

# NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

**Target Audience:** Healthcare professionals; referrers; commissioners; service leads; social prescribers; lived experience practitioners

**Document Purpose:** Information & Guidance

This document has been written with the intention of providing information and guidance to the audiences specified about integrated long-term physical health conditions (LTC) pathways within NHS Talking Therapies for anxiety and depression (formerly known as Improving Access to Psychological Therapies or IAPT) services across the London region.

This guidance can be used flexibly in conjunction with the NHS Talking Therapies for anxiety and depression manual, local NHS Talking Therapies referral guidance and processes, and National Institute for Health and Care Excellence (NICE) clinical guidance.

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# NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

## Contributors & Acknowledgements

This guidance was produced by the LTC pathways working group, a subgroup of the London NHS Talking Therapies LTC leads network.

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# NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

## NHS Talking Therapies for Anxiety & Depression – Integrated Long-term Physical Health Conditions (LTC) Pathways

NHS talking therapies for anxiety and depression - integrated long-term physical health conditions pathways are dedicated pathways for people with long-term physical health conditions (LTCs) and persistent physical symptoms (PPS)<sup>1</sup>; This is an arm of service that falls *within* the main NHS Talking Therapies service, in that the same referral processes and eligibility criteria that exist for NHS Talking Therapies services apply to LTC pathways, with some additional considerations for people living with LTCs.

Integrating mental and physical health care can ensure a **more proactive approach to mental health** by reducing stigma and promoting mental health awareness. It will allow **faster treatment**, due to the co-location of services reducing barriers and **more effective treatment** due to better understanding of coexisting physical health problems and better tailored care plans.

[The NHS Talking Therapies Manual \(2018; 2024\)](#)

### History & Purpose of NHS Talking Therapies Integrated LTC pathways

The independent report of the 2016 Mental Health Taskforce produced the '[Five Year Forward View for Mental Health](#)'. This policy report set out a plan, with a specific recommendation, for [NHS Talking Therapies](#) (formerly referred to as IAPT) services to increase access to integrated evidence-based psychological therapies for people living with LTCs. In response, NHS Talking Therapies services across England developed integrated LTC pathways in 2016/17; this first began with 22 'early implementer' sites from across England<sup>2</sup>.

The learning(outcome?) from the early implementation of integrated LTC pathways was regarded as a success and expansion within talking therapies services across England began. By 2019/2020, all NHS England talking therapies services were projected to have integrated LTC pathways in place; ambitions for this were set out in the 2019 [NHS Long Term Plan](#) and related [Mental Health Implementation plan 2019/20 – 2023/24](#). In 2020, the expansion plan was accelerated by the impact of the COVID-19 pandemic in the UK, given the public focus on health inequalities.

Significant changes in service provision, following the COVID-19 pandemic, included the rapid growth of digital transformations (e.g. online therapy) to provide health service access for a range of populations. Alongside this has been increased awareness and attentiveness to health inequalities and the role of both mental and physical health as determinants of health. Ultimately, there has been increased focus on the role that integrated LTC pathways can have in NHS service provision, particularly for those with [long COVID](#) or COVID related mental health challenges.

Given the renewed focus on health inequalities (as further outlined in the 2020 NHS England [advancing mental health equalities strategy](#)), integrated LTC pathways within NHS talking therapies services have an important role to play in bridging gaps to provide equitable access to evidence-based psychological therapies for specific populations and improving outcomes and experiences in these populations.

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<sup>1</sup> Persistent physical symptoms (PPS) are also sometimes known as medical unexplained symptoms (MUS), however we will refer to this as PPS for the purpose of this guidance

