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Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP)

Faculty of Liaison Psychiatry
Royal College of Psychiatrists

FACULTY REPORT

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Contents

Background	4
FROM-LP	6
FROM-LP: summary table	8
APPENDIX 1	10
APPENDIX 2	13
References	14

Background

Over the past few years there has been an increasing focus upon outcome and performance measurement in liaison psychiatry services. Various options and approaches have been considered, but without identification of an agreed way forward. This has become particularly important due to the fact that, although there is mounting evidence for the economic benefit of liaison psychiatry services, there is a relative lack of information and evidence relating to clinical and other outcomes (Fossey & Parsonage, 2014).

Over the same period there has been an increasing emphasis, across the NHS, upon the need to establish the collection of outcomes data as a matter of routine. All of this has been moving forward in the context of the NHS quality agenda (Dept. of Health, 2011):

- Effective services
- Safety
- Positive patient experience

Three main types of outcome measures have been proposed, and are now seen as an absolute requirement within NHS services:

1. CROMS - Clinician-Rated Outcome Measures
2. PROMS - Patient-Rated Outcome Measures
3. PREMS - Patient-Rated Experience Measures

Attempts have been made, particularly by the RCPsych Faculty of Liaison Psychiatry, to reach a conclusion as to what measures should be recommended for use across all liaison psychiatry services, in order to promote a consistent approach. This has involved work by a range of individuals at strategy days and in workshops at two annual residential conferences.

Elements of this were fed into the work then carried out by colleagues at the Centre for Mental Health, which led to the production of a report entitled Outcomes and Performance in Liaison Psychiatry: developing a measurement framework (Fossey & Parsonage, 2014). This important report provided a clear and structured account of the issues faced in attempting to measure outcomes consistently in liaison psychiatry, and suggested some possible ways forward.

The aim of this paper is to build upon the clarity of approach provided in the aforementioned report, by providing a framework for routine outcome measurement across liaison psychiatry services, with the inclusion of specified measures for all services to use.

Key Points to consider, from the Centre for Mental Health Report:

- Outcome and performance measurement in liaison psychiatry services is at present very variable in content and quality.
- Liaison psychiatry services operate in a number of different settings and clinical environments, carrying out a wide range of different activities in support of patients suffering from many different types of clinical problems.
- Most measurement frameworks for assessing quality and performance of services build upon the longstanding "logic model" developed in the 1960's, with the focus upon the following three aspects:
    1. **Structure;** the key resources or inputs available in the settings concerned.
    2. **Process;** what is actually done in the delivery of healthcare in terms of specific activities, with measurement based on quantifiable outputs such as the numbers of patients seen/ treated.
    3. **Outcome;** referring to any consequence of healthcare in terms of changes or benefits which result from the activities and outputs of the service in question.

(Donabedian, 1966)

As also identified in the Centre for Mental Health Report:

a. The best strategy for assessing quality and performance is to include a mix of indicators drawn from the three dimensions of structure, process and outcome: the so-called "balanced scorecard" approach.
b. The complexity and heterogeneity of the service provision in liaison psychiatry necessarily rules out any (single) very simple, all-purpose approach to the measurement of the outcomes of performance in this context.

FROM-LP

Building upon all of this, there is a clear need for an explicit framework defining, across the various settings and in relation to the various actions carried out by liaison psychiatry teams, what should be measured and how. No single instrument can be universally applied across the whole of liaison psychiatry, necessitating the need for different groups of outcome measures (ie scorecards) in different contexts, but it will be crucial to ensure that the approach is as simple, as easy and, therefore, as consistently deliverable as possible.

In line with this aim, and considering all of the above, it is proposed that the **Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP)** is adopted across all liaison psychiatry services in the NHS. This would enable consistency of data collection and the effective reporting of outcomes in individual liaison psychiatry services, in a way which would allow our various 'customers' (patients, carers, referrers and commissioners) to understand and have confidence in the beneficial effects of liaison psychiatry services. This initiative is being introduced at a critical time, when liaison psychiatry services need to move rapidly to a position of being able to say something useful about what they do, from an outcomes perspective.

