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TEWV; Encouraging data collection for PbR

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making a difference together

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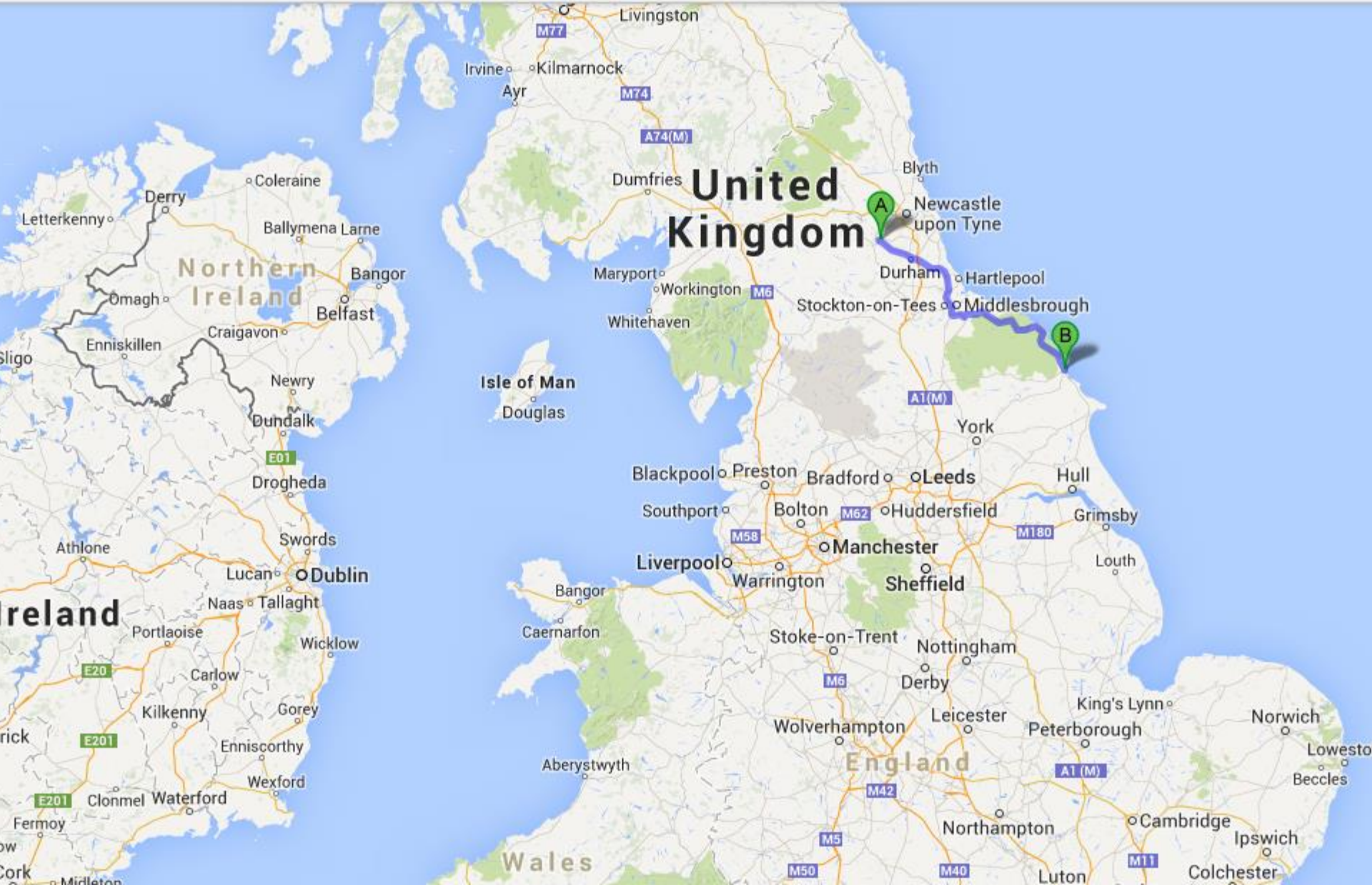
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TEWV

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- One of largest mental health trusts in UK
- Travelling time from Consett to Scarborough approximately 2.5 hours
- Geographically located, single point of access, multi-disciplinary teams –with local variation
- Area covers 8 CCGs

Work on Outcomes in CYP

- TEWV have been members of CORC since September 2009.
- Given the volume of clinical work across trust took decision that we would only collect data which could be held in our record system (PARIS)
- Training for staff in
  - Understanding outcome measures
  - Completing measures
  - Each staff received their score with those not achieving 0.7 were advised of this (and their team manager)
  - Interesting discussions....

