

FOI 0192/2023 Response

Request

In light of your latest reply, could you provide the following (FOI 022/2023)

1. The data used to evaluate NICE compliance and non-compliance for 1.1
2. The data used to evaluate NICE compliance and non-compliance for 1.2
3. The data used to evaluate NICE compliance and non-compliance for 1.3
4. The data used to evaluate NICE compliance and non-compliance for 1.4
5. The data used to evaluate NICE compliance and non-compliance for 1.5
6. The data used to evaluate NICE compliance and non-compliance for 1.6
7. The data used to evaluate NICE compliance and non-compliance for 1.7

Additionally, in minutes from 4 August 2022 (see below) it is stated that 'BSMHFT will meet with an expert by experience in August for further insight, the feedback to be reflected in the final document'. Can you provide this 'final document'.

BSOL Collaborative OCD Pathway Review and NICE Audit: Planning Session Notes of 4 August 22

Present:

Dr Renata Rowe (BSMHFT), Louise Wright (BSMHFT), Sunny Kalsy (BSMHFT), Tom Howell (BSOL CCG), Elaine Kirwan (BWCH)

Apologies:

Dr Anne Crawford-Doherty (BWCH), Erik Evenson (BSMHFT)

Key notes and actions

Actions from previous meeting:

- Terms of reference for the audit to be developed reflecting the scope described above **COMPLETE**
- Organisations to proceed with audit activity based on their own process (**Partially COMPLETE**). See update below
- Further meeting to be arranged for June **verbal progress update provided by LW to TH in June. Agree to reconvene in July/August once work was further progressed.**

Notes:

- BSMHFT have met with staff groups from across teams involved in the OCD/BDD pathway. Feedback and key actions have been noted
- BSMHFT will meet with an expert by experience in August for further insight, the feedback to be reflected in the final document
- BSMHFT identified key actions requiring collaboration with system partners
ACTION: EK to arrange to meet with RR re transitions from CYP to adults services
ACTION: TH to circulate referral pathway information re access to regionally commissioned provision.
- Agreed that this Steering Group would continue to meet to progressed collaborative action taking.
ACTION: TH to arrange further meeting for September

Response

The Trust is unable to provide a response to questions 1-7.

This is because there were several workshops with corresponding baseline assessment tools/data and therefore, obtaining this information for each evaluation point would require exhaustive/manual measures that surpass the threshold to complete this task.

The Trust rely on exemption Section 12 of the Freedom of Information Act 2000 to deny this aspect of you request.

However we can provide the additional documentation relating to meeting with an expert by experience.

Please see below and note that some of the sections relate to other sources of information used to determine the outcome of the review and staff member's names have been redacted.

NICE Guideline - Obsessive-Compulsive Disorder and Body Dysmorphic Disorder: Treatment

Date of Committee:	30 th June 2022
Date of report:	27 th June 2022

Item:	Baseline Assessment of the NICE Guideline Overview Obsessive-compulsive disorder and body dysmorphic disorder: treatment Guidance NICE
To be Reported by:	XXXX XXXX (Clinical Governance Facilitator), XXXX XXXX (Clinical Effectiveness Manager) In Conjunction with: XXXX XXXX - (Consultant Clinical Lead and Consultant Clinical Psychologist – Birmingham Healthy Minds XXXX XXXX – (Consultant Psychiatrist & Clinical Director – ICCR), XXXX XXXX – Acute and Urgent Care Division (Lead Psychologist), XXXX XXXX – Primary Care Liaison (Transformation), XXXX XXXX – Primary Care Liaison (Transformation), XXXX XXXX – Consultant Psychiatrist, XXXX XXX – Steps 2 Recovery XXXX XXXX – CMHT Psychology, XXXX XXXX – CMHT Psychology

PURPOSE REPORT:

- To report to the Clinical Effectiveness Advisory Group (CEAG) the results of the baseline assessment of the trusts performance against the NICE guideline **CG31**.

Introduction

The OCD/BDD Guideline was issued by NICE in November 2005. The Trust previously reviewed this guideline in 2019. In the previous review there were 95 met recommendations, 11 partially met recommendations, and 3 not met recommendations.

The sources of information for the below report include:

- The Improving Access to Psychological Therapies Manual

- Admission, transfer, discharge, and community follow up policy
- Contributions from clinical staff

1. Performance against each standard

1.1 There are 115 individual standards identified in the baseline assessment which are applicable, of which the trust meets 103. There are 11 partially met standards and 1 not met standard.

