
Framework for routine outcome measurement in liaison psychiatry (FROM-LP II)

June 2024

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How to cite this publication:

Royal College of Psychiatrists (2024) Report CR241: Framework for routine outcome measurement in liaison psychiatry (FROM-LP II)

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Background

The Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP) (Trigwell, Kustow, Santhouse et al., 2015) was developed, published, and launched at the Faculty Annual Conference in May 2015. It was intended that FROM-LP be adopted by all liaison psychiatry services in the NHS to provide consistency in the collection of outcome measures, with the ultimate aim of improving patient care.

FROM-LP drew on the Centre for Mental Health's report, 'Outcomes and Performance in Liaison Psychiatry: Developing a Measurement Framework', (Fossey and Parsonage, 2014) which provided a clear and structured account of the issues faced in attempting to measure outcomes consistently in liaison psychiatry services and suggested possible ways forward. It was accepted that no single instrument existed that could be universally applied across all liaison psychiatry services, given the complexity and heterogeneity of service provision across the country. This necessitated different groups of outcomes measures (i.e., scorecards) for different contexts, so a working group was set up by the Faculty of Liaison Psychiatry to create an effective approach which would be simple, easy to apply, and consistently deliverable.

Since its launch, there has been considerable uptake of FROM-LP. It was included in the recent National Institute for Health and Care Excellence's (NICE) and NHS England's, 'Achieving Better Access to 24/7 Urgent and Emergency Health Care Part 2: Implementing the Evidence-Based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance' (NICE, 2016). FROM-LP is also endorsed by the RCPsych Psychiatric Liaison Accreditation Network (PLAN) in its standards for services (Baugh, Blanchard, Hopkins, 2020).

Positive feedback on the use of FROM-LP has been gathered from liaison psychiatry services in England through the annual Liaison Psychiatry Survey of England (LPSE), and has been acquired directly from clinicians by the Liaison Psychiatry Faculty Outcome Measure working group. However, there is recognition of the need to improve and optimise the measures used. FROM-LP has therefore been revised, and this document, FROM-LP (II), aims to build on the original approach, incorporating feedback and modifying the recommended measures where necessary.

The original aims of FROM-LP were to provide a robust and effective approach to outcome measurement, to enable liaison psychiatry services to demonstrate their clinical outcomes and effectiveness, and to further justify and support investment in this important and growing specialty. These remain the key aims of FROM-LP (II). It further standardises and improves outcome measurement, incorporates new NHS England access standards, and considers the implementation of such measures, ensuring that they are practical, cost-effective and validated, and relevant to patients and carers. Feedback from faculty members all over the country has been listened to and acted upon for the benefit of all stakeholders in liaison psychiatry services.

FROM-LP (II) will again focus on a brief, simple, easy and deliverable system of data collection, which will include measures of progress and outcomes spanning clinical-related outcome measures (CROMs), patient-related outcome measures (PROMs),

and patient, carer and referrer-rated satisfaction scales. In a change from FROM-LP, case-types (single clinical contact/series of clinical contacts) are not defined, but rather, measures are rated as 'highly recommended' or 'optional', depending on the needs of individual liaison psychiatry services. This can be viewed as a 'menu of choices' e.g., the collection of response times may be highly relevant for emergency department (ED) cases, but less so for outpatients. The proposed outcome measures and scales are listed below in Table 1, followed by a glossary, and examples provided in this report's accompanying annexe document 'Measures and scales'.

There is also ongoing work to develop a clinical outcome measurement tool specifically for liaison psychiatry, currently referred to as CROM-LP. This measure has been piloted in a range of settings and conditions, and includes six subscales, (mood, psychosis, cognition, substance misuse, mind-body problems, and behavioural disturbance) plus two additional items (side effects of medication and capacity to consent for medical treatment). Each item is rated on a five-point-scale. It has been shown to be both acceptable and easy to use, with good stability and sensitivity to change, acceptable inter-rater reliability, and can provide a useful and robust way to determine symptomatic change in a liaison psychiatry setting. This is with the exception of the mind-body subscale relating to medically unexplained symptoms (MUS)/Persistent Physical Symptoms (PPS), which is awaiting further validity testing; a revised version may be available in the near future. In the meantime, CROM-LP can either be used without section 14–16, or alternatively for patients to rate the severity of their own subjective symptoms for this section and measure change accordingly. The practitioner does not have to complete all sections, and the average score is the number of items divided by the number completed.

