

Enhancing the quality of psychological interventions delivered by telephone (EQUITY): A cluster randomised trial of a quality improvement intervention

Summary

About EQUITY

The EQUITY research programme began in 2018. It was funded by the National Institute for Health and Care Research (NIHR) who are the United Kingdom's largest funder of health and social care research. The research was led by The University of Manchester (Lead Investigator – Prof. Penny Bee), supported by researchers and clinicians at The University of Sheffield, University of York, University of Cambridge, University of Bristol, Kings College London and Anxiety UK.

Telephone delivery of psychological therapies within NHS Talking Therapies (formerly IAPT) has become more common, especially since the COVID-19 pandemic. Many people find telephone treatment helpful and convenient, but others experience challenges—such as finding it harder to build a therapeutic relationship, understand information, or stay engaged across sessions.

Our research aimed to improve the quality of psychological interventions delivered over the telephone for people receiving support for anxiety and/or depression from low intensity (step 2) NHS Talking Therapy services. We hoped it would help patients to feel better and be more likely to attend sessions.

Our early work

Our researchers spoke to patients, practitioners, supervisors and service leads in NHS Talking Therapies services to understand their experiences of telephone therapy. These conversations highlighted:

- What works well over the telephone
- What challenges are faced over the telephone
- What needed to change to improve therapy for both patients and practitioners

Using this information, the team developed a new quality improvement intervention to help services enhance the delivery of telephone-based therapy.

What does the EQUITY quality improvement intervention include?

The EQUITY intervention contained three key components, all designed to work together:

1. Guidelines for Services & Team Workshops

A set of practical guidelines for services and a one-day workshop for all service staff to discuss how to enhance practice and plan improvements.

2. Practitioner Telephone Training

Two interactive training sessions for practitioners to develop skills for high-quality therapy by telephone. Activities included role-plays, demonstrations, small group work and practical exercises.

3. Resources for Patients

Clear, accessible information for patients to help them get the most from telephone therapy including an information leaflet, appointment card, and poster. These were co-produced with the EQUITY lived experience advisory panel (LEAP) and provided in digital and paper formats.

Early testing of the EQUITY intervention

The EQUITY intervention was initially tested in three NHS services and received helpful feedback from both patients and staff. This led to refinements before it was taken forward into a full trial.

The EQUITY trial

Following the initial testing, we planned to test the intervention in many services - 26 in total. Half would receive the EQUITY intervention (intervention sites) and half would continue delivering telephone treatment as usual (comparison sites).

- We asked services to provide anonymous data (no personal details included) of all patients who accessed telephone treatment for 12 months so that we could compare outcomes in intervention and comparison sites
- In all the services, we planned to recruit 100 patients who would complete a small number of additional online surveys about their symptoms and use of NHS services 6 and 12 months after the start of their treatment.
- We also asked service staff to complete surveys exploring acceptability of the EQUITY intervention package and any impacts on their clinical practice and their service.

Figure 1 provides a summary of the activities and data collected in the services

Although there was a lot of interest in the research, recruitment was difficult due to other pressures and the COVID pandemic. Fewer services than expected were recruited. In the end, 21 services took part (11 intervention, 10 comparison). Fewer patients completed the follow-up questionnaires (on average only 42 patients were recruited at each site). Working with our independent advisors, we adjusted our analysis to ensure that the study was robust enough .

In the 11 intervention sites, 269 staff attended the workshops and 226 attended training sessions.

What the data showed

We looked at whether depression and anxiety symptoms improved for patients in intervention sites compared to the sites that had not received the intervention.

Depression and anxiety symptoms

The main measure we used was the **PHQ-9** (a common measure of depression symptoms). We also explored any impacts on symptoms of anxiety using GAD-7.

Across data over 8,000 patients, the EQUITY intervention **did not improve depression or anxiety outcomes** compared with usual telephone care.

Feedback from staff

Surveys completed by staff showed that the intervention was acceptable, although they reported only had modest impacts on their behaviour. 28 staff from 9 services were interviewed. They provided insight into what was helpful in delivering the intervention and what was challenging:

- **Helpful factors:**
 - o Supportive leadership
 - o Good planning and organisation
 - o Protected time to talk and reflect as a team
- **Challenges:**
 - o Not all services were able to fully implement or sustain the changes
 - o Initial enthusiasm did not always translate into lasting practice change

Feedback from patients

22 patients were interviewed; most were women, average age 49. Many described good **relationships with practitioners** – they felt valued and felt that the practitioner was truly present during their sessions. They said things like the therapist's **tone of voice** helped them feel safe and connected. Some, however, felt **disconnected during telephone sessions** and reported some things such as silences were awkward to deal with.

