GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
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Traumatic Stress Wales

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PARCH - RESPECT

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Description	NHS Wales routinely commission this specialised service in accordance with the criteria described in this document
Document No	CP212
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Contents

Statement

Welsh Health Specialised Services Committee (WHSSC) commission Traumatic Stress Wales (all ages) in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this document.

1. Introduction

This Service Improvement has been developed for the planning and delivery of Traumatic Stress Wales (TSW) for people resident in Wales (all ages). This service improvement will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

The service improvement has been developed through extensive consultation with key stakeholders, including people with Post-traumatic stress disorder (PTSD), Complex Post-traumatic stress disorder (CPTSD), policy officials, mental health professionals, researchers, social care providers, representatives of the third sector and carers with the oversight of a TSW national steering group.

1.1 Background

Plain Language Summary

Traumatic events are common with over a third of the UK population having been exposed to actual or threatened death, serious injury, or sexual violence at some point in their lives[1]. Traumatic event exposure increases vulnerability to most psychiatric disorders and is a requirement for a diagnosis of posttraumatic stress disorder. It is estimated that over 50% of individuals in contact with mental health services report a history of trauma exposure[2].

Post-traumatic stress disorder (PTSD) can develop after individuals have been exposed to a single traumatic event, or from prolonged exposure to trauma such as child sexual abuse. It is characterised by symptoms of re-experiencing (nightmares and flashbacks), avoidance (of thoughts and reminders) and increased arousal (hypervigilance and increased startle reaction)[3]. The recently published 11th edition of the International Classificiation of Diseases introduced Complex PTSD (CPTSD) as a parallel diagnosis to PTSD[1]. CPTSD requires presence of the symptoms of PTSD but also difficulties regulating emotions, negative self-concept and interpersonal relationship difficulties related to a traumatic event.

[1] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

[2] Grubaugh, A. L., Zinzow, H. M., Paul, L., Egede, L. E., & Frueh, B. C. (2011). Trauma exposure and posttraumatic stress disorder in adults with severe mental illness: A critical review. Clinical Psychology Review, 31(6), 883–899.

[3] ICD-11 International Classification of Diseases 11th Revision. https://icd.who.int

Epidemiology

Up to 3% of adults in England and Wales have PTSD at any one time[4], and lifetime prevalence rates are estimated to be between 1.9% and 8.8%. These rates double in populations affected by conflict, and rates increase to more than 50% in survivors of rape[5]. CPTSD is slightly more common than PTSD[6] and both cause significant distress to people with PTSD/CPTSD and those around them, and increase the risk of experiencing poor physical health[7]. They are also associated with substantial psychiatric co-morbidity and considerable economic burden[8]. Despite the clear need to provide effective services for people with PTSD and CPTSD, they are under-detected[9] and many individuals, once diagnosed, do not receive evidence-based treatments[10].

Current Services

In many areas across Wales, provision varies. Some people with PTSD/CPTSD do receive and benefit from appropriate treatments and there are many examples of excellent practice. However, disparities in workforce skills, funding, service prioritisation and service provision (including culturally appropriate service provision) have led to inequity of access to evidence-based treatments for people with PTSD/CPTSD across Wales.

[4] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

[5] Bisson JI, Cosgrove S, Lewis C, Roberts NP (2015). Post-traumatic stress disorder (Clinical Review). British Medical Journal 351:h6161.

[6] Cloitre M, Shevlin M, Brewin CR, Bisson JI, Roberts NP, Maercker A, Karatzias T, Hyland P. The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and complex PTSD Acta Psychiatr Scand 2018: 1–11.

[7] Sareen J, Cox BJ, Stein MB, Afifi TO, Fleet C, Asmundson GJG. Physical and mental comorbidity, disability, and suicidal behavior associated with posttraumatic stress disorder in a large community sample. Psychosom Med 2007;69:242-8.

