Collection of Outcome Measures in EIP
or
Why outcomes measurement is a good metric for a ‘well managed’ service

Kate Quinn, Principal Clinical Psychologist Wakefield EIP
Moggie McGowan, National Lead for the IRIS Early Intervention in Psychosis Network & Regional Clinical Clinical Lead for Early Intervention in Psychosis, NHS England and NHS Improvement
2 parts:

• Well managed services and outcomes

• Some outcomes from a well managed service
99% of English EIP Teams ‘not well managed’
The ‘Well-Managed’ Domain

Early Intervention in Psychosis Self-assessment tool Scoring Matrix

- Overall score
  - Timely access
    - Waiting time for allocation and engagement
  - Effective treatment
  - Well-managed service
    - Caseload
    - CAMHS provision
    - Outcome measures
    - Service type
  - Carer support
  - Employment & education
  - Family Interventions
  - Physical health review
  - Physical health intervention

Figure 1. Hierarchy of items, domains and overall score.

As seen in Figure 1, there are 11 items placed into 3 domains, which in turn inform the overall score for an EIP team.
<table>
<thead>
<tr>
<th>Self-assessment question number(s)</th>
<th>EIPN Standard†</th>
<th>Item</th>
<th>Requires substantial improvement</th>
<th>Requires improvement</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>9±3</td>
<td>20.7</td>
<td>Average caseload per full-time care coordinator</td>
<td>&gt;20</td>
<td>16-19</td>
<td>≤15</td>
<td>-</td>
</tr>
<tr>
<td>53±3</td>
<td>26.1</td>
<td>Percentage of service users for whom two or more outcome measures (from HONOS/HONOSCa, DIALOG and QPR) were recorded at least twice (assessment and one other time point)</td>
<td>&lt;25%</td>
<td>≥25%</td>
<td>≥50%</td>
<td>≥75%</td>
</tr>
<tr>
<td>10</td>
<td>-</td>
<td>Children &amp; Young Peoples’ Mental Health Service (CYPMHS) provision</td>
<td>-</td>
<td>No CYPMHS provision</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1</td>
<td>-</td>
<td>Service type</td>
<td>EI function integrated into a community mental health team (CMHT)</td>
<td>Hub and spoke model in an urban/suburban area</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
• The **effective treatment** domain has 5 items, therefore an overall rating for this domain is calculated based on the number of items rated as ‘top performing’, ‘performing well’, ‘needs improvement’ and ‘greatest need for improvement’:

• The **timely access** domain only has one item so the rating for the item and the domain are the same.

• The **well-managed service** domain only has one item so the rating for the item and the domain are the same.
“EIP does not describe an intervention but rather a philosophy of care and a model of service provided to an individual and their family during the critical first 3–5 years of psychosis”

Professor Max Birchwood 2012
## Effective Treatment Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Item</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1.5</td>
<td>% of service users with first episode psychosis that took up Cognitive Behavioural Therapy for psychosis (CBTp)</td>
<td>&gt;24%</td>
</tr>
<tr>
<td>7.1.14</td>
<td>% of service users with first episode psychosis that took up supported employment and education programmes</td>
<td>&gt;20%</td>
</tr>
<tr>
<td>7.1.18</td>
<td>% of service users with first episode psychosis and their families that took up family interventions</td>
<td>&gt;16%</td>
</tr>
<tr>
<td>8.1.8</td>
<td>% of service users with first episode psychosis that have had a physical health review and relevant intervention in the last year</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>14.7</td>
<td>% of carers that took up carer-focused education and support programmes</td>
<td>&gt;50%</td>
</tr>
</tbody>
</table>
But not...

• People who have had two adequate but unsuccessful trials of antipsychotic medication are offered clozapine
  
or

• 117 other type-1 quality standards for EIP
Standards for Early Intervention in Psychosis Services - 1st Edition

