

Oxleas



NHS Foundation Trust



What is 'good' in a crisis?

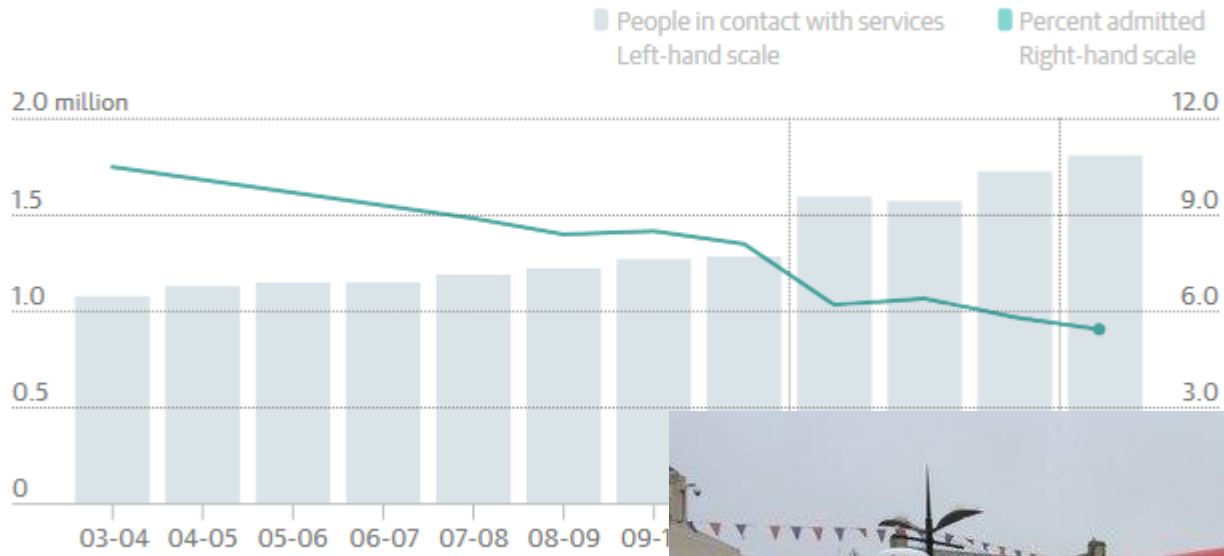
Dr Derek Tracy

Crisis Care Concordat

Alternatives to admission, July 8th 2016

The demands on services

Nearly 2 million people were in contact with NHS-funded mental health services last year



Source: HSCIC. Vertical dashed lines indicate a significant change in the data.



