

## Frequently asked Questions

### About the procurement

#### Who is leading this procurement?

- The procuring organisation is Health Education England (HEE).
- HEE has appointed Dr Neil Ralph as the national Mental Health and Learning Disabilities Programme Lead and he would be overseeing Early Intervention in Psychosis workforce as part of this role.

#### Why has it been decided to procure centrally?

- The national capacity of providers for this specialist training means that we need to take a coordinated approach to procurement to ensure coverage nationally.
- A unified contract and single contracting round is likely to provide the best level of consistency and quality.
- The training must support all providers to achieve a single, universal target, so there is relatively little need to 'tailor' locally.

#### What role can my organisation play?

- LETBs can use their local relationships to support and encourage their providers to use the framework and reassure and provide clarification about the HEE process.
- CCGs can ensure that they are in close communication with their providers to ensure that workforce capacity will be in place, and that training is being accessed.
- Trusts can support the process by liaising with providers on the framework list and planning in advance the release of staff to take up training places, and feed in questions and comments that will help the procurement to deliver a 'fit for purpose' panel of training providers.
- Training providers can play an active role in the process, and work with us to design the most effective and value-for-money training courses.

#### What training is being procured on a national level?

- HEE is currently procuring training to acquire the competencies required to provide NICE guidance specified Family Interventions (FI) and Cognitive Behavioural Therapy for psychosis (CBTp)\*.
- Other areas of training are being considered for either national or regional procurement.

\***CBT or other individual Psychological Therapy (CBTp):** In most instances a CBTp therapist will require postgraduate diploma level or equivalent generic CBT training, and additional specialised CBTp training plus on-going monthly CBTp supervision. In some cases, therapists may develop appropriate competences by being a CBTp research trial therapist or via extended specialist CBTp supervision following training in generic CBT. Training in generic CBT alone, PSI and brief training courses in CBTp are not considered sufficient. The competences required are described here: [Competence Framework for Psychological Interventions for People with Psychosis and Bipolar Disorder](#)

**NICE Level Family Therapy:** To meet the criteria, individuals require a comprehensive course e.g. five day Early Intervention in Psychosis Behavioural Family Therapy Training or equivalent. Must be specific family intervention trainings lasting five days or more. On-going monthly FI supervision is also essential. The competences required are described here: [Competence Framework for Psychological Interventions for People with Psychosis and Bipolar](#)

## About the standard

### What is the Early Intervention in Psychosis access and waiting time standard?

- From 1 April 2016 more than 50% of people experiencing first episode psychosis will commence a NICE-approved care package within two weeks of referral.
- Both the maximum waiting time from referral to treatment and access to NICE-recommended care must be met for the standard to have been achieved.

### Which services are covered?

- The standard covers all people who are experiencing first episode psychosis from age 14-65.
- All services responsible for first episode of psychosis cases for those aged 14-65 must adhere to the standard.
- The only exemptions from the standard will be referrals of people who are experiencing psychotic symptoms with a confirmed organic cause, for example, brain diseases such as Huntington's and Parkinson's disease, HIV or syphilis, dementia, or brain tumours or cysts.

### What is the clinical evidence for early intervention?

- Early identification and access to specialist treatment is critical to improving immediate and long-term personal and clinical outcomes.
- Long waits for treatment produces poor outcomes for patients and imposes additional cost on mental health services and the wider health and care system.
- The acknowledged optimal window for EIP service to begin treatment based on clinical advice is two weeks.

### What is a NICE concordant care package?

- There are eight NICE quality standards that relate to the EIP access and waiting time standard, covering a range of pharmacological, psychological, social, occupational and educational interventions.
- EI services access and treatment must include
  - Referral to early intervention in psychosis service
  - Cognitive Behavioural Therapy
  - Family Interventions
  - Treatment with Clozapine\*
  - Supported Employment programmes
  - Assessing physical health
  - Promoting healthy eating, physical activity and smoking cessation
  - Carer-focused education and support.

- All of the above provisions have to consider issues of equality, diversity and language.

\* Clozapine should be offered if psychotic symptoms persist after adequate trials of two other antipsychotic agents.

### **What is required of mental health providers?**

- EI services must provide access to all NICE-recommended care and interventions, although some service users may not receive the full range of NICE recommended treatments due to clinical relevance or personal choice.
- Provide necessary training for staff to ensure EI teams are able to provide NICE-recommended care and interventions.
- Some operational changes may be required, e.g. EI teams must cater for people up to age 65 under the new standard.
- IT systems must be able to track clock starts and clock stops for reporting purposes.

### **About the training**

#### **What does the EIP access and waiting time standard require (clinical care and provider teams)?**

- Providing a NICE concordant EIP service will require a mix of specialist skills
- However, the main skills and capacity gaps are expected to be in Family Interventions (FI) and Cognitive Behavioural Therapy for psychosis (CBTp).
- Training may also be required to support other workforce development needs, for example:
  - Medical treatment and prescribing in EI
  - IPS, education and training and employment awareness
  - Physical health in mental health
  - Training for carers
  - Cultural awareness training
  - Assessment skills training
  - Scale of Prodromal Symptoms (SOPS) and the Structured interview of Prodromal Symptoms (SIPS)
  - Comprehensive Assessment of At Risk Mental States (CAARMS)
  - Positive and Negative Syndrome Scale (PANSS).

#### **What do the training curricula need to cover (clinical content)?**

- All psychological therapy training should be delivered to the competencies and meta-competencies outlines in Roth and Piling (2013).  
<http://www.ucl.ac.uk/clinical-psychology/competency-maps/psychosis-bipolar-map.html>

#### **Are there any accreditation or qualifications attached?**

- There are on-going discussions to have psychological therapy courses accredited by one body. Other courses may have specific certification or accreditation.

### **What are the typical training packaged and formats?**

- Depending on the training, it could be anything from one week training to a one day a week training over two years.

### **Who needs to purchase and arrange the training?**

- HEE will commission all training provision nationally and locally
- Trusts will need to liaise with approved training providers to arrange details of their local training.
- Training providers to arrange the delivery of training.

## **About the workforce requirement**

### **What skills are needed nationally?**

- The national procurement process is first focusing on training for:
  - Family Interventions (FI)
  - Cognitive Behavioural Therapy for psychosis (CBTp).
- HEE is currently considering regional / national procurement for training in:
  - Medical treatment and prescribing in EI
  - IPS, education training and employment awareness
  - Physical health in mental health
  - Training for carers
  - Cultural awareness training
  - Assessment skills training including AT Risk Mental State training.

### **How do I organise training for my trust?**

- It is the responsibility of individual trusts to identify the staff who will undertake training, and it remains their responsibility to ensure that these individuals attend their scheduled course.
- Trusts will also be responsible for selecting a training provider from the framework (provided by HEE in January 2016) and liaise with the provider directly regarding the numbers and location of training.
- HEE advises trusts to allocate a training coordinator to liaise with the selected training provider and make the necessary preparations over the next couple of months to allow relevant colleagues in EIP teams to attend this training.

## **Who do I contact if I have questions?**

**Tender applications:** any questions regarding procurement should be address to Michelle Walker ([michelle.walker@noecpc.nhs.uk](mailto:michelle.walker@noecpc.nhs.uk)), HEE procurement specialist, or raised via the online message function on the procurement portal ([www.noecpc.co.uk](http://www.noecpc.co.uk)). This ensures procurement is managed in accordance with the requirements of the Public Contract Regulations 2015.

**Other questions:** contact the HEE team (link to: [Henrietta.mbeah-bankas@nhs.net](mailto:Henrietta.mbeah-bankas@nhs.net)).