



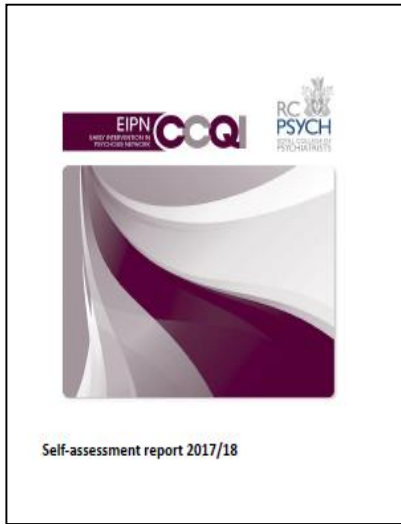
# Collection of Outcome Measures in EIP or *Why outcomes measurement is a good metric for a 'well managed' service*

Kate Quinn, Principal Clinical Psychologist Wakefield EIP

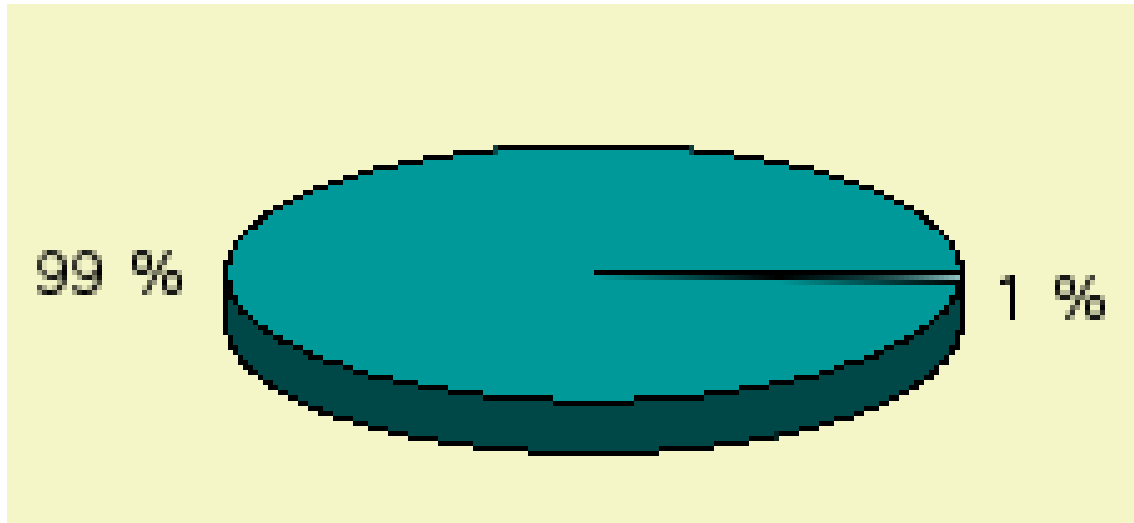
Moggie McGowan, National Lead for the IRIS Early Intervention in Psychosis Network & Regional Clinical Lead for Early Intervention in Psychosis, NHS England and NHS Improvement