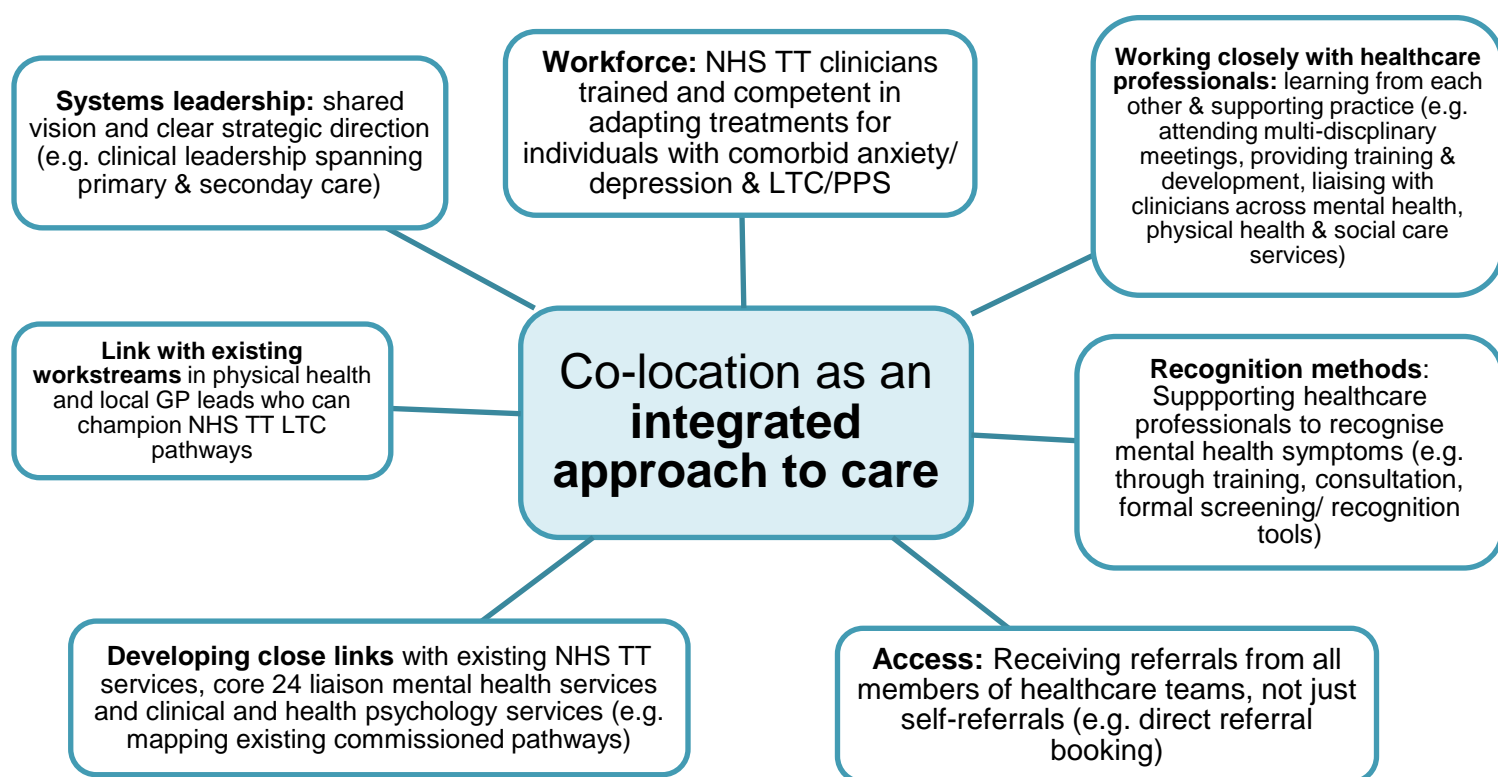
<sup>2</sup> See [IAPT-LTC early implementers programme report, Nov 2018](#) for a detailed evaluation of early implementer sites and information about which service providers were early implementers

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The aim of integrated LTC pathways is to ensure that people living with LTCs & PPS have increased and equitable access to evidence based, NICE-recommended psychological therapies (e.g. cognitive-behavioural therapy for depression and anxiety). Such evidence-based psychological interventions can be offered most effectively when there is a meaningful interface between both physical and mental health care providers, that is, when talking therapies service provision is both integrated, and co-located, with physical health pathways and services in primary care community settings (e.g. diabetes, respiratory, persistent/ chronic pain and long COVID services).

At the heart of integrated LTC pathways service design is evidence, from clinical trials (e.g. [COINCIDE](#)) and early implementers, that joined up ways of offering mental and physical healthcare leads to improved clinical outcomes for people with LTCs and PPS, and to cost savings for NHS service providers.

**Figure 1: Integral elements of integration in LTC pathways:**



### Common NHS Talking Therapies Integrated LTC Pathways

NHS talking therapies integrated LTC pathways exist for many LTCs and typically focus on those LTCs seen most frequently in primary care, thus targeting LTCs with high health service use incidence rates and where the associated economic costs are high. The identification and development of LTC pathways across London have varied over time, with many pathways established based on nationally derived population health management data or through communities of practice and local stakeholders with interests in making links between physical and mental health services. The following integrated LTC pathways are the most reported by NHS talking therapies LTC service leads across London:

- Diabetes: predominantly type 2
- Respiratory conditions: chronic obstructive pulmonary disease (COPD), chronic asthma, lung disease
- Long COVID (i.e. signs & symptoms that last longer than 4-weeks after an acute COVID-19 infection)
- Persistent or chronic pain conditions

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A small proportion of LTC pathways have been established in specific localities, for example:

- Cardiovascular conditions: coronary heart disease (CHD)
- Persistent physical symptoms (PPS): irritable bowel syndrome (IBS) and chronic fatigue syndrome (CFS)
- Cancer
- Human immunodeficiency virus (HIV)
- Neurological conditions: epilepsy

Adults with LTCs that fall outside of the above-listed LTC pathways may still be seen in NHS talking therapies services, if general service eligibility criteria are met, however these adults may be seen by any therapist in the service rather than therapists from the talking therapies workforce who have been specially trained to work with people with LTCs who also have co-morbid depression and anxiety disorders.

See appendix 1 for illustrative examples of integrated LTC pathways across London.

**Find out about the LTC pathways that exist within your London locality by making contact with your local NHS Talking Therapies service<sup>1</sup>: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies>**

## Training and Competencies in NHS Talking Therapies Integrated LTC Pathways

All NHS talking therapies services have access to NHS England funded, specialist “top-up” training in cognitive behavioural interventions for depression and anxiety for people living with LTCs and PPS.

