Highland have advised us that, for the 80% of services whose data is recorded on TrakCare, they would be able to use the National Code for the Removal Reason to indicate what happened after a referral was rejected.

Some over-counting of patients not yet seen is still occurring due to the waiting list having patients on who are already receiving treatment. It isn’t possible to quantify this because this would mean going into every record individually to check. This is being flagged up to the service and efforts are being made to deal with this problem. Planning & Performance have started reconciling what they report to ISD with the department’s own information, in “chunks” starting with the longest waits and the MHAIST analyst is working on this project, due to the current situation the MHAIST has not been able to progress this work.

**NHS Lanarkshire**  
Estimated data completeness for quarter end March 2020 is 95% for both patients seen and patients waiting.

The Board now include the Pain Management Service, CBIT (Community Brain Injury Team), and Stroke MCN service in their reporting. Work to include EVA data has been prioritised within Trakcare.

Their Rutherglen/Cambuslang (CamGlen) team is part of NHS GG&C IT systems, which has been transitioning to the EMIS system; this data was not available from April to September 2017. Partial data for Patients Waiting was included from October 2017, as NHS GG&C are unable to identify patients waiting from referral to assessment as patients are not allocated for a Psychological Therapy until after their assessment appointment. This data has been omitted from July 2018 due to data integrity issues. The Board do not believe it will have a large impact on the figures (<5%) however this is only an estimate as they can’t get exact figures on how many patients should have been included in their figures. There continue to be data quality issues with information received to NHS Lanarkshire from GG&C systems, all efforts are being made to ensure data integrity, and to enable information from this locality to be reported. The Board advised us that this is a Greater Glasgow and Clyde issue that they have little control over, and data is now being included from January 2020.

In NHS Lanarkshire, from January 2015 the submission is based on data extracted from Trakcare. The Board are reassured that the data reported is accurate. The Board include only referrals that are waiting for a Psychological Therapy.

In the Board adjustments, up to 18 weeks, have been in place for Psychological Therapies on TrakCare since May 2014.

From January 2015 all CAMHS activity is included for patients waiting as it is not possible to extract only CAMHS PT activity from overall CAMHS activity. Therefore, the submitted data is comprised of accurate Adult PT data, and overall CAMHS data.

The Board records referral to treatment.
NHS Lanarkshire have advised us that rejected referrals are those which are deemed unsuitable for psychological therapy, and these are returned to the referrer with an explanation. In addition to the “rejected referral” category, they also have a clear process for signposting referrals to more suitable services without requiring that the patient return to the referrer for this.

**NHS Lothian**

Estimated data completeness for quarter end March 2020 is 99.5% for both patients seen and patients waiting.

Further services are still to be included in the submission (Forensic Services and Rehabilitation Services) the Board are awaiting the relevant changes in TRAK to allow reporting of psychological therapies activity from all relevant services. Once TRAK is changed it will be able to report on Psychological Therapies within the Eating disorder service, it is estimated that this is approximately 1 to 2 patients per month. The Lothian data for the national online cCBT service is now being included.

NHS Lothian applies adjustments for up to 12 weeks against each stage of the pathway. So, for those awaiting assessment and for those on the treatment stage adjustments are not applied after a 12 weeks wait. This is an interim arrangement and is liable to change.

The Board referral data for Psychological Therapies (AMH) includes all referrals triaged from a mental health locality single referral point to services that deliver Psychological Therapies and referrals to services that deliver Psychological Therapies which accept direct referrals. The numbers of rejected referrals reported are from all these services which deliver Psychological Therapies.

The Board has included CAMHS Psychological Therapies in the return from July 2016.

The Board records referral to treatment.

NHS Lothian have advised us that capacity issues and data errors may have a slight impact on their data; however, they are working to improve the detection and correction of such errors and overall data quality.

They have advised us that there are a number of Triage outcomes that services use which would indicate an alternative that was recommended where a referral was rejected (e.g. “Redirected to other NHS Service”, “Recommended alcohol / SMD service”, “Recommended counselling / 3rd sector” etc). They do not have information on eventual outcomes where a referral was rejected.

