• Implementing the collect of Outcome Data. CROMs, PROMs & PREMs

  Increasing returns and reducing suppression rates
Pre Feb 2016 (YTD) – SWEMWBS & FFT

- Suppression Rate – Over 65%
- Return Rate – Approx. 20%

<table>
<thead>
<tr>
<th>Metric Name</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. MHCTs in the period</td>
<td>27,300</td>
<td>27,300</td>
<td>100.0%</td>
</tr>
<tr>
<td>No. MHCTs where SWEMWBS could be sent</td>
<td>17,093</td>
<td>17,093</td>
<td>100.0%</td>
</tr>
<tr>
<td>No. SWEMWBS sent</td>
<td>5,892</td>
<td>17,093</td>
<td>34.5%</td>
</tr>
<tr>
<td>No. SWEMWBS suppressed by staff</td>
<td>11,201</td>
<td>17,093</td>
<td>65.5%</td>
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<tr>
<td>Suppression rate for Patient states they do not wish to receive questionnaire</td>
<td>8,674</td>
<td>11,310</td>
<td>76.7%</td>
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<tr>
<td>Suppression rate for MDT agree questionnaire would be detrimental to wellbeing</td>
<td>586</td>
<td>11,310</td>
<td>5.2%</td>
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<tr>
<td>Suppression rate for MDT agree it is not currently viable to obtain feedback</td>
<td>1,553</td>
<td>11,310</td>
<td>13.7%</td>
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<tr>
<td>Suppression rate for Other</td>
<td>388</td>
<td>11,310</td>
<td>3.4%</td>
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<tr>
<td>SWEMWBS not used by service</td>
<td>109</td>
<td>11,310</td>
<td>1.0%</td>
</tr>
</tbody>
</table>
• Reasons for low return rates
  – Seemingly Complex system.
  – Lack of clarity over purpose and reporting.
  – Lack of familiarity with forms.
  – Sense that it did nothing client specific.
• Dec 2015 Pilot study introduced within 6 teams.
  – Redefined CROMS, PREMS & PROMS.
  – Listened to feedback from staff
  – Sought to clarify methods and misunderstandings
  – Tested out new ways of working
• Options identified:
  – Ability to print out SWEMWBS and FFT forms at point of contact.
  – Familiarisation of clinical staff with what the letters looked like.
  – Set automatic sending as default option.
  – *Utilise web based return within team bases.*
  – SMS facility used as preferred system for sending.
Implementing the collect of Outcome Data.
CROMs, PROMs & PREMs
A short introduction for Community Teams

This presentation is a shortened version of the one being cascaded via your teams in the coming weeks. If you have any specific questions that you feel may need further clarity within the full slides then send responses here so that we can add to a ‘Frequently asked Questions’ list.

For discussion of any immediate concerns, in the first instance contact your respective Community Modern Matron:

- Emma Bailey (South Tyneside and Sunderland)
- Lindsay Spencer (Newcastle & Gateshead)
- Andrew Thorn (Northumberland & North Tyneside)

Please remember to familiarise yourself with the full guidance, which is likely to answer any specific queries.
Clinicians in Community Services already record Clinician Related Outcome Measures (CROM) via the Mental Health Clustering Tool (MHCT).

However, there is an essential need to gain increased feedback from clients about their outcomes (PROMs) and Experience of services (PREMs).

Gaining feedback from Service Users is important and can be of particular value when integrated into discussions with Service Users and considered at reviews and when treatment planning. Some changes have been made to the way we gain this feedback.

**Patient Rated Outcome Measure (PROM):**
In line with National guidance, NTW are using the Short Warwick & Edinburgh Mental Wellbeing Scale (SWEMWBS) as a Patient Rated Outcome Measure (PROM). The PROM should be collected in line with the MHCT, i.e. on completion of initial assessment, at routine review, significant change in presenting needs, e.g., at admission; and at discharge.

This short questionnaire is not anonymous and when returned the response is available in the Patient record, and should be discussed at reviews with service users to inform treatment plans.

**Patient Rated Experience Measure (PREM):**
The 2013/14 Department of Health guidance for Mental Health Payment by Results (MHPbR) stated that consideration should be given to using the “friends and family” (FFT) question with service users. Unlike SWEMWB feedback, PREM feedback is anonymous.
From 1st February 2016

• Sending of questionnaires at Clustering will be done by default.

• All clinical staff should have an understanding of the principles, mechanisms and reporting structures.

• All Clinical staff will be able to describe and explain the value and purpose of the CROMS, PROMs and PREMs to service users.
What is SWEMWBS?

- **What is SWEMWBS?** A 7 item questionnaire that produces a single score. Scoring the SWEMWBS within our patient information system is done automatically.

- It is self-completed (for people aged 13+) to record ‘statements about thoughts and feelings over the past two weeks’.

- **Why use SWEMWBS?** SWEMWBS can be used before and after an intervention (at least two weeks duration) to establish if mental wellbeing has improved.

