CAMHS PbR Pilot Project: Data Collection Guidance

Version 1.0

Guidance produced by the CAMHS PbR Pilot Project Team

(This document may be subject to revisions and amendments)

Please see our website for more information: www.pbrcamhs.org

Introduction

The CAMHS PbR Pilot Project

The aim of the CAMHS Payment by Results (PbR) Pilot is to inform the development of a funding system where payment for CAMH services is determined according to need, as defined by resource use and outcomes. The purpose of this pilot is to ensure that the eventual funding system takes into account all the work clinicians undertake for each case, rather than just the number of sessions of face-to-face clinical work. Currently services do not routinely collect all this information.

Because of this, we are asking that for each newly referred case clinicians collect assessment information, keep accurate records of all the work they do (whether direct or indirect work) and collect outcome information.

The purpose of this document

- ❖ This document is aimed at practitioners taking part in the pilot. It summarises the information that must be gathered and at what stage in the case process this should be collected.

- ❖ It is important that all data items are collected systematically and entered onto an electronic database for every newly referred child or young person (CYP) coming into your team, so that we can analyse the information effectively.

- ❖ For more information about local data collection and collation processes, please contact your nominated service lead for PbR or team manager.

Summary: Data collection for the PbR Pilot Project

Clinical Process

CASE START-UP
Point of referral to start of treatment (where applicable), includes "first contact"

ACTIVE TREATMENT
Formally under care of the team/ on caseload; may be seeing regularly for treatment

CASE CLOSURE
Period of discharge from team/service

What do clinicians need to do? Clinician Checklist

✓ Record **demographic** information including NHS number
✓ Record basic information about the current **Period of Contact**
✓ Seek **Consent** (for personally identifiable information to be held by MegaNexus)
✓ Complete **Current View** Tool at "first contact"
✓ Record **all activity** (direct and indirect)
✓ Complete at least one **assessment measure** (clinician and/or patient reported, taken from CYP IAPT data specification)

✓ Regularly update the **Current View tool** when there is:
  • New information
  • Changed understanding of the case
✓ Record **all activity** (direct and indirect)
✓ Complete **outcome measures (**this may be sessional and/or at regular review points)
✓ Ensure all demographic and period of contact information is up to date

✓ Complete **final outcome measures**
✓ Complete final **Current View Tool**
✓ Record **reason for case closure**

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Further Guidance on Data Collection for the Pilot

❖ Data should be collected continuously and updated regularly. Please discuss with your manager or service lead if you have any queries about this.

❖ The tables on the following pages show the data we are asking you to collect for PbR. In all cases, you should aim to collect **all** of these data wherever possible.

❖ All data items have been chosen because the collection of these items will help us answer the pilot project's key questions.

❖ Please see the Glossary on page 8 for definitions and/or examples of some of the terms used.

Demographic Information	
Data Item	**Data Collection Notes**
✓ NHS ID ✓ Service allocated patient ID ✓ Service ID ✓ DOB ✓ Gender ✓ Ethnicity	**Minimum requirement:** All this information must be collected where available. You will need to collect either the NHS number, **OR** the service-allocated patient ID **AND** service ID (and not both). **When:** During case start-up phase. *Why: To enable us to track children and young people moving between services to fully assess resource need, and to explore whether demographic information can help predict resource need.*
Period of Contact (POC) Information	
Data Item	**Data Collection Notes**
✓ POC start and end date ✓ Case status (open or closed) ✓ Case closure reason (if closed) ✓ Postcode ✓ Team ID ✓ Team Type ✓ Whether consent is obtained	**Minimum requirement:** All POC information must be collected where available. **When:** Collect at case-start up (with the exception of POC end-date and case closure reason). At case closure ensure this is up to date. *Why: To assess resource need, we need to understand the length and type of contact required by CYP with different presentations. Knowing the team type will help up to ascertain the type and cost of the work done. It is essential that we know why the CYP left CAMHS because this will allow us to differentiate those who will need greater resource (e.g. transitioned to adult MH vs. discharged on professional advice). It is also very important that you indicate if consent was refused so personally identifiable data is not uploaded.*
	Additional guidance: **POC dates:** If there is more than one overlapping period of contact, you must ensure the start dates are not the same (if they are the same, change the date by one day and make a note of this). **Consent:** You must ask for consent for personally identifiable information to be held. Please see our website (www.pbrcamhs.org) for consent forms and further information about consent.

