

Healthwatch Kingston

iCope Kingston service user experience report: Update

Community engagement March 2018 to October 2019

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healthwatch
Kingston upon Thames



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1. About Healthwatch Kingston

Healthwatch Kingston upon Thames is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need. Healthwatch Kingston upon Thames is part of a network of over 150 local Healthwatch across the country.

We're here to listen to the issues that really matter to people in the Royal Borough of Kingston upon Thames and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

It's really important that you share your experiences – whether good or bad, happy or sad. If You've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story – we're here to listen.

2. Introduction

In March 2018, the Healthwatch Kingston Mental Health Task Group began to undertake a service user review of the iCope Kingston Psychological Therapies Service which is available for people registered with a GP in the Royal Borough of Kingston Upon Thames (Healthwatch Kingston notes that people can self-refer to the service, though we understand most referrals come via GPs). Planning for this included meeting with the commissioner and provider of the service. In initial discussions we agreed that for context, pre-existing data would only be reviewed from 2017 onwards as the service had undergone significant change in 2017.

Healthwatch Kingston's Task Groups are made up of affiliates (members of the community) and other volunteers with a passion for, and often lived experience of, the health and social care issues concerned in four areas: Community Care, Hospital Services, Youth Out Loud (or YOL!), and Mental Health.

The Healthwatch Kingston iCope survey was closed in October 2019. Progress on the reporting of this project has been hampered for a range of reasons, including Covid-19. It is, however, important for us to publish what service users shared with us, even though this has been inadvertently delayed. We are mindful that iCope service development has taken place since our initial community engagement and therefore, to bring this document up to date, we include a provider update as part of this report.

Camden and Islington NHS Foundation Trust (the provider) and South West London Clinical Commissioning Group (the commissioner) of the Kingston iCope service have also provided formal responses to our report recommendations.

3. Research methodologies

The iCope Kingston service commissioner and provider were involved in this review from an early stage and their assistance in capturing the data sample and in shaping the review is gratefully acknowledged.

Healthwatch Kingston, also approached Kingston University to provide academic support for the design of the survey, as well as an analysis of the resulting data. We sought the views of people who had used the iCope Kingston service.

Service users were invited to take part in the survey in one of the following ways:

1. Complete a paper survey
2. Fill in an online version
3. Be interviewed in person.

The design process for the survey took several months, with different versions debated by the Healthwatch Kingston Mental Health Task Group. The period from which the data was obtained is from 2015 - 2019, with people sharing their past experience of the service as well as users at the time of the survey.

Uptake of the survey was slow and further outreach to local organisations took place and in April 2019, to boost response rate, we ran a 30 second advert at different times of the day and over a weekend with local station, Radio Jackie. The Healthwatch Kingston script for the Radio Jackie advert to promote the iCope Kingston service user experience survey:



Healthwatch Kingston is carrying out a review of the local iCope mental health service... If you've had experience with iCope, your confidential feedback will help to improve the service. You can fill in the survey online -

just visit healthwatchkingston.org.uk or, if you prefer, you can request a printed questionnaire, or to be interviewed. To arrange either of these options call 020 3326 1255. Healthwatch Kingston - We're here to help make health and care better.'

Methodologies used to collect data for this report included:

- Paper and online surveys
- Face to face interviews
- Promotion via our [website](#), social media and local health and social care stakeholder communications
- Targeted engagement via the iCope Kingston service
- Radio Jackie advertisement.

4. Community engagement aim

The project aimed:



To focus initially on a qualitative assessment of the iCope Kingston service from the perspective of the service user experience; addressing specifically fitness for purpose and quality of service provided to service users, especially in respect of its person-centredness and timeliness, ease of access and communication of process; how people are treated and supported; and how carers are involved, where appropriate'.

5. Limitations

Healthwatch Kingston acknowledges this report is a snapshot of some experiences, but even though the number of people who engaged was small, their responses were valuable, as they provide insight from respondents into what worked well for them during their treatment and during after care, if this was required. The feedback from the iCope Kingston service involved has informed our report recommendations and offers an opportunity for both commissioner and provider to consider service improvements to ensure a quality service for all who use it.

