Journal of Research in Nursing
http://jrn.sagepub.com/

Guest editorial: Money talks: understanding the value of talking therapies and other nursing services

Chih Hoong Sin and Kate Fitzpatrick

Journal of Research in Nursing 2013 18: 93
DOI: 10.1177/1744987112466351

The online version of this article can be found at:
http://jrn.sagepub.com/content/18/2/93

Published by:
SAGE
http://www.sagepublications.com

jrn

Journal of Research in Nursing
18(2) 93–96

DOI: 10.1177/1744987112466351
jrn.sagepub.com
SAGE

Guest editorial: Money talks: understanding the value of talking therapies and other nursing services

Chih Hoong Sin
Principal, OPM (The Office for Public Management), London, UK

Kate Fitzpatrick
Senior Researcher, OPM (The Office for Public Management), London, UK

The ongoing economic crisis in Europe and the tough global economic conditions pose a number of challenges for healthcare generally, and mental healthcare specifically. On the one hand, a report published by the World Health Organization (WHO, 2011) acknowledged that the economic crisis is expected to produce secondary mental health effects. Given that mental health problems are related to poverty, deprivation, inequality and other socio-economic determinants of health, it is logical to posit that the current and foreseeable economic conditions pose considerable risks to the mental wellbeing of populations. Under such circumstances demand for services, including talking therapies, is likely to grow.

On the other hand, the economic turbulence has triggered off harsh austerity measures in a number of European countries characterised by severe cuts in public spending, and the rolling back of service and welfare provision. In the UK, for example, the National Health Service (NHS) has to achieve efficiency savings of £20 billion by 2015, and there is emerging evidence that services and workforce numbers are already being cut. Commissioners and providers of healthcare services are working within a demanding financial landscape, where they are required to make significant cost savings while protecting outcomes for service users and maintaining a high quality workforce.

While this is undoubtedly a challenging time, it is also a real opportunity to do things differently – and better – by clarifying how scarce resources may be deployed to generate better impact and value. For example, the potential contribution of clinicians to efficiency targets through innovations in practice has been calculated at £9 billion per year in the UK (Gainsbury, 2009). At the same time, there is a growing body of evidence relating to the cost effectiveness of different types of nursing and other healthcare services. In relation to the role of interventions that may help offset some of the adverse consequences of the economic

Corresponding author:
Chih Hoong Sin, OPM, 252B Gray's Inn Road, London WC1X 8XG, UK.
Email: csin@opm.co.uk

crisis, for example, studies have shown that active labour market programmes that incorporate resilience-building mental health promotion programmes aimed at helping people retain or regain jobs can be cost effective (Vinokur et al., 2000; Vuori et al., 2002). These types of studies can help support more evidence-informed decisions at a time when many countries are grappling with the twin pressures of increasing demand for mental health services (and health services in general) and the need for austerity in public service provision.

In the UK, a programme has been developed for delivering talking therapies to treat mild to moderate mental health problems (such as anxiety and depression) in the primary care setting as part of frontline provision. The programme, called Improving Access to Psychological Therapies (IAPT), is grounded in evidence showing that treating mental health problems in the early stages can prevent the later development of more severe problems, and can therefore result in better health outcomes for patients, while realising potential efficiency savings for secondary health services (WHO, 2012). IAPT services are being used to expand talking therapies in the UK as part of a cross-governmental mental health strategy (Department of Health, 2011). This expansion is in part due to a growing body of research that demonstrates the value and cost effectiveness of such services in the UK and internationally; grounded in evidence establishing the link between health and wellbeing and employment.

IAPT services in the UK have integrated this form of employment service within psychological therapy services, thereby aiming to tackle both the symptom and the cause simultaneously. Despite the programme of public spending cuts in the UK, the current coalition government remains committed to the continued roll-out of IAPT, seeing this very much as an 'invest-to-save' endeavour. In 2011, an economic assessment of IAPT employment support services was conducted (OPM, 2011). The study was run by OPM in partnership with the regional IAPT implementation team, Working for Wellness (WfW), and involved direct research with employment support services delivered as part of IAPT in 15 London Primary Care Trusts. The principal aim of the study was to examine the return on investment for integrated employment services above and beyond the returns provided by IAPT clinical services alone.

The study involved the calculation of direct and indirect costs associated with these services, as well as the monetised benefits accrued not only to the individuals who use them (e.g. income gained through employment) but also to wider services and to the economy (e.g. through reduced benefit provision and through taxation). For every £1 spent on the IAPT employment services, the study reported a return of up to £2.79. The ability to demonstrate and communicate the value of IAPT, arguably, contributes towards the making of a compelling case for investment in such services at a time when health services are under pressure.

Economic appraisals of services and nursing interventions are undoubtedly important. We know from conversations with commissioners of healthcare services that in the current climate of austerity, evidence of positive outcomes *per se* may not be sufficient in making a compelling case for funding against a wide range of competing demands. In addition to understanding 'what works', we are now more likely than ever to be asked a follow-on question of 'is it worth it?' Definitions of 'worth' and 'value', unfortunately, are not as straightforward as they may seem initially. What we value and how we value it are subject to constant debate and negotiation.

In recognising the contentious nature of who defines value, the different types of value and how they may be prioritised, and how we can best capture different ideas of value, we need to ask ourselves this question: 'who has a role in demonstrating value?' Large segments

of the nursing workforce, including those working in the field of talking therapies, already assess clinical effectiveness and patient satisfaction routinely. Unfortunately, most struggle to engage with economic appraisals and evaluations. The language used is often jargon-heavy and procedures seem impenetrable. Some may feel that these exercises are best left to 'others' – 'experts' who work their magic in conjuring up numbers with financial values attached.

