

# Applying behavioural science techniques to increase referrals of older adults to psychological therapies

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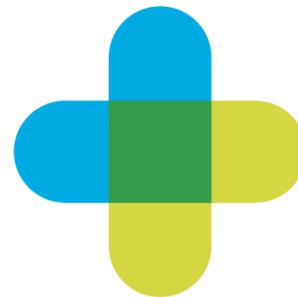
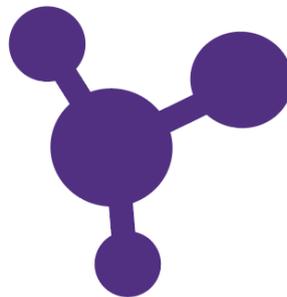
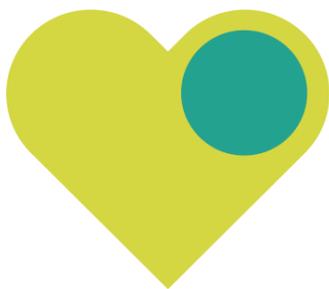
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# About

The 'Applying behavioural science techniques to increase referrals of older adults to psychological therapies' project was designed to address a national and local priority to increase the number of older adults with common mental health problems accessing Improving Access to Psychological Therapies (IAPT) services.

This evaluation by the Health Innovation Network aimed to assess the effectiveness of a series of interventions informed by behavioural science techniques to increase access to IAPT services by older adults.



# Executive summary

## Overview

In 2018 the Health Innovation Network (HIN) worked in partnership with two south London IAPT providers and Clinical Commissioning Groups (CCGs) to design and implement behavioural insight interventions to increase older adult referrals to IAPT services.

The project aimed to address some of the barriers that have been identified nationally that prevent older people accessing IAPT by:

- reducing the stigma older people may attach to mental health
- informing healthcare professionals that common mental health issues are not a normal part of ageing
- communicating the effectiveness of IAPT services as a treatment for older adults
- increasing the confidence levels of IAPT therapists to treat older adults

Thirty-nine GP practices, out of a total of ninety-four GP practices in Lewisham and Bexley CCGs, were targeted with two different behavioural insights interventions over a three-month period:

1. **A letter to GPs** – informing practices about the referral rates to IAPT services, prevalence of common mental health issues amongst older adults, the benefits of referring to IAPT and how to make a referral.
2. **Patient prescription leaflets** – providing information on older adults and common mental health problems, how IAPT services helped and how to self- refer to IAPT services. The leaflets were given to patients by GPs, practice nurses or social prescribers.

The evaluation aimed to assess the effectiveness of these interventions on increasing access to IAPT services by older adults.

This project supports NICE Clinical Guidance: Common mental health problems: identification and pathways to care. [Clinical guideline \[CG123\]](#)

## Key findings

### Bexley (15 GP practices):

- The letter to GPs produced the biggest increase in monthly referrals for older adults to IAPT services with 2.2 additional referrals per month for GP practices using this intervention and an increase of 3.4 referrals from GPs per month.
- In GP practices that were not included in the project, older adult referrals went down by 0.5 referrals per month.
- The patient prescription leaflets were effective in producing an increase in self-referrals, with 1.2 additional referrals per month for older adults from practices using this intervention.

### Lewisham (24 GP practices):

- Many self- referrals are GP referrals where the GP has suggested that the patient completes an online self-

referral. The large number of referrals received for the Lewisham IAPT service were from a self-referral route rather than GP referral for older adults, with 230 older adult referrals coming via self-referrals between October 2018 and November 2018, and 105 from GPs and practice nurses during the same period.

- Lewisham CCG chose one cohort of GPs to be included in the project that were identified as low referrers of any age group to IAPT the targeting of these GP practices did not increase their referrals.
- The GP practices where the practice nurses gave out the patient prescription leaflets (as opposed to when the GPs gave out the leaflets) had a slightly higher than average number of referrals of older adults to IAPT per GP practice during the data collection period than the other GP practices included and not included in the project.

