

Compliance Team – Health Records

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FOI REQUEST NUMBER 232-2015

Request:

1. The current average waiting time from referral to treatment via IAPT. - **The average wait for clients who had their first treatment contacts between April to June 2015 is 14.3 days. Please note that these have been calculated following the Improving Access to Psychological Therapies Waiting Times Guidance and FAQs issued in February 2015. They do not allow for clock pauses or opt-in dates.**
2. Total number of patients aged over 65 referred to therapy via IAPT in the latest year for which data is available.- **Between 1st July 2014 – 30th June 2015 2,767 referrals were received who were over at the date of the referral the age of 65. Please note that a client may have received more than one referral during this period. (The prison service in Norfolk has been excluded from this analysis.)**
3. How many patients aged 65+ waited longer than 28 days to start treatment in the latest a) year b) quarter for which data is available? - **All cases where the first treatment stopped the waiting times clock between 01/07/2014 and 30/06/2015 and the client was 65 or over at the date of referral. Therefore the analysis is based on those clients who have been seen within 6 weeks of their referral. To allow for patient initiated delay the national target for this is 75%. Across the trust of the 2238 clients who entered treatment, 66 clients were not seen within the 6 week standard over the year.**

- **July to Sept 2014 10**
- **Oct to Dec 2014 22**
- **Jan to Mar 2015 13**
- **Apr to June 2015 21**
- 66**

Again this follows the Improving Access to Psychological Therapies Waiting Times Guidance and FAQs issued in February 2015. The do not allow for clock pauses or opt-in dates.

4. What targets have been set to improve the number of older people being referred and treated via IAPT services? – **One of the main KPIs of the Service is to meet a 15% access target (15% of those predicted to have anxiety or depression in the population). There are no specific targets in terms of the particular demographics of those who access the service, although a CQuIN target last year focused on increasing the access of older**

people within the service, and we therefore have links with organisations who provide support to this population in order to make the service as accessible as possible.