NHS Lothian have advised us that there is a focus on offering 1st treatment appointments to patients waiting over 18 weeks / longest waits, to clear the waiting list backlog and they are aware of a continued issue with gap between demand and capacity in some services. They have also highlighted issues with reduced capacity related to staffing but also an issue with increasing complexity of presentations resulting in increased new to follow up ratios which reduces capacity.
NHS Orkney

NHS Orkney have advised us that whilst the PT Service data is 100% available as it is on Trak, the CMHT activity is not captured therefore they cannot comment on completeness as a whole. They have informed us that the following evidence based Psychological Therapies are not included in the submission:

- CBT for anxiety, depression and eating disorders delivered by CPN's trained at certificate or diploma level, computerised Cognitive Behavioural Therapy (cCBT), Behavioural Activation for depression, delivered by the professionals in the CMHT, MBT (Mentalisation-Based Therapy) for people with personality disorders delivered by CPN's in the CMHT, Motivational Interviewing for people with alcohol and addiction problems, delivered by staff in the substance misuse team, EMDR for trauma (PTSD & complex trauma) delivered by CPN's in the CMHT and Phase 1 Safety and Stabilisation Survive and Thrive groups for complex traumatic stress disorders, delivered by the CPNs in the CMHT.

NHS Orkney does not submit data for Patient Waiting at present due to migration issues. Work has started and is on-going with the clinical systems administrator and the CMHT to put all CMHT staff on to Trak. Once this is completed, they should be in a position to capture and record all PT activity completed by the PT clinicians and also extra activity undertaken by CMHT staff on an ad-hoc basis. They are now focusing on the new PT submission and getting it ready to submit. In the return they will include patient DNA, UNA etc, therefore adjustments will be calculated.

NHS Orkney have advised us that further staff training is required in CMHT as more staff in the CMHT now delivers various PT treatments and not all staff are setup on Trak as yet. This is another project/piece of work that has been identified and will be rolled out as staff are set up on Trak.

Previous months submissions will be submitted over time, as and when time permits. This is historical data that has not been reported to ISD yet. The data is in Trak but they know it contains many errors so it needs to be freshly pulled out from Trak, checked, errors fixed by CMHT etc then submissions compiled and submitted. It is a fair bit of work for both HI and CMHT and there are no timescales for this work yet as getting all of the staff onto Trak and the new PT/CAMHS submissions have taken precedence. NHS Orkney has informed us that no progress has been made on any historical submissions, focus will be on preparing and submitting the new returns.

The Board are unable to provide adjusted waits at present.

NHS Orkney records referral to treatment and include all referrals to clinical Psychology.

The Board does not include CAMHS Psychological Therapies in the return, this may require changes in Trak to capture CAMHS-PT activity so they can identify between “CAMHS” data and “CAMHS-PT” data and pull out the right info for the PT submission, NHS Orkney have advised us that this will not move forward until historical data is cleaned up and previous missing submissions are completed.

They have advised us that inappropriate referrals are referred back to the referrer with signposting to appropriate services. They record referral to treatment and include all referrals to clinical Psychology.
NHS Shetland
Estimated data completeness for quarter end March 2020 is 100% for both patients seen and patients waiting.

The Board do not have any CAMHS Psychological Therapies activity. Activity will be recorded when clinicians are trained to deliver CAMHS PT’s.

Data from March to May 2015 are unavailable due to moving to a new patient management system, the Board do not believe they will be able to submit this data in the future. They have advised us that Trak is now embedded as the prime recording system in NHS Shetland.

NHS Shetland records referral to treatment.

The Board includes all referrals waiting for a Psychological Therapy.

NHS Shetland has advised us that they have been working on a number of ways of managing the waiting times, but they continue to be high. They are currently in the process of redesigning a therapist post as they have been unable to recruit. They have submitted a draft improvement plan as part of the Annual Operational Plan that shows how they will achieve 70% by Dec 2020, which will recover the position for talking therapies. Clinical Psychology is proving to be more difficult to recover, with a single handed practitioner continuing to receive referrals in addition to the backlog. This single handed practitioner is due to retire at the end of September 2020. The Board is currently looking at different models in order to ensure there is no gap in service.

Adjustments are made up to date of treatment.

NHS Shetland have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

NHS Tayside
Estimated data completeness for quarter end March 2020 is 100% for both patients seen and patients waiting. The Board have advised us that, due to a new system implementation they have been unable to submit data from July 2017 resuming full submissions from November 2017. They advised us that they will not be able to submit for missing months. Before July 2017 due to an admin shortage within P&K APTS - data accuracy may be affected, where possible the necessary checks are carried out. Data is circulated to all service leads for validation prior to submission to PHS.