In FROM-LP (II), a paediatric liaison outcome measure – General Outcome Measuring Scale (GOMS) – is included for the first time, following consultation with the Paediatric Liaison Network. This is a specialised tool developed from benchmarking outcomes nationally, which is recommended and approved by the Paediatric Liaison Network and is now in use in children's hospitals in England. It is a simple Likert scale which can be used by anyone working in this area, is easy to interpret, and measures progress, change and improvement in both one-off and ongoing assessments and consultations. It can be delivered to referrers, patients, parents and/or carers, and can be used alongside health economics and commissioning in evaluating paediatric liaison services. Alternatives include the Paediatric SDQ (Strengths and Difficulties Questionnaire) which is a useful mental health screening tool in paediatric populations, or Peds QL (Paediatric Quality of Life Questionnaire) which is good at measuring change. However, both of these have limitations, and neither are particularly practical in busy or spontaneous settings with ad hoc assessments. Instead, the simpler, bespoke GOMS is recommended for paediatric liaison settings.

FROM-LP (II) will include a number of validated, evidence-based tools, but it is recognised that there needs to be flexibility and an understanding of local needs when a service decides which measures to adopt.

As before, it is acknowledged that services may have some additional local data collection requirements beyond those recommended in the framework, e.g.:

- Minimum Data Set, i.e., patient demographics
- referral source, referral profile etc.

- structure (resources and inputs)
- process in a broader sense (e.g., number of patients seen/treated)
- education and training of general hospital staff/teams
- impact on local health service use

It has been recognised by clinicians and the Psychiatric Liaison Accreditation Network that it is often challenging for liaison psychiatry services to collect feedback from patients and carers, especially in relation to older adults.

Difficulties that have been encountered include the following.

- Patients being too physically unwell to give feedback.
- Patients presenting in mental health crisis being too mentally unwell and/or anxious and distressed to give feedback at the time of the assessment.
- Patients being too cognitively impaired to give feedback and/or consent to doing so.
- Following their discharge from the hospital, the rate of response to requests for feedback is often low, possibly because patients do not wish to be reminded of their period of illness.
- Patients and carers often find it difficult to distinguish the care provided by liaison psychiatry from their overall care and experience within the general hospital.

Suggested ways of maximising feedback include the following.

- Seeking feedback from carers when patients are unable to provide any.
- Asking patients to provide feedback shortly before they are discharged from the hospital, e.g., by asking them to complete a form and sealing this in an envelope to increase anonymity.
- Asking a liaison psychiatry team member who has not been directly involved in a patient's care to seek feedback, either verbally, or in writing. This can help to clarify uncertainties, e.g., which aspect of care feedback is being sought for.
- Providing a stamped addressed envelope for return of a written feedback form.

The impact of FROM-LP (II) will be evaluated by the collection of formal feedback from liaison faculty members and liaison psychiatry services. FROM-LP (II) will encourage clinicians to embed evidence-based clinical and performance outcome measurement in routine practice and will aid evaluation of the impact this subsequently has on service development, clinical effectiveness, and patient care. Whilst the tools included may be used for comparison between services, this is not the main intention of the framework.

Recommending that FROM-LP (II) is incorporated into NHS Digital as a mandated data set for NHS liaison psychiatry services will also be considered.

The development and expansion of liaison psychiatry services remains a key aim of the NHS Long Term Plan, with the aim of ensuring dedicated provision of mental health care in every acute hospital in England. This revised framework of outcome measurement can be used by all services to demonstrate the effectiveness of liaison psychiatry services, both in terms of patient care and clinical outcomes, and will be essential to support future development and justify ongoing investment moving forward.