[8] Ferry F, Bolton D, Bunting B, O'Neill S, Murphy S, Devine B. Economic impact of post traumatic stress in Northern Ireland. Northern Ireland Centre for Trauma and Transformation and University of Ulster Psychology Research Institute, 2010.

[9] Lewis C, Raisanen L, Bisson JI, Jones I, Zammit S (2017). Trauma exposure and undetected post traumatic stress disorder (PTSD) among Adults with a Mental Disorder. Depression and Anxiety, 35, 178-184.

[10] Kazlauskas E. Challenges for providing health care in traumatized populations: barriers for PTSD treatments and the need for new developments. Global Health Action. 2017; 10(1): 1322399.

Proposed Service

In response to the fragmented picture outlined above, the Welsh Government invited a proposal for an All Wales Traumatic Stress Quality Improvement Initiative that takes a whole system, consistent approach, and is informed by the current evidence-base and the experiences of the Cardiff and Vale UHB and the Veterans' NHS Wales services. The Initiative was subsequently renamed as Traumatic Stress Wales following consultation with stakeholders.

1.2 Aims and Objectives

The aim of this service improvement specification is to define the requirements and standard of care essential for delivering Traumatic Stress Wales for people with post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (CPTSD).

The objectives of this service improvement specification are to:

- detail the specifications required to deliver Traumatic Stress Wales for people who are residents in Wales.
- ensure minimum standards of care are set for the delivery of Traumatic Stress Wales.
- ensure equitable access to evidence-based interventions through delivery of Traumatic Stress Wales.
- identify existing services that will deliver care pathways as part of Traumatic Stress Wales for Welsh patients.
- improve outcomes for people accessing Traumatic Stress Wales.
- set minimum standards for the measurement of outcomes.

1.3 Relationship with other documents

This document should be read in conjunction with the following documents:

- **National Institute of Health and Care Excellence (NICE) Guidance**
  - Post-Traumatic Stress Disorder NICE Guidance NG116, December 2018.

- **Welsh Government Strategies/Policies**
  - Prosperity for All, The National Strategy, Welsh Government, September 2017
  - A Healthier Wales, Our plan for Health and Social Care, Welsh Government 2018
  - Together for Mental Health, Delivery Plan 2019 – 22, Welsh Government, 2020
  - Substance Misuse Delivery Plan 2019-2022, Welsh Government, 2019

- **Other published documents**
  - Matrics Cymru, Guidance for delivering Evidence Based Psychological Therapies in Wales, National Psychological Therapies Management Committee, supported by Public Health Wales September, 2017.
  - ISTSS Treatment and Guidelines ISTSS Guidelines Committee, 2020.
  - All Wales Psychosocial Responses Following Disasters Plan
  - Women's Mental Health Taskforce Final Report Department of Health and Social Care (England) the Women's Mental Health Taskforce Final Report, 2018.

2. Service Delivery

The Welsh Health Specialised Services Committee commission Traumatic Stress Wales for individuals (all ages) with PTSD and CPTSD, in line with the criteria identified in this specification.

The following principles underpin Traumatic Stress Wales. The Initiative adheres to Welsh Government policies, and other mental health initiatives in Wales, including Prosperity for All; A Healthier Wales; Together for Mental Health; and the Matrics Cymru:

a. Everyone with PTSD/CPTSD in Wales should have equitable access to evidence-based services through the medium of a language they can fully understand.
b. Care should be provided through a network of easily accessible, locally based services, which adhere to a nationally agreed model of care and practice framework.
c. Care pathways should be streamlined and lean as possible to avoid unecessary repeated referral and assessment, and to ensure smooth, bi-directional transition between primary care and services provided under Part 1 and Part 2 of the Mental Health (Wales) Measure 2010.
d. A national system of clinical governance, that is integrated with those of individual services, will be adopted to deliver a continuously improving all Wales approach.
e. A national minimum dataset will be routinely collected and analysed to monitor and facilitate service improvement.
f. A national hub will be responsible for overarching leadership, co-ordination, communication, knowledge management, all Wales materials, data processing and reporting, benchmarking, training, supervision and a consultation/second opinion service.
g. Functions and outcomes will be consistent across Wales but form of service provision may be different to allow optimal integration with local services.
h. Local service configuration will be based on mapping work and a joined up approach between local services and the national hub.
i. The Initiative will be co-produced, co-owned and co-delivered by all relevant stakeholders.