#### Qualitative data showed that:

- Participating IAPT services made adaptations to their older adult's service offer as a result of the project.
- Feedback from CCGs, GPs, practice nurses, social prescribers and older adults illustrated low awareness of IAPT for older adults prior to the project, also competing pressures limited their involvement in the project.

## Conclusion

Both Lewisham Primary Care Psychological Therapies Service (Lewisham IAPT) and Mind in Bexley IAPT (Bexley IAPT) services embraced the project and worked closely in partnership with the HIN. The focus on older adults within both IAPT services through this project has provided a lasting change to their service offer to older adults, evidencing that one of the desired outcomes was met – increased confidence of IAPT therapists treat older adults.

However, the two interventions piloted during this project, did not provide enough evidence to demonstrate that their use increased older adult referrals to IAPT.

Key to the success of the interventions is the engagement of CCG commissioners, GPs and practice nurses. The availability of these health care professionals to participate in the tasks allocated was challenging throughout the project.

CCGs, although committed to improving access to IAPT services, were also challenged with their time and commitment to the project.

## Recommendations

- The engagement and commitment of the two IAPT providers in this project was impressive and should be replicated to increase confidence levels and review the older adults IAPT offer.
- With more time spent on initial preparation with CCGs, GPs and practice nurses using effective national or local communication channels, improved results are likely to be possible.
- Social prescribing services provide a further opportunity to inform older adults of the IAPT service.
- A CCG led initiative that opportunistically times a campaign to increase older adult referrals to IAPT for example through practice nurses with the annual flu inoculation may provide more convincing results.
- Behavioural science has important key messages that should be considered before embarking on any behaviour change project.

# Background

In February 2017, NHS England published a blog by Professor Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health at NHS England and NHS Improvement, in which he stated:

*'Depression in older people is common, underdiagnosed, undertreated and attracts therapeutic nihilism. One in five older people have clinical depression and, contrary to some popular and professional opinion, it is eminently treatable.'*

*Improving Access to Psychological Therapies (IAPT) is a key part of the treatment armamentarium for depression and anxiety in older people. However, the proportion of older adults – those aged 65 and over – accessing IAPT services is low, rising from 5.5 percent in 2012-13 to 7 percent in 2015-16. This is despite the fact that recovery rates of 60.4 percent are higher than the rest of the population (46.3 percent), a rate that increased by over 2 percent in the last year.*

*It's an easy win – a group of people needing treatment, they respond well, and their participation will help CCGs reach their desired goal for numbers of people in, and recovering from, treatment. So, what's the problem? A combination of things – older people come from a generation where talking about your problems is not the norm, professionals may not think of referring older people and some therapists may feel they do not have the skills to help patients who may be of their own parents' age.'*

Based on this evidenced problem, the HIN set out to address it, using a co-design approach with stakeholders drawing on *Older adults' Access to IAPT Report*; [Older adults access to IAPT Applying behavioural insights to increase referrals report and recommendations \(September 2017\)](#)<sup>1</sup>

## Overview of the intervention

The interventions were designed using behavioural insights techniques. Behavioural Science is the study of how people make decisions in real life, which recognises that people often behave in ways that are surprising and may seem irrational e.g.

- Many of us do not eat as healthily as we know we should.
- Many of us do not save enough for our retirement as we know we should.
- GPs may not refer their older patients to IAPT even when they know the patient may benefit from the service and the GP is able to make the referral.

Behavioural science reveals that most human behaviour is driven by automatic, instinctive and intuitive thought processes. Even important decisions that we believe people make rationally are often automatic, influenced more by context than by consciously thinking something through<sup>1</sup>

## Interventions

See Appendix 1 for methodology used.

