



UK Council for Psychotherapy guide for members

Providing therapeutic services to organisations

An online guide for members wishing to offer therapeutic and clinical services on a contractual basis



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Introduction

This guide is for UKCP members considering offering therapeutic and clinical services to organisations on a contractual basis. It is a general introduction and assumes no prior knowledge of the subject.

The document is written for members across the UK. However, there will be variations between local, regional and national commissioning boards and employing bodies. We suggest that you carry out your own research to check specific arrangements in your area and the best of way of representing your work to a specific employer or commissioning body.

UKCP's Promoting Occupational Practice Committee will periodically update this guide. We welcome your suggestions for future editions, in particular, specific information relevant to members living and working in Wales, Scotland and Northern Ireland. Please email communications@ukcp.org.uk with your suggestions for changes and additions.

Please note that the word 'therapist' is used throughout as an umbrella term for psychotherapists, psychotherapeutic counsellors and other UKCP register titles.

Contracting organisations

Your services may be for different tiers of management, frontline staff, customers or service users of the following:

- clinical commissioning groups (CCGs) in the NHS
- other commissioning bodies in the NHS
- GP practices
- third sector voluntary services
- local authorities – for example, social services
- government departments
- public–private partnership schemes
- social enterprises
- commercial companies, including health and social care providers
- small businesses
- educational institutions.

What can I offer?

When looking at the services you might offer, your initial focus will probably be on whether you will be providing one-to-one, couples and/or group therapy. For most of our members, UKCP's professional occupational standards provide an adequate overview of the necessary professional competencies: www.ukcp.org.uk/pos

The professional occupational standards will help you identify where your marketable strengths lie, and can be referred to in any approach you make to an organisation or employing body as evidence of your competency as an accredited practitioner.

Most commissioning groups and others seeking services from therapists will focus on standard clinical services. However, in line with government policy, they will also look at what therapists can offer to address mental and physical health inequalities. It is therefore important that you communicate effectively what is different and innovative about your services. You will need to show how you will address safeguarding clients and evidence your approach to evaluation of your services.

At times, you will probably encounter a lack of knowledge about psychotherapy. You will need to promote the fact that your training in advanced relationship skills (such as rapport building, challenging, staying with difficult feelings) has wide application in the consulting room and, if you have experience as a practitioner manager, trainer or supervisor, sometimes beyond.

Thinking ‘off the couch’

We encourage you to look at the breadth and depth of your work and ask, ‘How can I translate this into a valuable service?’ Are there specific sectors where you have particular experience and knowledge – different age groups, dis/abilities, cultures, forensics, medical conditions? Do you teach or supervise in particular areas? This might be something you want to expand into direct service provision.

Your scope of practice need not be limited to a single area; the essential skills of therapy are applicable across a range of issues, in different spheres of therapeutic work and clinical environments. Other areas to consider might include:

- facilitating problemsolving
- facilitating change
- training in communicationskills
- managing conflict
- coping with trauma.

It may be that an organisation requires several therapists to fulfil a particular need. Your role could be as provider, organiser, supervisor, or as support for other practitioners as part of the overall therapeutic or clinical contract.

It might be helpful to discuss your potential role with your supervisor, colleagues and others involved with your work; they may have a better overview about what you have to offer. These initial development conversations could lay the groundwork for future collaboration.

Collaborative working

Working with other therapists will increase the potential of your service, so consider approaching other professionals and local voluntary sector organisations. Their expertise may complement yours and open up new areas for your services. You will need to be proactive in establishing and maintaining contacts.

Approaches by consortia or small groups of therapists are more likely to succeed than individuals going it alone. Commissioners will be impressed by a bid demonstrating that a service can work collaboratively with others to address clients' physical and mental health and wellbeing needs.

However, if you will be working in a group, it is essential that you all agree how the group will organise itself before bidding for work. Legal options include:

- partnership agreement
- private company
- public limited company
- sole trader
- social enterprise
- co-operative.

Whichever structure you choose, issues of responsibility, boundaries, communication and trust need to be developed in business as in other relationships.