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

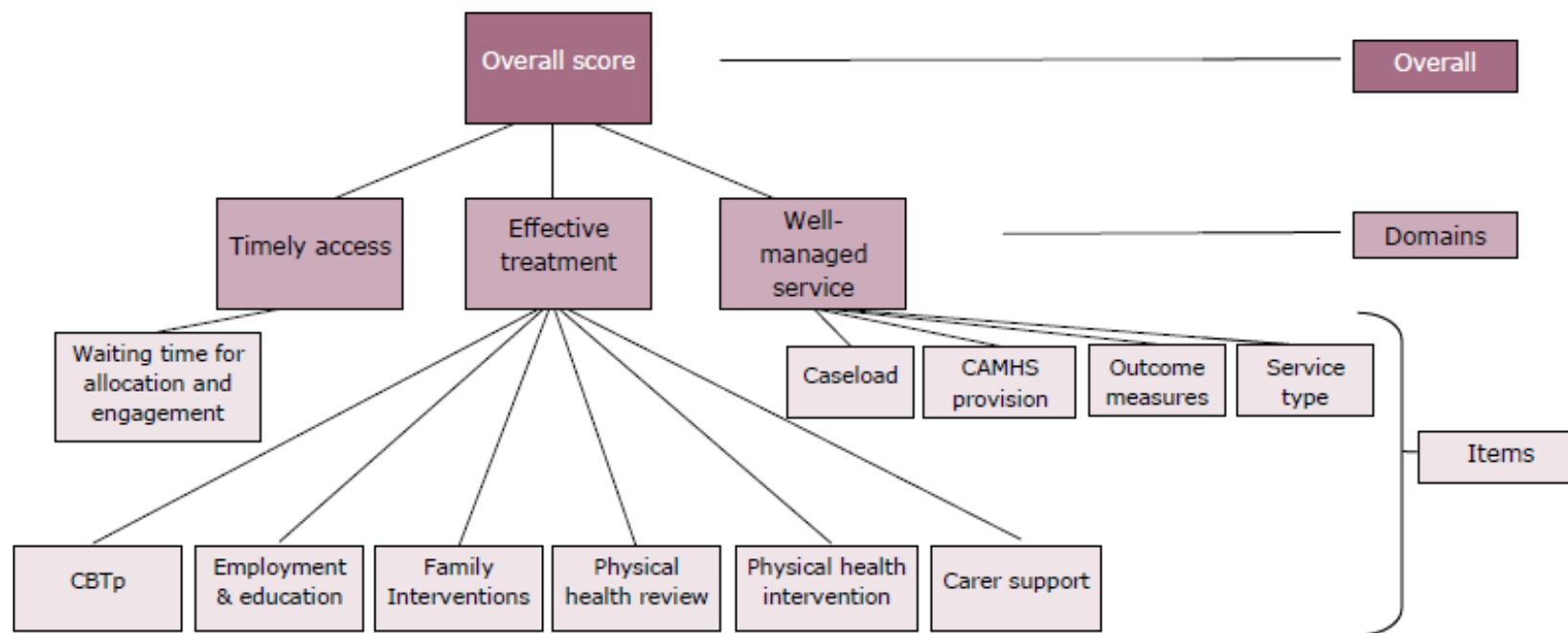


Figure 1. Hierarchy of items, domains and overall score.

As seen in Figure 1, there are 11 *items* placed into 3 *domains*, which in turn inform the *overall score* for an EIP team.

Self-assessment question number(s)	EIPN Standard†	Item	Requires substantial improvement	Requires improvement	Good	Outstanding
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Well-managed Service						
9÷3	20.7	Average caseload per full-time care coordinator	>20	16-19	≤15	-
53÷3	26.1	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)	<25%	≥25%	≥50%	≥75%
10	-	Children & Young Peoples' Mental Health Service (CYPMHS) provision	-	No CYPMHS provision	<ul style="list-style-type: none"> <li>Specialist EIP team embedded within CYPMHS</li> <li>Adult EIP service with staff that have expertise in CYPMHS</li> <li>Adult EIP service with joint protocols with CYPMHS</li> </ul>	-
1	-	Service type	EI function integrated into a community mental health team (CMHT)	Hub and spoke model in an urban/suburban area	<ul style="list-style-type: none"> <li>Stand-alone multi-disciplinary EIP team</li> <li>Hub and spoke model in a rural area</li> </ul>	-

# Early Intervention in Psychosis Network Self-Assessment Tool Scoring Matrix

## Domains

- 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.

Publication Number: CCQI238

Date: August 2017



*“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

Standard	Item	Goal
7.1.5	%of service users with first episode psychosis that took up Cognitive Behavioural Therapy for psychosis ( CBTp)	>24%
7.1.14	% of service users with first episode psychosis that took up supported employment and education programmes	>20%
7.1.18	% of service users with first episode psychosis and their families that took up family interventions	>16%
8.1.8	% of service users with first episode psychosis that have had a physical health review and relevant intervention in the last year	>80%
14.7	% of carers that took up carer-focused education and support programmes	>50%



