

CYP-IAPT Outcomes

Greenwich CAMHS

CYP-IAPT Beacon Site

Dr Rebecca Wheatcroft- Greenwich CAMHS CYP-IAPT Lead
Sophie Howell – Assistant Psychologist

Dominic Leigh- Greenwich CCG Commissioning Manager
Sheena Gohal Greenwich CAMHS Operational Manager



Background - Greenwich CAMHS

- Provides specialist evidence-based & outcomes-focussed mental health services for CYP aged 0-18 and their families
- GCAMHS is a **Wave 1 CYP IAPT** site and launched in 2012
- The CAMHS contract was reconfigured in 2014 in accordance with CYP IAPT principles, which are embedded throughout the service

Workforce in GCAMHS

- Total of **65 WTE** (incl. clinical, admin, management) - 50 WTE clinical posts
- Since 2011 **23 GCAMHS staff** have enlisted for **CYP IAPT training**, with 20 successfully completing training, 2 still in progress and 1 withdrawn
- IAPT **trained senior clinical and management roles have remained in the service** through several staff changes –has provided stability whilst ensuring CYP IAPT learning is retained within the service
- **3 Assistant Psychologist posts** working across 5 clinical teams – integral in supporting staff to understand & complete outcome measures
- **‘CYP IAPT Lead’** post instrumental in providing on management and leadership for the scheme

Clinical Outcomes

GCAMHS has achieved success in:

- ❑ **Routine outcome monitoring** across all levels of service delivery
- ❑ Robust protocol of assessment/review/discharge & sessional measures
- ❑ **'Outcomes Induction'** as standard for all new staff
- ❑ Framing principles within **clinical case discussions/performance reviews** within GCAMHS Management and in individual line management & clinical supervision
- ❑ Establishing **Assistant Psychologist** support for individual clinicians
- ❑ Regular **Outcome Reports (5 annual reports, 1 quarterly service satisfaction report)** illustrating key outcomes for CYP – shared and discussed in commissioning and contract meetings, informing service design and transformational priorities for commissioners
- ❑ Incentivising goal-based outcome recording through **QSIPs** & **CQUINs** (monthly QSIP data)
- ❑ Reinforcing principles through **trust governance** and **leadership groups** (Clinical Effectiveness Group, CAMHS Clinical Outcome Group etc.)

Oxleas CAMHS Outcome Reports

- 5 annual reports – Goals, Current View, CGAS, RCADS, SDQ
- Quarterly CHI-ESQ reports
- Goals QSIP
- Goals summary (breakdown per clinician/team)
- Feedback loops
- Presentation to commissioners meetings
- AP's CRUCIAL!!

Report Example – Current View

- Explanation of the measure
- Data collection - closed cases 3+ sessions
- Demographics – age & gender, ethnicity
- Analysis of 30 presenting problem descriptions, 14 complexity factors, contextual factors, EET
- Analysis for the service & by team
- Comparison to last year's data & national data
- Helps commissioners understand CAMHS population & identify needs

Report Example - RCADS

- Explanation of the measure
- Data collection - closed cases 3+ sessions
- Number RCADS completed (CYP/p-c) at T1/T2
- Ethnicity
- Paired cases by team (vs closed cases)
- When last RCADS completed
- Data analysis:
 - Change (improvement/no change/deterioration)
 - Statistically significant change (T-tests)
 - Change in clinical status
- Comparison to last year's data/national data

Trust Level Data - Oxleas CAMHS Portfolio for Outcomes

Triangulation of
data from 3 key
outcomes in
summary reports:

2015/16
approach

**“Are CYP with
mental health
problems
getting
better?”**

Global outcome used for
all CAMHS cases
(Goals Based Outcome
Measure)

Mental Health
Symptoms
(SDQ)

Service User Satisfaction
(CHI-ESQ)

Data from a total of 24 different outcome measures (approx. 60-70 versions in total)
(6 measures at assessment/6mo review/discharge, 8 additional optional session by session measures)

Assistant Psychologists
enter all outcome data
(except goals)

Clinicians enter goals data

SDQ RCADS Goals CGAS Current view CHI-ESQ

CODE (CYP-IAPT database)

- Data from a total of 23 different outcome measures

National

- All CAMHS data submitted to MHSDS monthly

RiO (clinical database)

- Data on demographics, referral, clinical contacts
- Goals

Commissioners

- Borough level annual outcome reports for Goals, SDQ, CGAS, Current View, RCADS
- Borough level quarterly reports for CHI-ESQ patient satisfaction measure
- QSIP data on Goals

iFox

- Trust paired data collection rates on 18 normed measures & Goals measure
- CHI-ESQ outcome report
- Goals outcome report