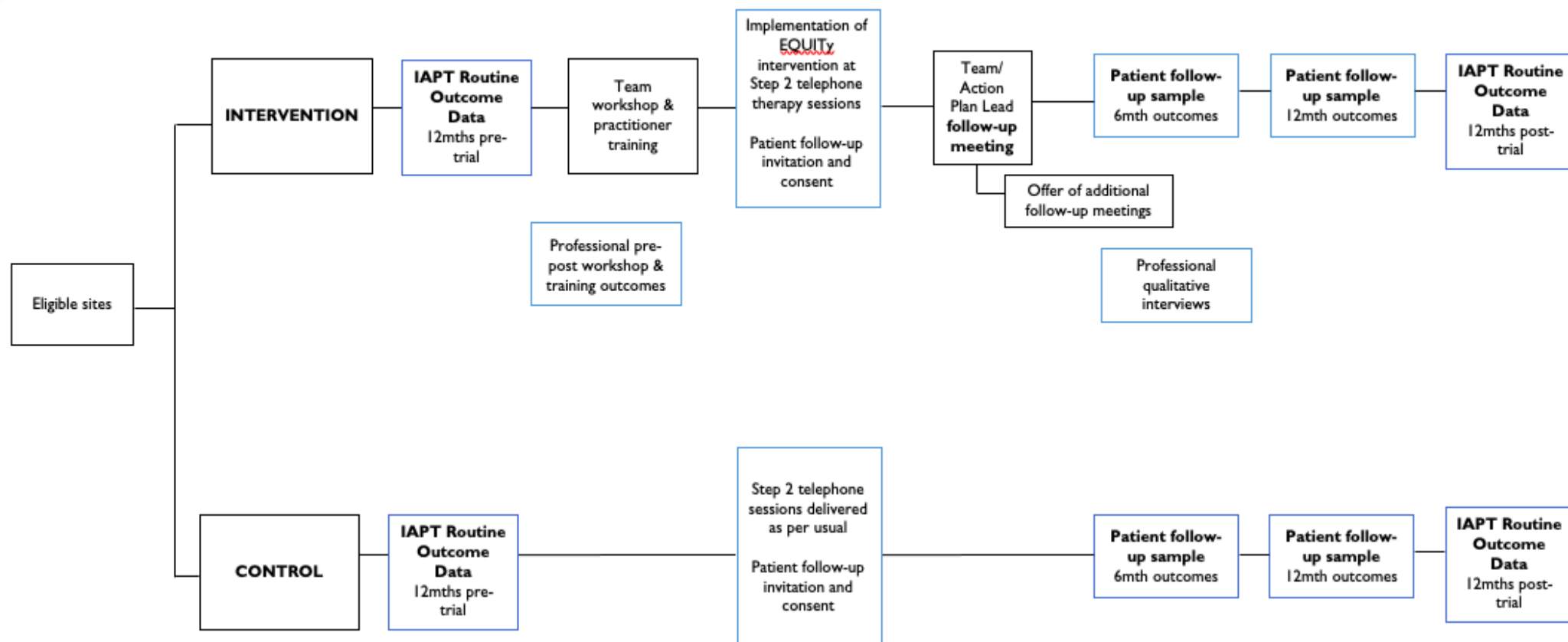
Given the impact that the COVID-19 pandemic had upon remote treatment delivery throughout NHS Talking Therapies, patients were clearly becoming more accustomed to communicating remotely over the lifetime of our study. It was difficult for us to say whether patient feedback was a direct result of the EQUITY intervention.

Overall conclusions

- We developed a quality improvement intervention to support telephone delivery of psychological therapies in NHS Talking Therapies, based on speaking to patients and professionals and drawing on previous research.

- We delivered the intervention to staff in 11 sites, who reported a positive experience of the training, although only modest impacts on their behaviour.
- We conducted a trial in 21 NHS Talking Therapies services
- There was no evidence that the intervention improved depression and/or anxiety outcomes for patients.
- It is possible the intervention had limited impact because:
 - o It was implemented inconsistently across teams
 - o The Covid pandemic resulted in wider changes to NHS Talking Therapies services, including much more use of telephone treatments. This may have reduced the benefit of the intervention
- Although the benefits we expected were not found, our work developed a range of best-practice resources for patients and practitioners:
 - o We worked closely with PCMIS, one of the largest NHS Talking Therapies software providers, to make our resources available to patients. At the time of writing this report, the resources had been viewed by 7005 patients.
 - o During the COVID-19 pandemic we developed an online training for high intensity (Step 3) practitioners to support delivering of telephone treatment. It was delivered to 409 Step 3 practitioners from 60 different services (spanning 33 Trusts/3rd sector organisations). We subsequently produced a stand-alone online resource, available via the NHS England Learning Hub.

Figure 1: Summary of EQUITY Trial Activities in Intervention and Control arms



Published papers of our work so far

- Rushton *et al* (2019) [A case of misalignment: the perspectives of local and national decision makers on the implementation of psychological treatment by telephone in the Improving Access to Psychological Therapies Service](#)
- Irvine *et al* (2019) [Are there interactional differences between telephone and face-to-face and psychological therapy? A systematic review of comparative studies.](#)
- Rushton *et al* (2020) [‘I didn’t know what to expect’: exploring patient perspectives to identify targets for change to improve telephone-delivered psychological interventions.](#)
- Irvine & Ardern (2020) [‘Therapists and patients have good quality interactions during telephone sessions’ - NIHR Alerts, June 2020](#)
- Faija *et al* (2020) [What influences practitioners’ readiness to deliver psychological interventions by telephone? A qualitative study of behaviour change using the Theoretical Domains Framework.](#)
- Irvine *et al* (2020) [‘So just to go through the options..’ Patient choice in the delivery of the NHS Improving Access to Psychological Therapies service.](#)
- Faija *et al* (2021) [‘Enhancing the Behaviour Change Wheel with synthesis, stakeholder involvement and decision-making: a case example using the ‘Enhancing the Quality of Psychological Interventions Delivered by Telephone’ \(EQUiTy\) research programme.](#)
- Drew *et al* (2021) [Telephone delivery of psychological interventions: balancing protocol with patient centred care’](#)
- Faija *et al* (2022) [Using routine outcome measures as clinical process tools: Maximising the therapeutic yield in the IAPT programme when working remotely.](#)
- Saxon *et al* (2023) [Telephone treatments in Improving Access to Psychological Therapies services: an analysis of use and impact on treatment uptake.](#)
- Faija *et al* (2023) [Enhancing the quality of psychological interventions delivered by telephone in mental health services: increasing the likelihood of successful implementation using a theory of change.](#)

EQUiTy Research Programme Website

<https://sites.manchester.ac.uk/equity/>