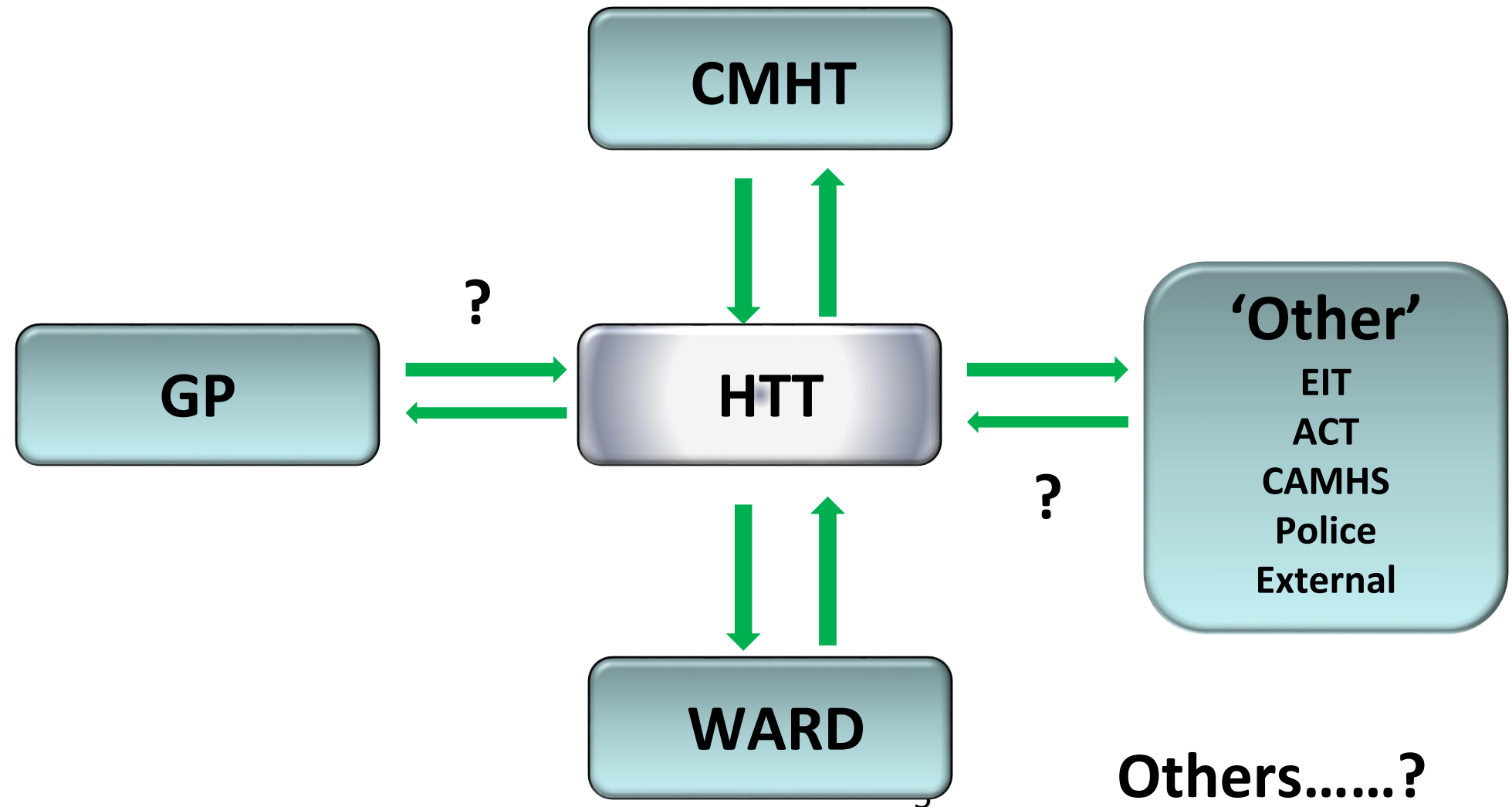
Background

- There's insufficient research on good crisis care: why?
 - Who attends, and why?
 - Where do they attend?
 - What should we do?
 - What works? (and what does that even mean? Admission, DSH...?)
 - Very hard and multifaceted questions to ask, let alone answer
 - A problem has been that data are typically *process*
 - Admission rates and duration
 - Use of the MHA
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Rumsfeldian known unknowns

- Tracy's paradox of electronic records: they can tell us anything we'd like to know about our service users *except*:
 - Do we get people well
 - Do they like the service they receive
 - Irritatingly, service users seem very keen on knowing:
 - Do you get people well
 - Do people like the service you provide
 - We want to know what is happening in crises
 - For individuals
 - For teams
 - For services
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The HTT interface



Our outcomes project

- I wanted to know about those we're seeing:
 - How are they feeling
 - What types of problems did they have
 - What did they think of the service
 - I wanted to be able to use this to:
 - Map changes in a person across time
 - Understand team caseload *morbidity* rather than numbers
 - Learn about who our HTTs were seeing, and *who we were helping* (or not)
 - Try understand what causes change(s) and in whom
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What we did

- System issues; needed to be:
 - Electronic
 - Built into digital records
 - Scale issues; needed to be:
 - Valid, reliable, free
 - Pan-diagnostic
 - Track i) symptoms (how are you feeling), ii) social (how is your life)
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What it looks like: team level data