The training is delivered by various courses across England; in London, training centres include [University College London \(UCL\)](#), [King’s College London \(KCL\)](#) and [London CBT Training Centre](#) (in collaboration with Royal Holloway University and Central and North West London NHS Foundation Trust). The [curricula for LTC top-up training](#)<sup>3</sup> focuses on competencies and continuing professional development in high intensity and low intensity cognitive behavioural approaches<sup>4</sup>. For psychological wellbeing practitioners (PWPs) working in NHS talking therapies services, the training is a compulsory LTC top-up module that all PWPs will normally be expected to complete within 2-years of qualification<sup>5</sup>. There is currently no specified timeframe within which high intensity psychological therapists must complete LTC top-up training; in many sites generic in-house training on working with people with LTCs is offered to all clinicians by LTC service leads or LTC champions who have, themselves attended LTC top-up training.

Access to LTC top-up training was put in place in 2018 to support the expansion of integrated LTC pathways in all NHS talking therapies services across England. Training places are allocated based on NHS England workforce, training and education (formerly Health Education England) [multi-professional education and training investment plans](#); annually all NHS talking therapies services receive a quota of training places from NHS England, with the option for a proportion of staff members from the workforce to attend this training.

<sup>3</sup> See the integrated LTC pathways LTC top-up training curricula for both [low intensity](#) and [high intensity](#) cognitive behavioural interventions on the [NHS England workforce, training and education \(formerly HEE\) website](#)

<sup>4</sup> ‘Low intensity’ cognitive behavioural interventions are offered by step 2 or psychological wellbeing practitioners (PWPs) and ‘high intensity’ interventions are offered by psychological therapists, including cognitive behavioural therapists and clinical/ counselling psychologists. See the [NHS talking therapies manual \(2018; 2024\)](#) for further information about these professional roles

<sup>5</sup> See the [National Curriculum for Psychological Wellbeing Practitioner \(PWP\) Programmes – 4<sup>th</sup> Edition](#) for guidance on PWP training

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It is typical for the PWP and high intensity psychological therapists who work in integrated LTC pathways to receive top-up training. These clinicians also typically receive specialist supervision for working with people with LTCs and PPS.<sup>6</sup>

## Standard NHS Talking Therapies Services Inclusion Criteria

Please refer to NHS talking therapies manual for up-to-date service criteria, which typically includes:

- Adults aged 18 and over.<sup>7</sup>
- Clients who can make use of short-term, goal-focused, evidence-based, psychological interventions (individual or group) and who are looking to make changes in their lives.
- Clients who can attend regular therapy appointments (e.g. face to face, video, telephone).

## Integrated LTC Pathways Considerations & Inclusion Criteria<sup>8</sup>

- Clients who live with diagnosed LTCs or PPS that the service has LTC pathways for and who have common mental health problems (i.e. depression and/ or anxiety related disorders).
- Low mood and/or anxiety related to living with LTCs or PPS are evident on mental health screening tools (e.g. patient health questionnaire – [PHQ9](#), generalised anxiety disorder – [GAD7](#), [hospital anxiety and depression scale – HADS](#), [Whooley Questions](#), or other LTC/ PPS specific mental health screening questionnaires, whereby scores on these questionnaires are indicative of clinically significant symptoms<sup>9</sup>).
- Clients who have identified goals for psychological therapy that are suited to short-term psychological therapy and are related to their experience of living with or/and managing LTCs or PPS.

Where integrated LTC pathways do not appear to be available for a specific LTC or PPS mentioned in a referral, then referrals may still be accepted into the main talking therapies services – decisions to accept referrals are determined by local service criteria. The standard exclusion criteria for talking therapies services are outlined in the NHS talking therapies manual and have been summarised below.

## Integrated LTC Pathway Specific Exclusions

- Clients who have psychological and physical health chronicity and complexities that require an intensive multi-disciplinary or systemic approach to their care service provision (e.g. require inpatient, beside visits and interventions) – instead consider hospital-based clinical health psychology, community primary care mental health service or secondary care mental health for assessment.
- Clients who are in palliative or end of life treatment/ care planning stages

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<sup>6</sup> See the [full implementation guidance for integrated LTC pathways \(2018\)](#) for detailed information about structuring this workforce

<sup>7</sup> Some NHS Talking Therapies services are commissioned to provide treatment for under 18s, so please check local NHS Talking Therapies service eligibility criteria about lower age limits.

<sup>8</sup> Standard NHS talking therapies exclusion criteria apply, alongside the additional inclusions and exclusions for clients who have LTCs and PPS as outlined in this guidance

<sup>9</sup> Please note that the [Chalder Fatigue Scale](#), [Francis Irritable Bowel Syndrome Symptom Severity Scale](#) and [PHQ-15](#) can be used to measure mental and physical health distress in NHS talking therapies services

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## Standard NHS Talking Therapies Exclusions

- Clients who have repeated episodes within NHS talking therapies services with no significant improvement to psychological difficulties – consider psychiatric review instead.
- Clients who are open and engaged with other mental health services, or who need urgent crisis intervention.
- Clients who present with psychiatric instability, those who have a diagnosis of severe and enduring mental illness or those with severe cognitive impairment – consider instead: psychiatric review, secondary care mental health services or specialist memory services.
- Clients who are primarily looking for support with complex psycho-social stressors (e.g. housing or financial support and advice) – consider signposting to appropriate support services instead.
- Clients whose primary problems relate to dependency or misuse of substances that would make it difficult for them to engage in brief psychological therapies – consider specialist substance misuse services.
- Clients who present with a mental health crisis or with high levels of suicidal intent with plans – consider crisis services or home treatment teams instead.

