

Report: Issues/challenges with Patient access to IAPT

Date: 09/11/2022

Engagement Officer: Robert O’Leary, South West Staffordshire

Background Info:	<p>Healthwatch Staffordshire has received several complaints regarding mental health service provision access for patients, waiting times and communication.</p> <p>These have come from different areas within Stafford & South West Staffordshire and is supported by a Social Prescriber</p>
Issues/Themes:	<ul style="list-style-type: none">● Communication via telephone● Waiting times for counselling● Signposting – Health professional referring issues
Summary:	<p>Patients given phone number for access to IAPT service have been stating that they are not getting through in a timely manner or not at all. Wait times range from 30 minutes to 1 hour before patients give up and end call themselves.</p> <p>Some patients that have left a voicemail claim they have not had any communication from IAPT – in one case a 19 year old male referred from Rising Brook left a message in September and is still awaiting a call back or any form of further communication.</p> <p>Patients stating that they have been on hold for over 20 minutes and then cut off before any answer.</p> <p>Social Prescriber rang to test if there was a problem and had to hang up after 30 minutes, to see another patient.</p>

Long waiting times for appointments are problematic. Patients fitting the initial criteria and then not being accepted, due to mental health deteriorating, whilst waiting to access IAPT - with no further communication or support.

Signposting promise can seem ineffective – One social Prescriber working with several patients in Staffordshire has felt that they are signposting a person down a dead end by given them the IAPT number, as no contact from IAPT service is creating increased mental health challenges and heightened anxiety for the patients

In other cases, GP's have also given the IAPT number for self referral and patient is then told that they are not able to access service. However, they also are not in crisis situation so cannot access any other form of meaningful mental health support.

Recommendations:

A more effective telephone answering system and timely response to voicemails left.

Text communication where possible, which may reassure patients that although they are waiting for an appointment they have not been forgotten, and less likely to increase to a scale stage 4.

Clear dialogue with referring professionals. So patients are correctly referred to the IAPT service and not returned to GP (scale stage 1-3)