CYP PEG

- Quarterly reports on CHI-ESQ patient satisfaction measure

CAMHS Borough Management

- Annual reports on 6 measures
- Quarterly reports on CHI-ESQ patient satisfaction measure

Trust

- QSIP on Goals measure
- Quality Board feedback

CYP/parent-carers

- Chi-ESQ quarterly feedback at borough level via posters in waiting rooms

Clinicians

- Annual Reports on 6 measures

CAMHS Operational Leads Group

- QSIP data & Quarterly Monitoring data at borough & cross-borough level

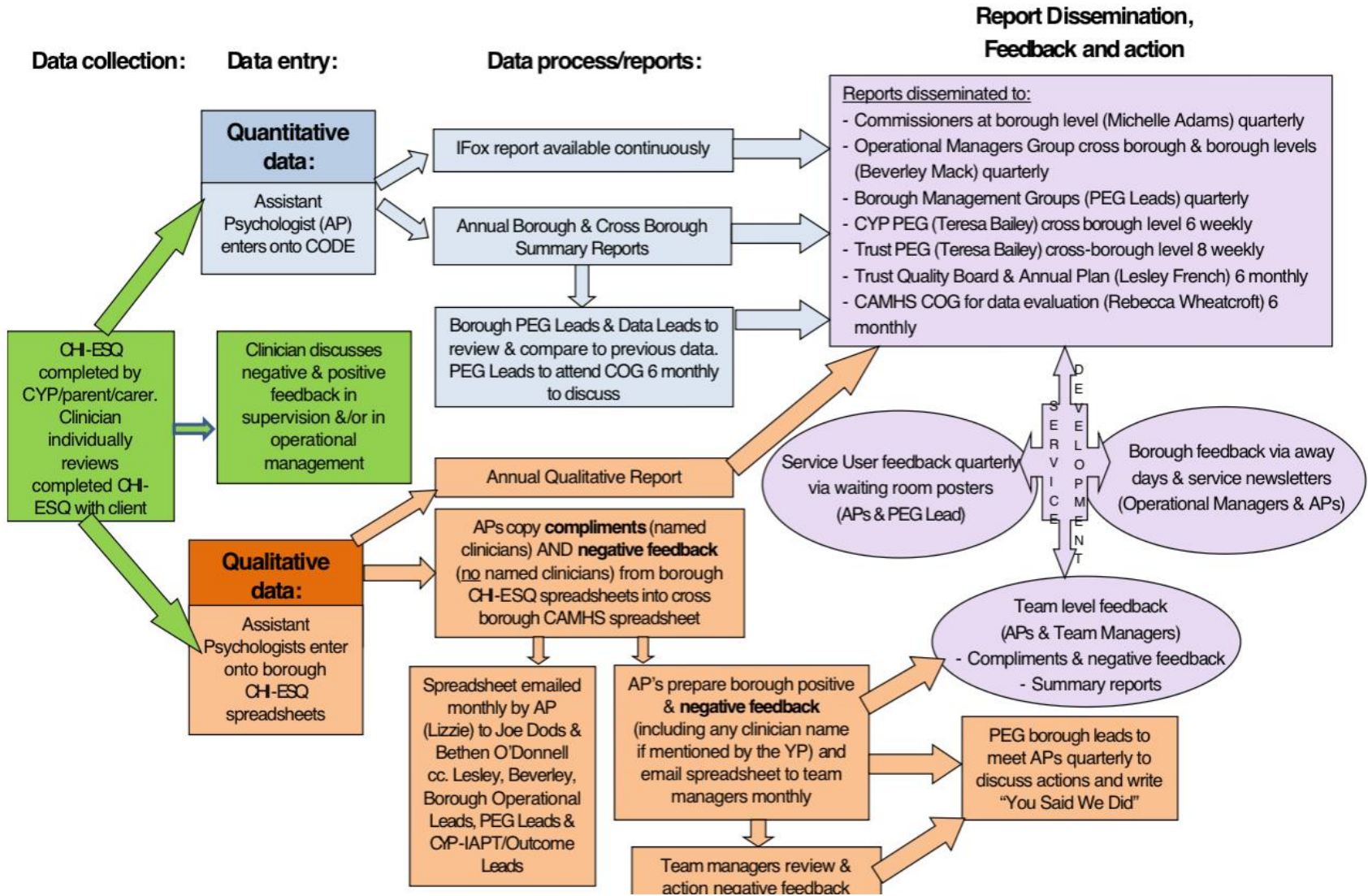
London & SE CYP-IAPT Collaborative

- (Quarterly Monitoring form)
- Borough level data on 19 variables on referrals/activity/data collection/outcome improvement

