

OUTCOMES IN OLDER PEOPLES' MENTAL HEALTH SERVICE

INTRODUCTION

Measuring outcomes – the changes, benefits, learning or other effects that actually occur as a result of what is done is increasingly important to service users, commissioners and providers of health care. People want to understand not only the inputs and interventions provided by the NHS but also the end results and improvements delivered through those interventions.

Most mental health trusts already collate information relating to outcomes but this is usually dispersed throughout their information systems, reported to trust board and commissioners in various sections, does not allow frontline staff to have a shared understanding of differences they make for service users and carers and they in turn do not have a sense of the changes they expect to see from the care they receive.

BASICS

The principles that should guide development of outcome measures are that the measures should be relevant to patients and clinicians, simple and easy to use without burdening both parties with more form filling, clear and unambiguous, validated for the purpose for which they are used, simple for IT systems to support data collection and analysis and finally allow comparison between teams and services locally and nationally.

MUSTS

All service lines would need to agree on a CROM, PROM and PREM at the minimum.

Example Framework of personalised outcome measures in 2016/17 described in NHS5YrFV outcomes framework document include

HONOS as a CROM

SWEMWEBS as a **PROM**; NHSE had commissioned University of Sheffield to develop a generic PROM and a new scale called **ReQoL** was launched in October 2016

FFT as a PREM

For Older adults, we can use HONOS as a CROM by looking at changes in total score and categorical change by item (either CNWL or SWYPFT approach)

SWEMWEBS or ReQoL can be used as PROM for clusters 1- 17

QoL-AD (Carer proxy version) can be used as a PROM for clusters 19-21

Efficacy of Post Diagnostic Support for dementia via a simple questionnaire can also be used as a PROM in cluster 19-21

We would use FFT as a PREM

ICHOM has suggested looking at 7 domains of outcomes in dementia but I believe that it would be unrealistic to expect services to measure so extensively. Dementia is a particularly difficult condition to measure outcomes as by its very nature, it is a progressively deteriorating condition.

Other than ICHOM measures, we can consider looking at following:

- Do patients and carers report being treated with dignity and respect
- Receive well coordinated easily accessible care
- Feel safe and protected from avoidable harm
- Can we demonstrate reduction in avoidable, unscheduled care for people with dementia in A&E
- % referred to PDSG in 8wks
- % referred to CST in 12wks
- Carers quality of life in patients suffering from dementia (EQ-5D)
- Rate of progression from one organic cluster to other
- Median survival from first assessment per organic cluster

There are many other measures routinely collected via MHSDS and Mental Health Benchmarking like LoS, bed numbers, numbers under MHA, numbers under CPA, premature mortality under 75, reference cost etc.

Many measures are systems outcome measures over which a mental health trusts do not have full control and until a capitated payment approach is introduced, it will be difficult to agree on these measures nationally.

There is a proposed RTT for dementia too!

Payment

National tariff guidance states that mental health providers and commissioners must link prices to locally agreed quality and outcome measures from 2017-2018 and to use one of the three payment options:

- a) Episode of care/year of care, as appropriate to each mental health cluster
- b) Capitation, informed by care cluster data and any relevant data
- c) An alternative payment approach

NHSE and NHSI suggest that in total a limited set of three to seven outcome measures with between six to fifteen indicators are used to link payment for mental healthcare at the contract level.

There are two options to consider on how the outcome payments will be structured:

- a) A bonus on top of total contract value
- b) Withholding part of the total contract value until the required outcomes are met.

The guidance suggests linking between 2% - 4% of the total financial contract value to incentives.

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