Linking with other partner organisations, such as charities and housing associations, may become increasingly important as governments and local authority healthcare providers move care further into local community provision.

Further information can be found at:

- co-operatives: www.uk.coop/start-co-op
- mutual ownership model: www.gov.uk/government/uploads/system/uploads/attachment_data/file/31678/11-1401-guide-mutual-ownership-models.pdf
- social enterprise: www.gov.uk/set-up-a-social-enterprise
- www.gov.uk/browse/business/setting-up

Before you bid

Before you submit a bid, focus on and address the following key issues:

Outcomes

What and whose needs are you meeting? How can you prove this? What concrete difference will your service make? Bids for contracts should include measures of concrete or 'hard' outcomes. Plan ongoing monitoring of your performance.

Established outcome measures of the effects of therapy on clients include:

- Patient Health Questionnaire 9 (PHQ-9). This is an assessment tool for depression which is routinely used in the Improving Access to Psychological Therapies (IAPT) programme.
- Generalised Anxiety Disorder 7 (GAD-7). This is an assessment tool for anxiety which is also routinely used in the IAPT programme.
- Hospital Anxiety and Depression Scale (HADS)
- Clinical Outcomes in Routine Evaluation (CORE)
- Quality of Life and Functioning (QOL/F)
- Customer satisfaction surveys from clients and other stakeholders (particularly referrers).

Although they may be more difficult to measure, try to include implicit or 'soft' outcomes. Refer to Layard (2012), *How Mental Illness Loses Out in the NHS*⁵, for examples of the implicit outcomes of IAPT.

The following statements specify the benefits of the training and provide outcome measures to judge its effectiveness:

Sample:

Workers in your residential projects deal with an average of 20 incidents of deliberate damage by residents per month; our personal development groups for staff and residents will lead to a 50% reduction in these incidents and greater staff/user satisfaction ratings.

Participants will complete quality of communication/conflict ratings before and after the group programme (an externally validated measure) to assess improvements in individual functioning.

Accessibility

The who, when, where, how of the bid. How easily and quickly can customers and/or referrers access a service? How will it cater for different needs, communities and cultures?

Sample:

Groups will be run on the premises. Two preliminary introductory sessions will be held to establish a working alliance with participants. Interventions will be tailored to the cultural needs of the participants. All forms will be available in multiple formats and one-to-one feedback sessions will be provided for participants unable to read or write or for whom English is a second language.

Integration

How will your service complement/integrate with other provision, including the voluntary sector and educational and local authority provision where appropriate? Can your service integrate with local physical and wellbeing providers?

Sample:

The staff group work will meet National Standards for CPD for youth workers. Trainers will facilitate four whole-staff group sessions to embed the training in established practice. Role play and other exercises will be used in the sessions to enable service users to apply their learning to other contexts.

Value for money (VFM)

Wherever and to whomever you offer your services, you will need to make a strong business case. VFM is mainly assessed by numbers of clients/service users/patients treated by a service ('bums on seats'), but it must also include proof: that is, the beneficial effect of this particular approach. VFM mainly comprises concrete, easily audited 'hard' outcomes. However, 'soft' outcomes are equally important – the beneficial knock-on effects.

Commissioning in the NHS

Issues to consider when presenting the benefits of psychotherapy in the NHS might include:

- Addressing a range of psychological needs, including pain, chronic health conditions, bereavement, bullying, trauma, not just anxiety and depression
- Integration with other services and stakeholders, including the voluntary sector where appropriate
- Potentially reducing the drugs bill for a surgery or primary care trust
- Presenting a flexible, 'one-stop' service, including short-medium- and long-term work, as this fits with the stepped care approach
- Providing quick and simple access for referrers and service users
- Procedures for onward referral/signposting
- Familiarity with care pathways; your provision would sit with these
- Priority for increasing self-efficacy in patients/clients.

GPs (and other stakeholders) receive a great deal of information, so you need to work to establish relationships and keep plugging away to be heard.

