Collaborating to improve quality through outcomes

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Members' Forum Notes – 23rd April 2013
"How can we use outcomes data to reflect on current practice and evaluate service improvements?"

Attendees

Name	Member Service
Andy Fugard	CORC Central Team
Anja Rutten	Midlands Psychology
Ann York	CORC Committee & South West London & St George's Mental Health NHS Trust
Anna Ridding	Bolton CAMHS
Ashley Wyatt	CORC Committee
Barbara Hills	Bristol/South Glos CAMHS
Caitlin Browne	Place2Be
Caroline Stuart	5 Boroughs Partnership NHS Trust
Chloe Hole	Cumbria CAMHS
Claire Tyler	Suffolk CAMHs
David Secrette	AFT
Duncan Cartledge	5 Boroughs Partnership NHS Trust
Elaine Hogan	BEHMHT
Eleanor Hambly	Berkshire CAMHS
Emily Ironmonger	SEPT South Essex
Emma Karwatzki	Hertfordshire Partnership Foundation Trust
Emma Morris	Marlborough family education centre CNWL
Evette Girgis	Sheffield
Gemma Rowland	CORC First Steps Early Intervention and Community Psychology Forum Homerton NHS
Hannah Wright	Anna Freud Centre
Helene Laurent	Richmond CAMHS
Jacqueline Stratford	Bristol/South Glos CAMHS
Jan King	Suffolk CAMHs
Jenna Bradley	CORC Central Team
Jo Pybis	BACP
Jubeida Adams-Kassen	Essex- Community CAMHS
Julian Childs	EBPU
Julie Elliott	Kent/ Sussex
Karen McCarty	SEPT South Essex
Laura Winckley	Bolton CAMHS
Leah Bradbrook	OXLEAS NHS TRUST
Lily Levy	Hammersmith CAMHS
Liz Evans	Essex County Council Community CAMHS
Lucy Waite-Rooney	Hertfordshire Partnership NHS Trust
Manish Gehlot	Reading CAMHS
Melanie Jones	PBR
Mia Danielson	Stockholm
Mick Atkinson	CORC Board
Miranda Wolpert	CORC Board
Neidin Eustace	Cumbria Partnership NHS Foundation Trust
Nick Stenning	Hackney Children & Young People's Service
Nina Toyne	Oxleas
Pat White	Plymouth
Paul Anthony	Bristol/South Glos CAMHS
Peter Thompson	South West London & St George's Mental Health NHS Trust
Rachel Argent	CORC Central Team
Rachel Tucker	Hertfordshire Partnership NHS Trust
Roger Davies	East London

Ruth Plackett	CORC Central Team
Sarah Buckley	Hackney ARK CAMHS Disability
Sophie Mitchell	Bedfordshire and Luton CAMHS
Stephanie Philpott	Berkshire CAMHS
Steve Jones	North East London NHS Foundation Trust
Steve Jones	Sheffield
Susanne Dobbin	East London CAMHS
Tamsin ford	Board and Devon
Tarnia Woods	5 Boroughs Partnership NHS Trust
Valentina Arena	South West London & St George's Mental Health NHS Trust
Vibhay Raykar	Tavistock/Shepparton
Zainab Al-Noor	Oxleas

Welcome and update from the CORC Central Team
(Miranda Wolpert & CORC Central Team)

Introductions
- CORC committee and CORC Central Team introduced themselves.

- Members were asked what they would like to get from the day

    - Conversations about IT. Efficient ways of coordinating systems.
        - o Decided that Roger Davies (East London) will lead a working group to discuss IT issues with central team help. Miranda asks that people sign up this group on the flipchart.
        - o Care notes IT system will soon be compliant with CORC+/ CYP IAPT.
        - o Local IT can support transfer of data.
        - o In PbR and CYP IAPT have nominated data mangers perhaps we could use this in CORC to deal with IT issues.
    - Feedback on use of SCORE-15.
        - o Only a couple of members in attendance had used this measure but all agreed they liked it.

- Miranda thanked Evette Girgis (CORC committee) and Andy Fugard (CORC central team-research lead) who are leaving CORC.

New CORC Position
- Attendees were shown the details for the new position of CORC Programme Lead.

Member visits
- Miranda reminded members that they can receive one annual member visit as part of their CORC membership.