- Clinicians can (1) compare the client on changes to how they score on the 7 items, and (2) get an overall score which they can compare over time and with the population norm. (see useful links at end of presentation)

- **How to use SWEMWBS?** Individuals rate their feelings over the previous two weeks from 1 (none of the time) to 5 (all of the time) on all the seven questions. These are added up and averaged for all participants. If a follow-up questionnaire is used then it must be tagged to their first questionnaire so that the increase for each individual can be calculated.
What does it look like for clients?

Introduction letter

SWEMWBS sheet. Notice the bar code which makes this unique to the patient

FFT questionnaire
Purpose of sending the questionnaires.

1. A patient reported outcome measure (PROM), which can assist and inform individual treatment and review. This is patient specific and identifiable in care record.

2. A service wide thematic review of wellbeing, linked with HoNOS 4 factor scoring. Used operationally and for national reporting.

3. Inclusion of Friends and Family test (PREM), which is an NHS standard monitoring tool (this data is not personally identifiable)
Create (or re-print) a SWEMWBS + FFT Questionnaire or allow the automated process to generate it.

View results of completed SWEMWBS only (FFT responses will not be visible at this level).

Cannot send questionnaire as response to later MHCT Assessment has been received.

Create (or re-print) a SWEMWBS + FFT Questionnaire and hand to client or let automated process generate it.

View four factor graph for the client.
How does the process work?

The first time this correspondence is sent, all clients will be contacted via post, or handed the document. The paper forms contain a web address and unique access code to complete online. If the client completes online they will be asked if they wish to receive future SWEMWBS / FFT via SMS (and prompted to enter their mobile number) and this will be completed via a web page. All clients will need to verify their mobile number. Clients will also be able to opt out of receiving these SMS messages (which will revert them back to paper).

We should encourage as many clients as possible to receive these via SMS as, not only will it save on admin time & postage costs; but also will allow the responses to be viewed in RiO much more quickly. This is helpful for clinical review and it is envisaged will be more convenient to many clients.

Paper responses are manually entered into an internal system. Questionnaires barcodes are scanned to set the received date and to link the response back to a MHCT record / client.

PLEASE NOTE: It is important that you do not photocopy the SWEMWBS and FFT questionnaires. Each one is tracked using a unique barcode. You can reprint the correspondence using the links from the MHCT with algorithm screen in Rio.
After Clustering, when saved you will be prompted to send SWEMWBS and FFT feedback questionnaire. This is now set by default to a YES
Once a Client receives the letter, they have two options.

• Complete the questionnaire and return it (either via clinician or via freepost envelope provided.)

• Complete Feedback Via web link (as detailed in the letter)
The weblink

Northumberland, Tyne and Wear NHS Foundation Trust

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

Please enter your unique code

Please enter your date of birth (dd/mm/yyyy)

Please select your gender

login
Text Message Notifications

- Subsequent feedback requests will be sent via text to all clients who have opted in.
- Clients can choose to opt out at any time.
- Manual Feedback letters can be printed, which will override the sending of a text message.
• Post Feb return rates and data
  – Suppression rate – remains high, but nearer 45% (further work planned)
  – Response rate – slightly lower percentage, but in real terms this still means a larger return rate.

<table>
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<th>Denominator</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>No. MHCTs in the period</td>
<td>2,518</td>
<td>2,518</td>
<td>100.0%</td>
</tr>
<tr>
<td>No. MHCTs where SWEMWBS could be sent</td>
<td>1,780</td>
<td>1,780</td>
<td>100.0%</td>
</tr>
<tr>
<td>No. SWEMWBS sent</td>
<td>946</td>
<td>1,780</td>
<td>53.1%</td>
</tr>
<tr>
<td>No. SWEMWBS suppressed by staff</td>
<td>834</td>
<td>1,780</td>
<td>46.9%</td>
</tr>
<tr>
<td>Suppression rate for Patient states they do not wish to receive questionnaire</td>
<td>845</td>
<td>845</td>
<td>0.0%</td>
</tr>
<tr>
<td>Suppression rate for MDT agree questionnaire would be detrimental to wellbeing</td>
<td>184</td>
<td>845</td>
<td>21.8%</td>
</tr>
<tr>
<td>Suppression rate for MDT agree it is not currently viable to obtain feedback</td>
<td>277</td>
<td>845</td>
<td>32.8%</td>
</tr>
<tr>
<td>Suppression rate for Other</td>
<td>373</td>
<td>845</td>
<td>44.1%</td>
</tr>
<tr>
<td>SWEMWBS not used by service</td>
<td>11</td>
<td>845</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

– Suppression rate for March 44%
Useful Links

- CPPP intranet information
- SWEMWBS information
- PROMS, CROMS & PREMS
- Full NTW SWEMWBS Guidance
- SWEMWBS scoring conversion table.
Questions, Concerns, Queries?

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