Limitations to note regarding the production of this report:

- Despite extending the period to over a year and promoting the study both via the iCope Kingston service itself and existing Healthwatch Kingston channels, through social media and a radio campaign, a total of 49 surveys were captured as a result. The iCope Kingston service told Healthwatch Kingston it received over 23,500 referrals between 2015 - 2019, and therefore it is acknowledged this report is informed by a very small sample of service users by comparison. Perhaps the subject of the survey and the stigma associated with mental health in society may partly account for the low response rate.
- Healthwatch Kingston has ongoing relationships with local community groups to deliver its outcomes. Many of the Mental Health Task Group are members of such community groups as well as participants in the work of Healthwatch, and therefore, other members of these communities are likely to have been involved in the survey through word of mouth. Healthwatch Kingston was also instrumental in the development of Thrive Kingston (Kingston's mental health and wellbeing strategy 2017-21) and the co-production cohort for that work will also have been aware of our survey. These factors may have tended to skew responses to those individuals with a comorbidity with physical health issues, neurodiversity, and

serious mental health issues to a greater degree than is present in Kingston's population. It may also account for the numbers of respondents referred by a GP rather than self-referred.

- The nature of the study implies that some responses may come from people who are unwell in a way which may affect their judgement and / or their views of the world. It is nonetheless a study of service user perception and this needs to be borne in mind when considering that the perception of the service is material to its outcomes.
- The size of the project team was also small, and their backgrounds were not in academia. This had the effect of lengthening the time taken to develop and deliver the project. It was also necessary to ratify all products and major decisions with the Mental Health Task Group, which met only bi-monthly.
- There is an acknowledged tendency in all service reviews for those dissatisfied with a service to come forward to give their views in comparison with those with a positive perspective. In view of this tendency and the foregoing limitations, an overall response of around 60% positive assessment of the service represents a good outcome.



6. Local service offer

Kingston residents requiring mental health support through the NHS, including depression (including related to or impacting long term health conditions), anxiety disorders, phobia, and trauma can access a range of evidence based psychological treatments through the iCope Kingston service.

iCope is an Improving Access to Psychological Therapies (IAPT) programme and in Kingston it is delivered by the Camden and Islington NHS Foundation Trust out of Hollyfield House in Surbiton.

To find out about support available for people living with and affected by mental health in the Royal Borough of Kingston upon Thames go to the [Healthwatch Kingston All About: Mental Health services](#).

7. Key messages

49 participants engaged with the survey, however, not all 49 participants answered all the survey questions.

Responses revealed that 36% of participants received benefit from the service and a further 22% of participants had received some benefit with a combined reported benefit from 58% of participants who used the iCope Kingston service. That said, a substantive minority of the remaining 42% of participants perceived that they had received no benefit or could not decide if they had or not. This section of our report explores in more detail both benefits and shortcomings of our community engagement.

There were several key areas that were highlighted by participants. These included experiences shared about support, environment, timeliness, communication, flexibility, resource management, and skills are highlighted below:

- A. **Support of service users** - When therapy worked well, participants were delighted with the iCope Kingston service, the treatment, the choice of therapist and the new skills that they have acquired to cope and stay calm. Kindness, empathy, and non-judgemental were qualities found to be supportive, professional, and reassuring and especially when individual needs were taken into consideration.



A kind, patient and empathetic therapist who made me feel safe and was not judgemental.”

- B. **Support of family and friends** - Respondents suggested that literature, guidance, and advice would be very useful for those providing support for loved ones suffering from depression or anxiety. Four out of 20 participants requested literature, guidance, and advice for the people who are supporting them.


 *I feel my husband could have done with support in dealing with my post-natal depression.”*

 *Perhaps some advice for my husband to read about anxiety from his point of view and some advice as to ways to help me could have been useful.”*

C. **Interim support** - Participants felt that some form of interim support between the initial iCope assessment and first appointment would be useful. People felt that more service provision is needed to support people with ongoing challenges whilst they wait for an appointment.


 *Given the long waiting lists it would be beneficial to develop online materials that can be used by those waiting for face-to-face appointments.”*

D. **Environment** - Participants raised concerns about administrative staff not being kind enough, the environment not being friendly enough and some clinicians not being experienced enough.

