

Benchmarking and Developing Service Quality

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Solutions and Outcomes in Commissioning

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***improving
waiting times***

optimising appropriate referrals

***introducing routine outcome
measurement***

managing risk

reducing DNAs

maximising recovery

Why should our service/s measure their outcomes?

NHS policy documentation over the last decade has delivered psychological therapy services a consistent message that routine outcome measurement is critical for the local and national development of high quality patient care.

The *Review of Psychotherapy Services in England* (DoH, 1996) published a decade ago profiled a range of challenges in the national organisation of psychological therapy. Subsequent national development work began by cataloguing existing research evidence and classifying it hierarchically to help resource the promotion of evidence-based practice through guidelines on *Treatment Choice in Psychological Therapies and Counselling* (DoH, 2001). These guidelines highlighted the efficacy of a broad range of therapy interventions for common mental health problems, and helped emphasise the need for service providers to introduce routine measurement to inform annual governance reports on clinical effectiveness and service safety - performance areas that were critical to Standard 2 and Standard 7 of the *National Service Framework for Mental Health* (DoH, 1999).

In the past five years an increasing emphasis has focused on promoting the development of practice-based evidence informed by routine audit and outcome measurement in service delivery. Initially this took the form of explicit recommendations for services to undertake routine audit, evaluation and outcomes benchmarking expressed in the DH guidelines on *Delivering and Organising Psychological Therapies* (DoH, 2004). More recently the directive has been supported by best practice guidance on *Outcome Measures Implementation* published by The National Institute for Mental Health In England in 2005.

Best practice guidance recognises that routine outcome measurement is consistently found to be a significant challenge to service providers. As a consequence, the guidance suggests that measurement best practice should be considered an incremental journey through four sequential levels that offer an accumulative yield and benefit to service quality development. The four key steps are summarised in Figure 1 along with their principal aims.

CORE IMS has developed unique expertise in helping service providers and commissioners introduce routine outcome measurement with the help of a range of bespoke resources linked to each of the NiMHE best practice levels. These include: training for routine measurement (Level 1); bespoke IT software to enhance data quality and resource appropriate feedback (Level 2); outcome data management training and support (Level 3); and a unique national research database to resource benchmarking for comparative service performance appraisal (Level 4).