Quality

Any tender, presentation or involvement in the NHS procurement process should explicitly address quality. The most relevant definition of quality in the NHS is given by Lord Darzi (2008) in *High quality care for all: NHS Next Stage Review final report*¹.

Sample:

Interventions are based on an established crisis intervention tool or strategy. All staff are qualified to postgraduate level in therapeutic group work, with a minimum of three years' post-qualification experience. All staff will receive on-going clinical supervision. Participants will be asked to complete group evaluation questionnaires in addition to outcome measures.

You may also come across QIPP (Quality Innovation, Productivity and Prevention). The QIPP initiative aims to save the NHS £20 billion by 2015 by improving efficiency, using new technology and reducing bureaucracy. See www.dh.gov.uk/health/category/policy-areas/nhs/quality/qipp/ for details.

Value formoney

In the NHS, there will be a number of different stakeholders and departments involved in a patient's care. Your presentation of VFM could include soft outcomes that benefit other NHS departments, such as a reduction in visits to GPs or admission to hospital and diversion from more costly interventions such as secondary care/psychiatric services. Over-prescription of antidepressants has been blamed in part on long waiting lists for therapy. Could the faster response of your service mean less need for medication? Look at how you might measure this by both 'number crunching' and by stakeholder feedback.

There are implicit economic and community benefits of therapy: extrapolating from Layard and others, decreasing time off work, increasing work/activity or reducing anti-social behaviour. Is there a particular community in your area whose psychological needs are not being met? Is there an opportunity to develop a service that might bring measurable benefits to that community?

Sample:

The cost of the groups will be offset by the reduction in damage repair. Neighbour complaints will reduce and tenancies will be more stable, resulting in fewer eviction procedures and lower legal expenditure. Staff sickness and turnover will also reduce by 25%.

Strategic planning documents

In the new NHS structure in England, Health and Wellbeing Boards (HWBs), working with Clinical Commissioning Groups (CCGs) and local authorities, have responsibility for producing a Joint Strategic Needs Assessment (JSNA) (sometimes called a strategic plan

or health needs assessment) of the health and wellbeing for the local community, with a Related Needs Assessment specifically focusing on mental health. These key documents set out what services are needed in the local area and are published online.

Local health authorities also publish annual commissioning plans based on these assessments, usually available on authority websites. Councils produce planning documents for education, and social and care services.

We recommend that you become involved with these processes in your locality. Look for gaps and inequalities in service provision, and make a clear case for psychotherapy as an evidence-based practice solution.

IAPT (Improving Access to Psychological Therapies) programme

Arising from work by Lord Layard, IAPT has been pioneered in England as an approach to meeting the needs of people experiencing mild to moderate forms of psychological distress, especially depression and anxiety. Since 2008 IAPT has brought evidence-based psychological therapies to over a million patients. IAPT began by focusing solely on CBT but now offers five types of therapy. The others include: Counselling for Depression, Couple Therapy for Depression, Interpersonal Psychotherapy for Depression (IPT) and Brief Dynamic Interpersonal Therapy (DIT).

IAPT is a useful model which has expanded psychological services in the NHS, but it is not the only model of effective intervention and it is important to ensure that diversity of provision is maintained and enhanced.

Evidence-based practice

You may find EBP cited as a reason for not including psychotherapy interventions in various settings. NICE guidelines, in particular, are often used in this way. However, this is a misuse of the principles of EBP, which were devised to develop and expand practice not restrict it. Although NICE gives primacy to randomised control trials (RCTs) as the 'gold standard' of research evidence, it states that practitioner expertise and experience constituting practice-based evidence (PBE) should be the basis of all clinical decisions.

For an excellent, influential summary of the arguments relating to evidence-based medicine, see David L Sackett et al (1996) 'Evidence based medicine: what it is and what it isn't', *BMJ*, 312(71)⁷: www.bmj.com/content/312/7023/71

NICE

Don't be discouraged if initial attempts to pitch psychotherapy-based approaches are met with: 'We have to follow NICE guidelines'. It is useful to be familiar with the guidelines (www.nice.org.uk/guidance), but NICE itself acknowledges that they are 'not a substitute for professional knowledge and clinical judgement'.

