



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Extension of policy 1133 – Access to Psychological Therapies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Homfray (Interim Service Delivery Manager– Psychological Therapies)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In August 2023, the Health Board (HB) implemented the agreed the Access to Psychological Therapies Policy document (1133). (<https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/1133-service-user-access-policy-psychological-therapies/>)

This policy applies to all patients waiting to receive Psychological Therapies within the counties of the Health Board. All staff within the service are required to adhere to the contents of the policy to ensure consistent service provision. It sets out the principles and rules for managing patients through their Referral to Treatment (RTT) pathway. This policy had a two year review time scale, however, in 2024, NHS Exec (NHS Performance and Improvement) proposed a **DRAFT ALL WALES PATIENT ACCESS AND RESPONSE GUIDELINES FOR MENTAL HEALTH SERVICES**. This all Wales document would supersede our own policy to be in line with their proposed all-Wales approach.

The purpose of this document is to act as a guide to implement consistency and equity in service provision and recording of referral pathways. It will aid in reducing variation and promote evidence-based practice across Wales. This is supported by the requirement to record outcome measures for both PROMs (Patient reported outcome measures) and PREMs (Patient reported experience measures), to encourage and support the therapeutic relationship between service users and practitioners. It also guides value-based practice. This document provides an overview of waiting times management rules for some Mental Health treatments. It is a useful resource to guide referral to treatment pathways to align against response to patients care.

The draft policy has been shared across Wales and accepted by all HB's and would be the natural successor to policy 1133. However it had been expected that the policy document would have been ratified by the NHS Performance and Improvement service prior to the end of the current life cycle of Policy 1133.

This has not occurred in the time scales expected, but we have received assurance from NHS Performance and Improvement team that this policy will be implemented as soon as they are able to. With this information I would like to propose an extension of 6 months to the current policy.

Cefndir / Background

The Integrated Psychological Therapies Service (IPTS) provides several evidence based therapeutic interventions that are delivered by a team of highly skilled and accredited practitioners.

The modalities offered have differing timelines with no linear recovery as this is based on the individual. IPTS delivery aims to provide person-centred, evidence-based care for all clients.

The objective of this Policy is to set out a framework in which the IPTS service will work. It will apply to all Service user/ Patient waiting to receive psychological therapies within the counties of HDdUHB. All staff within the service are required to adhere to the contents of the Policy to ensure consistent service provision. It sets out the principles and rules for managing Service user/ Patient service users/individuals through their referral to treatment (RTT) pathway. The Delivery Unit (DU) will be undertaking an all-Wales review of IPTS services and it is anticipated that from this, there will be further clarity of RTT standards to ensure consistency across Wales.

HDdUHB is monitored and measured against performance regarding the waiting lists and benchmarking of compliance against the Welsh Government (WG) target to ensure that 80% of adults are seen within 26 weeks of receipt of referral. To date, IPTS provides services via telephone consultation, online digital platforms and face to face.

The Policy is also aimed to provide Service user/ Patient with the information they require in order to fully engage with their care and make informed decisions. This information is discussed with Service user/ Patient at the start of treatment by way of an informal contract. Full engagement is required if therapy is to be of full benefit. It is also recognised that due to the nature of the Service user/ Patient's health, that this is taken into consideration when do not attend (DNA) and cannot attend (CNA's) occur, however the Policy aims to give a clear framework to provide a consistent approach.

To further support this the service provides information to patients during their attendance at sessions and provides written (or verbal) information to support this. Contact letters are sent to all patients waiting over 26 weeks for transparency in waiting times and as a supportive function. The service hopes to be able to offer where possible other modes of communication in time, (emails, telephone calls, texts)

Asesiad / Assessment

The Policy references waiting time rules and Referral to treatment (RTT) targets. This enables the performance management of the waiting lists. IPTS is governed by WG targets. The achievement of this target is the responsibility of HDdUHB and the staff within the service. During the waiting time period, it is the role and responsibility of the NHS service staff and the Service user/ Patient to achieve the target. Staff will monitor waiting lists and facilitate clinical duties, whilst Service user/ Patient will ensure engagement and attendance at agreed appointments.

The current policy continues to be fit for purpose and remains a key document supporting the consistent delivery of psychological therapies across HDdUHB.

Argymhelliad / Recommendation

The Committee is requested to approve an extension of the review of the current Access to Psychological Therapies (1133) policy by a further 6 months (to March 2026) with a view of implementing the **ALL WALES PATIENT ACCESS AND RESPONSE GUIDELINES FOR MENTAL HEALTH SERVICES** once agreed through the NHS Performance and Improvement Team.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 5. Equitable Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	5 Mental health and CAHMS Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives Choose an item. Choose an item. Choose an item.

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	NICE Guidelines Matrics Cymru Patient Access Policy
Rhestr Termiau: Glossary of Terms:	Contained in document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	MH&LD Written Control Document Group Psychological Therapies Management Group (PTMG) Clinical Lead

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The SBAR contains elements that are both service improvement, training and the funding for rental of venues to support group therapy provision in community settings, some of which will require investment. However, the PTMG is not asked to agree financial investment. The PTMG is asked to approve items of relevance according and in line with local and national strategic priorities and service demand / capacity. Items that have funding considerations will then be considered and progressed appropriately through the relevant service CCG / dashboard with a separate SBAR and business plan for financial consideration.
Ansawdd / Gofal Claf: Quality / Patient Care:	Risks are mitigated as any training follows professional standards. Service improvements activities increase governance (both operational and professional). Risk of not having a Strategy creates idiosyncratic practice, uncoordinated training plans, duplication and waste.
Gweithlu: Workforce:	Indicated in the paper.
Risg: Risk:	Risks are mitigated as any training follows professional standards. Service improvements activities increase governance (both operational and professional). Risk of not having a Strategy creates idiosyncratic practice, uncoordinated training plans, duplication and waste.
Cyfreithiol: Legal:	The policy promotes an equitable approach that focuses on promoting equity and also on increasing access for different groups of people.

Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	All patient information is recorded and stored in compliance with HB and All Wales IG governance and confidential policies.
Cydraddoldeb: Equality:	<p>The policy promotes an equitable approach that focuses on promoting equity and also on increasing access for different groups of people.</p> <p>Collection of data on service delivery is required to monitor access in terms of population demographics and diversity. Access for people with protective characteristics will be monitored through the wider service operational recording and audit. Equality impact is monitored through operational service and will be raised at PTMG where appropriate.</p> <p>Service user input on the PTMG is critical to identifying any potential equality issues for service users and upon any decisions and resultant plan of action to address this..</p>