For all of us who care passionately about nursing, this can be problematic, particularly as major funding decisions may be made on the basis of those numbers with which key members of the workforce have had no involvement in the production of, and may not even fully understand. Moreover, how can we be confident that we are doing the right things for patients and service users if we do not understand how resources may be deployed more effectively to generate positive outcomes? Quality and efficiency drives that are nurse-led are more likely to be sustainable.

An ambitious and ground-breaking programme is currently underway in Scotland to build capacity within the nursing workforce to be able to start demonstrating the value of nurse-led innovations, and to use the intelligence to continuously transform care. This programme, which has achieved endorsed award status from the Institute for Leadership and Management, was developed by OPM and is being delivered in partnership with the Royal College of Nursing, with funding from the Burdett Trust for Nursing. It will be rolled out in Wales and Northern Ireland in 2013 (RCN, 2012).

The programme is designed around the use of an accessible Economic Assessment Tool (EAT), first used to support the Chief Nursing Officer's (England) High Impact Actions for Nursing and Midwifery programme. The EAT was developed with input from nurses, and is built on the improvement discipline with which the profession is familiar. It has the potential to turn the measurement revolution of the last decade into a productivity and quality revolution that is workforce led and sustained. This programme aims to generate:

- a cadre of nurses with the skills and competencies to undertake economic assessments of service improvements and innovations;
- a portfolio of economic outputs that describe effective and replicable approaches to drive efficiencies and quality in care;
- a body of transferable evidence and associated intelligence for commissioners and planners of health services;
- an emerging community of practice within the nursing workforce to sustain ongoing economic assessments and service improvements;
- impact on patients and service users, healthcare organisations, and the wider healthcare system through enabling the nursing workforce to identify how they can improve care and to increase efficiency without compromising the quality of care.

Ongoing evaluation found that, prior to embarking on the programme, while all participating nurses felt that economic assessment is an integral part of service delivery and improvement and that nurses should be involved, they tended to think that economic assessments are difficult and overwhelmingly felt that they lacked the requisite knowledge and skills.

Post-training evaluations have found that all nurses reported acquiring new skills, and that they have developed confidence in conducting economic assessments. All have become even more convinced that understanding the economics underpinning their services is an

integral part of their role. Nurses have started using the intelligence generated to improve their own practice, and to mobilise other colleagues to transform services.

This programme is not designed to turn nurses into economists or evaluators. Indeed it was designed with the belief that members of the nursing workforce do not have to be 'experts' be able to understand the key issues and to engage. This empowers nurses to feel confident in working with others to assess the value of different services for patients, for the workforce, and for the wider healthcare economy; to have ownership over the evidence; and to know how to use it to continuously transform care.

References

Department of Health (2011) *Talking Therapies: Four Year Plan of Action*. London, UK: Department of Health. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123985.pdf (accessed 4 October 2012).

Gainsbury S (2009) Clinical improvements could save the NHS £9bn a year. *Health Service Journal,* 19 November 2009. Available at: www.hsj.co.uk/5008572.article (accessed 4 October 2012).

OPM (2011) *IAPT Employment Support Services in London: Assessment of the Economic Impact*. London, UK: OPM for Working for Wellness. Available at: http://base-uk.org/sites/base-uk.org/files/[user-raw]/11-06/wfw_esw_economic_impact_report_final_v09.pdf (accessed 4 October 2012).

Royal College of Nursing (RCN) (2012) *Demonstrating the Value of Nursing*. Available at: http://thisisnursing.rcn.org.uk/members/updates/demonstrating-the-value-of-nursing (accessed 5 October 2012).

Vinokur AD, Schul Y, Vuori J, et al. (2000) Two years after a job loss: long-term impact of the JOBS program on reemployment and mental health. *Journal of Occupational Health Psychology* 5(1): 32–47.

Vuori J, Silvonen J, Vinokur AD, et al. (2002) The Työhön Job Search Program in Finland: Benefits for the unemployed with risk of depression or discouragement. *Journal of Occupational Health Psychology* 7(1): 5–19.

World Health Organization (WHO) (2011) *Impact of Economic Crises on Mental Health*. Copenhagen, Denmark: WHO Regional Office for Europe.

World Health Organization (WHO) (2012) Mental health in primary care. Available at: http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/activities/mental-health-in-primary-care (accessed 4 October 2012).

Chih Hoong Sin is Principal at OPM, a not-for-profit public interest organisation in the UK. He leads OPM's evaluation work, and has extensive experience in evaluating health and social care interventions. He works with both commissioners and providers of health and social care services, and has a particular interest in collaborative approaches with the workforce to demonstrate impact and value. Chih Hoong also has specific expertise in a range of economic evaluation techniques. Recent economic evaluation projects include a cost benefit approach to independent living; cost effectiveness studies of community-based cancer aftercare interventions; cost avoidance studies of mental health interventions relating to both adults and to children and young people; and more. He designed the ILM-endorsed programme to build capacity within the nursing workforce to be able to demonstrate the value of nursing innovations.

Kate Fitzpatrick is Senior Researcher at OPM and is a key member of the OPM Evaluation Team. She is the lead researcher on the economic evaluation of IAPT, and has particular expertise in conducting economic evaluations of health and social care interventions provided by voluntary and community sector organisations. She has recently been working on a tool to help disabled people's organisations to demonstrate the added value of user-led organisations, and was lead researcher on a large-scale study of the cost effectiveness of different types of information and advice services for people affected by cancer. Kate is an experienced mixed-methods researcher with particular strengths in the manipulation and analysis of large secondary datasets.