 *My initial contact was with a surly woman who answered my call. When she offered me a 3pm call, I asked if it could be changed as I'd be on the school run. She wasn't impressed and said she'd “cancel it then”. When I asked for a different time, she was quite abrupt with me.”*

E. **Timeliness** - The time from assessment to treatment was mixed, it ranged from, just right for some people's circumstances, but too lengthy for others.


 *Although I had hoped to be seen sooner, the waiting time was also appropriate in my situation, and I found the timing of sessions to be fine.”*

 *I was hoping to start group sessions a lot sooner - but when I finally did get onto the group session it was still a good time.”*

 *After all the weeks waiting for my referral and the weeks afterwards, it was slightly too late.”*


F. **Communication** - Reminders for appointments were reassuring as was information provision for the waiting period, the kind of therapy and different treatment options available.

 *I always get health centre text reminders...Always given notice if they cancelled.”*


 *My initial appointment was moved to another centre as my therapist recognised this might make me feel more comfortable. I received text alerts reminding me of appointments, which reassured me.”*

G. **Communication** - Failure to call back at an appointed time and failure to respond to answering machine messages were unacceptable. In seeking to communicate with the service people found access difficult and this was inhibiting.

 *I had no communication from the iCope service during the waiting period of 6 weeks.”*

 *Three weeks on from my assessment I had not had any feedback and was unable to contact Kingston iCope despite numerous attempts.”*

H. **Flexibility** - People experienced inflexibility when people’s personal commitments clashed with appointment schedules, even when they clashed with other medical appointments, hospital attendance and school runs, and people felt they were being treated as difficult.

 *I was offered only one day, the only day and in the afternoon, just the time my son had classes and it was not possible to book another day, not even in the morning on the same day, very, very, sad.”*

I. **Flexibility** - Some types of therapy were thought of as unsuitable by participants, and others were unavailable.

 *No, I did not get the type of therapy I requested. CBT was not getting to what was really wrong with me.”*



Service not appropriate-psychologist very nice listened well but didn't seem to be able to cope with complex situations.”

J. **Resource management** - Participants sensed there to be inadequate provision within the iCope Kingston service, and felt the service appeared overwhelmed and likely underfunded.



I appreciate resources are strapped but rationing out support is a false economy as I think people often end up just needing repeated treatments rather than a one off more intensive support.”

K. **Resource management** - Participants regarded the quality of sessions highly, but the quantity of sessions was sometimes considered insufficient. People shared it takes time to build trust in group therapy sessions and discontinuity may lead to disjointed treatment, particularly when people must re-join a queuing system. This was described as a false economy, and it was argued that one off more intensive support might be more cost effective in the long run.

L. **Resource management** - It was felt that greater funding is required to improve the organisation of service provision, to facilitate more one-to-one counselling sessions, to cut waiting times from assessment to treatment, to provide more telephone contact and better support during waiting periods.

M. **Resource management** - Healthwatch Kingston learned of a long waiting list for talking therapies and some people cannot afford to seek private counselling sessions. One suggestion was that cognitive behavioural therapy (CBT)

sessions could be run every other week to give service users more time to process ideas and information. Better access was also requested for people with disabilities.



At my first block of treatment with iCope I had really indicated that I felt I would need more support than the number of weeks I had been offered however rather than putting me on the waiting list then, I had to finish the treatment and be discharged and then refer myself in again to go on the waiting list again. By the time I was then reassessed I had to wait 7 months to receive a second round of CBT. This does not seem like a cost-effective approach as I feel I would have better outcomes if I had been able to have extended treatment at the outset.”

Note: Cognitive behavioural therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.

N. **Skills development** - Participants felt the treatment built up their confidence levels, to learn structure, to discover what they are doing right so they can improve upon it, to learn different ways of thinking, to set goals and to establish a positive mind-set which helps them to stay calm and to reduce their depression and anxiety levels. This service has had a positive impact on many peoples' lives, and many felt privileged to have received treatment and help. However, reports were raised about administrative staff not being kind enough, the environment not being friendly enough and some clinicians not seeming experienced enough.

If you wish to find out more about the detailed findings from this survey, please contact info@healthwatchkingston.org.uk

8. Recommendations with commissioners and provider responses

The following Healthwatch Kingston recommendations are offered for consideration by the commissioners and provider of the iCope Kingston service.