Traumatic Stress Wales will provide individuals with PTSD and CPTSD with a standardised level of service across Wales.

2.1 Assessment

A common approach to assessment should be taken to maximise the appropriate exploration of trauma experiences, the presence of PTSD, CPTSD and other trauma-related conditions. The two forms of assessment to be used are:

a. an initial screening assessment aimed at first point of contact with primary care mental health services, and
b. a second, comprehensive assessment to accurately identify the person's biopsychosocial needs and traumatic stress symptoms, and allow a co-produce plan to be determined to include intervention if appropriate and desired.

2.2 Interventions

National intervention standards are agreed, based on the latest evidence and informed by relevant clinical guidelines.

All people should be offered evidence based interventions that are matched to individual needs, regardless of location or demographic characteristics, and that are culturally informed and competently delivered

Individuals with PTSD and people with CPTSD should be considered for individual or group stabilisation interventions that are delivered effectively with interpretation and cultural awareness.

Individuals should be offered, where appropriate, a choice of resources and interventions using different forms of delivery to best meet their needs. These may include internet-based and Guided Self Help (GSH) interventions where clinically appropriate. Specific interventions may vary according to the need of the individual, and the wider needs/characteristics of the population.

Individuals who are assessed as not being able to engage, do not benefit from evidence-based interventions and/or have more complex presentations requiring social and/or emotional stabilisation, should be offered appropriate individual or group stabilisation interventions.

Individuals should be offered access to evidence-based prescribing of medication according to all people according to their needs, clinical guidelines and a national prescribing algorithm.

Specialist workstreams should develop bespoke clinical pathways to ensure that priority and vulnerable groups, including refugees and asylum seekers (people seeking sanctuary), people in prison, survivors of sexual assault and violence and perinatal trauma (including bereaved parents) have equal access to evidence-based interventions.

The Children and Young People (CYP) workstream will need to consider the needs of specific vulnerable groups such as refugee and asylum seeking children, and those in youth offending services.

Psychological responses following disasters, including covid-19, should follow the All-Wales plan for psychosocial responses to disaster that will be revised in line with the current evidence base.

Nationally agreed integrated care pathways should ensure that individuals receive interventions that are matched to their needs, and can transition between services without unnecessary repeated referral and assessment.

2.3 The role of Local Health Boards and the National Hub

2.3.1 Local Health Boards

Local Health Boards should build on their existing services to meet the requirements set out in this specification.

2.3.2 National Hub

The national hub will oversee the initiative and provide the following support:

- Adoption of a quality improvement framework, which will consist of education and training, research and development, clinical audit and improvement methodology (e.g. plan, do, study, act cycles).
- Facilitation and coordination of a national network, which will agree service standards to provide assurance and improvement. A clinical audit model will be embedded within a peer-review network, informed by the work of the Royal College of Psychiatrists' Quality Improvement Centre.
- An all Wales consultation/second opinion service. This will be provided by experts in the assessment of traumatised individuals and in the delivery of psychological and pharmacological treatments to people with PTSD and CPTSD. Times will be made available for service providers across sectors to speak to an expert about a specific individual or issue. This may result in one-off advice, advice with follow-up consultation and/or a second opinion assessment being undertaken. Second opinion assessments will be provided face-to-face or through video link to avoid people with PTSD/CPTSD having to travel unnecessarily. This service may need to include interpretation.
- Development of a communication plan including a NHS Wales traumatic stress website. Communication initiatives will include raising public awareness about PTSD and CPTSD and how to seek help for this, and the development of decision aids to allow true co-production of treatment plans with people with PTSD/CPTSD.
- Develop standardised national leaflets to provide accurate, up to date information about PTSD, CPTSD, their prevention, management and services available. These will be personalised for individual health boards and individual groups (e.g. perinatal, refugees and asylum

seekers, victims of sexual assault, prisoners). Early work will focus on provision of information about psychosocial responses to Covid-19, for professionals and the public.