1.2 There are 8 standards which are not relevant to the Trust.

Standard	Met	Partial	Not Met	N/A
1.1 Principles of Care for all People with OCD or BDD, and their Families or Carers	9	5	0	0
1.2 Stepped Care for Adults, Young People and Children with OCD or BDD	1	0	0	0
1.3 Awareness and Recognition	0	2	1	0
1.4 Recognition and Assessment	8	0	0	1
1.5 Steps 3-5: Treatment Options for People with OCD or BDD	80	1	0	6
1.6 Step 6: Intensive Treatment and Inpatient Services for people with OCD or BDD	3	1	0	1
1.7 Discharge after Recovery	2	0	0	0

Current activity within the Trust that may be relevant to this guideline:

There are currently no related audits briefing conducted within the Trust registered on the audit registration system.

The Improving Access to Psychological Therapies Manual

The IAPT Manual is for all commissioners, providers, and clinicians (including trainees) of services that deliver psychological therapies for depression and anxiety disorders in adults. It serves as an essential manual for IAPT services, describing the IAPT model in detail and how to deliver it, with a focus on the importance of providing National Institute for Health and Care Excellence (NICE)-recommended care. Core IAPT services provide treatment for people with OCD and BDD.

Birmingham and Solihull OCD Pathway Review

BSOL is seeking to improve integration and collaboration across providers and sectors. The NICE guideline review for OCD and BDD presents an opportunity for shared learning and development between Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) and Birmingham Women's and Children's Hospital Foundation Trust (BWCH) who are both providers mental health services in Birmingham and Solihull.

Admission, transfer, discharge, and community follow up policy

This policy includes the recommendations made by NICE for the continuity of care. However, the workshop identified that there is a lack of assurance that handovers between Birmingham Women's

and Children’s Hospital Foundation Trust (BWCH) and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) are effective.

There are no policies or guidelines that were identified on connect specifically relating to OCD or BDD. However, the Pharmacological Management of Depression Policy states that if the patient is treatment naïve, the choice of antidepressant should usually be an SSRI in generic form (usually fluoxetine or sertraline). This recommendation is also made by NICE for OCD.

Things we are doing well

All recommendations regarding Stepped Care for Adults, Young People, and Children with OCD/BDD are being met.

All recommendations for Recognition and Assessment are also being met.

Eighty out of eighty-one relevant guidelines regarding treatment options for people with OCD/BDD are being met.

All recommendations for Step 6 of treatment and inpatient services for people with OCD/BDD, and for discharge after recovery, are being met.

Meeting with service user

XXXX XXXX met with a service user who has had treatment from the Trust in relation to this disorder. The service user made several recommendations in relation to the NICE guidance reviewed in this report. These were based around helping staff to understand the importance of NICE guidelines, consistency of understanding and implementation, and they also made a couple of helpful suggestions about how we can use data in our benchmarking in future.

2. Recommendations – Partially Met / Not Met

Reference	Status	Standard	Current activity/Recommendation
1.1.1.1	Partially met	People with OCD or BDD are often ashamed and embarrassed by their condition and may find it very difficult to discuss their symptoms with healthcare professionals, friends, family, or carers. Healthcare professionals should help patients, and their families or carers where appropriate, to understand the involuntary nature of the symptoms by providing accurate information in an appropriate format on current understanding of the disorders from psychological and/or biological perspectives	CMHT psychology teams hand out booklets and leaflets with the aim to take away shame of intrusive thoughts. However, not everyone comes through to psychology. It is unclear what happens before that point. BHM - have self-help and information booklets and are available on the website. List of common intrusive thoughts that is shared with the service user. Some available in other languages. There is a need to check if OCD is one of them. Acute care - some leaflets available on wards but only available in English Look to see what is available on connect and promote what is available if service areas are not aware this is available. Look

			at sharing BHM leaflets if needed and suitable.
1.1.1.2	Partially met	When assessing people with OCD or BDD, healthcare professionals should sensitively explore the hidden distress and disability commonly associated with the disorders, providing explanation and information wherever necessary. In particular, people with OCD who are distressed by their obsessive thoughts should be informed that such thoughts are occasionally experienced by almost everybody, and when frequent and distressing are a typical feature of OCD.	Need for staff to be aware of nature of intrusive thoughts and how we respond. E.g. risk assessments could cause some issues with relationship between service user and staff (distress about nature of thoughts). Risk assessment to make judgement on if the person will act on the intrusive thought. BHM - routine - part of treatment is normalising intrusive thoughts. Acute care - OCD not routine in acute care – XXXX XXX to check if more prominent in HTT. Review staff training - e.g. risk assessment / traffic light / explore the need for e-learning?
1.1.2.3	Partially met	Careful consideration should be given to the effective integration and coordination of care of people with OCD and BDD across both primary and secondary care. There should be clear, written agreement among individual healthcare professionals about the responsibility for monitoring and treating people with OCD and BDD. A written copy of this agreement should be given to the patient. This should be in collaboration with the patient, and where appropriate: <ul style="list-style-type: none"> •the Care Programme Approach (CPA) should be used •the patient's family or carers should be involved •healthcare professionals should liaise with other professionals involved in providing care and support to the patient. 	This is key for any condition and is throughout Trust policies and training. However, there is a need to review the handover process between FTB and BSMHFT. BHM - some gaps have been identified for severe OCD as these criteria does not meet this population.
1.1.3.2	Partially met	Good communication between healthcare professionals and people with OCD or BDD is essential. Provision of information, treatment and care should be tailored to the needs of the individual, culturally appropriate, and provided in a form that is accessible to people who have additional needs, such as learning difficulties, physical or sensory disabilities, or limited	BHM - have additional needs champions and can work with interpreters if needed. Link in with work already taking place in ASC T&F group