Recommendation 1 Physical accessibility of service locations (for Commissioner and Provider) - **Review** accessibility of the buildings where the service is provided to reassure people with disabilities. The 'Access' service provided by the Kingston Centre for Independent Living (KCIL) would be able to help with this.

Recommendation 2 Staff Training (for Provider) - **Consider** additional training for administrative staff in interpersonal skills and how appropriate behaviours could be embedded in annual appraisals to support a positive experience at the 'front door' of the service. In addition, provision of training in understanding of neurodiversity for all staff.

Recommendation 3 Waiting times (for Commissioner and Provider) - **Explore** the introduction of interim support options to mitigate waiting times for the iCope Kingston service.

Recommendation 4 Waiting times (for Commissioner and Provider) - **Explore** how more resources/capacity might help meet service demand to better support service implementation.

Recommendation 5 Resource management (for Provider) - **Consider** times to avoid during initial client assessment to support informed appointment handling, to improve flexibility, accessibility, and responsiveness.

Recommendation 6 Support of family and friends (for Provider) - **Improve** provision of guidance literature to family, friends, carers, and guardians.

Recommendation 7 Support for service users (for Provider) - **Explore** the broadening of therapy options that would:

- a) Extend number of group sessions on offer and explore fortnightly group therapy option.
- b) Provide specialist services for neurodiverse people which address depression and anxiety.
- c) Ensure consistency in therapist for each client during therapy journey, where possible.

Recommendation 8 Service Complaints (for Provider) - **Explore** how:

- a) The complaints process must be clearly signposted to the clients of iCope.
- b) An anonymised complaints process can be set up for this service.
- c) Clients of iCope Kingston can be signposted to Healthwatch Kingston and local advocacy services should they need them.

Recommendation 9 Service success (for Commissioner) - **Consider** additional funding to implement a follow up service to reduce need for re-admission to the iCope Kingston service.

Recommendation 10 Unmet need (for Commissioner) - **Consider** commissioning psychotherapeutic services, provided by specialist professionals who have a keen interest and knowledge of neurodiversity.

Commissioners and provider responses

Commissioners' response to Healthwatch Kingston 'iCope Kingston service user experience report: Update'
Nigel Evason and Rachel Rowan (Commissioners for Kingston as part of the wider SW London Clinical Commissioning Group).

We would like to thank Healthwatch Kingston for offering us an opportunity to be able to comment on the recommendations prior to full publication.

In our response we would like to acknowledge the following:

Firstly, how difficult it has been for Healthwatch Kingston to be able to complete the report during what has been an 'unprecedented' time for everyone and to thank Healthwatch for highlighting the limitations of the report for example the length of time to complete the review and of course the sample size of 49. However, there are some positives and with challenges clearly explained.

Secondly, to thank Dr Edgley our clinical lead for the service in helping to offer further context around the national and local programme as well as a very thorough response to the report's recommendations.

The recommendations are extremely welcome, timely and useful to us and will be relayed to key leaders and stakeholders to include in our development plans for the service.

Once again, thank you for this report.

Provider response to Healthwatch Kingston 'iCope Kingston service user experience report: Update'

Dr Alexa Edgley (Clinical Lead, Kingston iCope IAPT, Camden and Islington NHS Foundation Trust)

Kingston iCope is part of the national NHS IAPT programme commissioned to deliver short-term, evidenced-based, psychological therapies for adults experiencing mild to moderate mental health problems, specifically depression, generalised anxiety disorder, obsessive compulsive disorder, panic disorder, phobia, social anxiety, health anxiety and non-complex post-traumatic stress disorder (PTSD).

The Healthwatch Kingston review covers a period between 2018-2019 and it is important to note that the Service has experienced significant change and expansion over that period and up to the present time.