Direct and Indirect Activity Information	
Data Item	**Data Collection Notes**
✓ Event date ✓ Event time ✓ Event duration ✓ Event contact type ✓ Event contact medium ✓ Number and discipline of professionals present at event/session ✓ Young person attendance ✓ Caregiver attendance ✓ Other attendance (as part of group work)	**What:** This is the information we need about all the direct and indirect activity that takes place on behalf of an individual child. See the glossary on page 8 for definitions of direct and indirect work. **Minimum requirement:** All of this information is required. **When:** Every time an event takes place in relation to a named child on your caseload or under your team's care. *Why: Knowing how many sessions, phone-calls, liaison meetings, etc. were required for each case is central to identifying resource need.* **Additional guidance:** For **report writing, administration, travel time** and **input from external agencies**, you do not need to record a new event each time; you can estimate the total amount of time spent on this as one 'event' (record all to the nearest 15 minutes). **Face to face work**: also record if the appointment has been missed **Meeting with other professionals:** only record if specifically related to one case. **Travel time:** Only record journeys that are related to a specific case. **Input from an external agency:** If you are unsure whether another CAMHS team/service is taking part in the pilot, please check with your manager.

Interventions and Medication	
Data Item	**Data Collection Notes**
✓ Intervention type ✓ Medication completed by ✓ Medication update type ✓ Medication type	**Minimum requirement:** Intervention type. **When:** Whenever a new type of intervention is given. *Why: Because some treatments are more resource intensive than others, it is important to assess resource need using not only information about the length of treatment given but also the type.* **Additional guidance:** Information about **medication** should be recorded where medication has been prescribed and you are aware of the necessary details of this.

Current View, Assessment and Outcome Measures	
Data Item	**Data Collection Notes**
Current View ✓ Current view completed by ✓ Current view update type ✓ Problem Descriptions ✓ Complexity Factors ✓ Contextual Factors ✓ Education, Employment and Training	**Minimum requirement:** All of this information is required. **When (minimum):** Must be completed at first contact and updated at formal review period (where applicable) and at case closure (as a minimum). **When (ideal):** Whenever a significant change happens or your understanding of the case changes. *Why: The Current View tool captures assessment information in a standardised manner. This information will be used to understand how the type, combination and severity of presenting problems, in conjunction with the context and complexity of the case map onto resource need.*
	Additional guidance: For detailed information on completing the Current View, please see the 'Current View Tool Completion Guide' (ISBN 978-0-9572096-4-0), which can be obtained either by emailing ebpu@annafreud.org or from the CAMHS PbR website: www.pbrcamhs.org.
✓ Assessment Measures ✓ Goals/CORS ✓ Presenting Difficulties Specific measures ✓ CYP and Family Feedback Measures ✓ Review Measures	**Minimum requirement:** At least one clinician- or patient-report measure (ideally one of each). **When (minimum):** At two time points (e.g. beginning and end of treatment) **When (ideal):** As often as possible (e.g. session-by-session) *Why: To understanding the change in symptoms over time; it is important that the PbR system is based only on cases with positive outcomes; the aim is to understand the resource needed for CYP with different sets of presenting problems to achieve **positive** outcomes.*
	Additional guidance: From the available assessment measures, you may choose whichever patient- and/or clinician-rated measure that is most applicable to the population you work with. For the purposes of the pilot we cannot receive measures that are not on the list.

Glossary: Data Collection Terms used for the PbR Pilot

Activity

Direct and indirect clinical work.

Direct Activity

Work that involves direct contact with the CYP and/or their parent(s)/carer(s) (e.g. face to face meetings; observations; telephone meetings; video or web-based contact)

CAMHS Evidence Based Practice Unit (CAMHS EBPU)

The data provided by PbR pilot sites will be analysed (in an anonymised form) by the CAMHS EBPU, an academic unit that is part of University College London (UCL) and the Anna Freud Centre. For more information see www.ucl.ac.uk/clinical-psychology/EBPU/ or www.annafreud.org/pages/camhs-evidence-based-practice-unit.html.

Event

Any work around the case that will be recorded for PbR is considered an event (e.g. face-to-face meeting, consultation, liaison work)

First contact

First clinically significant contact with (or about) a CYP (e.g. Inpatient admission, face-to-face meeting, meeting with other professionals).

Indirect Activity

Work related to a specific case (named child) but not involving direct contact with the CYP or their family. This includes:

- ✓ Contact with another professional about the case
- ✓ Report writing
- ✓ Administrative work
- ✓ Travel time
- ✓ Input from external agencies (recorded as a block of estimated time spent)

MegaNexus

The secure data storage company that will hold and pseudonymise the data collected for the PbR pilot. MegaNexus also hold CYP IAPT data. For more information, please see their website: www.meganexus.com

Period of Contact

Time from beginning to end of case. Also known as "episode of care" or "care spell".