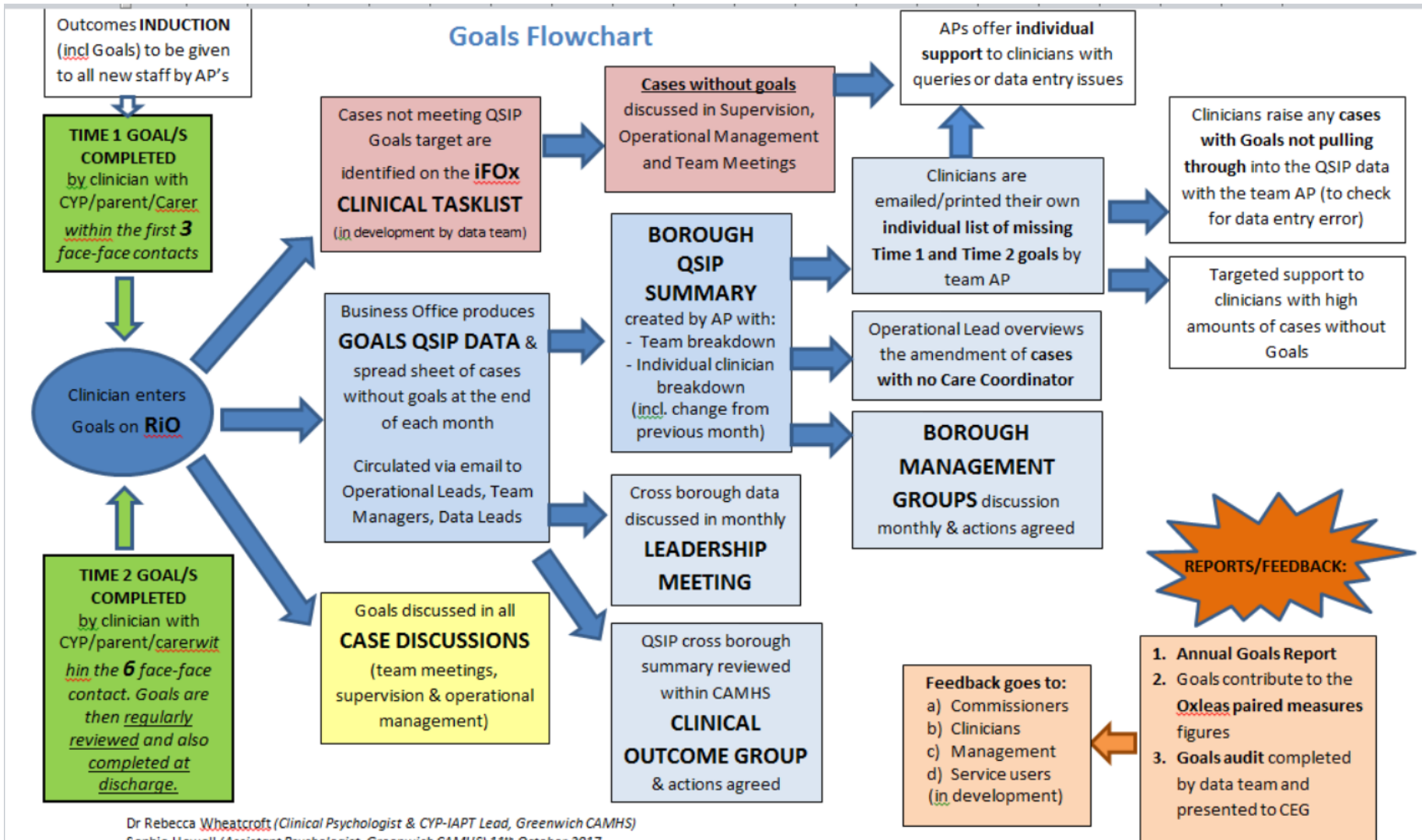
CAMHS Clinical Outcomes Group

- Presentation & discussion of all outcomes data

CHI-ESQ Protocol



Goals Flowchart



CAMHS Goal QSIP

- Goals as primary outcome measure for CAMHS
- Commissioner involvement - May 2014 Goals became a CQUIN
- May 2015 QSIP - heavy Trust scrutiny of the data as part of the Data Dashboard
- QSIP defined as:
 - 80% open cases to have an **assessment goal** recorded within 3 face to face sessions on RiO
 - 80% open cases to have a **review goal** recorded within 6 face to face sessions on RiO
- Deloitte's Audit of Trust QI's (April 2016)
- Issues with past QSIP report in what data was pulled
- Old RiO Goals form difficult to use leading to lots of data entry errors
- New RiO form developed
- Updated guidelines & report to pull the data correctly (June 2016)