We now provide a wide range of treatments including Cognitive Behavioural Therapy (CBT), CBT-based guided self-help, Couples Therapy for Depression, EMDR (Eye Movement Desensitisation and Reprocessing) for PTSD, and a number of short-term psychoanalytic models. Treatments are delivered face-to-face, or remotely by telephone or video session, and we use two on-line treatment platforms: 'SilverCloud' and 'IESO'. We also deliver a range of CBT-based group treatments as follows:

- Living with Long Covid
- Overcoming depression group
- Stress management course
- Improving low self-esteem course
- Feeling good course (anxiety and depression)
- Living with chronic pain group
- Mums in Mind (post-natal anxiety and depression)

Healthwatch Kingston 'iCope Kingston service user experience report: Update' (7 March 2022)

In the last year (Jan 21 - Jan 22), the Service received 5381 referrals, offered 26,481 appointments, and achieved an average recovery rate of 54.2% and a reliable improvement rate of 70.7%, above national targets.

Over the last three years we have also developed a comprehensive care pathway for people experiencing long-term health conditions such as diabetes, cardio-vascular disease, pulmonary difficulties and chronic pain, which includes an integrated clinic working alongside the Diabetes Day Unit at Kingston Hospital. We now have a team of trained specialist practitioners working with these conditions and we have also provided training to the whole team to work with more common long-term health conditions.

We are also part of the Post Covid Steering Group and have recently developed and piloted our first Long Covid group supporting people with anxiety and depression related to Long Covid. This group has received extremely positive feedback from service users and we will be promoting the group more widely in the community.

We are extremely proud to have been able to support the local community throughout the Covid-19 pandemic, with not a single clinic day lost during the various lockdowns and restrictions, and with the entire team mobilised to work safely and effectively from home. We were able to offer psychological first aid support to our front-line NHS and social care colleagues, as well as developed a comprehensive Covid-19 guide about services and wellbeing, that we issued to all service users and shared more widely with other services and stakeholders.

We now have clinical champions for a wide range of communities including BAME, LGBTQ, neurodiversity, learning disabilities, long-term health conditions, children and young people, and students.

Kingston iCope welcome the review and feedback from Healthwatch Kingston and comment on specific recommendations below. We are pleased to hear from the review that many service users report having a positive experience of the Service, and this is also reflected in the feedback we receive from service users through our own feedback collection at the end of treatment.

However, the Service does experience significant challenges and we acknowledge that waiting times are longer than we would like. We are also concerned to hear that service users do not always get the high level of care we would expect. We address these issues further below.

Responses to specific recommendations

Recommendation 1 Physical accessibility of service locations (for Commissioner and Provider) - **Review** accessibility of the buildings where the service is provided to reassure people with disabilities. The 'Access' service provided by the Kingston Centre for Independent Living (KCIL) would be able to help with this.

Provider response:

Kingston iCope are fully committed to providing accessible support to all our service users. We are able to offer appointments on-line or by telephone for those that would prefer this, and the majority of face-to-face support is offered from our base at Hollyfield House from the ground floor with most rooms being fully accessible to those in wheelchairs. We also use BSL translators when needed and make reasonable adjustments in the provision of therapy. We ask service users to let us know if they may need additional support in accessing our service and we do our best to accommodate this.

We would of course welcome further assessment by Kingston Centre for Independent Living to provide advice on how we can improve accessibility further.

Commissioners' response:

The commissioners support the approach taken by the provider to undertake further assessment and seek advice on how to improve accessibility and will engage to assist in progressing the findings when they are available.

Recommendation 2 Staff Training (for Provider) - **Consider** additional training for administrative staff in interpersonal skills and how appropriate behaviours could be embedded in annual appraisals to support a positive experience at the 'front door' of the service. In addition, provision of training in understanding of neurodiversity for all staff.

Provider response:

We are sorry to hear that some service users have felt that our administrative staff have not communicated in an appropriate way. We have an extremely dedicated administrative team who are passionate about our service users and the work we do. However, there may be times when things go wrong and communication may not be in accordance with our values and ethos. We are reviewing our training provision to our administrative team to focus on effective and compassionate communication, as well as understanding the individual needs of all our service users.

Recommendation 3 Waiting times (for Commissioner and Provider) - **Explore** the introduction of interim support options to mitigate waiting times for the iCope Kingston service.

Recommendation 4 Waiting times (for Commissioner and Provider) - **Explore** how more resources/capacity might help meet service demand to better support service implementation.