Outcomes Data Summary

Bromley Home Treatment Team

Show/Hide Scores: CORE-10 CANSAS

#	Client ID	Name	Age	CORE-10 Score	CORE-10 Date	Anxiety	Support	Coping	Social	Panic	Suicide	Sleep	Despair	Unhappy	Images	CANSAS Score	CANSAS Date	Accom	Food	Home	Self Care	Activity	Health	Symptoms	Info
1				18	28 Sep	2	4	0	2	2	0	4	2	2	0	5	28 Sep	0	0	0	0	0	1	0	1
2				19	27 Sep	2	2	1	2	2	2	2	2	2	2	10	27 Sep	0	0	1	0	1	1	1	1
3				17	25 Sep	3	4	1	2	1	0	1	0	3	2	5	25 Sep	0	0	0	0	0	1	0	0
4				32	02 Oct	4	3	1	3	3	3	4	3	4	4	11	02 Oct	1	2	1	0	1	2	0	0
5				28	22 Sep	4	2	0	2	2	2	4	4	4	4	6	14 Sep	0	0	0	0	0	1	1	0
6				31	28 Sep	4	2	1	3	4	1	4	4	4	4	20	28 Sep	0	dk	1	1	2	2	2	1
7				19	22 Sep	2	3	2	2	2	0	2	2	2	2	3	22 Sep	0	0	0	0	0	0	1	1
8																									
9				15	28 Sep	3	3	1	3	1	0	1	1	2	0	20	29 Sep	1	0	2	2	2	2	0	2
10				19	14 Sep	2	2	3	3	0	3	3	0	2	1	9	14 Sep	0	0	1	0	1	0	1	0
11				8	28 Sep	0	3	4	0	0	0	1	0	0	0	2	28 Sep	0	0	0	0	0	0	0	0
12				8	01 Oct	0	4	3	0	0	0	1	0	0	0	9	01 Oct	0	1	1	1	1	0	0	1

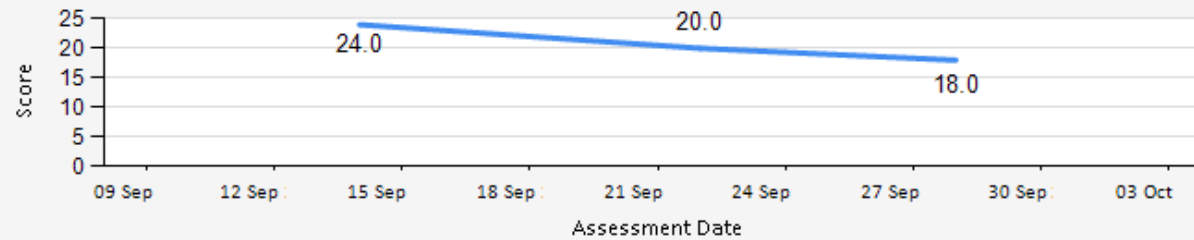
What it looks like: individual evel data

ClientID:	Name:	Last Appointment:	Zoning: Red
Age:	Diagnosis:	Seen By:	
		Appt Type: Follow up appointment Outcome: Attended/Seen - no change to plan	

CORE-10 Assessment History (3)

CANSAS Assessment History (2)

CORE-10 Scores



Core-10 Assessments

Assessment Item	15 Sep	21 Sep	27 Sep
I have felt tense, anxious or nervous	4	2	2
I have felt I have someone to turn to for support when needed	4	4	4
I have felt able to cope when things go wrong	2	2	0
Talking to people has felt too much for me	0	0	2
I have felt panic or terror	0	2	2
I made plans to end my life	0	0	0
I have had difficulty getting to sleep or staying asleep	4	4	4
I have felt despairing or hopeless	2	2	2
I have felt unhappy	4	2	2
Unwanted images or memories have been distressing me	4	2	0
Total (adjusted)	24.00	20.00	18.00

Next steps

- Pilot is extending across AMH in Oxleas:
 - Within Boroughs to track “who goes where” and why?
 - Across Boroughs to model team variation by morbidity
 - Making it more than a thermometer:
 - Scales tell us about change, they don't tell us what drives it
 - Try map interventions onto patients: CCO time, talking therapies etc
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