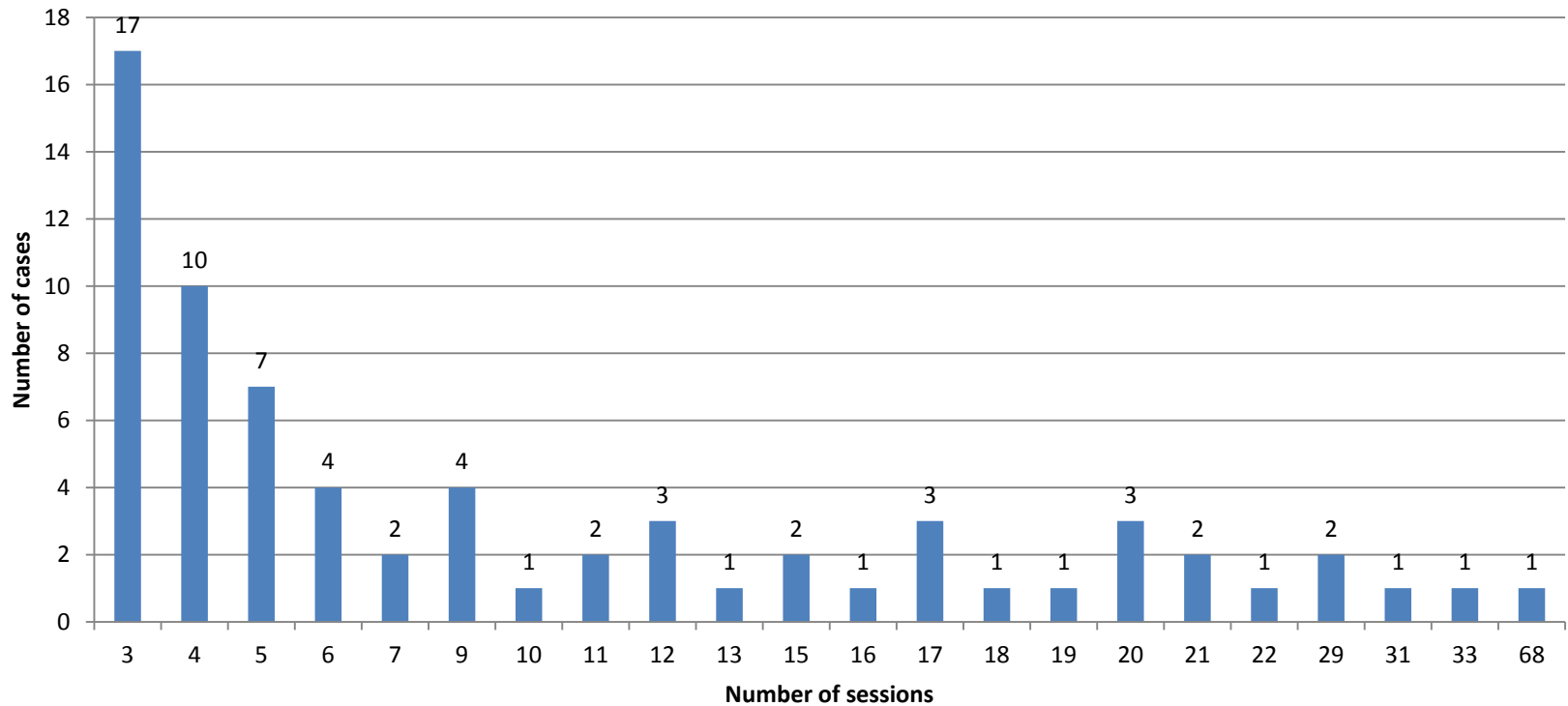
Goals Audit/QSIP

- Internal audit of assessment and review goals (Jan 2017) – 26% Time 2 Goals not being detected
- Repeat cycle of audit 2017
- Led to Goals Flowchart to standardise procedures across Oxleas CAMHS
- Impact of focus via QSIP figures = all 3 boroughs meeting now Time 1 80% target
- Greenwich open cases – 89% have T1 goal, 80% T2
- Monthly summaries per clinician/team
- Good marker of clinician overload

