



CORC Newsletter

Issue 22, December 2011

Meetings...

- The **Members Forum** was held on **Monday 21st November 2011** and the theme was “**Collaboratively Making a Difference for Children and Families**”. We were pleased that the day was very interactive, with some lively debates. Many thanks for those of you who provided feedback on the day; attached is a summary of the feedback we received.
- The next **Implementers’ Meeting** will be held on **Wednesday 15th February 2012**, so please send us an email if you’d like to come: corc@annafreud.org

CORC Research Team News...

Hello!

We are delighted to welcome **Harriet Hockaday** and **Charlotte Wray** to the team. Both Harriet and Charlotte joined us as **Data Assistants** this month.

Harriet has joined CORC after completing her MSc in Health Psychology from the University of Stirling, and had been working alongside her studies as a Research Interviewer for the National Centre for Social Research. Prior to this she worked as a Research Assistant with the Child and Adolescent Psychiatry team at the Royal Hospital for Sick Children in Yorkhill, Glasgow for three years, during and after studying for her undergraduate degree in Psychology and History at the University of Glasgow. Her undergraduate thesis was on religiosity and forgiveness, and her MSc thesis was on increasing walking in older adults at risk of heart disease. Harriet is very excited about starting as a Data Assistant with CORC and contributing to the work of the team during the next year.

Charlotte has completed a BSc in Psychology at The University of Manchester where she researched implicit verb causality in young children. She has also recently finished a MSc in Developmental Disorders at Lancaster University. Her MSc thesis examined the gestural abilities of children with Specific Language Impairment.

New posts...

Congratulations to **Sam**, who has been appointed as **User Participation Research Officer**. Sam will take this very important area forward within the collaboration and we look forward to this. Sam initially started with us as an intern in 2010 and has had Data Assistant and Research Assistant roles with us recently.

News...

Exploring variations in Added Value Scores

The **funnel plot** of all member services' added value scores was shown at our most recent Forum, but we thought it would also be useful to share this with you here.

Several statisticians, including David Spiegelhalter,¹ have recommended the use of funnel plots rather than league tables, for comparing institutional performance. League tables encourage an excessive focus on rank ordering – even when confidence intervals are shown. Rank ordering is very difficult to estimate and requires a massive sample size.

Each of the dots in **figure (i)** below depicts an individual service's mean added value score (AVS) against its current sample size. For services with small sample sizes, statistically it is expected to have a wide variation in AVS means, even if the overall population mean is the same for all services.

As the sample size increases, then the between-Service variability in means should decrease where the underlying population mean is the same. The funnel makes it easier to reason about this.

If a mean is within the funnel shape, then this is within the expected interval for that size of dataset, given the all-CORC mean and standard deviation (SD) of the added value score, and the particular control limit.

Four points are highlighted in the plot.

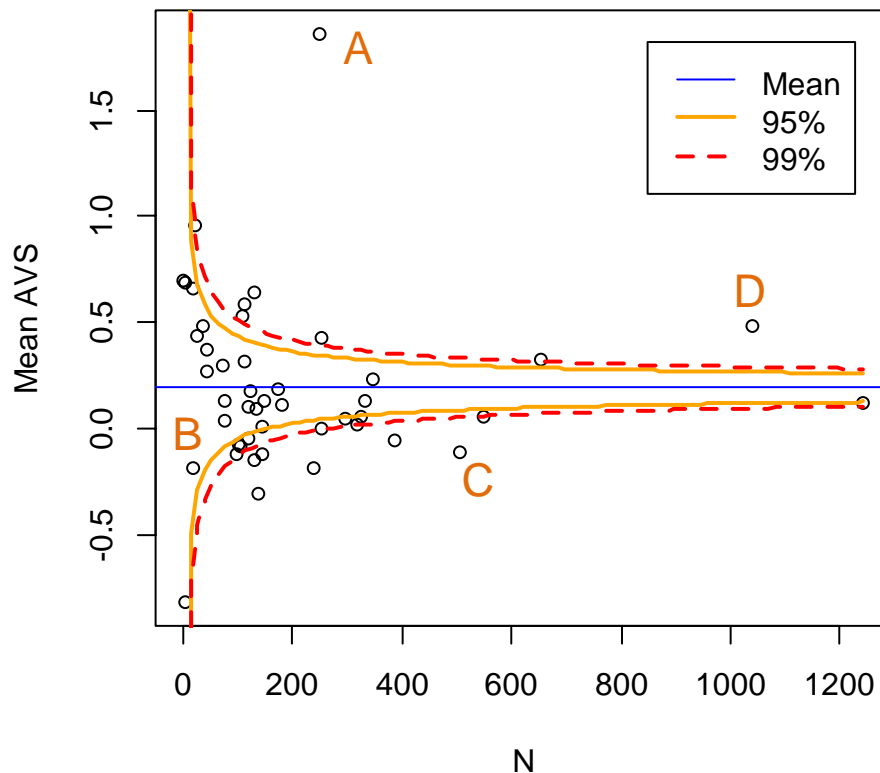
- Point A has an AVS of nearly 2, which is highly unlikely given the all-CORC mean and SD. An investigation of the data revealed that this AVS turned out to be due to a coding error in the data submitted, which has now been corrected.
- Point B is less than 0, but is still within the funnel. This means the current service mean AVS is still consistent with the overall estimate of the population mean which is positive, at 0.2. So the negative AVS should be no cause for concern for the service.

