

Metrics for the QIPP Workstream for Early Intervention and Community Teams

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1 Introduction

In order to be able to monitor and report progress in the Early Intervention and Community Teams QIPP, NHS West Midlands have identified the following items for measurement as necessary for evidence of development towards the aims of:

...redesigning and re-engineering mental health community services to improve their ability to respond to individuals needs through early intervention and to reduce the use of admissions and high intensity high cost services.

Those metrics that can also be used for CQUINS in 2010/11 are noted below. NHS West Midlands provide a spreadsheet to support local data collection.

2.1 Metrics – Commissioners Data

Commissioners should provide data on:

- Expected rates of new EI Patients per year.
- Expected rates of referrals from Acute Inpatient to Crisis Resolution Home Treatment Team per year.
- Commissioned Inpatient Capacity per year.
- Definition of re-admission

2.2 Metrics – Activity Data

The following activity data should be received by each Primary Care Trust on a quarterly basis to support local QIPP monitoring. These quarterly data should be forwarded by each PCT to NHS West Midlands.

2.2.1 Crisis Resolution Home Treatment Teams

- Count of all referrals by source of referral including; mental health hospital, early intervention service, assertive outreach team, community mental health team, Older Adults, CAMHS, Primary Care, sum of all other sources¹.
- Count of CRHT assessments that result in an episode of Home Treatment.
- Count of CRHT assessments that result in the patient being admitted to mental health hospital².

2.2.2 Early Intervention Teams

Count of all referrals by source of referral including: community mental health team, crisis resolution home treatment team, assertive outreach team, primary care teams, CAMHS, mental health hospital, sum of all other sources.

¹ The total number of referrals to CRHT from inpatients wards is also one of the numerators for the “CRHT Facilitated Discharge from hospital Response Time” CQUIN

² The total number of assessments that result in admission is also the numerator for the “CRHT Gate keeping rate” CQUIN

- Count of patients on the caseload that are receiving active early intervention support.
- Count of all discharges by discharge destination, including community mental health team, assertive outreach team, primary care teams, CAMHS, sum of all other sources.
- Referrals from EI to Crisis Resolution Home Treatment and Acute Inpatients.
- Lengths of stay data including:
 - Minimum length of stay of patient within early intervention service
 - Maximum length of stay of patient within early intervention service
 - Average length of stay of patient within early intervention service
 - Median length of stay of patient within early intervention service
- Count of Early Intervention patients who have duration of untreated psychosis of less than three months³.

2.2.3 Inpatient Hospital Wards

- Occupancy measured in occupied bed days (both including and excluding leave days)
- Count of admissions by source of referral including crisis resolution home treatment team, early intervention service, assertive outreach team, community mental health team, CAMHS, Primary Care, sum of all other sources⁴.
- Mean, median, minimum and maximum length of stay in hospital.
- Sum of all leave days used by inpatients
- Count of all discharges by discharge destination, including crisis resolution home treatment team, early intervention service, assertive outreach team, community mental health team, CAMHS, Primary Care, sum of all other.
- Count of patients who have been re-admitted within 28 days of a previous discharge from the same mental health hospital.

2.2.4 Additional Workforce Metrics

In addition to the above, workforce metrics have been identified by commissioner and provider discussions, in relation to beginning to understand workforce issues around community / domiciliary and hospital based services. The identified metrics for EI, CRHT and Acute Inpatient (not including PICU) are:

- WTE's of dedicated Team / Ward Managers
- WTE's all qualified practitioners except medical staff.
- Sessions per year of medical practitioners
- WTE's care support staff (e.g. STR workers, Care support workers)
- WTE's admin and clerical staff.

³ Analysis of the DUP of EI Patients is a requirement of the Effective EI DUP CQUIN

⁴ The total number of admissions is also the denominator for the "CRHT Gate keeping rate" CQUIN