Resources
- Members were made aware of free booklets available from CORC:
    - o Goals and Goal Based Outcomes (GBO): Some Useful Information
    - o The Current View Tool Completion Guide
    - o EBPU Log Book: Learning from Experience

CORC data
- Ruth gave a summary of changes to the annual reports and emphasised that members can ask for bespoke reports and analysis.
- Miranda gave a summary of the amount of data submitted in 2012.

Case study: Families Changing Families – Evaluating Multi-Family Therapy for Children in Education (Emma Morris, Marlborough Family Education Centre and CNWL)

- Emma's presentation discussed her research project into the effectiveness of Multi-Family Therapy at the Marlborough Family Education Centre. Her research questions were does the Multi-Family therapy improve emotional, social and behavioural functioning and how does this improvement compare to a treatment as usual control group?
- Slides can be found on the website http://www.corc.uk.net/resources/documents-from-meetings/members-forums/
- Emma also mentioned her involvement with Westminster CAMHS who are looking at the use of outcome measures across different ethnicities as they have found that some of the current outcome measures are very ethnocentric, with the diagnostic western model not fitting in with all clients. If other CORC members wanted to be involved with looking at the ways in which we could take CYP IAPT measures forward making them more ethnocentric then members were encouraged to pass their details on to Emma to potentially attend the next meeting – 16th May.

Questions:
1. What was it like getting ethical approval?
   - It was hard work. It took me about 6 months overall as the committee only meet once a month. This may be quicker with input from the CORC central team. Getting registered was potentially harder than gaining ethical approval.
2. What was the age range of the children in this study?
   - 5-14 years old. Most were 8-10 years old.
3. It would be interesting to know the cost of the intervention as well.
   - Miranda talks about liaising with a health economist, who has been involved with CORC before, to come to an event to talk about economic evaluations.

- A few people seem interested in carrying out research in their service if they had support from the Central Team.

What can be transformed in CAMHS and how would we know?
(Ann York, Child and Family Consultation Centre, South West London & St George's Mental Health NHS Trust; CYP-IAPT Service Development Group
Peter Thompson, Quality Network for Community CAMHS (QNCC))

- Anne presented on how to transform CAMHS and how to make things better for young people.
- Peter presented on how we measure change. QNCC is now accrediting CAMHS teams that meet its standards. This is a peer review project. QNCC is collaborating with CORC to compare data for services that are members of both organisations.

- Both sets of slides can be found on the website
http://www.corc.uk.net/resources/documents-from-meetings/members-forums/

Comments and questions:
1. Anne discussed how when they presented in another country about how to transform CAMHS, the standards were very different to the UK. They were over performing on standards for staffing and this shows that standards are limited to this country. Their inpatient units were much more relaxed and they integrated sensory needs into their service but they had some risk management issues. We measure standards within a bubble and there are lots of things we do not do in services.
2. How does this fit in the NHS as they do not want to listen to you if you are different?
   - As a collaboration more powerful than realise. We need to draw on wisdom in the room to see what is important for children, clinicians and the organisation.
3. Mental health services exist to get people to work in adult mental health and in child mental health the purpose is for the children to not obstruct parent's work and also to ensure they will be well enough to work. However, we also want to develop and improve an individual's life.
   - There is a balance between being agents of control for the state and helping the child develop.
4. Ethical issues are around when it is appropriate to use measures and also informing CYP about services even if they are not available locally.
5. There needs to be more support for clinicians to use measures e.g. time and money.

Using session-by-session measures as part of clinical conversations
(Emma Karwatzki, East Hertfordshire Specialist CAMHS)
- Emma showed videos on how to use outcome measures in a therapy session and in supervision. These focused on the symptom trackers. These videos are available on the CORC website in the resources section http://www.corc.uk.net/resources/training-resources/.
- Emma's slides can also be found on the website
http://www.corc.uk.net/resources/documents-from-meetings/members-forums/

Questions and comments:
1. How realistic is this scenario (referring to video of therapy session)?
   - The CYP is very articulate and quick to comment which can be unusual.
2. We are having the same conversations in our service without the graph and measures.
   - Using feedback tools often allows there to be a different kind of conversation.
3. Reductionist. Reducing problems to measures. The young person might feel like they are just a score. How do you make it person centred?
   - There are many ways of presenting outcomes; you do not have to use the graphs/ paper.
   - Must think about the motive behind why you are giving the measure.
4. I liked that they used activity language.
5. We have had positive feedback from CYP who like to see visual information of how things are changing.
6. For most of the videos on the website there some questions to promote discussion. They are not meant to be seen as perfect examples.
7. What scenarios would you also like to see in these training videos?
   - A psychotherapist using goals.
   - Role paly without paper.