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<sup>1</sup> [Older adults' access to IAPT: Applying behavioural insights to increase referrals report and recommendations \(September 2017\)](#)

## Intervention 1: Letter to GPs

A letter to GP practices was created based on the behavioural science of *sharing a positive norm* i.e. the powerful psychological concept that shows we instinctively copy the behaviour of others around us, especially people we perceive as similar to us. Highlighting a positive social norm – communicating what other people do – can be a highly successful way of changing behaviour. The letter was based on a successful Department of Health (DH) initiative to reduce antibiotic prescribing led by the behavioural insights team. The challenge was to reduce unnecessary prescribing of antibiotics by GPs<sup>1</sup>.

The IAPT letter informed participating GP practices:

- Their GP practice was a high referrer of working age adults to IAPT but a low referrer of older age adults
- On the prevalence of common mental health issues and older adults
- Of the benefits of referring to IAPT and how to make a referral

See appendix 2 project tools

## Intervention 2: Patient prescription leaflets

The leaflet was based on the behavioural science techniques of *carefully sharing risks and benefits and simplify information and processes*. This technique was used to successfully increase the number of people registering for organ donation by the NHS<sup>1</sup>

The patient prescription leaflet provided information on:

- Older adults and common mental health problems, and the fact that these problems were not a normal part of ageing
- A short case story of an older adult who had experienced mental health issues and how IAPT services helped their recovery
- How to self-refer to their local IAPT service

See appendix 2 project tools

## Evaluation purpose and design

The evaluation used a pragmatic mixed methods evaluation using referral data and qualitative data from commissioners and health care professionals.

The purpose of the evaluation was to:

- Examine the effectiveness of the two interventions
- Test the feasibility of implementing the approach with health care professionals
- Evidence other meaningful measures of effectiveness that can be attributed to the project.

### Scope

Two IAPT services in two south London Boroughs – Bexley and Lewisham

## Choice of intervention sites

### 1. Sourcing and analysing the data to support chosen behavioural science interventions

To begin the project, HIN requested IAPT providers to provide referral data for 2016-17 from their patient management system 'Iaptus'. Data for a full year enabled the HIN and the provider to select which GP practices would receive each intervention. It was agreed at this stage to have a control group, i.e. some GP practices would receive no intervention. The breakdown of GP practices included in each intervention group is detailed in the table below:

Intervention	Bexley	Lewisham
GP Letter	10	10
GP Prescription Leaflet		9
Practice Nurse Prescription Leaflet	5	5
No intervention	26	19
<b>Total</b>	<b>41</b>	<b>53</b>

### GP letter

For the GP letter intervention, it was agreed that ten GP practices, in both Bexley and Lewisham, who were high referrers to IAPT of the adult population; but low referrers of older adults, would be the recipients of the GP letter intervention. Analysis was undertaken to determine the referral rates per 1,000 amongst these two cohorts using population list sizes from NHS Digital.

### Patient prescription leaflet (practice nurses)

For the patient prescription leaflet, it was agreed that five practices in both Bexley and Lewisham would be asked to participate in the project. Practices receiving the GP letter were excluded. Lewisham IAPT suggested practices and provided the practice nurse names for the HIN to target directly for the patient prescription leaflet intervention. Bexley IAPT asked the HIN to suggest practices, the only criteria used was for the five practices chosen not to be already receiving the GP letter intervention.

### Patient Prescription leaflets (GPs/Social Prescribers)

GPs in Lewisham were also targeted to receive the patient prescription leaflets. The Lewisham IAPT service expressed an interest in targeting GP practices with *low or no referrals of any age group* into IAPT. Each GP practice in Lewisham (out of the remaining practices with no intervention assigned) was reviewed to establish low referrers to IAPT. Nine practices with a total of fifty-four GPs were chosen to distribute the patient prescription leaflet.

In Bexley, social prescribers were asked to give all service users over 65 years the prescription leaflet.

### Interventions were timed as follows

- March 2018– patient prescription leaflet – practice nurses
- April 2018– GP letter
- May 2018 – patient prescription leaflet - social prescribers and Lewisham GPs

# Findings

Presented by CCG.