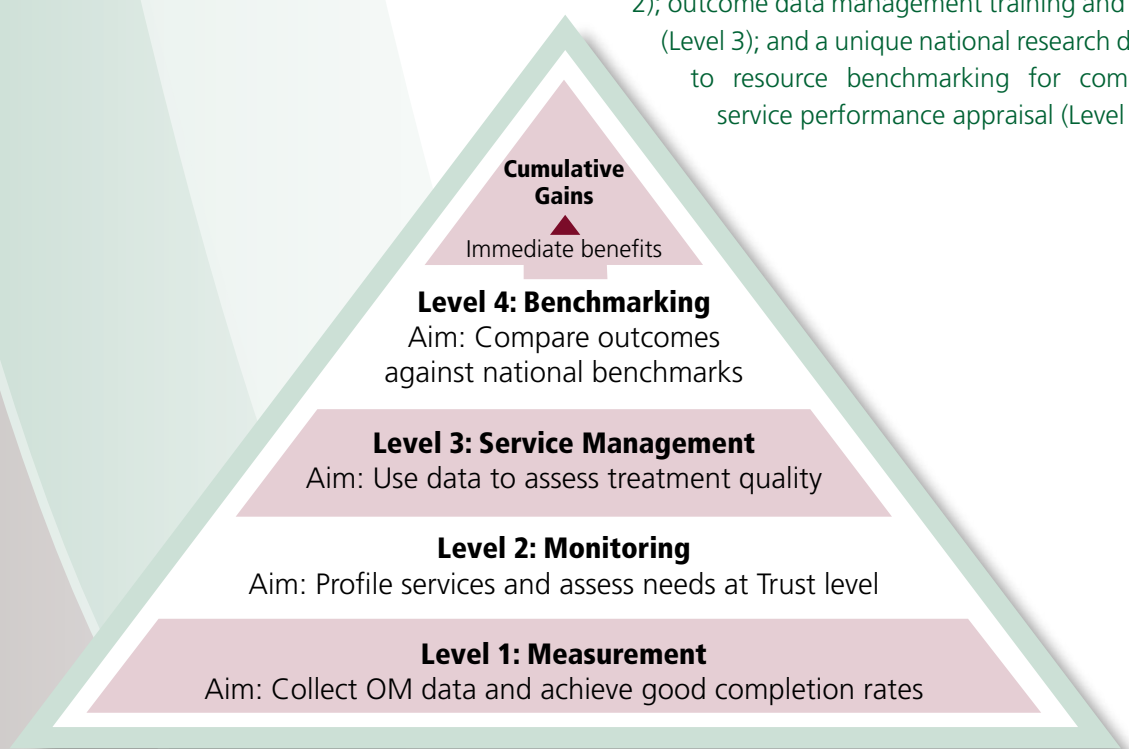


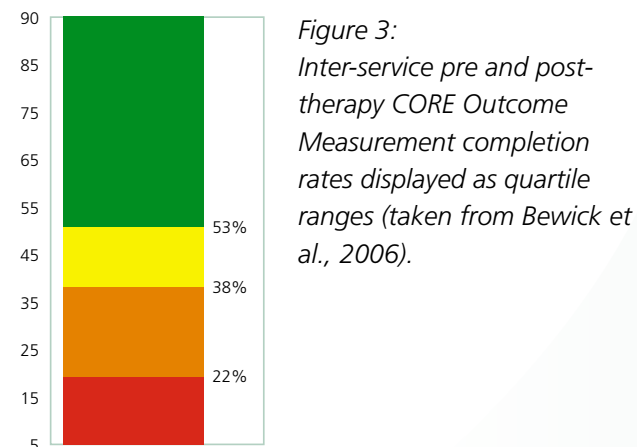
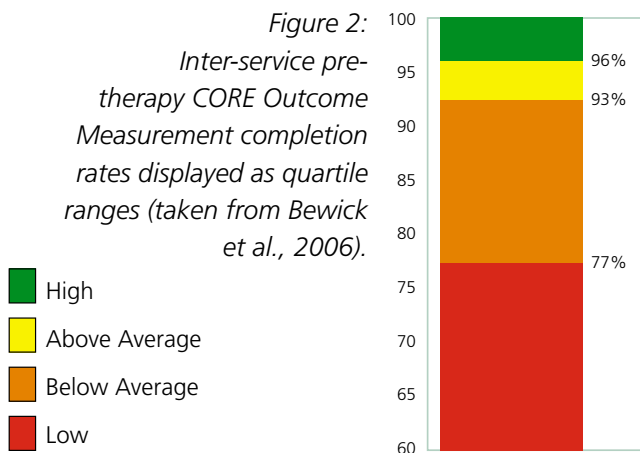
Figure 1: Incremental steps for routine outcome measurement best practice, as advised by the National Institute for Mental Health in England (2005).

Is outcome measurement enough?

Using outcome measures on their own is not enough to develop service quality. Typically, less than half of all clients referred for therapy have pre and post-therapy measures to inform clinical effectiveness profiling. Such findings highlight the imperative for outcome measures to be supported by both appropriate training to help secure practitioner engagement, and complementary data to help provide context for understanding patients' journeys through therapy services.

Introducing routine outcome measure before and after therapy typically highlights two challenges to services that help emphasise the importance of both appropriate training support and the critical role of contextual data as recognised by the best practice model (NiMHE, 2005).

The first challenge is that services and their individual practitioners have varying degrees of success introducing routine outcome measurement into their client work. Recent CORE System benchmarks from primary care psychological therapy provision published in *Counselling and Psychotherapy Research* (March, 2006) highlight the problem by profiling the relative success of securing pre-therapy outcome measures across a group of 34 services seeing a collective total of almost 32,000 clients. The quartile figures presented in Figure 2 demonstrate an inter-



service range of 60% to 100%. Internal benchmarking with services having lower rates of pre-therapy measurement (i.e. services in the amber 'below average' group and red 'low' group) almost always identifies significantly differential completion rates between practitioners as the cause and helps highlight the implicit skill requirements for routine outcome measurement and the consequent need for supportive training and mentoring.

The second challenge that's brought into focus through the introduction of routine outcome measurement is that it is not untypical for fewer than 40% of clients to complete post-therapy outcome measures. The overall net result of such high levels of data attrition for a service is that typically around one-in-three clients can have outcomes profiled as illustrated by benchmark figures in Figure 3. Such high levels of attrition naturally compromise the validity and reliability of using outcomes alone as a basis for *practice-based commissioning*, and preparing for the introduction of *payment by results*, and help rationalise the critical role of collecting routine contextual data that help profile patients' pathways through therapy services.

CORE training supports services and/or commissioners wishing to achieve above average outcome measurement completion rates and introduce appropriate feedback to maximise data quality in-line with recognised NiMHE best practice recommendations.

What do CORE System data benchmarks tell us about service organisation, delivery and development needs?

By relating CORE Outcomes to critical contextual information provided by CORE System Tools supported by bespoke CORE-PC software, a growing CORE Network has generated a unique UK benchmarking resource that helps identify the support requirements needed to help enhance the organisation and delivery of NHS counselling and psychological therapy services.