Editors: Anita Chandra, Emily Patterson & Sophie Hodge
‘We understand the necessity of measuring service improvement in pragmatic ways, but will resist the distillation of the service model to only a handful of interventions and a waiting times target’.
## Contextual Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Item</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>Length of Treatment: Under 18s</td>
<td>36 months</td>
</tr>
<tr>
<td>10.1</td>
<td>Length of Treatment: Age 18-35</td>
<td>36 months</td>
</tr>
<tr>
<td>10.1</td>
<td>Length of Treatment: Age 36 and over</td>
<td>36 months</td>
</tr>
<tr>
<td>21.7</td>
<td>People per WTE Care Coordinator</td>
<td>15</td>
</tr>
<tr>
<td>26.1</td>
<td>Service Model</td>
<td>Stand-alone multidisciplinary EIP team</td>
</tr>
<tr>
<td>-</td>
<td>Model of provision for children and young people (CYP)</td>
<td>Embedded staff/ Joint Protocols</td>
</tr>
<tr>
<td>7.1.6</td>
<td>Percentage of caseload with ARMS</td>
<td>An ARMS pathway</td>
</tr>
</tbody>
</table>
‘Services are provided with a range of contextual information on caseload size, service type and length of time on service. Although these variables are not included within NICE guidelines we think they are important for local use in order to help understand why a service may be performing in a certain way in terms of access, delivery of NICE recommended treatments or outcomes’
All Contextual Standards for a Well-Managed Service

- 14-65 age range
- 3-year average length of treatment
- Caseloads 15
- Stand-alone specialist MDT (NB – recommended skill-mix)
- Specialist provision for children
- An ARMS pathway
- 14-day referral to treatment
- Collection of outcomes data
Outcome Measurement = Well Managed?
To manage the collection and use of outcomes data well:

- Sufficient suitably trained staff to skilfully engage service users and undertake assessments
- P&I support: User friendly electronic records and mobile technology to aid data collection, and/or,
- Sufficient admin support to input data
- Management direction and oversight
- A lead practitioner
- Clinical leadership and supervision to ensure information is understood and utilised in care planning
- R&D support: Analysis summaries and reports
- Feedback to team
- Feedback to service users and carers
Outcome Measurement = Well Managed
RTT = Well managed?
Effective Treatment = Well Managed?
RTT = Well managed
Effective Treatment = Well Managed
Outcomes = Well Managed
|----------|---------|---------|---------|---------|---------|
| Waiting Times:  
AWT: % of people receiving treatment in **2 weeks** | 50% | 50% | 53% | 56% | 60% |
| NICE recommended care package:  
CCQI/NCAP Service User Level Questionnaire | All services complete baseline assessment | All services graded at level 2 ('Requires Improvement') by year end | 25% of services graded at least level 3 ('Good') by year end | 50% of services graded at least level 3 ('Good') by year end | 60% of services graded at least level 3 ('Good') by year end |
| A Specialist EIP Service:  
CCQI/NCAP Contextual Questionnaire | All services complete baseline assessment | Contextual data collected but not reported | Triangulation: Stand-alone MDT Caseload<15 3-yr service CYP provision Outcomes | Triangulation: Stand-alone MDT Caseload<15 3-yr service CYP provision Outcomes | Triangulation: Stand-alone MDT Caseload<15 3-yr service CYP provision Outcomes |
| Outcome Measures | All services complete baseline assessment | 75% with at least 2 outcome measures recorded at least twice | 75% with at least 2 outcome measures recorded at least twice | New NHSE national outcomes framework? | New NHSE national outcomes framework? |
‘We resist the distillation of the service model to only a handful of interventions and a waiting times target’. (IRIS)

‘Contextual information helps us understand why a service may be performing in a certain way’ (Claire Murdoch)

But there is a need to be practical and

Ultimately, it’s outcomes that matter
Contextual Standards

Timely, Effective Treatment

Performance & Outcomes
Which Outcomes?

- HoNOS?
- DIALOG?
- QPR?
- ‘An ordinary life’
- Outcome measures
- The ‘Appleby Test’
Developing an Outcomes Framework for EIP

Kate Quinn, Principal Clinical Psychologist, Wakefield EIP
New National EIP Standard (2016)

4.4 Routine collection of outcomes data

Clarity on expected service user outcomes is key to measuring and monitoring the effectiveness of services. The EIP ERG has recommended that three outcome tools should be used in EIP services:

- HoNOS
- DIALOG
- QPR
But...

• Doesn’t include subjective measures such as:
  - employment/education outcomes
  - physical health
  - hospital admissions
  - self harm and suicide
  - care needs post EIP
‘EIP is the jewel in the crown of the NHS mental health reform because service users like it; people get better and it saves money’

Professor Louis Appleby, National Director for MH, 2009
People like it
They get better
It saves money
Deciding the content

The regional network reviewed and shortlisted over 30 items for the proposed content.