		competence in speaking or reading English.	
1.1.3.3	Partially met	Healthcare professionals should consider informing people with OCD or BDD and their family or carers about local self-help and support groups, and encourage them to participate in such groups where appropriate	CMHT- Was impacted by COVID but now there is a list available of what is accessible in Birmingham. This is discussed in MDT so would only be offered to those who are discussed. BHM – this is not included Primary care – this can be included in assessment
1.3.1.1	Partially met	Each PCT, mental healthcare trust and children's trust that provides mental health services should have access to a specialist OCD/BDD multidisciplinary team offering age-appropriate care. This team would perform the following functions: increase the skills of mental health professionals in the assessment and evidence-based treatment of people with OCD or BDD, provide high-quality advice, understand family and developmental needs, and, when appropriate, conduct expert assessment and specialist cognitive-behavioural and pharmacological treatment	BHM - provide psychological NICE treatments, up to a cap of 12 sessions. The NICE recommendation is 16-20. There are difficulties accessing consultation with specialist (tertiary) OCD services.
1.3.1.2	Partially met	Specialist mental healthcare professionals in OCD or BDD should collaborate with local and national voluntary organisations to increase awareness and understanding of the disorders and improve access to high-quality information about them. Such information should also be made available to primary and secondary healthcare professionals, and to professionals from other public services who may come into contact with people of any age with OCD or BDD.	We can sign post to other voluntary services. Potentially generate a resource on intranet and raise awareness that it is there.
1.3.1.3	Not met	Specialist OCD/BDD teams should collaborate with people with OCD or BDD and their families or carers to provide training for all mental health professionals, cosmetic surgeons, and dermatology professionals.	Specialists OCD teams are not for everyone all the time and this would be for the specialist teams to so as we do not provide this service. However, we are not routinely linking in with these services.
1.5.2.5	Partially met	For adults with OCD with more severe functional impairment who are housebound, unable, or reluctant to attend a clinic, or have significant problems with hoarding, a period of	CMHT- Psychologists do not do home visits but virtual sessions can be offered (outpatients). BHM - Home visits are generally not offered but will be considered

		home-based treatment may be considered	occasionally. There isn't the resource available to offer this readily. It is considered specialists' services will offer this instead of us. They would offer 2/3 sessions per week.
1.6.1.1	Partially met	People with severe, chronic, treatment-refractory OCD or BDD should have continuing access to specialist treatment services staffed by multidisciplinary teams of healthcare professionals with expertise in the management of the disorders	This is for tertiary services. There are ongoing difficulties with referring to specialist services such as the Maudsley therefore this is not routine.

3. Comments from CEAG

Actions discussed in CEAG. XX and XX to meet on Teams and add actions to Eclipse Action Planner.

4. Action plan

No.	Action to be taken	Success measure/ expected improvement	Action Lead (job title)	Start date and target end date
1	Look at sharing BHM leaflets/websites if needed and suitable. Discuss with the Comms team regarding a potential central leaflet management process.	Relevant areas will have sight/access to leaflets on OCD treatment and related leaflets.	XX/XX	01/07/22 / 31/01/23
2	Add as a clinical scenario into CRAM training.	CRAM training will have scenario embedded.	XX/XX	01/07/22 / 31/01/23
3	There is a need to review the handover process between FTB and BSMHFT. Take back to CCG for feedback.	Greater understanding gained of handover process.	XX/XX	01/07/22 / 31/08/23
4	Link in with work already taking place in ASC T&F Group.	Group has knowledge and sight of work done for this guidance review.	XX/XX	01/07/22 / 31/01/23
5	Clarify referral process to tertiary services.	Clear understanding of referral process to tertiary services.	XX/XX	01/07/22 / 31/08/23
6	Raise awareness of importance of NICE guidance reviews within the Trust.	This can be done through the Comms team so that all staff have visibility of the message	XX/XX	01/01/23 / 01/01/24
7	Look into integrating data when conducting baseline assessments	Looking for relevant data that can help create a more effective review process for NICE guidance compliance	XX/XX	01/01/23 / 01/01/24
8	Ongoing QI Project to improve service user involvement in NICE guidance reviews needs to be looked at, with a new approach (PDSA) being trialled.	Greater engagement with service users / EBEs in the review process for high priority guidelines.	XX/XX	01/01/23 / 01/01/24