Example of Goals Audit Findings

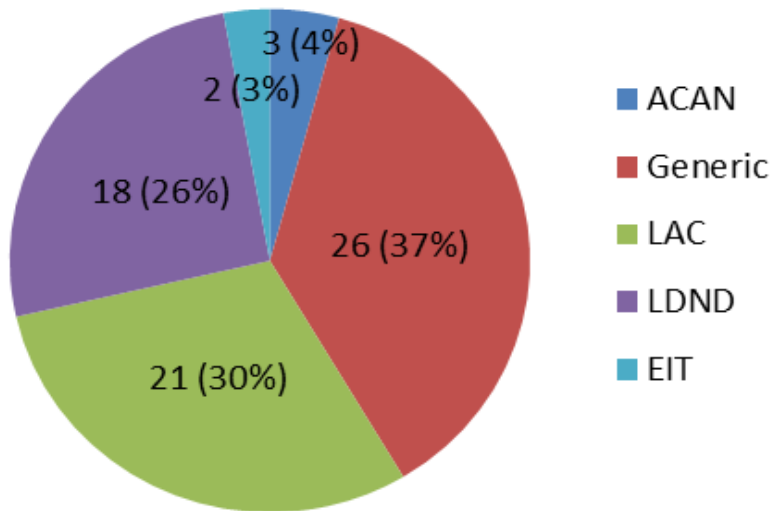
using the data with a clinical head- being brave

Session numbers of cases without assessment goals (n=70)



Examples of Goals Audit Results

Team breakdown of cases without assessment goals (n=70)



Team	Cases without assessment goal*	Team caseload*	% cases per team caseload*
ACAN	3	69	4%
Generic	26	231	11%
LAC	21	125	17%
LDND	18	82	22%
EIT	2	33	6%
Total	70	540	13%

* = cases seen for 3+ sessions

Number of Cases Per Clinician

Assessment:

- 29 clinicians had cases without goals
- 8 cases had no Care Coordinator
- 1-2 cases without goals n=20 clinicians
- 3+ cases without goals n=9 clinicians (accounts for 31% of the 70 cases)

Review:

- 40 clinicians had cases without goals
- 10 cases had no Care Coordinator
- 1-2 cases without goals n=19 clinicians
- 3+ cases without goals n=21 clinicians (accounts for 53% of the 143 cases)

	Assessment Goals	Review Goals
No. cases per caseload	No. clinicians (n=29)	No. clinicians (n=40)
1	12	9
2	8	10
3	2	7
4	4	3
5	1	5
6+	2	6

Assessment Goals Audit Recommendations

- Need a continued focus on goals to maintain the QSIP target & good clinical practice
- Re-audit assessment goals in one year
- Audit of review goals
- Explore “null” Care Coordinator cases
- Identify cases which have had over 10 sessions and no goal set
- Encourage team managers and supervisors to use QSIP report now data errors have been corrected
- Assist teams with lower percentages of assessment goals set
- Assist clinicians who have a higher number of cases without goals
- Set up data quality reports

Action Plan for Assessment Goal Audit

Action	Specific responsible person	Timescale
1. Re-audit in one year	Rebecca Wheatcroft	January 2018
2. Audit of review goals	Sophie Howell	April 2017
3. Explore “null” Care Coordinator cases	Rebecca Wheatcroft	April 2017
4. Encourage team managers and supervisors to use QSIP now it is corrected	Sheena Gohal, Operational Lead	March 2017
5. Assist clinicians who have a higher number of cases without goals	Assistant Psychologists x 3 (supervised by Rebecca Wheatcroft)	April 2017
6. Identify cases which have had over 10 sessions and no goal set	Assistant Psychologists x 3 (supervised by Rebecca Wheatcroft)	June 2017
7. Assist teams with lower percentages of assessment goals set	Assistant Psychologists x 3 (supervised by Rebecca Wheatcroft)	April 2017
8. Set up data quality reports	Stella Dansu	June 2017

Challenges & Risks

- Need for **paperless outcome recording** system
- Maintaining consistent **data quality standards** and collection rates
- **Increased clinical pressure** impacts on use of outcomes
- Loss of **data manager** post
- **Combining data** from RiO & CODE - errors
- **Building new reports & correcting errors** e.g. Quarterly Monitoring figures
- **MHSDS** submissions – needed following up
- Move to have all outcomes on **RiO** but would need to re-build all reports
- Making it work in **other boroughs** with less resources