- Link closely with the National Centre for Mental Health to ensure research and development is a central pillar of the Initiative. Users of the services will be routinely invited to join the National Centre for Mental Health and become members of the National PTSD Registry to contribute to a greater understanding of the nature and causes of PTSD/CPTSD and the development of new treatments. This will also allow people with PTSD/CPTSD across Wales to become aware of and be offered the opportunity to take part in research trials, for example of novel interventions that have the potential to improve outcomes.

2.4 Access Criteria

People of all ages will be eligible to access services within Traumatic Stress Wales.

People who have experienced traumatic events in childhood or as an adult can access an initial, standardised assessment services through self-referral, or referral by professionals within NHS primary and secondary care health services, prisons and specialist services such as Sexual Assault Referral Centres (SARCs) or third sector and community partner organisations.

People who are assessed as having clinically significant traumatic stress symptoms or complex traumatic stress symptoms will be offered evidence-based interventions that are matched to their needs.

People who, following initial assessment, require care in other services (for example, community drug and alcohol services), will subsequently be able to access services within Traumatic Stress Wales when they are ready to benefit from evidence-based trauma interventions. Close working relationships between mental health and substance misuse services should be established from the outset.

2.5 Service description

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider must also meet the standards as set out below.

2.5.1 Facilities and equipment

Essential

- Private consulting rooms in order to provide confidential clinical services.

- Appropriate IT and telephony equipment to ensure safe and effective clinical services.
- Technology to enable remote-working through video-conferencing.
- Access to interpretation services for individuals who do not speak English

2.5.2 Staffing

Local Health Boards

Essential

- Clinical staff who are trained in trauma-focused CBT, EMDR and emotional stabilisation interventions, to nationally agreed standards.
- Senior staff who are appropriately trained and experienced to oversee the effective implementation and governance of local care pathways.
- Administrative staff who are able to support the delivery of safe and effective clinical services.
- Specialist psychiatry staff, trained in evidence-based prescribing for PTSD/CPTSD.

Desirable

- Clinical staff who have completed specialist post-qualification training in one or more trauma-focused therapies.
- Clinical staff who are experienced in working with vulnerable groups such as refugees and asylum seekers, survivors of sexual assault and perinatal trauma.

National Hub

- Initiative Director
- Psychological Therapies Leads for Adults and Children & Young People
- Assessment and Pharmacological Treatment Lead
- Appropriately accredited Children and Young People Psychological Therapist (as set out in Matrics Cymru, Guidance for delivering Evidence Based Psychological Therapies in Wales)
- Data Manager and Analyst
- Administrator

2.5.3 Clinical Standards

- Standardised screening assessments and comprehensive assessments, within primary and secondary care services.
- Face-to-face and remote EMDR, TFCBT and emotion regulation interventions for simple presentations of PTSD/CPTSD within primary care services.
- Specialist face-to-face and remote EMDR, TFCBT and emotion regulation interventions for complex presentations of PTSD/CPTSD

within secondary care services, including integrative and multimodal interventions, and those that have emerging evidence.
- Specialist psychiatric services.

2.6 Interdependencies with other services or providers

Traumatic Stress Wales will have interdependencies with the following organisations:

- All Mental Health Services
- Specialist substance misuse services
- Occupational Therapy services
- Social Services
- Education Services
- Local Authorities
- Statutory and third sector homelessness services
- Primary Care
- Sexual Assault Referral Centres
- Third sector and community organisations that provide services for people who have experience traumatic events such refugees and asylum seekers, survivors of sexual abuse and violence and birth trauma (including bereaved parents).
- Prison mental health services
- Public Health Wales
- Area Planning Boards (APB)
- Welsh Local Government Association
- Welsh Government

2.7 Exclusion Criteria

People who present with significant risk behaviour may need help to stabilise before accessing formal trauma interventions. 'Stability' is clearly a complex issue that will be largely determined by clinical judgement.