Waiting times to treatment continue to be a significant concern for the Service and this is constantly reviewed by both the provider, the Commissioner and the national IAPT Team. The service receives approximately 450 referrals a month, but this

can increase to over 550 referrals a month. In addition, over the last year the Service has been impacted by national recruitment shortages, the Covid-19 pandemic, staff sickness and burn-out, and an increase in the complexity of psychological difficulties service users are presenting with.

In terms of Recommendation 3, all service users are offered a range of resources, self-help materials and on-line resources after assessment, to support them whilst waiting for treatment. We also have resources available on our website, and we are currently running a project to improve this further. We have considered alternative processes, such as follow-up calls or waiting list groups, however, these are extremely resource intensive and take clinicians away from seeing service users for treatment, further impacting waiting times.

In terms of Recommendation 4, a number of internal projects have been implemented to address waiting lists, including increasing the number of group-based interventions we provide, increasing the number of evening clinics we offer, and reducing the number of appointments cancelled or missed by service users. Kingston iCope offer a comprehensive group-based treatment programme as described in the introduction section above and we offer groups to all service users at assessments (where appropriate). However, we have found that many service users prefer to have individual treatments and we feel it is important to offer choice in terms of treatment offered.

In 2021, additional resource was provided by the Commissioner to Kingston iCope for a one-year project to reduce waiting times. National recruitment pressures during the pandemic have meant that this project has not been fully implemented due to difficulties recruiting to posts. Recruitment is ongoing and once fully established, we expect to see a marked improvement in waiting times for treatment.

Commissioners' response:

As commissioners we have been working with our provider to help to identify alternative ways of managing waiting lists and as already highlighted in the provider response, additional resources were identified to reduce waiting times. Recruitment is a significant concern across our boroughs across London and indeed is a national issue.

There is additional resource identified each year to expand access targets for this service and the provider has experienced extreme difficulty in recruiting to newly created posts from the investments.

Our provider is part of the wider South West London Network and London Network for IAPT and regularly participating in developing a workforce plan to increase its potential ability to recruit to posts.

Recommendation 5 Resource management (for Provider) - Consider times to avoid during initial client assessment to support informed appointment handling, to improve flexibility, accessibility, and responsiveness.

Provider response:

We use a range of modalities when trying to contact service users, including telephone, email, text and letter. If we are calling a client to book an initial appointment, we will call several times and at different times. Where possible, we try to match appointment times to service users' requests and availability, and since this review, we have extended our opening times and increased evening appointments. We are also offering more video-based interventions which are popular with those who are working or unable to travel to Hollyfield House. We also offer several online treatment platforms including SilverCloud and a text-based treatment package via IESO which provides treatment during the evenings and at weekends.

Recommendation 6 Support of family and friends (for Provider) - Improve provision of guidance literature to family, friends, carers, and guardians.

Provider response:

Where available, we will provide guidance literature to service users to pass on to friends, carers and family etc. and where appropriate and with full consent of the service user, we can allow carers to join a session with a service user if this is deemed clinically appropriate. We also provide signposting resources for additional support for carers etc.

Recommendation 7 Support for service users (for Provider) - Explore the broadening of therapy options that would:

- a) Extend number of group sessions on offer and explore fortnightly group therapy option.
- b) Provide specialist services for neurodiverse people which address depression and anxiety.
- c) Ensure consistency in therapist for each client during therapy journey, where possible.

Provider response:

Recommendation 7a) we offer a range of different groups which follow a specific programme of treatment. These are written to follow NICE guidelines and recommended treatment protocols. It may be possible to increase the number of group sessions we offer, but we must also balance this against delaying further groups and delaying new service users accessing treatment, which in turn puts pressures on our waiting times. Kingston iCope, like most mental health services, is constantly balancing the needs of service users already in treatment with those waiting for treatment. Many service users would like more treatment sessions, whether this be group or individual therapy, but this directly impacts on the waiting times and prevents another service user accessing treatment. IAPT services are commissioned to deliver short-term treatments, and this is communicated clearly at start of treatment. We are not able to support service users requiring longer-term or continuous support.

Offering group sessions fortnightly rather than weekly may have some benefit for some service users, but others may not find this helpful. We have found that when we do have breaks in group programme for several weeks, for example at Xmas, we experience an increase in service users dropping out of treatment or service users reporting that they found the gap in treatment disruptive. Fortnightly sessions also extend the group programme and delay other service users accessing treatment.

