

**Dr Mary McMinn**

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**From:** Dr Mary McMinn [mary.mcminn@careprovider.com]  
**Sent:** 18 February 2008 21:56  
**To:** 'Hill Carol (5P3) East and North Hertfordshire PCT'  
**Subject:** RE: DacCom Counselling business case

Dear Carol

Thank you very much indeed; DacCom is most grateful to you. We will of course keep you updated,

Yours sincerely

Mary

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**From:** Hill Carol (5P3) East and North Hertfordshire PCT [mailto:Carol.Hill@herts-pcts.nhs.uk]  
**Sent:** 18 February 2008 18:10  
**To:** Dr Mary McMinn (CPA)  
**Cc:** Jones Mark (E82022) FERNVILLE SURGERY  
**Subject:** RE: DacCom Counselling business case

Dear Mary

Many thanks for your reply. I am reassured and give support for the business case. Perhaps in due course you would update me on the method to capture effectiveness of the service.

Regards  
Carol

Carol Hill  
Assistant Director for Partnership Commissioning  
East & North and West Hertfordshire PCTs  
Charter House, Welwyn Garden City  
01707 390855 ex 2123  
m 07789 935728

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**From:** Dr Mary McMinn (CPA) [mailto:mary.mcminn@careprovider.com]  
**Sent:** 17 February 2008 10:05  
**To:** Hill Carol (5P3) East and North Hertfordshire PCT  
**Cc:** Jones Mark (E82022) FERNVILLE SURGERY  
**Subject:** DacCom Counselling business case  
**Importance:** High

Dear Carol

Thank you again for your support for our project. Tad Woroniecki, Clive Appleby and Richard Garlick have also confirmed their approval. I have interspersed our answers to your questions below.

Yours sincerely

Mary

1. Why is it necessary to have varying rates of pay for the practices to decide? If it is intended to have an integrated service wouldn't it be better to have set pay rates?

There are a variety of pay levels at the moment and the aim of having bands was to enable continuation of existing pay levels for the majority of counsellors rather than see winners and losers. Our work examining pay levels and qualifications has shown that in all but a couple of instances, counsellors will continue to be paid at the same rate they are now. The purpose of the

bands is to bring in some containment within the levels but enable some overlap with pay and qualifications to help us achieve paying the same rates of pay now and ensure that existing session numbers are maintained and that any increase in budgets goes purely towards additional counselling and not to counsellors.

2. I'm a bit concerned leaving the supervision arrangements to counsellors to arrange. Even if they arrange them shouldn't the agreement contain a requirement to log the arrangements with the PbC group so that reassurance is obtained on clinical governance in place. This may be picked up at the monthly clinical governance meeting?

All counsellors have been accredited as part of their qualification e.g. BABCP, UKCP etc. They need to be re-accredited each year. To achieve this they need to have chosen or have been given an appropriate supervisor recognised by their professional organisation e.g. UKCP people are supervised by a UKCP accredited person etc. The supervisors have to send in reports to confirm various activities undertaken and that the counsellor has been appropriately supervised by them before re-accreditation certificates are issued by their governing body. They cannot provide the counselling service for us without producing these certificates. We feel that such a level of self supervision is more than acceptable for the purpose of this LES.

3. The counsellors use CORE, will there be any reporting overall of the outcomes of the service? I would like to see some measure of it's effectiveness. Not named patient reports of course, but overall monitoring information.

At present CORE is not being used by counsellors. We have included this as a guiding principle but at the time of inclusion were unaware of the implications and costs involved in outcome reporting using CORE (£2 + VAT per patient). We are currently exploring an alternative method of measurement involving the capture of patient feedback to the GP surgery which will provide an alternative form of monitoring information

4. Any requirement to sample patient satisfaction with the service?

The possible alternative monitoring information mentioned above will provide this.

**From:** Hill Carol (5P3) East and North Hertfordshire PCT [mailto:Carol.Hill@herts-pcts.nhs.uk]

**Sent:** 13 February 2008 17:09

**To:** Dr Mary McMinn

**Subject:** RE: URGENT - sign-off for business case approval please

Dear Mary

Thank you for emailing again, I managed to read the proposals yesterday. I'm in principle in agreement and have a few questions:

Regards

Carol

Carol Hill

Assistant Director for Partnership Commissioning

East & North and West Hertfordshire PCTs

Charter House, Welwyn Garden City

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