2.8 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.9 Patient Pathway (Annex i)

The figure in Annex i illustrates the clinical pathway. The overarching aim of Traumatic Stress Wales is to effectively deliver the pathway or a locally adapted version of it that delivers to the standards outlined in the

specification to improve outcomes for all people with PTSD and CPTSD across Wales.

2.10 Service provider/Designated Centre

The Traumatic Stress Wales National Hub Team will be based at:

Welsh Health Specialised Services
Unit G, The Willowford
Treforrest Industrial Estate
Pontypridd
South Wales
CF37 5YL

Local traumatic services will be based in each health board
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3. Quality and Patient Safety

The provider must work to written quality standard and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The initiative must enable informed participation of patients, carers and advocates and be able to demonstrate this. Provision should be made for patients with communication difficulties and other specific needs, children, teenagers and young adults.

3.1 Quality framework

- Service users and members of the public should have access to high quality information about PTSD, CPTSD, self-help advice and information about prevention and effective evidence-based interventions, to enable them to make informed decisions about their care.
- Service users should have access to standard care pathways through self-referral or referral by professionals within statutory health services or key voluntary sector partners.
- Service users should receive standardised screening and comprehensive assessments when they enter the pathway. These assessments will accurately identify their biopsychosocial needs and traumatic stress symptoms, and allow identification of the correct interventions for that person.
- A national minimum data-set should be completed for all service users. Standard socio-demographic, referral and service provision information will be extracted from existing health board IT systems. In order not to overburden services, the dataset should be kept to a minimum whilst allowing for meaningful analysis and contribution to continuous improvement, including for each specialist workstream.
- Service users will be asked to complete a small number of validated, self-reported symptom and wellbeing measures, as well as personalised goal setting and patient satisfaction measures before and after each intervention, in order to aid clinical decision making, measure therapeutic progress and evaluate outcomes. These outcomes will be consistent with the Welsh Government outcomes framework and be used for national benchmarking.
- Service users should be offered choice and appropriate assistance to make informed decisions about their care that is matched to their clinical presentation and their preferences.
- Clinical information should be used to inform decision making, with smooth transitions between services (NHS and non-NHS) within the pathway.

- Service users should be offered interventions that are matched to their needs, and will not be required to undergo extensive further or repeated assessments should they need additional interventions.

3.2 Training and Supervision

- Clinicians should receive regular specialist supervision at a local level, both individually and in groups. This supervision should be informed by routine outcome monitoring as well as individualised case-formulation.
- The national hub should provide appropriate training required for delivery of the agreed care pathways. This will include, but not be limited to, training in assessment, delivery of key evidence-based psychological and pharmacological interventions, administration and interpretation of clinical and satisfaction measures, and stabilisation work.
- Training should be developed as a continuing process to avoid the issues associated with one-off trainings with no follow-up. For example, therapy training packages should` include initial theoretical training and video/role-play work before taking on training cases under supervision.
- National training programmes should be adapted for the particular needs of different groups and range from enabling non health professionals to recognise PTSD/CPTSD, provide appropriate emotional stabilisation work and access further support, to internet-based intervention training, training experienced psychological therapists in highly specialist psychological interventions such as advanced trauma-focused therapy and training general practitioners and psychiatrists in evidence-based prescribing for PTSD and CPTSD.
- Nationally provided training and supervision should be provided at different locations across Wales to ensure individuals have equitable access wherever they are based and will also involve the use of telephone and video conferencing to avoid unnecessary travel and to ensure training and supervision are time and cost-effective. Over time, it is anticipated that individuals across Wales will be trained as trainers and supervisors to allow scaling to occur at greater pace.