NICE recruits experts and lay people to serve on their panels. These are unpaid posts but if a vacancy arises in an area that interests you, it is an opportunity to be directly involved with policymaking. This is something that we actively encourage members to do. Please liaise with UKCP's Promoting Occupational Practice Committee about such work.

See www.nice.org.uk/getinvolved and contact the co-chairs of the committee via communications@ukcp.org.uk.

The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence-based clinical practice guidelines for NHS Scotland: www.sign.ac.uk.

Care pathways

Care pathways aim to set out what can be expected to happen (and at what point) in the treatment of a health condition. The principle is to inform service users, their carers and all the professionals involved as fully as possible. The system tries to incorporate best practice, standards, 'choice points' at which a patient or clinician might have to make a decision about the next step, and identifies all available resources.

Stepped care approach

Pioneered by Jim White among others and incorporated into the IAPT model, the stepped care approach to mental health is based on research suggesting that low-level psychological intervention at an early stage can often be very effective in preventing problems escalating.

For clients who do not benefit from the 'first step' treatments (bibliotherapy, self-help, psycho-education), there are second and third steps (often brief solution-focused one-to-one therapy); for more severe or persistent problems, longer-term therapy may be available at Step 4. See White (2008) 'Stepping up primary care', in *The Psychologist*, 21(10)⁸ for more details.

The IAPT model works mainly at Step 2 and Step 3. Step 2 work within IAPT is called 'Low Intensity' and is usually delivered by Psychological Wellbeing Practitioners (PWPs). Step 3 is known as 'High Intensity' and involves longer courses of therapy. Step 4 services are usually only provided in secondary care.

It is worth noting that the stepped care approach in the NHS is as much a response to limited resources for mental health as it is 'best practice'.

Recovery Model of Mental Health

The Recovery Model emphasises a patient-centred approach (DH (2005) *NIMHE Guiding Statement on Recovery*²) and focuses on the importance of quality of life and increased day-to-day functioning (QOL/F) for people experiencing mental health problems.

The policy is a direct challenge to ‘symptom reduction’ treatments such as CBT. It opens the door to more therapeutic approaches and could be a powerful argument for the place of psychotherapy in mental health services. It also balances NICE guidelines and misunderstandings about what constitutes evidence-based practice.

In 2009, Susan McPherson, Chris Evans and Phil Richardson (*Journal of Mental Health*, 18(5): 405–414)⁶ found no evidence for the effectiveness of QOL/F measures when applied to the research studies used to formulate NICE guidance.

Further relevant guidance, *No Health Without Mental Health: A Cross-government Mental Health Outcomes Strategy for People of All Ages* (DH, 2011)³, is being implemented over the next three years.

AQP (Any Qualified Provider)

The Any Qualified Provider (AQP) arrangements mean that commissioners are able to commission services from a wider range of organisations than previously. AQP for Psychological Therapies is in use in some parts of the country already, although not in all.

AQP guidance mentions IAPT-like services as being the best practice model of service at present. However, this recommendation does not have to be followed by commissioners. AQP is intended to increase patient choice and an argument can be made that using only IAPT-like services would not meaningfully increase patient choice. It could also be argued that the IAPT approach is too diagnostically based; AQP guidance recommends a needs-based approach.

By becoming involved early in the planning process and building relationships with stakeholders, you will be in a better position to promote psychotherapy services and tender for service provision.

For more information please visit: www.supply2health.nhs.uk/AQPResourceCentre/Pages/AQPHome.aspx

The tendering process

Contact local organisations (council, voluntary organisations, private companies, health authority) to ask how to join the approved supplier or established supplier database. It is from here that quotations for smaller contracts are sourced.

The process of choosing or commissioning a contractor varies between different organisations and depends on the size of the contract. Contracts up to a certain amount (usually £5,000) can usually be awarded on the basis of one written quotation; contracts for £5,000 to £50,000 require three quotations. Smaller organisations are likely to have a less formal system particularly for smaller contracts. There may be an invitation to one or more organisations to make a presentation or to ‘pitch’.