## Bexley

Mind in Bexley IAPT service submitted monthly data for referrals to the service between October 2017 and August 2018. This data gave a breakdown of referrals received by different age bands (18-64 and 65+), month of referral, intervention used in that GP practice and source of referral.

During the period October 2017 to August 2018, the total number of referrals the service received was 4940. Of which,

- 3599 (73%) were received via GPs (including Practice Nurses)
- 904 (18%) were received via self-referrals

## Older Adult Referrals

- The total number of older adult referrals (65 +), was 289 (6%).
- Throughout this period, there were 369 people referred to IAPT service via other referral routes, i.e. not their GP practice or via a self-referral, of these 15 were aged 65+.
- Throughout October 2017 to August 2018, the proportion of older adult referrals received from Bexley GP practices fluctuated between 5% and 7% of all referrals per month.

Table 1 below shows the average number of referrals per month for the GP practices included in the project compared to those not included in the project. The figures show an increase in average number of referrals for the practices included in the project.

- The patient prescription leaflet produced an increase of 0.3 older adult referrals per month post intervention compared to pre-intervention.
- The GP letter produced an increase of 2.2 referrals per month post intervention compared to pre-intervention.
- The GP letter produced an increase of 3.4 older adult referrals via a GP referral source per month and an increase of 1.2 older adult referrals via a self-referral method.
- The patient prescription leaflet produced an increase of 1.2 self-referrals, with a reduction in referrals coming from GPs for practices undertaking this intervention.
- Practices receiving no intervention had a slight decrease in the average number of referrals for over 65s for this period.
- It was not possible to measure the impact of the three social prescribers distributing the prescription leaflet.

**Table 1. Bexley referral data: Average number of referrals per month pre- and post-intervention for 65+**

Intervention method 65+	Pre-intervention Oct17- Dec 17	Post-intervention Jan 18 – Aug 18	Change
GP Letter	10.3	12.5	2.2
- GP referrals	7.6	11	3.4
- Self-referrals	0.6	1.8	1.2
Prescription Leaflet	6.5	6.8	0.3
- GP referrals	4.7	3.6	-1.1
- Self-referrals	1.2	2.4	1.2
No Intervention	8.7	8.2	-0.5
- GP referrals	5.7	5	-0.7
- Self-referrals	2.3	1.8	-0.5

## Lewisham

Lewisham IAPT service submitted monthly data for referrals to the service between October 2017 and November 2018. This data gave a breakdown of referrals received by different age bands (18-64 and 65+), month of referral, intervention used in that GP practice and source of referral.

During the period October 2017 to November 2018, the total number of referrals for all age groups the service received was 11,638. Referrals for patients registered at GP practices from outside of the Lewisham area were excluded from analysis, therefore the following analysis is based on referrals for patients registered at a Lewisham GP practice only.

## Older Adult Referrals

- The total number of older adult referrals (65 +), was 491 (4%)
- Of the 491 older adults:
  - 230 (47%) referrals were received via self-referrals
  - 105 (21%) were received via GPs (including Practice Nurses)
  - 156 (32%) older adult referrals were received via 'other referral routes' with a breakdown below:
    - 145 (30%) another clinical speciality
    - 5 (1%) other secondary care specialty
    - 2 (0.4%) psychological therapists
    - 4 (0.9%) other

When queried with the IAPT provider, the explanation given for the breakdown of other referral routes above was that there are more older adults with physical health problems that might be attending other clinical specialty groups.

### Referral data pre- and post-intervention for older adults

Table 2 below shows the average number of referrals per month for the pre-intervention period and the post-intervention period by method.

