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## **Re: Freedom of Information Request**

Thank you for your request for information made under the Freedom of Information Act 2000 which was received by the Corporate Affairs Team on the 6<sup>th</sup> July 2017.

### **You Asked for:**

Could you please provide your CCG's policy or care pathway for the following scenario in which a local patient and GP is seeking funding:

- a) The patient concerned has a mental health disorder, namely body
- b) dysmorphic disorder / obsessive compulsive disorder.
- c) The patient is being referred by the GP for a course of out-patient
- d) cognitive behaviour therapy which is specific for BDD/ OCD, for which there are NICE guidelines. The CCG has a commissioned provider for referrals through either a local primary care (Improving Access to Psychological Therapies – IAPT) service or for more complex problems with a local community mental health team (CMHT) and psychological therapy service.
- e) The GP and patient however wish the patient to be referred “out of
- f) area” to a provider that has existing NHS contracts with other CCGs.
- g) They have no other reason other than that it is the patient's choice to be seen at different service for BDD/ OCD to that provided locally or is already commissioned. The patient and GP are fully aware of their local commissioned service but do not wish to use it.
- h) The GP believes the referral to be clinically appropriate. The
- i) referral would be to another IAPT provider or if the patient has more complex problems to a consultant led team for medication advice and to a more experienced psychologist/ cognitive behaviour therapist. The GP has assessed for risk – the patient does not have any significant risk factors (e.g. a risk of suicide or self-neglect) that require local CMHT involvement. Neither does the patient need care integrated with social services nor inpatient care

### **Our Response:**

**With regards to the care pathway for Body dysmorphic disorder (BDD) and Obsessive-compulsive disorder (OCD), NHS Wirral Clinical Commissioning Group (CCG) commissioning the local Wirral Improving Access to Psychological Therapies (IAPT) provider (Inclusion Matters Wirral):**

**In the main, Cognitive Behaviour Therapy (CBT) is used to treat both BDD and OCD. However, where the condition is OCD and is mild, Inclusion Matters Wirral also have a computerised CBT treatment option available.**

**Where a specialist face to face assessment is required with a senior clinician to clarify treatment requirements and identify appropriate treatment options, findings will be referred to the Clinical Lead (Clinical Psychologist), who will make the final decision with regards to treatment options and level of input (i.e. CBT therapist or Clinical Psychologist), in line with NICE guidelines for BDD and OCD.**

**If at any point, the provider considers that they are unable to provide the appropriate level of treatment for a patient with BDD/OCD (i.e. due to impaired level of functioning, higher levels of comorbidity, or poor response to initial treatment), a referral will be sent to the local secondary mental health service Central Access Team, who will undertake an assessment and identify the appropriate secondary care treatment options.**

**With regards to funding arrangements for referrals to specialist healthcare services outside the range of services and treatments that NHS Wirral CCG commissions, an Individual Funding Request will need to be made by the patients' GP to the Individual Funding Request Team.**

**However, if a referral is made to another IAPT provider outside of local arrangements due to patient choice, NHS Wirral CCG will be responsible for the funding of that referral.**

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