CYP-IAPT ...

- Wave 2 started Summer 2013 -6 partnerships
- Wave 3 starting now –remaining geographical areas covered
- Funding to invest in systems development for data collection
- Backfill funding for clinical leads
- ROM document (All measures & current view in one document)
- Aligned PbR and CYP-IAPT
- **So this just became business as usual (ie not Pbr or cyp-iapt)**

Training

- Current View training
- ROM1 –'why should we use outcome measures'
  - Improves quality and efficiency of clinical work –key for clinicians
  - Need evidence of quality when competing for contracts
- ROM2 –'how do I collect the information on PARIS'
  - Paris document & use of split screen so YP and families can enter directly into notes
  - Paper copies as back-up
- ROM3 – 'incorporating ROM into clinical work'
  - Started with a supervision conference run jointly with Northumbria (HEI for the NE collaborative of cyp-iapt)
  - Next steps planned

•Approximately 120 clinicians have received ROM 2 training between June and September 2013.

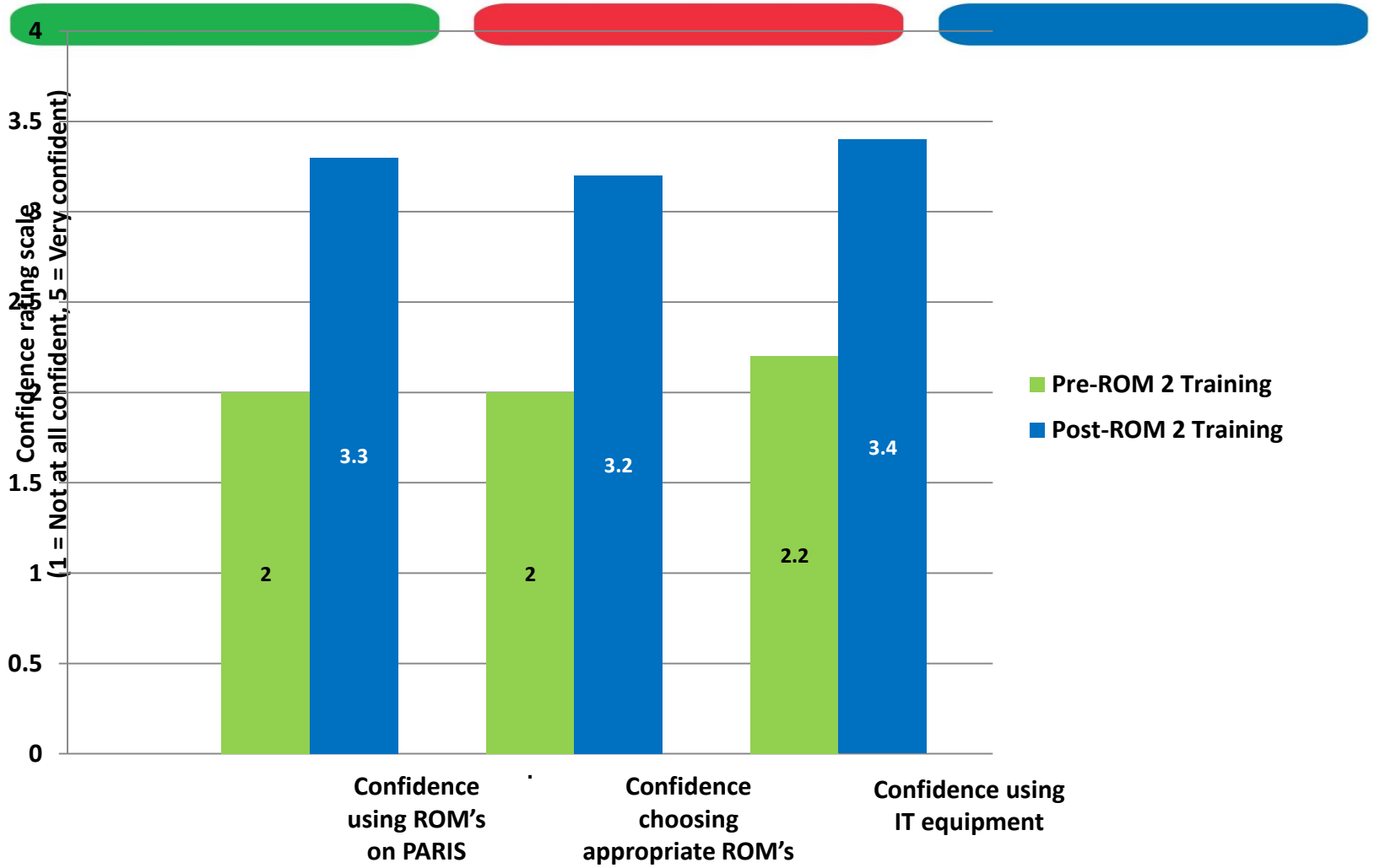
•97 clinicians completed the surveys.