## 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

EIPN  
EARLY INTERVENTION IN  
PSYCHOSIS NETWORK



## Standards for Early Intervention in Psychosis Services - 1<sup>st</sup> Edition

*Editors: Anita Chandra, Emily Patterson & Sophie Hodge*

Publication Number: CCQ1285  
Date: June 2018



*‘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

Standard	Item	Goal
10.1	Length of Treatment: Under 18s	36 months
10.1	Length of Treatment: Age 18-35	36 months
10.1	Length of Treatment: Age 36 and over	36 months
21.7	People per WTE Care Coordinator	15
26.1	Service Model	Stand-alone multidisciplinary EIP team
-	Model of provision for children and young people (CYP)	Embedded staff/ Joint Protocols
7.1.6	Percentage of caseload with ARMS	An ARMS pathway



*‘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?**

## EIP Triangulation Tool Summary Data



Choose Organisation Type:  | Choose Organisation:

Overall Self Assessment Score



Timely Access Self Assessment Score



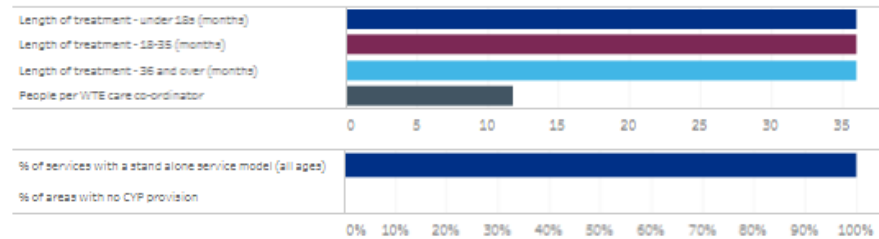
Effective Treatment Self Assessment Score



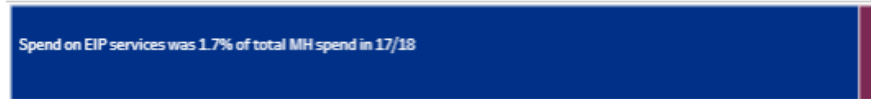
Use of Outcome Measures (Well Managed Service) Self Assessment Score



Contextual Information



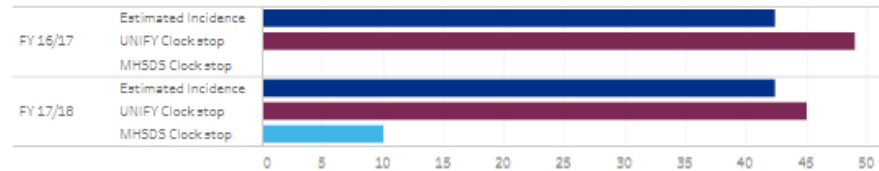
EIP Outturn as a Percentage of Total MH Spend



Access and Waiting Time Performance



Estimated Incidence of FEP vs Observed Clock Stops



## EIP Triangulation Tool Summary Data

Choose Organisation Type

CCG

Choose Organisation

NHS ROTHERHAM CCG

Overall Self Assessment Score



Timely Access Self Assessment Score



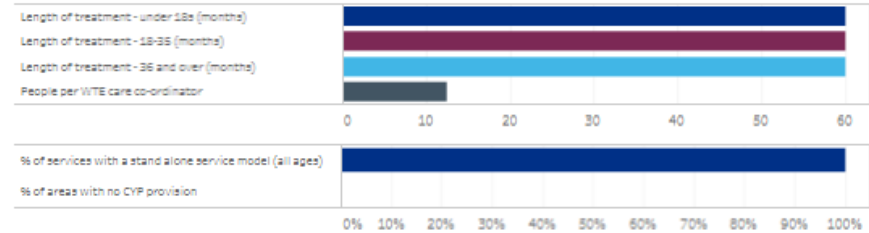
Effective Treatment Self Assessment Score



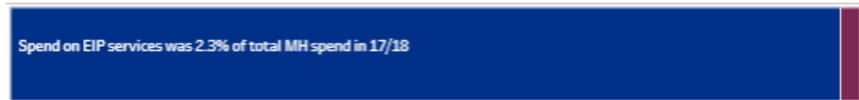
Use of Outcome Measures (Well Managed Service) Self Assessment Score