Proposed outcome measures and rating scales for inclusion in FROM-LP (II)

Table 1 (Summary table of outcome measures and rating scales recommended in FROM-LP (II))

Measurement	Outcome Measures/Rating Scales
Process	<p>1. Key measures according to national requirements (e.g., response time targets/waiting times, etc.)</p> <p>2. Service specific evaluation measures (e.g., discharge destination, length of stay (LoS), rates of re-attendance)</p>
Outcomes (clinician-rated)	<p>3. CGI-I/IRAC ...nature of condition/context/intervention/outcome</p> <p>4. CROM-LP ...medically unexplained/persistent physical symptoms</p>
Outcomes (patient-rated)	<p>5. ReQoL...distress/well-being</p> <p>6. EQ-5D-5L...function</p> <p>7. PHQ-15...physical symptoms</p> <p>8. Brief IPQ...medically unexplained/persistent physical symptoms</p> <p>9. CGI-I...patient +/- carer ratings</p> <p>10. GOMS... general outcome measuring scale (paediatric liaison)</p>
Patient satisfaction (patient-/carer-rated)	<p>11. Patient and carer satisfaction scale</p> <p>12. Friends and Family (F&F) Test</p>
Referrer satisfaction (referrer-rated)	<p>13. Referrer satisfaction scale</p>

Note that, for:

- **all relevant cases involving direct patient contact**, it is recommended that these measures are collected routinely (with the intention that they are simple and easy to administer) to achieve consistent collection within and across teams
- **cases that do not involve direct patient contact**, (i.e., are at a systemic/clinical team level) the IRAC or referrer satisfaction scale can be used
- **paediatric liaison cases**, GOMS can be the patient-, carer-, clinician- or referrer-rated scale, as appropriate.

Table 2

Disorder		Process	CROM	PROM	PREM	Referrer satisfaction
All	Recommended	Emergency/ Urgent/ Routine/ Response/ Waiting time	CGI-I IRAC	ReQoL EQ-5D-5L PHQ-15	FFT Patient and Carer Satisfaction Scale	Referrer satisfaction scale
	Optional	Discharge destination/ LoS/ Re-attendance	CROM-LP (adapted)	CGI-I		
MUS/ PPS	Recommended			As above + BIPQ		
Paediatrics	Recommended		GOMS	GOMS		GOMS

Glossary of relevant measures

CGI-I: Clinical Global Impression – Improvement Scale

The wording of CGI-I has been altered slightly to enable it to be applicable to single contact episodes and the context of liaison psychiatry work, by replacing 'at admission' with 'at the start of assessment'. This can be amended further as required for a series of contacts or outpatient work. NICE recommends that a CROM is used to record a patient's condition at the end of each contact.

IRAC: Identify and Rate the Aim of the Contact

The purpose of IRAC is to identify the main aim of a clinical contact with a patient, whether this aim was achieved, and to what extent. Although it is recognised that a single contact may have several items, clinicians are asked to select the main aim or 'best fit', rather than several options. This is to try and enhance the consistency of use of the scale and to facilitate comparisons between services.

CROM-LP: Clinical Routine Outcome Measure for Liaison Psychiatry

See above for a description of this tool and its current evaluation. The most up to date version (March 2022) is incorporated into FROM-LP (II). CROM-LP will be accompanied by a glossary and guide to its scoring and use.

ReQoL: Recording Quality of Life

This patient-rated measure of distress and wellbeing has been suggested instead of CORE-10, as it is simple, acceptable and easy to use, with improved inter-rated reliability.

EQ-5D-5L

The five level EQ-5D-5L is a patient-rated measure of functioning, consisting of the EQ-5D descriptive system and the EQ visual analogue scale (EQ-VAS). The descriptive system comprises five dimensions of: mobility, self-care, usual activities, pain/discomfort and anxiety/depression, and each dimension has five levels.

PHQ-15: Physical Symptoms Questionnaire-15

This is a measure of physical symptoms experienced and rated by patients.

Brief-IPQ: Brief Illness Perception Questionnaire

This is a specific measure for MUS (medically unexplained symptoms), allowing rapid assessment of a patient's perception of their illness and its impact on their functioning.

Friends and Family Test

The generic Department of Health NHS Friends and Family Test (2012) can be used to gauge the quality of a person's experience (Department of Health, 2012). In NHS England's access standards (NICE, 2016), there is a further suggested patient-rated experience measure, developed from Service user experience in adult mental health NICE guidelines and quality standards; either this or the Friends and Family Test can be used as long as there is consistency within teams.

Referrer Satisfaction Scale

This is unchanged from FROM-LP. It is too onerous to ask frequent referrers to complete the scale for each referral. Instead, a regular survey of relevant staff is recommended (e.g., quarterly).

GOMS: General Outcome Measuring Scale

For use in paediatric liaison cases, as approved by the Paediatric Liaison Network.

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