3.3 Framework for Improving Quality, Safety and Value

A National Steering Group should be established to oversee the work of the Initiative and to provide strategic direction to its development. The group should include representatives from each of the seven health boards and the vulnerable group and other workstreams, as well as people with PTSD/CPTSD, social care providers and representatives of primary care and the third sector.

A risk management system should be adopted, with untoward incident reviews and lessons learnt meetings with an emphasis on openness and continuous learning. All health boards should have an annual on-site audit, undertaken by another network member, and learning will be used to scale up good practice across Wales.

Clinical Networks will allow the sharing of good practice to drive up standards nationally. Evidence-based intervention standards should be developed for early intervention following traumatic events (including disasters, whatever their cause), psychological and pharmacological treatment of PTSD and CPTSD. These should be based on the 2018 updated NICE[11] and ISTSS[12] guidelines with an emphasis on delivering interventions in the real world setting to individuals with simpler and more complex presentations. The national hub should work with the Matrics Cymru team to ensure the Matrics adopted psychological interventions for the treatment of PTSD and CPTSD are based on the very latest evidence. A prescribing algorithm based on the NICE and ISTSS guidelines will be adopted.

The Cardiff University Traumatic Stress Research Group's Patient and Public Involvement Group will extend its remit to ensure appropriate people with PTSD/CPTSD and carer involvement. This will allow the co-production of new initiatives, all Wales materials, communications, etc., in addition to allowing appropriate scrutiny of functioning and performance from the patient and carer perspective. The Chair of the Group will sit on the National Steering Group.

While respecting at all times the wishes of the person with PTSD/CPTSD and maintaining confidentiality, carers can often make an invaluable contribution to treatment, including through their knowledge of how the person with PTSD/CPTSD was prior to their traumatic experience, and through supporting the person with PTSD/CPTSD during treatment and their journey to recovery. Approaches to support carers in their role and how best to facilitate their input should be developed.

3.4 Quality Indicators (Standards)

- Number diagnosed with PTSD/CPTSD.
- Number who were offered, received and completed evidence-based treatment.
- Number who had baseline and post-treatment agreed outcome measures collected.
- Pre-post treatment wellbeing outcome measure scores.
- Pre-post treatment goal-based outcome scores

[11] https://www.nice.org.uk/guidance/ng116
[12] ISTSS PTSD Prevention and Treatment Guidelines Methodology and Recommendations - https://www.istss.org/treating-trauma/new-istss-prevention-and-treatment-guidelines.aspx

- Number who reported good/very good satisfaction with the service at the point of discharge.
- Number who prematurely dropped out of treatment.
- Number of therapists able to provide evidence based psychological treatments for PTSD/CPTSD in primary and secondary care based mental health services.
- Number able to deliver interventions in welsh.

4. Performance monitoring and Information Requirement

4.1 Performance Monitoring

WHSSC will be responsible for commissioning services in line with this specification. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes.

4.3 Date of Review

This document is scheduled for review before 2023, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

