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Benchmarks for Primary Care Counselling Services

Waiting Times

CORE Partnership

The CORE Partnership consists of the CORE Benchmarking/User Network, the CORE System Trust (responsible for the copyright of CORE measures), CORE Information Management Systems Ltd (CORE IMS - responsible for change agency and software support) and associated researchers. This Occasional Paper provides an update to the previously published benchmarks on completion rates (Bewick et al, 2006).

Data source

Data were drawn from the updated version of the CORE National Research Database for Primary Care, collected between 1999 and 2008. The data was cleaned to remove clients with basic demographic details missing; aged less than 16 or over 65 years or with a therapy modality other than individual therapy. Clients with no referral date provided, or with no valid values for any of the relevant dates, were also removed. This yielded a final dataset of 60 441 clients.

The sample

- ◆ Referral to first assessment date (n = 59 263): 69.9% female clients; 93.1% of the sample described as 'white'.
- ◆ Last assessment to first therapy date (n = 38 892): 70.5% female clients; 93.3% of clients 'white'.
- ◆ Referral to first therapy date (n = 42 575): 70.5% female clients; 93.3% of clients 'white'.

Method

In addition to the data cleaning detailed above, individual data values were removed if there were more than two years between referral/assessment and therapy, or if the waiting time values were negative.

In keeping with the 2006 analysis on client waiting times, waiting times for three periods were calculated: Referral to first assessment; last assessment to first therapy and referral to first therapy.

Mean waiting times were calculated for each service and the service level data analysed to generate benchmarks using the 25th, 50th and 75th percentiles.

Further analyses were conducted on the waiting times between referral and first therapy appointment to address the following questions:

- 1 Are waiting times different between people who are, or are not, prescribed medication for their psychological problems?
- 2 Do people at risk of harming themselves or others have longer or shorter waits than those not at risk?
- 3 Are clients more likely to have an unplanned ending to therapy (drop out) if they wait longer than average?
- 4 Do people have different clinical outcomes (improve, deteriorate or stay the same) depending on how long they wait for therapy?

Results

At an overall level, the average waiting time between referral and first assessment was 64.2 days (SD = 63.85); between last assessment and first therapy was 16.2 days (SD = 45.56) and between referral and first therapy session was 81.1 days (SD = 72.2).

Waiting time benchmarks

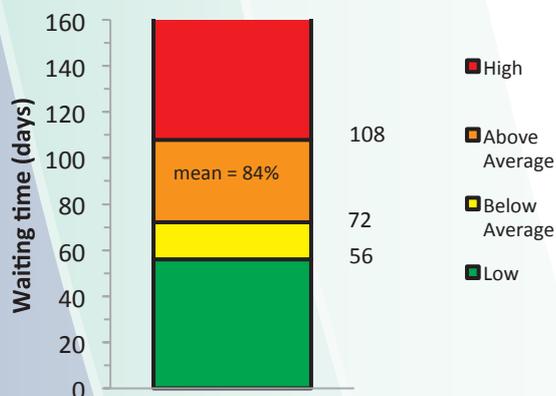
Service level benchmarking data is given in Table 1. It is useful to bear in mind the fact that the exclusion of clients with a waiting time between appointments in excess of 2 years means the actual mean figure would be somewhat higher. 50 percent of clients waited less than 72 days (i.e. less than 3 months) between referral and first therapy session. Waiting times between last assessment and first therapy session were generally low, with 75% of clients waiting 30 days or less.

Table 1: Waiting time (days) benchmark statistics

	Referral to first assessment	Last assessment to first therapy session	Referral to first therapy session
N	59 263	38 892	42 575
Mean (SD)	62.6 (33.8)	21.8 (27.8)	84.1 (42.3)
Minimum	11	0	15
25th percentile	44	5	56
50th percentile (median)	57	12	72
75th percentile	79	30	108
Maximum	153	126	228

Figure 1 below shows the detail for the waiting time between referral and first therapy appointment in graphical form, which may be easier to interpret. The red dashed line represents the mean waiting time.