### **Referral examples likely be accepted for assessment in integrated LTC pathways:**

Self-referral: *“I have suffered with depression and anxiety due to my health – I have constant after a back injury 2-years ago and I have diabetes. It’s hard to keep my diabetes under control. I was very active before, now I am not. I am also going through relationship difficulties and problems at work and think this affects my motivation to do anything. I would like some help to talk to someone.”*

GP referral: *“Had breast cancer 6-years ago, treated and in remission. Anxiety ++ is worried constantly about cancer recurrence and regularly checks for signs and symptoms. Frequent contact with practice – almost daily. Not working, isolated since cancer due to not wanting people to see the changes in her appearance. Would benefit from talking therapies, request is for high intensity. Has consented to referral.”*

Health-care professional/ GP referral: *“This 38-year-old gentleman was assessed in our gastroenterology clinic. He has a primary diagnosis of irritable bowel syndrome, mixed type, and has been given lifestyle and dietary advice (FODMAP). He has been signposted to Guts UK and we think he would benefit from CBT. Please can GP refer onto local talking therapies service.”*

### **Referral examples unlikely be accepted for assessment in integrated LTC pathways:**

Self-referral: *“I have severe COPD and heart failure. I have not left my home for over a year because of how disabled I am now – I go to the hospital a lot and that’s it. I need my daughter to help me do everything, even basic things like just using the bathroom or just getting up and down from my chair. I have tried counselling and CBT before, but I’ve been in and out of hospital, so the sessions keep getting interrupted. I just came out of hospital again yesterday and really need help with my mood. Life is unbearable. My home is in a state because I can’t do anything, I can’t clean, I can’t move. I feel so alone and depressed. I need help at home, and I need someone to talk to every day so I feel less alone.”*

Health-care professional/ GP referral: *“Diabetes, with disordered eating and body image issues. Diabetes team are concerned about low BMI and fasting behaviours/ insulin misuse. Please see for high intensity therapy.”*



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## NHS Talking Therapies Integrated LTC Pathway Treatments

In line with LTC top-up training, cognitive-behavioural interventions are adapted to treat depression and anxiety disorders associated with LTCs and PPS. All interventions aim to reduce symptoms of depression and anxiety, improve quality of life, and promote health-related self-management. Where appropriate, interventions include physical activity promotion.

Interventions are time-limited, goal-focused and delivered by clinicians with specialist training in working with LTCs, PPS and adapting cognitive behaviour therapy. This can include:

- Guided self-help (typically 6 – 8 sessions)
- One-to-one cognitive behaviour therapy (typically 12 sessions)
- Cognitive-behavioural group interventions (typically 6-12 sessions)
- Specialist therapies (available as appropriate; see the NHS talking therapies manual for details)<sup>10</sup>

Interventions are only offered following an initial assessment for suitability for the above-mentioned psychological interventions. As usual, referrals can be made via online (or telephone) 'self-referral', or healthcare professional referral via letter, email or webform.

Implementation guidance exists to support the expansion and development of integrated LTC pathways in line with the Five Year Forward View for Mental Health and the NHS Long Term Plan<sup>11</sup>. These guidance documents all refer to the importance of integrated and co-located working between NHS talking therapies services and physical health providers as a defining feature of integrated LTC pathways; this speaks to the idea of different teams all working together collaboratively and, where possible, sharing physical space; rather than operating as standalone services. Therefore, a fundamental feature of integrated LTC pathway treatments is a robust, collaborative, multi-professional interface between talking therapies clinicians, physical health professionals and people with LTCs and PPS.

Aligned with the intention of integration and co-location, the following additional activities commonly take place within integrated LTC pathways:

- Liaison with physical health and specialist health psychology services
- Mental health training and consultation when working with people with long-term conditions
- Mental health workshops
- Attendance to multi-disciplinary meetings (MDTs)
- Multi-disciplinary provision of assessment and treatment interventions.

## Alternatives to NHS Talking Therapies Integrated LTC Pathways

It is important to recognise that the evidence-based interventions for depression and anxiety offered within integrated LTC pathways may not benefit, or be suitable for, all service users. The following services can be considered as alternatives to the integrated LTC pathway:

- Specialist mental health services; for example, (older adult) community mental health teams or primary care mental health teams. These teams can facilitate access to specialist services where appropriate, such as, services for people with eating disorders, personality disorders or psychosis, or services in aging mental health CMHTs.

