

# Members Pro Forma

This form is for services collecting outcomes using the CORC Snapshot data specification and is to be submitted alongside your CORC snapshot data.

This information is important as it is used to compile your report and how we interpret the data you provide. It also aids future research on child mental health interventions effectiveness

Please note that by submitting your data to us, we assume you have the relevant permissions to do so. Once this form is completed please save and send it to the CORC central team at: [corc@annafreud.org](mailto:corc@annafreud.org)

**Many thanks for completing the following Pro Forma and providing more context for this year's data submission.**

**Best wishes from the CORC Team**

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The Child Outcomes Research Consortium is a learning collaboration of mental health providers, schools, funders, service user groups and researchers jointly committed to collecting and using routinely collected outcome data to enhance service provision and improve understanding of how best to help young people with mental health and wellbeing issues and their families. CORC is a company limited by guarantee, registration number: 06585227

Collect data

Fill out Pro Forma

Submit Pro Forma and data

Red cells and errors returned

Data edited and sent to CORC

Data checks sent and confirmed

Draft report written

Your feedback and final report delivered

# Data Submission Checklist

Please remember to check the following before submitting your data – this will greatly speed up how quickly we can analyse your data and produce the report

Tick box if **YES**

a) Data files do not contain any patient **identifiable data**  
e.g., patient name, date of birth, or NHS ID.

b) ALL variable names and codes used match our list of  
**Variable headings and codes.**

The most recently updated list of our variables can be found on our website at: <http://www.corc.uk.net/databases-templates-and-info-to-send-to-corc/>

c) All of our **essential variables** in your dataset are included.

These are as follows:

- Patient ID
- Member Name
- Team Name (if applicable)

d) There are **no duplicate patient IDs** in your dataset.

e) No **patient IDs** are longer than **10 characters**.

f) There are no **missing dates**, cell are left blank or have the entry NOT coded as “999”.

g) As much **date information** as possible is provided.

Please note that the SDQ added value score will now only be calculated where we have been provided with dates, so that we can ensure collection according to protocol.

h) ALL **teams information** that we will be submitting data for have been listed.

i) **Proforma complete** and **data** ready to be sent.

# Report Pro Forma

Please complete all of the following four sections of the report this information will allow us to accurately complete your report.

1) Analysis

2) Measures information

3) Team information

4) The report

## 1) Analysis

### A) What reporting period would you like this report to be based on?

Please submit exact dates, e.g. 01/04/2015

A specific reporting period from:  /  /  until  /  /

OR All data held in the CORC database so far for your service:

### B) What sample would you like your service to be compared to?

All of CORC:

Other: (please state e.g. Only compared to inpatient services in CORC)

*Only compared too...*

### C) Do you want your data to be broken down into teams?

If YES please turn to **PAGE 4** and fill in the teams data.

Yes  No

### D) How many referrals that the service accept went on to attend at least one appointment in the period specified above ?

This allows us to get a feel for how representative the data are of all the service users seen in the reporting period.

*Number of referrals seen:*

Could you break this down into teams if applicable.

Team one

Team two

Team three

Team four

Team five

Team six

Team seven

Team eight

## 2) Measures Information

We would like to find out more about routine outcome measures implementation within your service. Please provide as many details as you can below.

**A) What measures do you collect?** *Please list them below, in order of relevance to your service.*

**B) Are cases from different pathways/presentations/ages expected to use different measures?** *If so, please describe the approach briefly below.*

**C) Do you have any service-specific goals related to the measures (e.g., data quality)?** *If so, please describe them in brief below.*

**D) What data collection system/EPR do you currently use?** *Please describe them in brief below.*

**E) How up-to-date are the cases marked as closed in your data, where is this information drawn from and who is responsible for updating case closure information?**

### 3) Team Information

Only fill in this section if your response to question 1c on the front page stated that you would like an analysis of the teams within your service

A) If you answered Yes please provide some background information about your teams:

Team No.	Team ID As in data file	Team Name	Team Type - Specialist or generic. - Tier (if not a specific tier please state which you are most similar to)	CYP seen by this team - Kinds of mental health problems your CYP experience, and the psychosocial context.
Example	ECH	Erinsborough City Hospital	Generic CAMHs, Tier 3	Eating disorders, ADHD, Complex disorders, bereavement
Example	CGT	Central Generic Team	Mixture of specialisms, Tiers 2 and 3	Under 5's service, Neurodevelopmental and LD teams, Number of asylum seeking families
1				
2				
3				
4				
5				
6				
7				
8				

## 4) Report

In order for us to better frame the analysis of your data, please provide brief details about your plans for your CORC report below.

**A) Is there a specific date/event you are hoping to have your report by?**

A date:  /  /

or an event:

**B) What information do you need from this report? What is important for you to know?**

**C) Who will be reading the report?**

**D) How do you hope to use the information from the report?**

**E) If you have had a report before, what parts of it have you and your colleagues found particularly important, interesting or useful? What parts have been least helpful?**

Once the form is complete please SAVE and email to the CORC central team at [corc@annafreud.org](mailto:corc@annafreud.org)