CQUIN

Mental health

CQUIN 2018/19 – Mental health indicator

Guidance on how to select your patient sample

About this guidance

This guidance has been provided to assist your organisation in generating the sample of eligible patients for inclusion in indicator 3 of the mental health CQUIN 2018/19. For background information on the CQUIN please visit www.rcpsych.ac.uk/cquin.

Timeline for service providers

1-16 Nov 2018	Service providers join online via RCPsych CQUIN webpage
19 Nov– 14 Dec 2018	Service providers generate one inpatient and one community list of eligible patients
19 Nov 2018– 4 Jan 2019	Service providers submit lists of all eligible patients
7 – 18 Jan 2019	Services notified of random samples generated by CQUIN team at RCPsych
21 Jan-15 Feb 2019	Service providers collect data
18 Feb – 15 Mar 2019	Service providers submit data online
June 2019	Publication of data collection results by NHS England

* The College will close between 24 December 2018 and 1 January 2019. There will be no support available from the CQUIN team during this time.

Contact information

For queries about the data collection process please contact the CQUIN team:

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For any other enquires, including payments and information on indicator 3a, please contact NHS England: **e.cquin@nhs.net**.

Generating your sample of eligible patients

Between 19 November 2018 – 4 January 2019 service providers need to submit a list of **all inpatients** and **all community patients,** **with the exclusion** of early intervention, learning disability and secure services (using the Excel templates provided) who meet the below inclusion criteria.

Data for the EIP component of the CQUIN is being collected separately through the National Clinical Audit of Psychosis EIP spotlight audit 2018/19.

Inclusion criteria

✓ Aged 18 years and over on 1 August 2017

Inpatient setting:

✓ Patients who have a diagnosis of psychosis, including schizophrenia and bipolar affective disorder with the relevant ICD-10 diagnostic codes: **F10.5, F11.5, F12.5, F13.5, F14.5, F15.5, F16.5, F19.5, F20-29, F30.2, F31.2, F31.5, F32.3 and F33.3. Please note F20-29 refers to all ICD10 codes between F20 and F29 (e.g. F20, F21, F22...F29).**

and

✓ Patients who were inpatients (admitted to a ward for at least seven nights) between 1 August – 30 September 2018. This means that patients are eligible for inclusion if they have been an inpatient at any point during this set period (e.g. they could have been admitted on 5 March 2018 and discharged on 20 August 2018). Please include only patients on their first admission.

✓ Patients under end of life care pathway should not be included in the sample.

Community setting:

✓ Patients who are on CPA

and

✓ Patients who were community patients on the caseload for at least 12 months between 1 August – 30 September 2018. This means that community patients are eligible for inclusion if they have been on the caseload for 12 months or more at any point during this set period.

and

✓ Patients who have a diagnosis of psychosis, including schizophrenia and bipolar affective disorder with the relevant ICD-10 diagnostic codes: F10.5, F11.5, F12.5, F13.5, F14.5, F15.5, F16.5, F19.5, F20-29, F30.2, F31.2, F31.5, F32.3 and F33.3. In the absence of use of ICD codes the patients can

be selected on the basis of HoNOS clustering (cluster 10 to 17), or having a clinical diagnosis of schizophrenia, schizoaffective psychosis, delusional disorder, drug-induced psychosis or affective psychosis.

Please note:
At Risk Mental State (ARMS) patients should not be included in your community patient sample.

If the patient has been both an inpatient and a community patient during the sampling timeframe, the patient should be included in the relevant sample they were eligible for first. For example, if they had been on a community team caseload for over one year until being discharged on 10 August 2018, and then admitted as an inpatient for over 7 nights on 14 August 2018, they should be included in your community sample as this is the sample they were eligible for first.

For each patient, service providers will be asked to submit:

> **Patient number:**
> This is the number your service has allocated to each patient record. **Please do not include patient names or other identifiable information.**

> **ICD-10 code:**
> The relevant ICD-10 codes (see list above) have been collapsed into three categories in the Excel template provided: F10-F19 drug induced psychosis; F20-F29 schizophrenia type psychosis; and F30-F33 affective psychosis.
> In the case of community patients, the ICD-10 code may not be readily available in the patient's case notes. In this case, please choose the relevant HoNOS cluster (10 to 17) or, if this is not available, the name of the clinical diagnosis of the patient (e.g. schizophrenia, schizoaffective psychosis, delusional disorder, drug-induced psychosis or affective psychosis).

> **Ward type (inpatients only):**
> A drop-down box is provided in the Excel template including the following wards:
>
> - Acute inpatient
> - Psychiatric intensive care unit (PICU)
> - CAMHS
> - Older adults
> - High dependency/rehabilitation
> - Other (including eating disorder, mother and baby units)
>
> If the patient stayed in more than one ward, please choose the ward they stayed in the longest.

Please do not include information that is not requested on the spreadsheet. Services should return the complete list to cquin@rcpsych.ac.uk by **4 January 2019**. If you have not received the Excel templates, please contact us.

What happens next

The CQUIN team will use the lists of eligible patients submitted by service providers to generate two random samples of patients for inclusion in the CQUIN. One sample will consist of 100 randomised community patients and the other of 50 randomised inpatients. The randomised samples will be returned to services by 18 January 2019.

In the event where a provider identifies fewer eligible patients than required, no random samples will be created; instead, all patients will be included.

<u>Data collection</u>

Guidance on the data collection process (including the data collection tool and accompanying guidance) will be emailed to services by 30 November 2018 Guidance on how to enter your data online will be emailed to services in January 2019, together with the random samples of patients for inclusion in the CQUIN.

Data will be collected on the following cardiometabolic parameters:

- smoking status;
- lifestyle (alcohol intake and substance misuse);
- body mass index;
- blood pressure;
- glucose regulation; and
- blood lipids.

Services will be required to collect evidence that patients were screened for these measures, and where clinically indicated, they were directly provided with interventions or referred onwards to other services for interventions.