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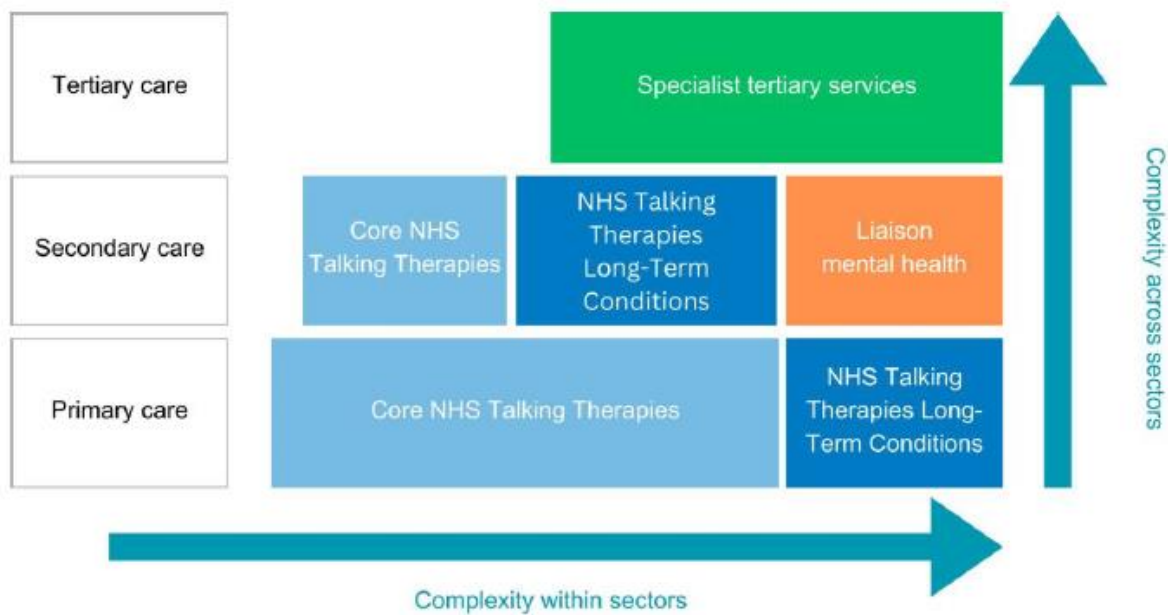
<sup>10</sup> Provision of specialist therapies is dependent on local availability and clinical suitability

<sup>11</sup> See [Implementing the Five Year Forward View for Mental Health \(2016\)](#), [Early Implementers Local Evaluation Support Guide \(2017\)](#), [Integrated IAPT Frequently Asked Questions \(2017\)](#) and [NHS Mental Health Implementation Plan \(2019\)](#)

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- Hospital-based health psychology services; for example, pain, respiratory, diabetes, cardiology, psycho-oncology, rheumatology, dermatology, or haematology psychology services in acute, district hospitals.
- Community-based health psychology; for example, provision embedded in community teams such as smoking cessation specialists, specialist psychologists or neurology and stroke specialists.

**Figure 2: Integrated delivery of care (source: NHS talking therapies for anxiety and depression manual, 2018; 2024)**



As per best practice guidelines, any decisions about suitability for NHS talking therapies will consider service user choice, evidence-based clinical guidance, and available service provision.

Additionally, it is fundamental that the evolving development and ongoing evaluation of integrated LTC pathways includes the recognition that NHS talking therapies services for people with LTCs and PPS cannot, and will not, meet the needs of all individuals with mental health needs. Effective integration for LTC pathways includes establishing, strengthening, and maintaining relationships with specialist mental health services, hospital- and community- based health psychology services and voluntary, community and social enterprise organisations; this ensures that the broader integrated care system is robust and can accommodate for and adapt to provide a range of supportive interventions when complex needs are identified at any point in the system.

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### Appendix 1: Examples of Integrated LTC Pathways in London NHS Talking Therapies Services

#### **Croydon Talking Therapies, Paris Congrave – Cognitive Behavioural Therapist & LTC lead**

*“We were approached by the endometriosis and pelvic pain department after presenting an outreach workshop to the clinic. They wanted to create a pathway for clients with endometriosis as they had several clients who they thought would benefit from psychological intervention.*

*In service a "Living with Endometriosis" group was created which was tailored to this population and created a pathway between services whereby the clinic could refer the people who were seen in their service directly to our group. The group is now running successfully, and we plan to advertise this to GP practices to widen access to people who feel overwhelmed with period related problems.”*

#### **Barnet Talking Therapies, Nicola Knight – Cognitive Behavioural Therapist & LTC lead**

*“As LTC lead, I head up a sub-team of psychological wellbeing practitioners and high intensity psychological therapists who have additional training in working with clients with LTCs. As an LTC team, we meet every 4-6 weeks, during which LTC specific supervision is provided.*

*Our service receives self-referrals, and referrals from other health care providers, for clients who are experiencing mental health difficulties alongside living with LTCs. We receive referrals for clients with long covid, chronic pain, diabetes, autoimmune diseases, heart conditions and other conditions.*

- We offer cognitive behaviour therapy, guided self-help, and counselling in the service, as well as an acceptance and commitment therapy based, cognitive behavioural group course specifically for LTC clients.*
- We engage in joint working opportunities with physical health teams. For example, our service takes part in co-facilitating workshops with the Barnet Post COVID Service, and our clinicians attend multi-disciplinary meetings with the aim of improving the care journey for people with long COVID.*
- We have co-designed a group course co-facilitated by our clinicians and the musculoskeletal physiotherapy team for people under their care. This is a 7-week course covering skills on how to manage musculoskeletal pain conditions using psychoeducation and cognitive behaviour therapy skills.*
- We have close links with services such as Age UK, the Post Covid Service, and Chronic Obstructive Pulmonary Disease (respiratory) services through which we co-facilitate workshops and outreach interventions for specific LTC client groups.*

*We aim to promote and increase equal access to mental health support to those with LTCs in Barnet, and we provide evidence-based and effective treatment to this client group to improve their quality of life.”*