Figure 1: Benchmark for referral to first therapy appointment



A service with a mean waiting time of 60 days between referral and first appointment falls within the yellow area of the chart which lies between the 25th and 50th percentile. This suggests that, based on the data currently available, this service's waiting times (based on this particular indicator) are below average. Similarly, services with an average wait of 120 days could be classed as having a relatively high waiting time between referral and first therapy for a primary care service.

Although visual benchmarks are not given for waiting times between referral and first assessment, or for the time between last assessment and first therapy, the data in Table 1 can be used in the same way to estimate how well a service is performing relative to other primary care services.

Further analyses

Medication

Table 2: mean waiting times between referral and first therapy by medication

	Prescribed medication	
	Yes	No
N	21 209	20 583
Mean	83.7	79.1
SD	73.13	70.77

Table 2 shows the mean waiting times for clients between referral and first therapy. As with the earlier analysis (Trusler et al, 2006), clients not prescribed medication had a shorter wait (by almost 4 days) than clients prescribed medication to help with their psychological problems. One way ANOVA showed this difference to be statistically significant ($F=26.15$, $p<.001$) but, as mentioned in the previous analysis, it is unlikely that such a small difference would have any meaningful impact on experiences of people seeking psychological therapy/counselling in primary care.

Risk

Following the methods used in the Risk benchmarks paper in this series, client risk was assessed using 2 metrics: Firstly, a client score of 2 or more on the risk items and secondly a therapist rating of 'at risk' or harm to self or others (excluding legal/forensic). Table 3 below gives details of the results of this analysis:

Table 3: mean waiting times (days) between referral and first therapy by risk (client and therapist rating)

	AT RISK			
	CORE-OM risk items		Therapist rating	
	Yes	No	Yes	No
N	17 526	21 431	3 219	38 584
Mean	80.3	82.0	76.2	81.4
SD	71.74	72.08	68.95	72.33

Using either indicator of risk, clients who were not 'at risk' had slightly shorter waiting times between referral and first therapy appointment (1.7 days using CORE-OM risk and 5.2 days using therapist rating of risk). One way ANOVA showed that there were significant differences based on therapist rating of risk ($F=15.45$,

$p<.001$) and to a lesser extent on CORE-OM risk score ($F=5.22$, $p<.05$). It is important to bear in mind that this analysis looks at waiting times based upon whether clients are at ANY risk, and that the situation for clients with high levels of risk may be very different.

Pre- to post-therapy change

Table 4: mean waiting times (days) by reliable and clinically significant change

	Outcome category			
	Reliable and clinical improvement (recovery)	(Reliable) improvement	No reliable change	Reliable deterioration
N	13 417	5 111	6 320	330
Mean	75.4	82.3	89.7	91.9
SD	68.25	72.25	74.60	73.63

It is interesting to note that in general waiting times between referral and first therapy appointment increase as clinical outcome worsens. So there is a difference of almost 17 days between those who achieved reliable and clinical improvement (75.4 days) and those who showed a reliable deterioration (91.9 days). One way

ANOVA showed a significant difference between waiting times by outcome category ($df=3$, $F=62.90$, $p<.001$). However, this is a very simplistic approach and does not take into account other factors which might affect waiting times such as severity of presenting problems and risk.

Comment

Despite continuing targets of reduced waiting times for clients accessing primary care services, every waiting time indicator has increased since the 2006 analysis. Mean waiting time between referral and first therapy appointment has increased from 72 days to 81 days, between referral and first assessment from 57 days to 64 days and from last assessment to first therapy from 13 days to 16 days.



Reference

Trusler, K., Doherty, C., Mullin, T., Grant, S. & McBride, J. (2006). Waiting times for primary care psychological therapy and counselling services. *Counselling and Psychotherapy Research*, 6(1), 23-32.