

Clinical Academic Groups Position Statement on use of Clinical Outcome Measures

Adopted as Trust Position by Quality Committee (February 2018)

It is important for services to be able to demonstrate the clinical outcomes of the care they provide. This paper outlines the view of SPFT's Clinical Academic Groups (CAGs) as regards use of outcome measurement in services. This has been developed and discussed in the CAG Chairs Committee and has been developed with SPFT's Patient Reported Outcomes Measures (PROMS) Development Group. The PROMS group has focused on adult community services, and is made up of service users, the public and patient involvement lead, clinical staff, Recovery College staff, professional leads, operational managers, quality and business managers and commissioning colleagues. This paper provides shared principles across *all* SPFT services, not only adult community services.

National Context

There is a move for nationally mandated audits to be focused on *outcomes* rather than process. We have followed the approach to the development and choice of outcome measures as suggested by The Five Year Forward View for Mental Health for the NHS in England.

*A framework approach is proposed to allow local areas to tailor quality and outcome measures so they are relevant to individuals, clinicians and match the needs of the service in terms of timeliness, benchmarking and use as an improvement tool. Careful consideration should be given to when a measure is both clinically and practically appropriate. Local areas will need to ensure the **suite of quality and outcomes measures** developed through this framework approach which reflect objectives/views of all key stakeholders and should be:*

- *clinically relevant, so that they are seen to add value for clinicians as a routine part of their clinical practice and continuous quality improvement*
- *reflect what people who use the service (and their families) want*
- *culturally appropriate and culturally reliable*
- *aligned with system-wide objectives*
- *measurable using metrics with established reliability and validity.*

The CQC's key lines of enquiry E2 is "How are people's care and treatment outcomes monitored and how do they compare with other similar services?" We need to ensure that we can demonstrate this across services.

Local Standards

Range of clinical outcome measures

There will be no single ideal outcome measure in any given clinical situation. Information may be gathered from various sources (e.g. service user, family, clinician, others) and may measure varying aspects of clinical care (patient experience, quality of life, daily functioning, levels of symptoms, staff

experience/confidence). These will need to fit with nationally mandated areas. The suite of outcome measures for SPFT should include:

- National NHS Friends and Family Test (or equivalent)
- Patient Experience Questionnaires – including qualitative information
- Clinician reported outcome measures – such as HONOS scores in adult services
- Carer reported outcome measures – such as information gathered through triangle of care self-assessments
- Patient reported outcome measures – such as REQOL across adult community services
- Condition or intervention specific measures – such as PHQ9 for depression
- Measures of functioning – such as Work and Social Adjustment Scale

It is not expected that all such measures will be used in all services at the same time. Care Delivery Services and CAGs will help identify appropriate measures for services.

Characteristics of clinical outcome measures

Clinical outcome measures are preferred when they meet the following criteria:

- Brief
- Freely available (i.e. no cost)
- Validated, with acceptable psychometric properties
- Service user involvement in development
- Available in other languages in addition to English
- Where outcome measures are mandated nationally in certain services (e.g. IAPT) these should be used across other services where possible for consistency and comparison

Process of using clinical outcome measures and data

- Use of clinical outcome measures needs to become routine, and implementation built on current developments tying in with the clinical strategy work-plan ‘Care Pathways and Clinical Care Intelligence’.
- CAGs will provide guidance on which clinical outcome measures might be most appropriate.
- There need to be systems in place for routine recording and analysing of data (i.e. on CareNotes or similar).
- There should be a system in place for dissemination of data and outcomes, so that they are easily available to service users, clinicians and services.
- Clinicians, service users and friend and family carers, should use the clinical outcome measure within appointments to support and guide the care provided.
- There should be a consistent way of measuring outcomes across services and partnerships so can compare models and services.
- Where possible, outcomes should be measured throughout an episode of care, rather than simply pre-post care. ‘Pre-post’-only measurement is associated with greater amounts of missing data.
- Where data are missing, analyses should be reported as ‘intent-to-treat’, otherwise they will tend to overestimate effectiveness of services.
- There should be a commitment to analyse qualitative data.
- Where no established measure is available there remains a need to measure outcomes through appropriate idiosyncratic measures that can be used across an episode of care (e.g. frequency of specific incidents/behaviours etc.)