The Trakcare appointment system has included a significant amount of erroneous data and strenuous efforts have been made by e Health colleagues and clinical staff to rectify this situation. The accuracy of the data is much improved, although there are still glitches to be ironed out.

NHS Tayside has advised us that all Psychological Therapies services data is included.

The Board have stated that service capacity has been reduced due to staffing vacancies, length of time to appoint to vacant posts and maternity leave issues for this reporting quarter.
NHS Tayside use the first appointment to measure start of treatment. They have advised that, for the majority of patients, treatment will commence at the first appointment, therefore this is not being used as a proxy. The instances where only an assessment may have occurred at first appointment would account for approximately 10% of recent activity, for these cases first appointment is used as proxy for first treatment.

CAMHS Psychological Therapy activity is included.

The Board include all referrals to Psychological Therapies from the Psychological Therapies Services and the Multi-Disciplinary Adult Psychotherapy Service which is a separate and distinct service.

Adjustments are made up to date of treatment – after a breach had occurred any unavailability would still be added to their PAS but it would not change the clock start date or breach date.

**NHS Western Isles**

Estimated data completeness for quarter end March 2020 is 100% for patients seen and patients waiting.

For most services, referrals are electronic through their Referral Management System and are allocated directly to a clinician. The iESO service receives self-referrals directly from patients. The first appointment from this is classed as first treatment, there is no assessment stage, treatment will always start at the first appointment, and this is not being used as a proxy. This is in part a cultural process, given each first appointment will involve assessment it is felt that treatment also starts from this point. However, different parts of the service have started using the additional RTT outcome codes for first appointment making it possible to distinguish between assessment & treatment started. In relation to CAMHS psychological therapy a patient may have a number of appointments with a clinician who then may decide psychological therapy is appropriate. If this is the case, then the previous appointment is used as the base for the referral start.

The Board include only electronic and iESO referrals to Psychological Therapies.

In NHS Western Isles CAMHS Psychological Therapy activity is included, however they have advised us that within their CAMHS team there is no separate Psychological Therapy team so a clinician may decide PT and then refer to themselves or another clinician depending on the type of therapy. This tends to be recorded within the same pathway by bypassing the RMS and therefore the referral date is taken from the previous appointment where PT intervention was agreed. This has implications for measuring referrals as it makes it difficult to gauge whether someone is a new or return patient.

The Board adjust data up to 12 weeks. Topas ceases clock adjustments for the first appointment after 12 weeks i.e. if a patient already waited over 12 weeks to be seen for the first time and then declines a reasonable appointment offer, Topas will not reset the clock as it has already passed 12 weeks. Also Topas is not able to apply new ways rules on pathways
where same referral is used for different streams within the service, such as with CAMHS (detailed above).

NHS Western Isles have advised us that they cannot report on inappropriate referrals to psychological therapies due to coding/triage process – all mental health referrals pass through RMS as a generic G specialty code. These are reviewed/allocated to the appropriate clinician however, if a referral is inappropriate it will be marked as such by the Team Lead who triages, prior to informing referrer and rejecting, or passing into the relevant mental health clinician's caseload. So some referrals are deemed inappropriate before being tagged to the Psychological Therapist and can’t be filtered out from all other mental health referrals. A few may be assessed when they reach the top of the waiting list and may be deemed inappropriate at that stage.

NHS Western Isles have noted almost no adult psychology or CBT referrals since start of pandemic (March). They have identified ongoing capacity issues given there is only 1wte CBT therapist and a few sessions of clinical psychology therefore the data is sensitive to minor changes in referral/DNA rates as well as annual leave/sickness and treatment length.

**NHS 24 Living Life**

Estimated data completeness for quarter end March 2020 is 100% for both patients seen and patients waiting.

The data include only referrals to Psychological Therapies.

NHS 24 are unable to provide adjusted waits.

The referral process for NHS 24 is that all enquiries are subject to a pre-screen conversation with a member of the LL team and advised at that time if their presentation is appropriate for Initial Appointment (IA).

They have advised us that inappropriate/rejected referrals are encouraged to attend their GP.

NHS 24 does provide CBT to patients from the age of 16 but are not a CAMH Service. 1st interaction is screener, 2nd appointment is initial assessment and 3rd appointment is treatment.

NHS 24 have advised us that the implementation of the screener process has had an impact on both the number of rejected referrals which includes inappropriate referrals and those they were unable to contact and their patients seen for treatment.