6.1 Raising a Concern

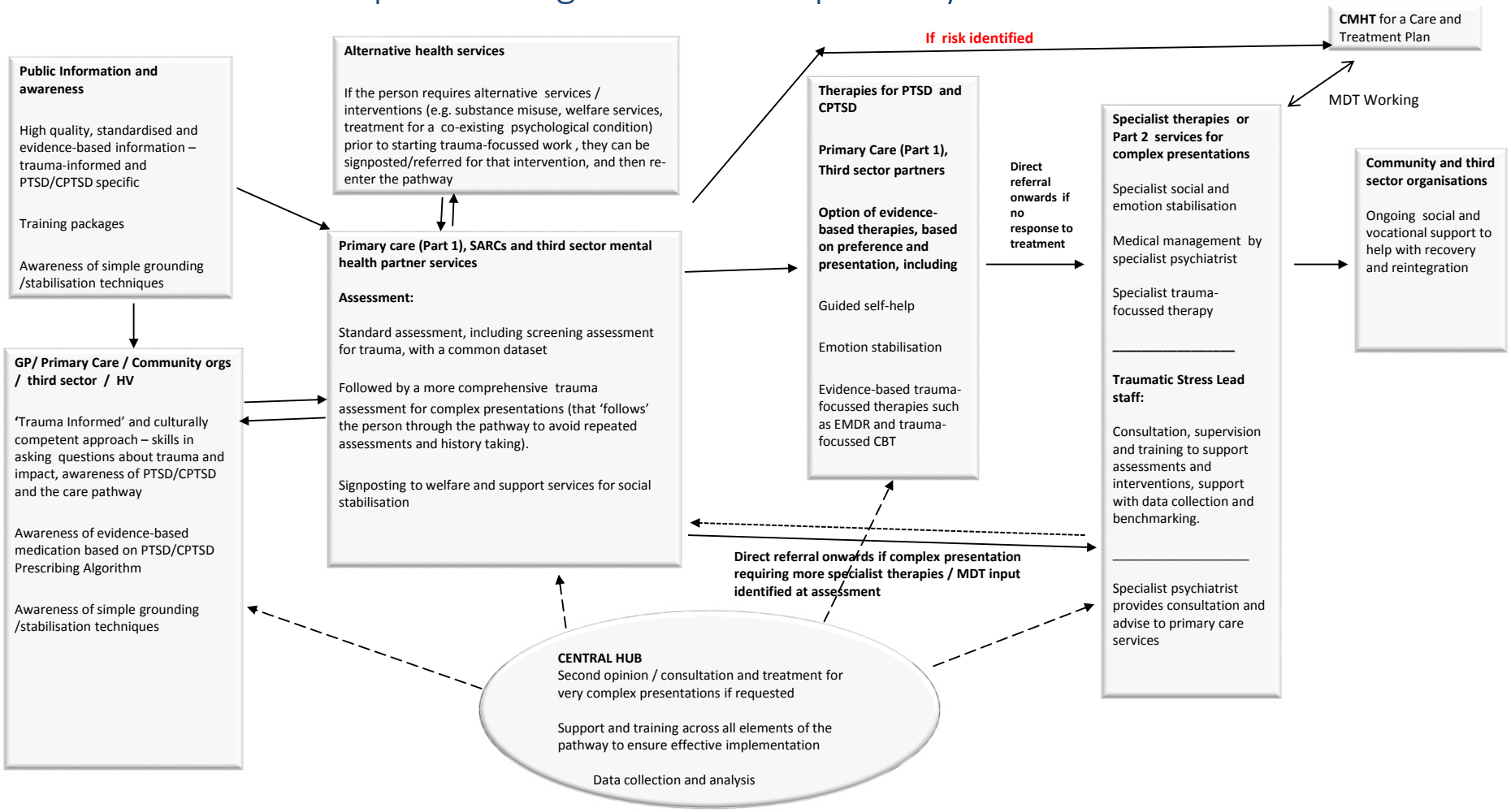
Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

Annex i Care Pathway

Proposed integrated trauma pathway for adults



Annex ii Abbreviations and Glossary

Abbreviations

AWMSG	All Wales Medicines Strategy Group
CPTSD	Complex Post Traumatic Stress Disorder
GSH	Guided Self Help
EMDR	Eye Movement Desensitisation and Reprocessing
IPFR	Individual Patient Funding Request
PTSD	Post Traumatic Stress Disorder
SMC	Scottish Medicines Consortium
TFT	Trauma Focused Therapies
TF-CT	Trauma Focused Cognitive Therapies
TSW	Traumatic Stress Wales
WHSSC	Welsh Health Specialised Services

Glossary

Individual Patient Funding Request (IPFR)

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Welsh Health Specialised Services Committee (WHSSC)

WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.