Improvements in the approach may come later, perhaps as a result of experience of using the Framework, but we need to move forward with this as a matter of some urgency. To continue to discuss and attempt to find a "perfect" approach before introducing anything would be unwise.

In consideration of the "logic model", outlined above, the proposal is for Structure (inputs) to be an issue for local services and for the Psychiatric Liaison Accreditation Network (PLAN).

FROM-LP will focus upon brief, simple, easy and deliverable data collection regarding Process and, in particular, Outcomes (spanning clinician-rated clinical outcomes, patient-rated clinical outcomes, patient-rated satisfaction, and referrer-rated satisfaction).

In order to keep this as simple and deliverable as possible, FROM-LP defines only **two clinical case types**, according to whether they involve a **single clinical contact** or a **series of clinical contacts** by the liaison psychiatry team. This is of course partly determined by the setting, but for routine and simple outcome measurement the setting need not determine the measurement approach.

(It is acknowledged that services may have some additional local data collection requirements, beyond those stipulated in this Framework.)

FROM-LP outcome measurement requirements:

1 CASE TYPE 1: SINGLE CONTACT

(ED, SH assessments, in-reach assessment, etc)

Process

- Response time (routine/urgent/emergency - avoidance of breaches)
- Identify the aim / rate achievement of the aim (see "IRAC" tool below)

Outcomes (clinician-rated)

- CGI-I

Outcomes (patient-rated)

- Generic - Nil
- Condition specific - Nil

Patient satisfaction

- Patient satisfaction scale
- Friends and family test

Referrer satisfaction

- Referrer satisfaction scale (case by case or as a regular survey - see below)

2 CASE TYPE 2: SERIES OF CONTACTS

(Clinics, brief or longer-term interventions, in-reach interventions, etc)

Process

- Response/waiting time (waiting list - avoidance of breaches)
- Identify the aim / rate achievement of the aim (see "IRAC" tool below)

Outcomes (clinician-rated)

- CGI-I

Outcomes (patient-rated)

- Generic - CORE-10
- Condition specific (see Appendix 2)

Patient satisfaction

- Patient satisfaction scale
- Friends and family test

Referrer satisfaction

- Referrer satisfaction scale (case by case or as a regular survey - see below)

(The relevant tools and scales are shown in Appendix 1.)

FROM-LP: summary table

	CASE TYPE	
MEASUREMENT		
	SINGLE CONTACT	**SERIES OF CONTACTS**
PROCESS:	**1) Response time** **2) IRAC**	**1) Response/waiting time** **2) IRAC**
OUTCOMES (clinician-rated)	**3) CGI-I**	**3) CGI-I** (at beginning and end of series of contacts)
OUTCOMES (patient-rated)		**4) CORE-10** (at beginning and end of series of contacts)
PATIENT SATISFACTION	**4) Patient satisfaction scale** **5) Friends and family test**	**5) Patient satisfaction scale** **6) Friends and family test**
REFERRER SATISFACTION	**6) Referrer satisfaction scale** (as a regular survey if frequent referrers)	**7) Referrer satisfaction scale** (as a regular survey if frequent referrers)

NOTE:

These measures are to be collected routinely (ie in all relevant cases).

They are at the level of the individual contact and the intention is that they are simple and easy to administer, to achieve consistent collection.

For Case Type 1: Experience suggests that it is too much to ask of our very frequent referrers (eg ED, or medical wards which routinely take self-harm admissions, etc) to complete the Referrer Satisfaction Scale for every case. In such settings, a regular survey of the relevant staff (referrers) is recommended instead, eg quarterly (every 3 months) But in relation to services which refer less frequently, the Referrer Satisfaction Scale should be used on every occasion.

For Case Type 2: In addition to using CORE-10 as a generic patient-rated outcome measure, consideration may be given to the use of condition specific measures (see Appendix 2).

For cases which do not involve direct patient contact (ie are at a systemic / clinical team level) use:

1. IRAC
2. Referrer satisfaction scale

Other measurement of:

- Patient demographics, referral source, referral profile, discharge destination, etc
- Structure (resources and inputs)
- Process in a broader sense (eg number of patients seen/treated)
- Education and training of general hospital staff/teams
- Impact on local health service use
- etc

will necessarily be via local monitoring systems.