**Table 2. Referral data pre- and post-intervention for older adults**

Intervention method 65+	Pre-intervention Oct 17 -Dec 17	Post-intervention Jan 18- Nov 18	Change
GP Letter	<b>10.7</b>	<b>7</b>	<b>-3.7</b>
- GP referrals	3.2	2.3	-0.9
- Self-referrals	4	2.9	-1.1
- Other	3.5	1.9	-1.6
Prescription Leaflet	<b>8.7</b>	<b>3.7</b>	<b>-5.0</b>
- GP referrals	0.4	0	-0.4
- Self-referrals	6	2.7	-3.3
- Other	2.3	1.0	-1.3
No Intervention	<b>12.5</b>	<b>7.0</b>	<b>-5.5</b>
- GP referrals	3.3	2.3	-1.1
- Self-referrals	4	2.6	-1.4
- Other	5.2	2.1	-3.0
Practice Nurse – Prescription Leaflet	<b>11.6</b>	<b>10.6</b>	<b>-1.0</b>
- GP referrals	2.6	1.6	-1.0
- Self-referrals	5.8	5.3	-0.5
- Other	3.2	3.7	+0.5

The figures show a decrease across all interventions and all referral types, except for patient prescription leaflet via other source of referral which increased by 0.5 referrals.

The no intervention category had the biggest decrease from pre-intervention to post-intervention with a change of -5.5 referrals per month, whilst the patient prescription leaflet delivered via the practice nurses had the smallest decrease, with a reduction of one referral per month.

The main significance difference between Lewisham and Bexley intervention sites were:

- Social prescribers were not used in Lewisham as a method of intervention
- 9 GP practices were targeted who were low referrers of all age groups to IAPT

### Qualitative data

A stakeholder meeting was held to understand the issues and experiences relating to the implementation of the interventions. Participants include Bexley and Lewisham CCG commissioners, Lewisham and Bexley IAPT providers and the HIN. The themes that emerged from the event are listed below.

- **Communication:** the importance of communication with and the engagement of GPs and practice nurses

“Following on from the 'practice nurse patient prescription leaflet pilot', we were asked if we could attend the Practice Nurse Forum in November to give feedback about the project and the IAPT service. This will give another opportunity to develop links with practice nurses, which we think overtime will potentially help referrals of people over 65 into the service.” **Clinician, Lewisham IAPT Service**

- **Complex co-morbidities and time pressures:**

“GPs and practice nurses have competing time pressures, compounded by turnover and retention of staff, focussing on more than one issue in an appointment may be a challenge. One issue, one appointment notices are on the walls of some GP practices.” **Clinician, Bexley IAPT Service**

- **Reviewing the IAPT service offer for older adults**

“As a development of the HIN project we have also commenced our 8-week psychoeducation group designed for people over 65. The group is covering techniques to manage both low mood and anxiety, using CBT based principles, and includes how some techniques can be adapted as people get older. Examples used are relevant to this age group and sessions paced. There is a strong interactive element to the sessions with an emphasis on building social networks and linking into local resources to help reduce social isolation.” **Clinician, Lewisham IAPT Service**

“We are now starting our second Older Adults CBT group – the first was very successful. Also, we are geared up to do the flu clinic IAPT promotions next year – having made the relationships with the nurses and some GPs through this project” **Lewisham IAPT Clinician**

"Since involvement in the HIN project we have develop our service to include more focussed older adult groups, including mindful walking groups. We have also developed a short postcard style referral in recognition that a longer referral template can act as a barrier." **Clinician, Bexley IAPT Service**

### **GP, practice Nurse and Social Prescriber's feedback.**

GPs, practice nurses and social prescribers were asked to either complete a very brief feedback form on the project or receive a telephone call to discuss the project with the HIN team.

A very low response was received by practice nurses, practice managers and GPs. All three social prescribers contributed comments. The themes that emerged from their feedback are listed below.