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**Westminster Talking Therapies, Nebi Ejupi – Cognitive Behavioural Therapist & LTC lead**  
**Kensington & Chelsea Talking Therapies, Jennifer Becker – Senior Cognitive Behaviour Therapist & LTC lead**

*“Kensington & Chelsea Talking Therapies and Westminster Talking Therapies services were part of the first wave early implementer sites. We used to have separate LTC integrated pathways within the service, but later merged these pathways with the main service meaning that pathways are no longer separate.*

*We have run the following groups for people with LTCs:*

- A pulmonary rehabilitation outreach workshop that runs in collaboration with the integrated respiratory team at Imperial College Healthcare NHS Trust.*
- A PACE (pain management) outreach workshop that runs with Healthshare.*
- An LTC group that runs jointly with Kensington & Chelsea talking therapies service; this is a 10-week online group, based on cognitive behaviour therapy, acceptance and commitment therapy and mindfulness principles.*
- A mindful eating group that runs with the tri-borough community diabetes services; this is a 5-week, online group that includes diet advice, mindfulness and cognitive behaviour therapy.*

*We attend monthly meetings with diabetes services where we exchange ideas, accept referrals and discuss clients with diabetes. Ultimately, our hope is to increase referrals to our talking therapies service and to improve care for people with long-term conditions and co-morbid LTCs.*

*We also have established pathways with local health psychology and community services, including Imperial College Hospital's health psychology services (e.g. psycho-oncology) and Chelsea and Westminster Hospital's health psychology services and community neurorehabilitation team. We also attend monthly meetings attended by local long COVID services and other health psychology leads.*

*We value staff training. Our staff members attend additional LTC ‘top up training’ with Royal Holloway University of London and University College London, as well as receiving in house training. The ambition is that we train every single member of the team to work with clients with LTCs. As the LTC lead for Westminster Talking Therapies, I have provided training on cognitive behaviour therapy and acceptance and commitment therapy for pain management, and every year I offer training about working with client's with LTCs to psychological wellbeing practitioners. Staff members can also attend a monthly. LTC specific group supervision - I offer this separate for groups led by high intensity psychological therapists and those led by psychological wellbeing practitioners.”*

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[iCope Islington Talking Therapies](#), Hamdi Abdulle – Senior Psychological Therapist & LTC lead  
[iCope Camden Talking Therapies](#), Dr China Eziefula – Clinical psychologist, Strategic manager & LTC lead

*“Strengths of the Camden and Islington services are co-location and fostering long-lasting relationships with physical health providers locally.*

*We have small LTC-trained therapy teams. Our Islington LTC team was established in 2017 and was a wave 2 early implementer site. Our Camden LTC team was formally established as a distinct pathway in 2019 (prior to this, treatments were still adapted for people with LTCs with integrated work taking place; this occurred within the main service and was not set apart).*

*Both of our LTC teams are embedded in physical health, multi-disciplinary teams and provide mental health representation in multi-disciplinary meetings. Our LTC teams are well-supported with specialist LTC training and supervision provided by LTC leads. LTC team members then go on to provide further training and support to other therapists within our service.*

*We have a dedicated, integrated LTC pathway for people living with diabetes, coronary heart disease and respiratory conditions in both services. In Camden we have a further offer help for people living with irritable bowel syndrome and in Islington for those with persistent pain.*

*The majority of the talking therapies offered to people with LTCs and PPS are one-to-one, however we have some specific group offers as follows:*

- In Islington, we run a persistent pain group along with the community respiratory team, as well as offering psychoeducational workshops, alongside community physical health colleagues, as part of pulmonary, rehabilitation, cardiac rehabilitation, and a diabetes programme.*
- In Camden, we offer a 6-session psychoeducational ‘Feel Well, Breath Well’ group for people who have recently completed pulmonary rehabilitation. We also offer mental health education and training, along with referrals guidance talks to local physical health services (e.g. hospital and community teams) and ‘health and wellbeing talks’ to local support groups (e.g. cardiac support group, pulmonary rehabilitation).*
- Across both boroughs, in 2020, we established a 10-session long COVID group treatment offer based on acceptance and commitment therapy and compassion focused principles. The group materials have been shared with Haringey Talking Therapies service and with the Whittington Health long COVID psychology service, with plans to further expand this into Barnet and Enfield Talking Therapies services.*
- We collaboratively run a ‘Living Thinking Feeling (LiFT) Long COVID’ webinar with other talking therapy and community health services across north central London, in collaboration with University College London Hospital. We also have a ‘getting active with a long-term health condition’ workshop series that aims to encourage and support physical activity goals for people with LTCs and PPS.*

*We hope to continue to expand our offers for people with LTCs so that we can reach more people with mental health needs as linked to LTCs and PPS within our local areas; we are particularly interested in re-establishing our outreach work with voluntary, community and social enterprise sector organisations.”*

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### [Hounslow Talking Therapies](#), **Connie Poon** – Cognitive Behavioural Therapist & LTC lead

*“We support clients to access evidence-based psychological therapies and to improve their quality of life.*

*We have an integrated LTC pathway that provides a direct route for clients with LTCs, PPS and comorbid depression and/ or anxiety to access individual therapy with specially trained LTC psychological wellbeing practitioners and high intensity psychological therapists. We also offer a group to clients with LTCs, which use cognitive behaviour therapy and acceptance and commitment therapy approaches; clients can be offered individual therapy with our LTC champions when required.*