¹ See Spiegelhalter, D. J. (2005). Funnel plots for comparing institutional performance. *Statist. Med*, 24,1185–1202

- Point C is an example from a service with quite a large sample size, so it is more likely to be a good estimate of the service AVS. It has a lower AVS than would be expected given the overall CORC mean and SD. This could be due to a coding error, or because the AVS is not sensitive to change for the kinds of problems children and young people have who use the service.
- Point D, with a large sample size, is higher than would be expected if it had the same population mean as the rest of CORC. This could be for many reasons, for instance sample bias from drop out, which means people who aren't being helped by an intervention – for whatever reason – tend to be those who fail to complete the questionnaires at the second time point. This means that the overall AVS is inflated. Another reason for the unexpectedly large AVS is that the service is especially good at helping people.

We would like to help services better understand their outcomes. To help us do so, it is important to send us as much contextual information as you can. We cannot interpret the outcome scores without this.

Figure (i)



Changes to CORC reports...

We have been working to streamline the reports and have worked on the wording of the significance testing, which we hope will be clearer and neater for you! In addition to this, gone are pie charts – we have replaced all pie charts in the reports with bar graphs as it is then much easier to make visual comparisons.

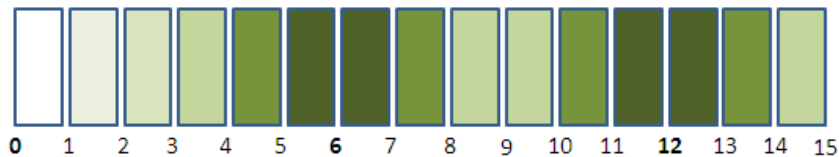
We are continually thinking about how to present the information in the reports in a format which is most meaningful for you and we are always open to feedback. If you would like to tell us your thoughts on the report...what you like and what you think could be improved, then please send us an email: corc@annafreud.org

CHI Comments...

We are now routinely receiving comments from the CHI-ESQ and have now received quite a lot from you, which is great. What we are proposing as a way forward from now is to provide you with our framework for theming the comments, which we will ask you to use to categorise your CHI comments before sending them to us. We will then incorporate this information into your CORC reports.

Time 3 and beyond...

We are pleased to say that we are also set up to start receiving further time point data. This can be in the form of session by session data (i.e. every session) or at further 6 monthly intervals. Specifically for further 6 month interval data, we have created some advice in terms of timescales:



	Ideal month	Maximum window	Protocol window
T1	0		
T2	6	$0 < m < 9$	$4 \leq m < 8$
T3	12	$9 \leq m < 15$	$10 \leq m < 14$
T4	18	$15 \leq m < 21$	$16 \leq m < 20$
T5	24	$21 \leq m < 27$	$22 \leq m < 26$
T6	30	$27 \leq m < 33$	$28 \leq m < 32$
T _n	$6(n-1)$	$6(n-1) - 3 \leq m < 6(n-1) + 3$	$6(n-1) - 2 \leq m < 6(n-1) + 2$

Where m is months from outset – as a real number, e.g., 7.8 and 2.3 are valid m

And some examples:

Examples

Time from outset	Dataset Timeslot	Consistent with protocol?
6 months	T2	✓
12 months	T3	✓
2 weeks	T2	✗
3.6 months	T2	✗
4 months	T2	✓
7.7 months	T2	✓
8 months	T3	✗

Session by Session Monitoring...

Session by session monitoring is the term given to the model of collecting outcome information at every session with the child/young person. There are several measures which have been designed specifically for this.

Some session by session measures that are currently being used by members are detailed below; all of which can be found on our website:

<http://www.corc.uk.net/index.php?contentkey=81>

Children and Young People's IAPT...

We are happy to announce that we recently won a Department of Health tender to do the central data collation, analysis, and national reporting for the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Programme.

We are working on this project with a company specialising in secure data storage (a spinoff company from UCL called MegaNexus). We are calling this project CORC Nexus.

This new venture will involve quarterly national reports and will run in parallel with the existing CORC model. Any members of CORC who want to use this approach to session by session monitoring whether as part of an IAPT site or not please let us know.

CODE Access Database...

The MS Access database which is currently being developed as part of the CODE project will soon be freely available

This will also support the IAPT measures in addition to the CORC measures.

Again, we'll keep you updated!

Think Tanks Update...

Paediatrics

The second **Paediatrics Think Tank** meeting took place on Friday 4th November. The recommendations coming from that meeting are:

- Trial Peds-QL and Goals/Problem tools

New on the Website ...

- Notes and presentations from the November Members' Forum:

<http://www.corc.uk.net/index.php?contentkey=26>

- Notes from the Paediatric Measures Think Tank:

<http://www.corc.uk.net/index.php?contentkey=109>

Keeping in contact...

The CORC Research Team are always happy to hear from members as to how things are going and to share ideas about ways forward or to think through particular challenges.

Best wishes,

The CORC Research Team

Andy Fugard, Jenna Bradley, Dion Terrelonge, Sam Murphy,

Emily Stapley, Harriet Hockaday, Charlotte Wray,

Slavi Savic and Thomas Booker

Finally...

****Please note that the CORC office will be closed from Wednesday 21st December 2011 to Monday 2nd January 2012 inclusive****

We wish you all a happy and peaceful seasonal break