- **Response of the older adult**

"I have given leaflets to all my practice nurse colleagues, so that we can target as many people as possible. I have had no negative response and some patients have expressed an interest" **Practice Nurse, Lewisham**

"I have given out the prescriptions to clients who are unsure about whether they want therapy/counselling as a reminder or prompt for them. Clients have said that they will keep it as it has the contact details on" **Social prescriber, Bexley**

- **Service improvement**

"I try to find an experience (on back page of prescription leaflet) as close to the age/ issues of the individual client I am seeing. Often once I have brought up this conversation clients have explained any previous talking therapies they have had and often it is the first time that I am made aware that the client is receiving services from the Older Adults Mental Health Team or if they have had bereavement counselling/talking therapies in the past. I also mention the IAPT service when booking consultations in and when making follow up calls to each client post consultation, so they have plenty of opportunities to take up the service." **Social prescriber, Bexley**

"I have encountered patients over 65, throughout my time here at the practice who have on occasions, reported issues affecting mood such as bereavement and loneliness. I will usually signpost such patients to IAPT if there is a need that has been raised. If they are unable or unsure how to self-refer, I will offer to go through this with them, although it is usually a separate appointment slot to allow time to go through the form as it is quite long." **Practice Nurse, Lewisham**

"We discussed it at our Monday Practice meeting. Staff all agreed to remain focussed on this area. The Doctors also came up with the idea of displaying the self- referral number in reception and on our TV screens which should help boost referrals" **GP Practice Manager, Lewisham**

# Conclusions

The findings are inconclusive in whether the behavioural science approach taken was an unsuccessful intervention, or the unsuccessful implementation of a potentially successful intervention. The findings suggest that the interventions did have a positive impact in one borough in terms of increasing the referrals of older adults to IAPT services which was not replicated in the other borough.

## Bexley

The IAPT data informs us that:

- The letter to GPs produced the biggest increase in monthly referrals for older adults, with 2.2 additional referrals per month for practices using this intervention and an increase of 3.4 referrals from GPs per month.
- The patient prescription leaflet was effective in producing an increase in self referrals, with 1.2 additional referrals for older adults from practices using this intervention.

## Lewisham

The IAPT data informs us that:

- A larger number of referrals are received for Lewisham from a self-referral route rather than through a GP referral for older adults.
- Older adults only account for 3% of the total number of self-referrals and 5% of the total number of GP referrals.
- Older adults account for 32% of the total number of the referrals from 'other' sources, with the majority of these being from other clinical specialities.
- The patient prescription leaflets in the practices where the practice nurses gave them out, had a slightly higher average number of referrals per GP practice from October 17 to October 18 than the other interventions.

This project also took place in Lewisham at a time when overall GP referrals were declining. Many self-referrals are GP referrals where the GP has suggested that the patient completes an online self-referral. The data does not indicate a sustained increase or decrease in referrals. Monitoring over a longer period, may help to understand if the behavior insights interventions have an impact over a longer period.

**The letter to GPs:** showed some impact in one CCG. Although the format of the letter had been previously demonstrated to be a highly successful way of changing behaviour to decrease antibiotic prescribing, the letter to GPs to improve older adult referrals could not be fully replicated within this project. This may have limited its effect e.g. it was not sent from an influential national lead, there was no other GP incentivisation campaign occurring at the same time.

**The patient prescription leaflet:** Showed some impact with engaged practice nurse and social prescribers. The data showed no measurable impact when GPs in Lewisham were asked to give out the prescription leaflet.

**Increasing the confidence or IAPT providers to treat older adults:** The project was successful in focusing the two participating IAPT providers on the needs of older adults. Both providers made service changes and became more proactive in engaging particularly with practice nurses. There was a consensus that increasing the knowledge of practice nurses and health care assistants of older adult's mental health, alongside the benefits of IAPT, would produce longer lasting behaviour change to increase referrals.