Contextual Information



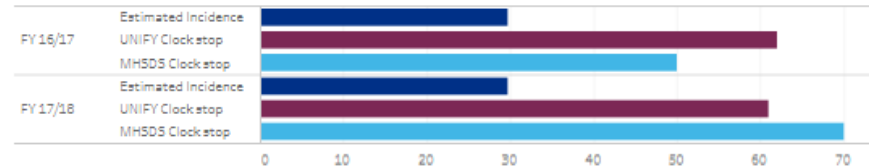
EIP Outturn as a Percentage of Total MH Spend



Access and Waiting Time Performance



Estimated Incidence of FEP vs Observed Clock Stops



**RTT = Well managed**

**Effective Treatment = Well Managed**

**Outcomes = Well Managed**

<b>STANDARD</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
<b>Waiting Times:</b> AWT: % of people receiving treatment in <b>2 weeks</b>	50%	50%	53%	56%	60%
<b>NICE recommended care package:</b> 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
<b>A Specialist EIP Service:</b> 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
<b>Outcome Measures</b>	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

```
graph LR; A[Contextual Standards] --> B[Timely, Effective Treatment]; B --> C[Performance & Outcomes];
```

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



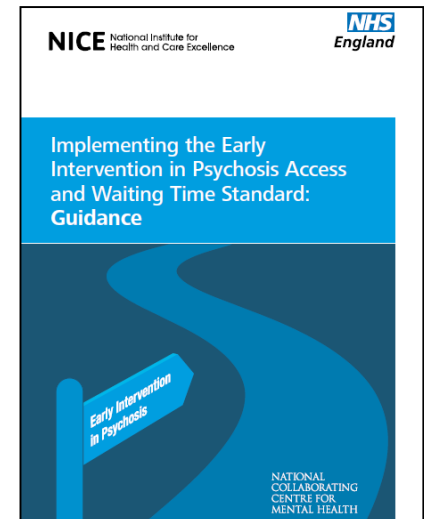
# New National EIP Standard (2016)

## 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...



South West  
Yorkshire Partnership  
NHS Foundation Trust

- Doesn't include subjective measures such as:
  - employment/education outcomes
  - physical health
  - hospital admissions
  - self harm and suicide
  - care needs post EIP

With **all of us** in mind.



**NHS**

South West  
Yorkshire Partnership  
NHS Foundation Trust



*‘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

With **all of us** in mind.



South West  
Yorkshire Partnership  
NHS Foundation Trust

**People like it**  
**They get better**  
**It saves money**

With **all of us** in mind.

## Yorkshire & Humber Early Intervention in Psychosis Network

# 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’.*

APPLEBY TEST	MEASURE	DATA SOURCE
Do people like it?	Satisfaction, service users	DIALOG
	Satisfaction, carers	Friends & Family Test
Do they get better?	Agitated behaviour Psychotic experiences Self-harm Relationships Alcohol/Substance misuse	HoNOS
	Subjective recovery measure	QPR
	Employment/education	EPR (PSA 16)
	Physical health	EPR (CQIN)
Does it save money?	Admissions	EPR
	Discharge destination	EPR
	Death	EPR



# 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



South West  
Yorkshire Partnership  
NHS Foundation Trust

- 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



With **all of us** in mind.

MEASURE	ADMISSION	DISCHARGE
Satisfaction, service users	5/7	7/7
Satisfaction, carers	N/A	Extremely likely to recommend
Agitated behaviour	2	0
Psychotic experiences	4	0
Self-harm	4	0
Relationships	2	0
Alcohol/Substance misuse	2	1
Subjective recovery measure	37/60	60/60
Employment/education	Homemaker	Homemaker
Physical health	51kg Non-smoker	64kg Non-smoker
Admissions	1 admissions , 39 days	0 (yr 3)
Discharge destination	N/A	GP
Death	N/A	N/A

# Moving Forward



South West  
Yorkshire Partnership  
NHS Foundation Trust

- 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

With **all of us** in mind.

# 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

**Early Intervention in Psychosis**Achieving *Ordinary Lives*

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# News updates

🕒 1 Jul 2019   👤 Admin   ✎ Edit

**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.

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# FIND A TEAM

» FIND A TEAM



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.

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<http://iris-initiative.org.uk/wordpress>

**Thank you**