Recommendation 7b) Kingston iCope is not commissioned to offer 'specialist' treatment to neurodiverse people and this also falls outside the remit of IAPT services. However, we do work very hard to support neurodiverse people with symptoms of anxiety and depression, making reasonable adjustments to treatment. It has been recognised nationally that IAPT services

need further training to support neurodiverse people, as this is not part of the standard training programme for IAPT practitioners. In Kingston iCope, we have several clinicians, who whilst not specialist, have significantly more experience of working with the neurodiverse population and they have provided further training to the team, as well as consultation and supervision to practitioners. Service users who need more specialist support are referred on the Neurodevelopmental team or to secondary care.

Recommendation 7c) Most service users will only see two different therapists during their journey through our Service. This will be the person who carries out their initial assessment and then their treating practitioner. In a very few cases, for example, when a service user requests a change of practitioner, or when a practitioner needs to take long-term leave suddenly, a service user may be transferred to another treating clinician. If a service user returns to the Service for further treatment, if requested and appropriate, we will try to allocate them to the practitioner they saw during a previous episode of treatment.

Recommendation 8 Service Complaints (for Provider) - Explore how:

- a) The complaints process must be clearly signposted to the clients of iCope.
- b) An anonymised complaints process can be set up for this service.
- c) Clients of iCope Kingston can be signposted to Healthwatch Kingston and local advocacy services should they need them.

Provider response:

Kingston iCope follow the complaints procedure of Camden and Islington NHS Foundation Trust. All complaints are generally managed by one of our senior team at Kingston iCope and clients are encouraged to raise concerns with the Service. However, they can also raise concerns directly with the Trust. Information regarding the complaints procedure is available on site, and by email, and is also on our website.

We also have a feedback system whereby service users are encouraged to complete feedback forms post assessment and treatment. This can be done on-line or by paper form. We have a post box to collect feedback forms at Hollyfield House, and this allows for anonymous feedback to be given.

We can provide additional information regarding Healthwatch Kingston and local advocacy services to our complaints information and website.

Recommendation 9 Service success (for Commissioner) - **Consider** additional funding to implement a follow up service to reduce need for re-admission to the iCope Kingston service.

Commissioner response:

IAPT as provided by iCope Kingston has very specific national targets and improvements that it needs to make year on year and funding is provided to meet these in line with a national formula.

Locally, in order to reduce the need for re-admission to the iCope service, we have been working closely with Dr Edgley and the team to ensure that they are firmly included within pathway and service development discussions across the borough with other key providers of emotional and mental health services. This is helping to improve how the different levels of services work together and ensure that better transition and discharge planning between services can take place.

Recommendation 10 Unmet need (for Commissioner) - **Consider** commissioning psychotherapeutic services, provided by specialist professionals who have a keen interest and knowledge of neurodiversity.

Commissioner response:

We are currently reviewing our health offer for neurodiversity within Kingston. The IAPT service is very much a national programme and does have limitations therefore we are undertaking the review, that includes iCope, with all our providers of neurodiverse services. Your HealthCare offer a psychotherapeutic service currently and the review will look at the demand and capacity of this.



9. Thank you and next steps!

Healthwatch Kingston would like to thank everyone that has shared their experiences with us. Everything we say and do is informed by what local people tell us.

Thank you also to Kingston University for the support provided and thank you to iCope Kingston for facilitating the process.

We will publish this report on our [website](#) and share with Healthwatch England, the Care Quality Commission, the Royal Borough of Kingston upon Thames, south west London Clinical Commissioning Group, Voluntary and Community sector and other stakeholders such as the Kingston Communities Task Force, Mental Health and Wellbeing Subgroup.





Tell us what you think about NHS and social care.

Healthwatch Kingston upon Thames

Suite 3, 2nd Floor, Siddeley House

50, Canbury Park Road

Kingston upon Thames

KT2 6LX

www.healthwatchkingston.org.uk

t: 020 3326 1255

e: info@healthwatchkingston.org.uk

Twitter [@HWKingston](https://twitter.com/HWKingston)

Facebook [/HWKingston](https://www.facebook.com/HWKingston)

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