•6 responses were excluded from analysis due to missing data

•N=91

Average confidence ratings pre & post ROM 2 training.

N=91.



Qualitative results

- **What was missing from the training…**
  - Reponses mainly reflected the need for more time to practice in the session, being given too much information in one session and the possibility of individual support following the sessions…
    - *"More time to try and use the tools ourselves"*
    - *"Too much information in one session"*
    - *"Individual help actually doing it in practice"*

•Advantages of using ROM's in clinical practice…

•Responses acknowledged the importance of ROM's in increasing collaborative working with young people and their families, how ROM's will help clinicians understand whether their therapeutic approach is effective and the advantageous effect of ROM's in keeping sessions focused…

- *"Focus work / sessions"*
- *"Be able to give clients clear feedback on progress"*
- *"Improve quality / collaboration with patients / family"*
- *"More focused and targeted sessions / assessment / intervention"*
- *"Give clinicians a more precise outcome as to how the client is feeling and make discharge easier"*
- *"The ability to get client views in sessions to help identify any difficulties*
- *"Structured, informative, focused, professional, client focused / collaborative"*
- *"I will be able to see if I'm doing things right"*
- *"Provide measurable data to show whether my clinical interventions are successfully or not"*

•Disadvantages of using ROM's in clinical practice…

•Responses demonstrate a consistent concern regarding the IT Equipment in terms of the time it takes to it set up and potential teething problems. In addition, responses reflected a concern regarding further changes in the trust and the stress this causes…

- *"Likely to have teething problems initially, especially with IT equipment"*
- *"Time consuming"*
- *"Initial stress when trying to use ROM's"*
- *"Time it takes to set up the equipment"*
- *"Additional burden of change on top of existing changes"*
- *"Increase in admin"*
- *"Setting up the split screen in group sessions may be challenging"*

•Particularly helpful aspects of the training…

•Responses indicated that the three main useful aspects of the session was the support available amongst the group environment, the opportunity to receive explanation / clarification and the opportunity to see the ROM's being used on PARIS and practise…

- *"Good to see tools in use"*
- *"Chance to ask questions and explanation"*
- *"Clinical example"*
- *"Group discussions"*
- *"Reassurance"*
- *"Giving it a go in the session"*

Performance targets

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- Thinking how to get these right to promote good data
- How to make them work clinically
  - 1. training attendance
  - 2. using a measure
  - 3. using the measures with all new clients
  - 4. using all the measures throughout the full patient journey
- Balancing service manager anxiety with stresses of clinicians

What didn't help

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- IT problems still an issue
  - Dataset not mandated so civica not required to provide programme update. All work has been completed using in-house resources; competing demands. Use of cyp-iapt service development funds.
- Sending PII outside of the trust
- Information feedback loops (developing shared language);
- Over stretched staff –creating a space to think
  - Creative and intellectual avoidance strategies
  - Knowing when to keep on and when to stop pushing them ...

What helped

- Lots of time talking to IT; developing a shared language
- ROM document included ‘fool proofing’ especially re time points
- CYP-IAPT trainees
- Time to talk with staff
- Senior clinician to do training
- Step by step guide with screen shots (asst psychs)
- Invite feedback
- Respond to feedback (modelling the shared decision making)
- Different professional groups –different approaches
- Realistic timescales