PROJECT TITLE

The Mental Health Clustering Tool (MHCT and its Utility as an Outcome Measure for Payment by Results (PbR)

DRAFT

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1.   INTRODUCTION

The purpose of this document is to outline the methods and processes required for testing the utility of scales within the Mental Health Clustering Tool (MHCT) as part of a quality and outcomes framework for mental health payment by results.

By autumn 2011, the Quality and Outcomes subgroup of the MH Product Review Group (PRG) has been tasked with developing a plan for how other data, including the MHCT, can be used to augment the quality indicators that are currently being tested *(Ref other papers)*. A joint working group, comprising CPP, RCPsych and SLaM Members, has been set up for this purpose.

2. BACKGROUND

Payment by Results (PbR)

The Coalition Government have made it clear that judging care by outcomes is one of its top priorities for the NHS. The White Paper "Equity and Excellence: Liberating the NHS" sets this out and is supported by the Outcomes Framework, published in November 2010 and the mental health strategy No Health without Mental Health, published February 2011.

Against the backdrop of the new policy environment a decision was taken to coordinate the Quality & Outcomes at a national level, taking account of regional and specialist input and building momentum towards delivering recommendations by the end of 2011/12. The Quality and Outcomes Product Review Group subgroup was formed with the primary objective to identify indicators / measures specifically linked to PbR currency groups, and to recommend how these could be utilised as an integral part of the overall currency methodology.

Mental Health Clustering Tool (MHCT)

The MHCT incorporates scales from the Health of the Nations Outcome Scales (HoNOS) (Wing et al. 1998) and the Summary of Assessments of Risk and Need (SARN) (Self et al 2008) in order to provide all the information necessary to allocate individuals to clusters.

HoNOS is an internationally recognised outcome measure developed by the Royal College of Psychiatrists Research Unit (CRU) to measure health and social functioning outcomes in mental health services. The aim of the HoNOS was to produce a brief measure capable of being completed routinely by clinicians and recorded as part of a minimum mental health dataset. The first twelve scales of the MHCT are the HoNOS. The HoNOS scales are used here with the permission of the Royal College of Psychiatrists, who hold the copyright.

SARN has been developed by the Care Pathways and Packages Project to aid in the process of establishing a classification of service users based on their needs so that appropriate service responses can be developed both at the individual and service level. It provides a brief description of the needs of people entering into Mental Health Services for the first time or presenting with a possible need for change in their care or treatment

2.　METHOD

2a.　Aim

The overarching aim of this piece of work is:

> *i)* To test the utility of using the MHCT to measure outcomes by cluster in routine practice.

Objective

> *ii)* To develop guidance on providing reliable measurement of routine clinical outcome using available datasets by utilising the CPP and SLAM data to explore expected and actual outcomes and variation at service level.

2b.　Process/Analysis

- A clinical model based on indicative MHCT scales and expected outcomes will be developed jointly by the CPPP and the RCPsych for each of the clusters.
- Descriptive statistics will be used to compare expected outcomes with actual outcomes (i.e. mean change with confidence intervals, percentages of service users that show positive improvement, mitigation of deterioration, increase in scores.
- Descriptive statistics will be used to describe any variation that is observed to occur at service level.
- Relationships between MHCT scales will be explored using clinical working groups and factor analytic techniques (see additional paper for further detail).

2c.　Sample

A sample of routinely rated MHCT data sets from service users in working-aged adults and older persons Mental Health services within the CPP consortium will be used. The total sample size is estimated to be somewhere in the region of 60,000 to 100,000 or more.

3.　ETHICAL CONSIDERATIONS

There will be no patient identifiable information included in the MHCT data. Only retrospective data collected as part of routine clinical practise will be used. There is a formal data sharing agreement in place between the various organisations collaborating with this project.

Consent will not be sought from service users to use the data for this purpose as this is routinely collected data scored by clinicians and used for service/treatment evaluation purposes. It would not be practical or possible for all service users, particularly those who may no longer be within mental health services, to be contacted to gain consent.

There are no risks to participants associated to this project as there will be no direct contact with service users at any stage in the analyses.

4.   TIMELINES & SCHEDULES

ACTIVITIES	TARGET DATES
Set up working group	June 2011 (completed)
Develop clinical model	July 2011 (completed)
Define data extracts from CPPP warehouse	August 2011
Methodology paper	August 2011
CPP data made available	August 2011
CPP Analysis	September 2011
Write up project and produce guidance	September/October 2011
Publish findings	October 2011

5.   REFERENCES

Self, R., Rigby, A., Leggett, C. and Paxton, R (2007). Clinical Decision Support Tool: A rational needs-based approach to making clinical decision', *Journal of Mental Health*, **17**:1, 33 — 48

Wing, J. K., Beevor, A. S., Curtis, R. H., Park, S. B. G., Hadden, S. & Burns, A. (1998). Health of the nation outcome scale (HoNOS): research and development. *British Journal of Psychiatry,* 172, 11 – 18.