- Clinicians: ‘Simplify data collection’
- Service users: ‘Include more subjective measures of recovery and satisfaction’
- Commissioners: ‘Include some post discharge questions to show whether the benefits last beyond discharge’.
<table>
<thead>
<tr>
<th>APPLEBY TEST</th>
<th>MEASURE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do people like it?</td>
<td>Satisfaction, service users</td>
<td>DIALOG</td>
</tr>
<tr>
<td></td>
<td>Satisfaction, carers</td>
<td>Friends &amp; Family Test</td>
</tr>
<tr>
<td>Do they get better?</td>
<td>Agitated behaviour</td>
<td>HoNOS</td>
</tr>
<tr>
<td></td>
<td>Psychotic experiences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-harm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol/Substance misuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subjective recovery measure</td>
<td>QPR</td>
</tr>
<tr>
<td></td>
<td>Employment/education</td>
<td>EPR (PSA 16)</td>
</tr>
<tr>
<td></td>
<td>Physical health</td>
<td>EPR (CQIN)</td>
</tr>
<tr>
<td>Does it save money?</td>
<td>Admissions</td>
<td>EPR</td>
</tr>
<tr>
<td></td>
<td>Discharge destination</td>
<td>EPR</td>
</tr>
<tr>
<td></td>
<td>Death</td>
<td>EPR</td>
</tr>
</tbody>
</table>
Data Sources

All information can now be collected entirely from electronic patient records (EPR) using only four assessment tools:

- Health of the Nation Outcome Scores (HoNOS)
- Process of Recovery Questionnaire (QPR)
- DIALOG
- Friends & Family Test
Post discharge

• Community admission
• In-patient admission
• Death (including suicide)
Key Questions

• Is data available?
• Can we collect it?
• Can we analyse it?
Case Example

• Female aged 24
• Good engagement
• Unusual experiences:
  - hearing voice telling her to kill herself
  - believed God wanted her to kill herself
  - paranoid about family and people in local area
• Self-neglect and not leaving the house
• Numerous attempts to end life in first 12 months with 24 referrals to IHBTT and one admission to hospital
• Treated with neuroleptic medication, CBTp and family intervention
• Significant weight gain during first 2 years (May 2016 increase in weight 4 stone!)
• Medication reduced in year 3 and neuroleptic medication stopped before discharge
• Over 2 stone weight loss with help from EI support worker
• Discharged to GP May 2018 (37 months)
• No subsequent contact with MH services to date
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>ADMISSION</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction, service users</td>
<td>5/7</td>
<td>7/7</td>
</tr>
<tr>
<td>Satisfaction, carers</td>
<td>N/A</td>
<td>Extremely likely to recommend</td>
</tr>
<tr>
<td>Agitated behaviour</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychotic experiences</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Self-harm</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Relationships</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol/Substance misuse</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Subjective recovery measure</td>
<td>37/60</td>
<td>60/60</td>
</tr>
<tr>
<td>Employment/education</td>
<td>Homemaker</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Physical health</td>
<td>51kg Non-smoker</td>
<td>64kg Non-smoker</td>
</tr>
<tr>
<td>Admissions</td>
<td>1 admissions, 39 days</td>
<td>0 (yr 3)</td>
</tr>
<tr>
<td>Discharge destination</td>
<td>N/A</td>
<td>GP</td>
</tr>
<tr>
<td>Death</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Moving Forward

- Team and trust level data
- Pathway level data – ARMS, FEP
- Outcomes dashboard (help from P&I)
- Support for data completion (e.g. reminders for questionnaires)
- Analysis and presentation: Business case developed for research/assistant psychologist
NHSE Outcomes Messages

• Data collection has improved
• National outcomes working group
• Webinar
• e-learning module
• NHS digital support (Triangulation tool)
• Expanded data set?
• Engagement with researchers
Welcome to the new IRIS website. Despite David’s best efforts, the old steam powered site finally gave up the ghost and we have been working to transfer old and new content to this shiny new site. Our main aim with the website is to share resources collected over twenty years of promoting and supporting the development of Early Intervention in Psychosis (EIP) in the UK.

IRIS is a network of clinicians, service leads and researchers committed to supporting best practice in the care and treatment of people with first episode psychosis. We aim to connect, share information, collaborate, nurture new ideas and represent the views of front line EIP practitioners and teams. The original IRIS initiative was the inspiration behind the ground breaking reforms scaled up across England over twenty years ago and which has seen early intervention for psychosis become a standard feature of mental health care in this country.
Looking for your local EIP team or need to contact a team elsewhere in the country? Our new interactive map details all known EIP services across England providing service contact details, links to team websites and information about how to access the service.
http://iris-initiative.org.uk/wordpress

Thank you