Publicly funded bodies are required by law to go through a competitive tendering process for contracts over £50,000, and larger private organisations will do so as a matter of good governance. Smaller contracts are also often put out for tender when it is expected that this will find the best supplier.

There are different kinds of tender. The process may begin with a PQQ (pre-qualification questionnaire) to assess your suitability to make a bid. The invitation to bid will set out strict criteria to be fulfilled by the contractors and guidance on how this might be evidenced in the tender.

Specialist companies can put together bids for small businesses but the charges can be high. If you intend to do it yourself, help can be found at www.gov.uk/tendering-for-public-sector-contracts or www.bis.gov.uk/files/file39469.pdf. Local business support services will be able to help with the practicalities and will have business directories and other information.

Your bid

A bid would usually include:

- Details of your status: partnership, limited company, social enterprise, co-operative
- Business plan, including estimates of administration costs and resources needed including premises
- CVs, professional registrations and qualifications of the individuals providing the service (and/or details of staff to be recruited)
- Target clients, including inclusion and exclusion criteria where appropriate, and your intended safeguarding measures
- Procedures for lines of communication within the service and with stakeholders and customers
- Expected outcomes and measurement of results
- Business insurance details
- Health and safety policy
- Equal opportunities and diversity policy
- Risk assessment for the work

Making an impact – presenting to commissioners

Even people with considerable experience can benefit from refreshing their presenting skills before talking to commissioners. It is also possible that you will need to prepare a 'business case' for why your service may be useful.

We strongly recommend that you use digital (web-based), face-to-face and written resources to help you plan your presentation. The following sets out broad categories for you to consider and is relevant for groups of members and individual members.

- Look for ways to raise awareness of the impact of your service by talking about the clinical and therapeutic work you offer; for example, offering to provide work to continue developing what is working for the commissioner or service and supporting changes to what is not yet working well for them.
- Research, discuss and practise presenting the case for your service. It can be helpful to do this with colleagues and 'critical friends' whom you trust to give constructive feedback.
- Be clear about your hoped for outcomes and be able to show how you will evaluate and evidence them (aim for clarity when preparing and presenting).
- Ensure you express your outcomes in ways that have meaning for your audience. In this way, you will demonstrate your ability to communicate thoughts, ideas and concepts in the language of the patient or client group and in a way that has meaning for a commissioner. Familiarise yourself with appropriate ways of talking about your work.
- Effective presentation is often about being comfortable with yourself, which engenders confidence in your audience.
- Effective presentation is about identifying and establishing common ground. Look for ways that have meaning for the commissioner. Remember, you are selling your service; this is about building rapport quickly. You also need to look for opportunities to use empathy to find common ground.
- Ensure that you are prepared to build bridges when someone sees something another way. Learning about influencing skills and keeping a systemic awareness may be helpful.
- Preparation for presentations includes:
 - Ensuring you know what the choices are that you want to make about the service you are offering, where will you compromise and where will you not
 - Knowing where your bottom lines sit in terms of the contract you want / can live with
 - Having different ways of presenting the material to engage your audience and build rapport. Are you a person they would trust to deal appropriately and effectively with their patients or clients?
 - Less is more: get your message over clearly and concisely
 - Ask for feedback – a form of networking.
- It may seem like a cliché, but do a SWOT analysis of your service and presentation of your service. (You can find lots of free literature on this and other tools on the web and in libraries).
- Some areas to analyse include how you are doing with the following:
 - Getting your voice in the room and creating balance with the presentation

- Keeping others included and engaged
 - Managing difficult questions and behaviours (keeping your cool)
 - Creating buy-in from the people present.
- Look at other presentations and reflect on what does and does not work (YouTube is a good place to start).
 - Offer only what you can deliver. Do not under- or oversell qualitative value or effectiveness. Good presentations work when you mix qualitative worth with evidenced evaluative information relevant to your audience.