*We have an established interface between our service and several physical health teams pathways including respiratory, cardiology, diabetes, neurology, and pain management teams. We also have LTC champions that attend a hospital outpatient base and community-based diabetes multi-disciplinary team meeting regularly to discuss referrals. In addition, we co-facilitate a healthy heart group with the cardiology team once every other month. This group helps attendees to gain a deeper understanding about depression and anxiety. It includes psychoeducation on anxiety, depression, relaxation and increases clients’ awareness of access to psychological therapies. Clients can make direct referrals to our service or ask any health professionals to do a referral for them after the group. We have received positive feedback about our contribution to this group.*

*We value the continuous professional development of our LTC therapists so that we can continue to provide the best care to our clients, for example, our therapists have access to:*

- *Monthly LTC supervision from a health clinical psychologist.*
- *Monthly LTC*
- *team meeting with our LTC lead to discuss updates and developments; we also have a clinical skills section for professional development.*
- *Regularly updated resource folder that contains information on LTC training, information about common physical health problems and guidance for signposting to other services when necessary.*

*We also aim to upskill our wider team with LTC training. For example, a half-day, tri-borough LTC training took place last year for our service and also Hammersmith & Fulham Talking Therapies service and we are working on organising another training this year.*

*We receive positive feedback from clients on aspects of service, such as our holistic approach to care, where we liaise with physical health teams to discuss a client’s needs and care plans when required.”*

## NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

### **Kingston Talking Therapies, Susi Webb – Cognitive Behavioural Therapist & LTC lead**

*“We have developed an integrated care pathway in collaboration with our tier 4 specialist diabetes service at Kingston Hospital. This pathway offers referral into our service for assessment with a diabetes champion, with a view to assessing appropriateness for our specialist cognitive behaviour therapy for diabetes pathway with high intensity psychological therapists. We have diabetes champion clinicians working to offer both low and high intensity cognitive behavioural interventions.*

*As part of this integrated care pathway, we have:*

- *Clear communication links between the diabetes team and our therapists.*
- *A dedicated referral form.*
- *Shared training opportunities between our two teams.*

*For example, our therapists regularly attend diabetes ward champion trainings at Kingston Hospital; diabetes practitioners offer shadowing opportunities to our therapists; and diabetes practitioners attend our in-service long-term conditions continuing professional development (CPD) talks where we educate our team on diabetes and what it means for people to live alongside diabetes, including the psychological impact.*

*Ultimately our integrated care pathway aims to tailor cognitive behavioural interventions, build links between services and improve access for individuals diagnosed with LTCs.”*

### **Haringey Talking Therapies, Mariavi Martinez – Cognitive Behavioural Therapist & LTC lead**

*“Our LTC service started in September 2017. Our integrated LTC pathways developed as follows:*

- *Year 1 - Type 1 and 2 diabetes, chronic obstructive pulmonary disease (COPD) and breathlessness (respiratory).*
- *Year 2 – musculoskeletal /chronic pain and cardiac conditions.*
- *Year 3 – persistent physical symptoms.*
- *After Year 3 – all LTCs, including Long COVID.*

*We have a dedicated LTC lead, and all clinical staff receive regular training and support to treat clients with LTCs.*

*Our service co-designed and is running a chronic pain group with the musculoskeletal physiotherapy service. We ran COVID first aid groups during the pandemic and are currently running a 10-session long COVID group, which was adapted from materials received from Camden and Islington talking therapies services. Additionally, we delivered long COVID training for GP trainees in January 2023 and attend a long COVID multidisciplinary meeting; both activities have supported referrals to our group.*

*Our service aims, values and goals are to increase access as well as improve outcomes for people with LTCs in Haringey.”*

## NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

### **Enfield Talking Therapies, Margarita Myristis – Cognitive Behavioural Therapist, Counselling psychologist & LTC lead**

*“Our service works with people with all LTCs, including cancer, long COVID, stroke, chronic obstructive pulmonary disease, diabetes, chronic pain, coronary heart disease and irritable bowel syndrome. Since 2018, our LTC team and I, as LTC lead, have been responsible for:*

- *Liaising with NHS and non-NHS physical health services.*
- *Promoting the service, setting up referral pathways and overseeing outreach projects.*
- *Attending multidisciplinary Long COVID meetings and facilitating referrals to the service.*
- *Training and providing clinical skills and supervision to qualified LTC trained therapists.*

*We have established the following integrated LTC pathways locally in Enfield:*

- *Co-delivery of a monthly menopause psychoeducation group, with a GP and yoga instructor, in conjunction with Age UK. Also, regular delivery of menopause / Sisters in Mind workshops*
- *Provision of psychoeducation on anxiety and stress as part of cardiac rehabilitation and pulmonary rehabilitation every 6 weeks.*
- *Direct referral pathways with local psycho-oncology (cancer), stroke, diabetes and pain teams, as well as with the Royal Free Hospital for people with irritable bowel syndrome*
- *Provision of psychoeducation groups (e.g. Heart Throbs) as part of support groups for people with LTCs, including coronary heart disease, diabetes and chronic obstructive pulmonary disease.*
- *Mental health talks at dementia awareness / carers events.*
- *Regular attendance of long COVID multidisciplinary meetings and co-delivery of Living Feeling and Thinking Better with Long Covid webinars hosted by University College London Hospital and in collaboration with Barnet, Camden, Islington and Haringey talking therapies LTC teams.*