- All members can be videoed
- More work with families and younger children as see more of these than adolescents
- How they could use measures in group therapy

8. Worries that children can be too easy to please with answers on outcome measures and lie.
9. Difficult to get organised with all the paper.
10. This is challenging for those with learning disability.
11. Outcome measures are being piloted in Multi-Family Therapy but there are sometimes language barriers and the best time to take the measures has not been decided yet.

Questions and comments after looking at second video of using measure in a supervision:
1. Provides a new perspective for clinician.
2. Would it have taken more or less time if did not have data to reach the same conclusion?
3. Can look at how many measures marry up.

Exploring the evidence for outcome data collection (Julian Childs, Evidence Based Practice Unit (EBPU))

- Julian discussed his research project as part of the Child Policy Research Unit at EPBU. He's interested in looking at which aspects of CAMHS are associated with positive outcomes and how we promote these in terms of service transformation. Do services using routinely collected outcome data and using collaborative based practice do better than those without collaboration?
- Julian highlighted that one of the main reasons for this research is to keep learning whilst we are working with CAMHS and to interpret our own outcome data.
- He is also involved in a qualitative study in which they are interviewing children, families and professionals going through CYP IAPT to see how we can support them.
- Julian was keen to hear from CORC members about factors we should be considering that may affect outcomes (such as ethnicity), and how we might be able to capture shared decision making and collaborative work.

Questions/comments:
1. Good IT systems could make a difference to outcomes.
2. How do you measure collaborative practice?
   - We need a proxy measure. Such as the 'I felt listened to' question on the CHI ESQ.
   - Does this matter in terms of outcomes?
3. Flat hierarchies where clinicians are more involved in the running of the service can produce more positive outcomes.
4. We need to work at the highest level of our organisation to encourage change in the service.
5. We cannot forget that the public and service user's opinions will also shape policy about changes to mental health services.

Discussion: using national CORC norms to inform service evaluations/audits (Facilitated by Andy Fugard, CORC Central Team)

- Andy discussed the difference between clinical and service evaluations and whether they needed ethical approval for this research. He suggested that even if an audit or evaluation does not need to be seen by an ethical committee it would be useful to have an ethical conversation about the research with others.

- The central team and committee facilitated group discussions about what aspect of their service they would like to understand better? How would a comparison with national data help?

Group discussion points:
- If collecting ROM's by tablets has an effect on outcomes?
- Measuring innovative interventions like skin camouflage for self-harm groups against other self-harm/ innovative treatments (5 Boroughs)
- The effectiveness of the CBT service across new sites.
- Using data and CORC reports to show commissioners.
- DNA rate – why does it happen?
- Comparing LAC services and understanding outcomes for LAC better – it is hard to follow these young people up due to a lack of resources and capacity.
- Outcomes of children on the waiting list and children who are 18 and leaving the service.
- How does treatment intensity effect outcomes? Does the number of children that are seen within a period of time affect outcomes?
- The effect of service reorganization on outcomes. (Think tank around this subject).
- What's cost effective?
- Why follow up rates are not good?

Comments:
- There are statistical skills in the service already, particularly in those who have just graduated from psychology courses (Assistant Psychologists).

Closing discussion and ways forward (Miranda Wolpert)
- Is there confusion between CORC+ and CYP IAPT?
  - To confirm CYP IAPT is completely compliant with the CORC+ approach.
  - We are currently looking into producing quarterly reports for those CORC members who are also part of CYP IAPT.
- There was a discussion about measures used for specific presenting problems
  - Have to be careful about the difference between a tool being used for screening or diagnosis.
- CORC will write a document on best practice for support with collecting measures.

- We are looking for new people to join the Committee and Board so please get in contact if you are interested. We would like there to be a broad representation of services and professions.

Date of next forum: Monday 18th November 2013