Remember the rule of thumb: first and last impressions count. Be ready to make an impact effectively from the outset and ensure you leave them with a good, lasting impression at the end. Good luck!

Key selling points

However formal the tendering process, it is still a 'sales pitch'. As a UKCP therapist you are in a position to offer an attractive package:

- **Registration with UKCP:** this evidences professional competence, occupational standards and an ability to take fully accountable clinical responsibility for any work undertaken.
- **Evidence-based and research-informed practice:** include relevant CPD/ research skills and experience.
- **Value for money:** small organisations can be 'leaner and meaner' than large ones, but be careful not to underestimate costs.
- **Patient/customer choice:** particularly relevant to commissioning in the NHS and often part of the mission statements of voluntary and other organisations.
- **Diversity:** as an 'outsider', you can fill gaps in existing provision including providing access for hard to reach groups.
- **Flexibility:** as a small organisation, you may be able to provide a speedier response to customers/referrers and adapt more quickly to emerging needs. Consider offering a 'one-stop' service, including short-, medium- and long-term work (countering the common preconception that psychotherapy is always long term).
- **Implicit and explicit outcomes;** include 'hard' and 'soft' outcomes.

Steps to success

In your locality:

- Establish what and where the organisations and companies are who might need the services you can offer using the information in the glossary on procurement.
- Establish what, if any, local provision exists in your field and look for gaps/opportunities.
- Obtain strategic planning documents and become involved with the strategic planning process, stating the case for psychotherapy and therapy-based services.
- Contact small business support services in your area.
- Make links with relevant community organisations.
- Build relationships with third sector organisations/GP practices/mental health trusts/NHS commissioners and other stakeholders.
- Liaise with other groups and organisations that may be bidding for similar work in the area.
- Develop your key selling points into specific service plans relevant to your locality.
- Register with national organisations that provide details of work put out to tender by public bodies.
- As far as you can, prepare the documents listed under 'Your bid'.

Meeting the challenge

Gaining and then delivering a contract for therapeutic, clinical or other services can be a lengthy and frustrating process. It requires hard work and persistence but can be financially, professionally and personally rewarding.

The amount of red tape can be daunting but remember that contracts are ultimately about relationships – between suppliers, commissioners, stakeholders, carers and service users. By becoming involved in these processes, you will have the opportunity to influence how therapeutic services might be delivered, and to promote psychotherapy skills in a wider context.

E-tendering and other helpful links

Visit the following websites for further information on e-tendering:

www.supply2health.nhs.uk

www.gov.uk/contracts-finder

www.sell2wales.co.uk

www.publiccontractsscotland.gov.uk

<https://e-sourcingni.bravosolution.co.uk> (eSourcing Northern Ireland)

Put 'sell2' in front of your locality and add '.co.uk' to find e-tendering in your area, for example www.sell2plymouth.co.uk.

You could also look at:

www.tendersdirect.co.uk

www.bravosolution.com

www.competefor.com

Map of clinical commissioning groups in the NHS in England:

www.binleysonline.com/clinicalcommissioninggroups/

Department of Health policies and implementation plans:

www.dh.gov.uk/en/index.htm

Procurement in Wales:

www.xchangewales.co.uk

www.wales.nhs.uk

E-tendering opportunities with the emergency services:

www.bluelight.gov.uk

An illustrative case study

Morag has a private practice in group and individual psychotherapy and clinical supervision. She has worked in training and service development in the voluntary sector and maintains contacts in this network. Some of her supervisees work with children and adolescents in a variety of settings.

A local authority-funded residential project for young people – Laurel House – has recently opened in her locality. She has read in the local paper that the police have been called there regularly to deal with ‘anti-social’ behaviour. The newspaper stories focus on the complaints of the neighbours but Morag wonders what kind of work has been done with staff and residents around anger and conflict.

Laurel House is mentioned a few times by supervisees – the consensus seems to be that it is not well run. When a supervision group starts to gossip about it, Morag challenges them to discuss what is best practice in conflict situations in such a project. It becomes clear to her that there is considerable expertise in the group and that she can contribute valuable input from a psychotherapy perspective. The session ends with someone saying it was a shame that the workers at Laurel House were not there.