# Recommendations

- Behavioural Science has important key messages that should be considered before embarking on any behaviour change project. The *Older Adult's Access to IAPT; Applying behavioural insights to increase referrals* jointly published by the HIN and Dan Berry (H&K Strategies) is free to download [here](#).
- Understand your local older IAPT data prior to embarking on a project and resolve any reporting issues.
- IAPT services should consider collecting the information on their referral form 'how did you hear about the service' to track if a health care professional suggested the self-referral.
- IAPT services should consider their older adult service offer and the confidence of their therapists to deliver talking therapies to this age group.
- CCGs and GP federations in partnership with IAPT services and local older adult stakeholders should lead on this work, to influence their colleague's behaviour.
- Consider incentivisation alongside the GP letter to influence behaviour changes.
- Practice nurses and health care assistants are already regularly interacting with older adults. Improve their knowledge of older adult's mental health and benefits of IAPT / talking therapies to increase referrals.
- Increasing referrals of people to IAPT with long term physical health conditions is likely to increase older adult referrals.
- Social prescribing services provide a further opportunity to inform older adults of the IAPT service.
- A CCG led initiative that opportunistically times a campaign to increase older adult referrals to IAPT, for example through practice nurses with the annual flu inoculation may provide more convincing results.
- The GP letter and patient prescription leaflet interventions are free to use and to adapt locally.

# Appendices

## Appendix 1

### Methodology

#### Step 1

The IAPT providers (Mind in Bexley and South London and Maudsley Mental Health Trust in Lewisham) were asked to set up a local stakeholder engagement event supported by the HIN to introduce the subject of older adult's mental health and the outcomes we aimed to achieve:

- reducing the stigma older people themselves may attach to mental health
- informing healthcare professionals that common mental health issues are not a normal part of ageing
- communicating the effectiveness of IAPT services as a treatment for older adults
- increasing the confidence levels of IAPT therapists to treat older adults

Stakeholders included the voluntary sector; Age UK, CCGs representatives (Lewisham) carers organisations, and older service users of IAPT.

#### Step 2

The stakeholder events provided an opportunity for those in attendance to voice their experiences of older adult's mental health and to comment on the proposed interventions.

#### Step 3

Taking the information gathered from the stakeholder events, the two interventions were drafted and shared for comments. Patient stories for the prescription leaflet were sourced from IAPT patients lived experience. Revisions were made to the design of the interventions, reflecting local requests and needs.

#### Step 5

A timetable was devised for each intervention. GP practices were identified for each intervention based on data analysis.

Data was used to establish the high referrers of working age adults to receive the GP letter. The data informed us that all GPs in both Lewisham and Bexley were low referrers of older adults to IAPT services.

Practice nurses were chosen from GP practices that had not already received a GP letter to avoid duplication.

Lewisham also chose a cohort of GP practices that were low referrers of all age groups to IAPT to receive the patient prescription leaflet to distribute. Social prescribers in Bexley committed to give / send the patient prescription leaflets during a designated month.

#### Step 6

The interventions were tested over a three-month period March – May 2018 inclusive.

- Prescription leaflets were hand delivered by the IAPT services to the Practice Nurses, GPs and social prescribers.
- GP letters were emailed to practice managers for forwarding to GP in their respective practices (replicating the method used to disseminate the letter used in the Department of Health Department of Health (DH) initiative to reduce antibiotic prescribing). Additionally, each GP received a duplicate letter via the post. The HIN also attempted to get direct

feedback from the intervention sites during this time.

### Step 7

The HIN in parallel to the above steps analysed monthly IAPT data provided by each provider giving the number of referrals to IAPT for working age and older adults as well as the source of referral.

### Step 8

A stakeholder learning event was held with Lewisham CCG, Bexley CGG and the two IAPT services in July 18 to share findings and gather qualitative information from the IAPT providers and their CCGs

## Appendix 2 Project tools

### GP letter template



GP letter template  
.docx

### DOH Antibiotic letter



antibiotics  
letter.docx

### Prescription leaflets



Bexley Pads x 4  
kinds.pdf



Lewisham Pads x 4  
kinds.pdf

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The HIN would like to thank the following organisations for their involvement

- **Mind in Bexley**
- **Lewisham Primary Care Psychological Therapies Service**
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