To-date, more than 100 NHS Primary Care Services have adopted the common CORE methodology, collectively generating a potential pool of practice-based evidence to profile well over 100,000 clients seen by over 1,500 practitioners in up to (an estimated) 700 general practice settings. The growth of such a unique resource has not only helped profile the breadth of quality across NHS psychological therapy services for the first time, but also helped focus our understanding of the critical role of training, support and mentoring in service quality development.

The special edition of *Counselling and Psychotherapy Research* (March, 2006) provides a comprehensive overview of the initial findings from the endeavour profiling the tools (Barkham, et al., 2006), common methodology (Mellor-Clark, et al., 2006) and six key performance domains, before closing with a reflective commentary on the challenges and opportunities of benchmarking from research, policy, management and practitioner perspectives.

Following on from the benchmarks on outcome measurement completion illustrated in Figures 2 and 3, profiles of the range of national service quality performance are summarised herein for average waiting times from referral to treatment (Figure 4), and clinical recovery and/or improvement rates (Figure 5). Further performance indicators profiled and explored in the special edition of *Counselling and Psychotherapy Research* include: the practice of assessment and intake into therapy (Cahill et al., 2006); risk assessment differences between patients and practitioners (Bewick et al., 2006); and client initiated termination of therapy (Connell et al., 2006).

The experience of collating, analysing, interpreting and publishing benchmark figures for NHS primary care psychological therapy provision is not always a comfortable process as we consistently identify such a broad range of differences in the profile and practice of services. Nor would we expect to find more comfort or less difference in our forthcoming collaborative analysis of NHS secondary and tertiary care therapy data. However, what benchmarking has taught us, is that there are differing ways to organise and deliver services – and some clearly produce better benchmarked service quality profiles than others. The critical requirement is to identify (demonstrable) best practice, document it, and pass it to others who clearly have the potential to benefit.

Such a requirement helps define current CORE development activities which include: the design of CORE-NET offering CORE data management tools supported by on-line training and mentoring; quarterly management report cards; practitioner performance appraisal technologies;

and service development consultancies in collaboration with high-quality nationally recognised leads (e.g. CPC) committed to help progress CORE's mission in benchmarking and developing service quality.

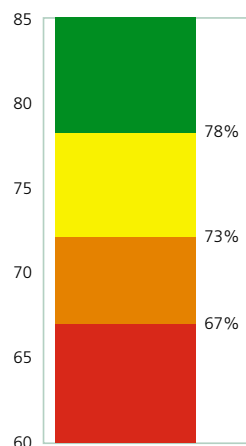
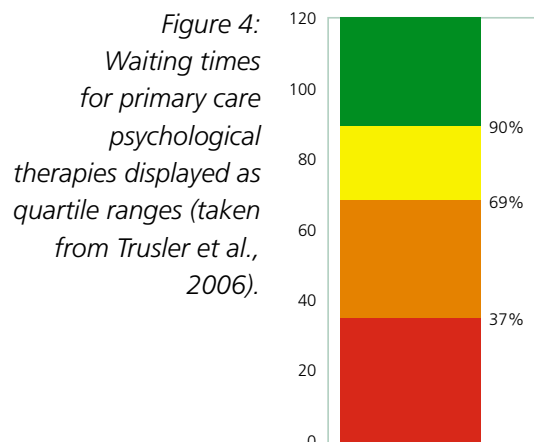
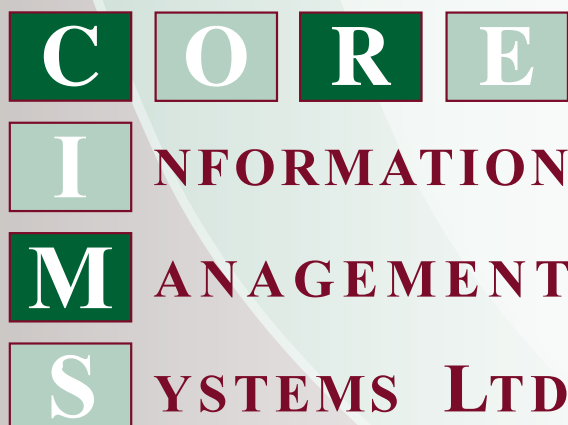


Figure 5: Recovery and/or improvement profiles for primary care psychological therapy services displayed as quartile ranges (taken from Mullin et al., 2006).

CORE-PC software, Data Management Training and Collaborative Service Development Consultancy each provide increasingly sophisticated bespoke resources to help services develop competencies and capacities to benchmark their local practice to inform organisational continuing professional development. Relative to other national and international measurement initiatives, such a bottom-up approach appears to be both considerably more successful in promoting and securing practitioner engagement than alternative top-down initiatives, and effective in producing demonstrable service quality development.

CORE IMS consultancy provides a range of current service assessments, training, and service development support to help develop best practice and best-practice commissioning. To arrange a meeting or have an informal talk to explore your needs contact John Mellor-Clark through john@coreims.co.uk or by telephoning 01788 546019



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