Morag writes up some of the discussion from the group and reminds herself of the knowledge and skills she already has around dealing with anger, aggression and conflict, reading recent articles and journal studies. She puts together an outline of a staff development group she thinks might help.

When she discusses her thoughts with a former colleague, he challenges her to expand her attention to the residents of Laurel House. She adds a self-awareness group, using communication skills development and therapeutic interventions that she believes will help the service users. She is pleased with the holistic nature of her programme.

Morag lets her supervisees know where she has taken their discussions. At the suggestion of one, she registers with the local authority’s Sell2 e-tendering site, so she can get an idea of the sort of training and therapy packages organisations might value, and to familiarise herself with the processes. Morag writes to the project manager of Laurel House outlining her ideas and suggesting they meet up. She hears nothing back. She tries telephoning but does not seem to get anywhere. Meanwhile, calls for Laurel House to be closed still occasionally surface in the local paper.

A colleague suggests contacting the chair of the management committee (details on the website). Morag arranges a meeting with the chair to explain what she is suggesting. This leads to her attending a committee meeting and then a staff meeting. (She asks to attend a residents meeting but the project manager is reluctant.) She submits a more detailed plan of what she is proposing, including initial costings based on a daily rate for initial training and regular follow-up groups. The response from staff and management is generally favourable but she is told there are funding issues.

After six months of hearing nothing more, Morag sees in Sell2’s email digest that an invitation to tender has been issued by the local authority youth services section for training staff and residents at Laurel House in conflict-management skills.

Morag hastily puts together a bid inside the deadline with help from the local business link organisation. She adapts their standard policy documents, throws together the business plan based on her previous cost estimates, and uses her original training plans as the core of the work.

Morag is unsuccessful in her bid. She asks for feedback from the commissioning office, some of which is useful. She also looks at the website of the successful organisation – a not-for-profit social enterprise – and can see where they were able to offer a fuller service than she had envisaged. She also sees where her approach might be more effective in including more psychotherapy-based personal development rather than just concentrating on communication skills training.

Morag continues her discussions with colleagues. From these they form a co-operative – Don't Rest on Your Laurels (DROYL) – offering self-development training, group work and therapy packages to the voluntary and public sectors.

Morag can now share organisational tasks with the others; each can take the lead in a particular area – setting up a website, compiling paperwork, etc.

Co-op meetings can be stormy at times but there is a creative excitement to the work. There are boundary issues to be considered, with two of Morag's supervisees moving to a different clinical supervisor to avoid dual roles. DROYL produces a mission statement and a number of initiatives they think might be marketable.

DROYL approaches the local business link and are assigned a specific key worker. On his advice, they spend the bare minimum on paper advertising (simple business cards and a basic leaflet), concentrating on networking with local businesses and third sector organisations, and relying on the website to provide flexible, detailed content about their work.

Business link is also able to advise on procurement processes, accessing loans from the council, applying for funding from the Co-operative Society, and other potential sources of support.

DROYL decides not to invest in offices but rent office space from the local Community Volunteer Service, with lockable storage and access to a desk and computer on two days a week. They also use a larger space for group meetings.

Morag is already on an approved supplier list as an individual, so when DROYL registers as an established supplier with the local authority, and with two other authorities nearby, the process is familiar to her. DROYL also applies for approved supplier status at the local university and colleges, and registers on Supply2Health and other e-tendering sites.

The co-operative quotes for and delivers low-cost training and development courses for voluntary groups. They gain experience and useful feedback but quickly realise that they are under-pricing their services and agree a minimum price structure for the work.

They continue to write tenders and win a larger contract delivering a substantial 'soft skills' development package to local authority staff and service users (including those at Laurel House).

When the AQP NHS initiative is implemented in the local health authority, the co-op is now in a good position to apply for AQP status and tender for provision of psychotherapy-based services with the relevant CCGs, GP practices and other commissioned services.

References

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