*We receive positive feedback from service users about our local offers. Our hopes going forwards are to continue with enhancing positive practice and widening/ promoting talking therapies provision to people with LTCs in both NHS and non-NHS services.”*



## NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

### **Greenwich Time to Talk Talking Therapies, Barbara Idowu – Counselling Psychologist & LTC lead**

*“Our service grew from an LTC workstream and built on existing local links. We have strong relationships with local physical health teams and health psychology teams. Pathways were developed in consultation with physical health teams and mapping of psychology provision within physical health in Greenwich with the support of senior members being part of a dedicated steering group.*

*We see a range of conditions, including cardiac, diabetes, chronic obstructive pulmonary disease, long-COVID, stroke, persistent physical symptoms, chronic fatigue, persistent pain and arthritis. We assess on a case-by case basis and have good links to specialist services we can refer on to. We are integrated into respiratory, cardiac and long-COVID rehabilitation programmes. Specialist LTC clinical*

### **City & Hackney Talking Therapies, Ruth Cyrus – Cognitive Behavioural Therapist & LTC lead**

*“Since 2016, our LTC pathway has increasingly consisted of LTC-trained therapists who work with people with LTCs as well as working with clients who access the main iCope services. The LTC pathway team currently consists of a senior therapist who acts as the LTC lead, a deputy LTC lead and LTC trained therapists.*

*The LTC lead offers consultation and support to all members of the team including drop-in support to LTC trained clinicians and clinicians from the main service. All high intensity psychological therapists are encouraged to access this support when working with LTC focused presentations.*

*Within our LTC pathway, we assess and treat clients presenting with a wide range of LTCs including, chronic pain, diabetes, irritable bowel syndrome, chronic obstructive pulmonary disease (COPD), cancer (survivorship), neurological conditions (including functional neurological disorder if appropriate), cardiac conditions, tinnitus, long COVID & and kidney failure.*

*LTC trained therapists are allocated ‘champion’ roles (i.e. champion roles in adult community rehabilitation & neurology, cardiac, oncology, long COVID, diabetes, gastroenterology, pain and respiratory. Each role generally requires liaison with specialist physical health, multidisciplinary or psychology services, where cases are discussed to determine suitability for these services. The cardiac champion role varies in that the clinician participates in the cardiac rehabilitation programme. Liaison with LTC champions is encouraged.*

*We also offer in-house training, support and learning opportunities for all therapists in the service to support the delivery of assessment and treatment for people with LTCs within the wider service.”*

## NHS Talking Therapies Integrated Long-term Physical Health Conditions (LTC) Pathways – London Regional Referral Guidance (April 2024)

### Hillingdon Talking Therapies, Fariyah Hafeez – Cognitive Behavioural Therapist & LTC lead & Eleanor Cowen – Consultant Clinical Psychologist & Clinical and Operational Lead

*“We had an enormously successful pilot pre-pandemic, where we worked with one of the primary care networks (PCNs) in Hillingdon, led by the confederation GP lead, to set up a pilot for integrated multimorbidity clinics.*

*People with multimorbidity were identified as having frequent unplanned presentations at GP appointments which can take up a lot of GP repeat consultation time. The pilot was aimed at managing those individuals with multimorbidity to move towards planned care instead.*

*We co-located in a GP surgery, bringing in groups of individuals with multimorbidity for a half-day in the surgery. That half-day included initial routine health monitoring (e.g. bloods, weight measuring and diabetic foot checks) with a healthcare assistant, followed by a break and then a meeting with the doctor and a therapist from our Hillingdon Talking Therapies service. The joint session involved devising a care plan, including a brief, individual psychological consultation. All individuals were assigned a social prescribing 'health buddy', and we trained those involved in the pilot to administer mental health screening questions (PHQ) and to ask mood-related questions about the individual's LTCs and how mental and physical health issues impacted on one another. Some people were referred for a follow up assessment in our Talking Therapies service if needed.*

*A primary output from the pilot was to devise values-based care plans, addressing physical and mental health components of self-care and self-management, with care plan reviews every six months.*

*Of the 12 people who went through the pilot, 8 went on to have a full psychological assessment in our Talking Therapies service, and it was very helpful working with the GP to devise an integrated care plan with both mental and physical health components and goals.*

*The GPs and CCG at the time agreed to roll this model out across all PCNs from April 2020, with a plan for one multimorbidity clinic per PCN. Although this did not go on to happen, due to the unexpected service disruptions caused by the COVID-19 pandemic, we found this approach to be the most well-integrated model of care in primary care, that we have been involved in. It was an enormous development working together with GPs as well as social prescribers, healthcare assistants, practice staff where we trained reception and other staff on conversations to prepare individuals coming to the new clinic, to expect a values-based assessment around living well with their health-condition and emphasising self-management of long-term conditions.*

*At present, we have an LTC pathway within our service, which is overseen by our LTC lead and we offer monthly group supervision internally to support therapists in their work with individuals with LTCs and comorbid anxiety and/ or depression.”*