APPENDIX 1

Relevant scales

1 IRAC: Identify and Rate the Aim of the Contact

Specify the main aim of the contact (tick one box):		Was this achieved?
Assessment and diagnosis/formulation	[ ]	
Providing guidance / advice	[ ]	Fully achieved 2
Signposting / referring on	[ ]	
Assessment and management of risk	[ ]	
Assessment of mental capacity	[ ]	Partially achieved 1
Assessment re: Mental Health Act	[ ]	
Medication management	[ ]	
Management of disturbed behaviour	[ ]	Not achieved 0
Brief psychological interventions	[ ]	
Treatment (other)	[ ]	

(Trigwell P, 2014a)

2 CGI-I: Clinical Global Impression - Improvement scale

Compared to the patient's condition at the start of assessment, his/her condition is:						
Very much improved	Much improved	Minimally improved	No change	Minimally worse	Much worse	Very much worse
1	2	3	4	5	6	7

(Guy W, 1976)

(The wording of the CGI-I has been altered slightly, to enable it to be applicable to single contact episodes and to the context of liaison psychiatry work, by replacing "at admission" with "at the start of assessment".)

3 Patient satisfaction scale

How would you rate the service you have received from (name of service)?				
Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

What has been good about the service you have received?
What could be improved?

(Persaud A et al, 2008)

4 Friends and family test

How likely are you to recommend this service to friends and family if they need care or treatment?					
Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
1	2	3	4	5	6

(Department of Health, 2012)

5 Referrer satisfaction scale

For an individual case:

In relation to this patient's care, how would you rate the service received from (name of service)?				
Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

For a staff/referrer survey:

In general, how would you rate the service received from (name of service)?				
Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

Also, for either:

What has been good about the service you have received?
What could be improved?

(Trigwell P, 2014b / after Persaud A et al, 2008)

6 CORE-10 (example sheet)

CORE - 10

Site ID

letters only | numbers only

Client ID

Therapist ID | numbers only (1) | numbers only (2)

Sub codes

Date form given D D / M M / Y Y Y Y

Age

Male ☐ **Female** ☐

Stage Completed

S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last Therapy Session
X Follow up 1
Y Follow up 2

Stage ☐

Episode ☐

IMPORTANT – PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

		Not at all	Only Occasionally	Sometimes	Often	Most or all the time
1	I have felt tense, anxious or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2	I have felt I have someone to turn to for support when needed	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3	I have felt able to cope when things go wrong	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4	Talking to people has felt too much for me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5	I have felt panic or terror	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6	I made plans to end my life	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7	I have had difficulty getting to sleep or staying asleep	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8	I have felt despairing or hopeless	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9	I have felt unhappy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10	Unwanted images or memories have been distressing me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total (Clinical Score*) ☐

* **Procedure**: Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.

Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

331/29

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

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(Barkham et al, 2013)

Register free to use CORE-10 and to download forms at:
www.coreims.co.uk/Downloads_Forms.aspx

APPENDIX 2

Condition Specific Measures

The Liaison Psychiatry Faculty of the RCPsych is currently carrying out work to clarify appropriate condition specific measures which can and/or should be used in clinical work within liaison psychiatry services. This initiative is expected to lead to a conclusion during 2015.

Possibilities identified to date (in accordance with relevant NICE Guidance, where available):

1	Dementia:	ACE-R
2	Depressive disorders:	PHQ-9
3	Postnatal depression:	Edinburgh Postnatal Depression Scale
4	Anxiety disorders:	GAD-7
5	Psychosis:	HoNOS
6	Alcohol:	AUDIT-C
7	Eating disorders:	BMI
8	MUS:	EQ-5D-5L

NO specific measures recommended for:

1. Delirium
2. Self-harm
3. Personality disorders
4. Violence

Other related work

Progress in this area will also be informed in time as a result of the recently commissioned National Institute for Health Research HS&DR project **LP-MAESTRO (Measurement and evaluation of service types, referral patterns, and outcomes)**, being led by Professor Allan House, Dr Peter Trigwell and colleagues. Both PLAN and the Liaison Psychiatry Faculty of the RCPsych are linked with and involved in this important project.

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