

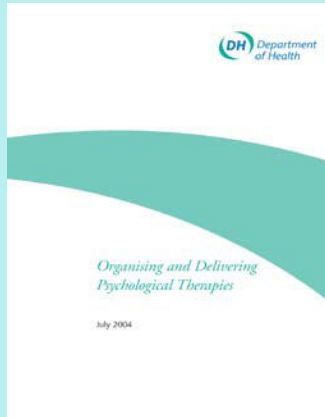
Hospice of the Good Shepherd

CORE Data Review

Data sample: all cases assessed between 01/07/2011 to 30/06/2013

*An independent data review by Ellie Twigg, CORE IMS
Prepared August 2013*

CORE Data Review Structure



The structure of this report assesses service quality through five key performance areas recommended by the DoH (2004) publication *Organising and Delivering Psychological Therapies*. These areas include:

- ▶ **Equity:** Is the service available equally to those who need it irrespective of factors such as gender, ethnicity, age etc?
- ▶ **Accessibility:** Is the service easily accessed by those in need?
- ▶ **Acceptability:** Does the service meet users' requirements?
- ▶ **Efficiency:** Is the service cost-effective in maximising volume and quality within available resources?
- ▶ **Effectiveness:** Does the service deliver results, and is it safe?

CORE Benchmarks

CORE-PC reports use a benchmarking system to enable services to compare their own results with national results for other, similar services. Compilation of these benchmarks requires aggregation of large quantities of data within the relevant sector. Currently benchmarks are available for Primary Care, Higher Education and Employee Assistance Providers (Workplace Counselling).

Because there are relatively few bereavement services nationally using the CORE System, it has not yet been possible to compile specific benchmarks for this specialist sector. The closest relevant comparator is Primary Care but it is important to note that the way in which bereavement services work means their results may not always be directly comparable. Where this is likely to explain discrepancies between service data and benchmarks this is highlighted in the text accompanying the relevant graphic.

CORE Data Profile Map

247 Attended Therapy Assessments

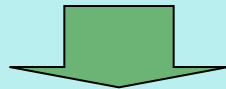
242 Completed CORE-OM T¹ [98%]



224 Accepted for Therapy [91%]



Of those that were accepted for therapy and are now recorded as closed cases (n=180), 120 [67%] had a planned ending of therapy



Of 180 clients accepted into therapy and now closed— 124 [69%] completed CORE-OM pre and post-therapy

5 (2%) did not complete CORE-OM

19 (8%) had assessment/single session only

3 (1%) were unsuitable or referred

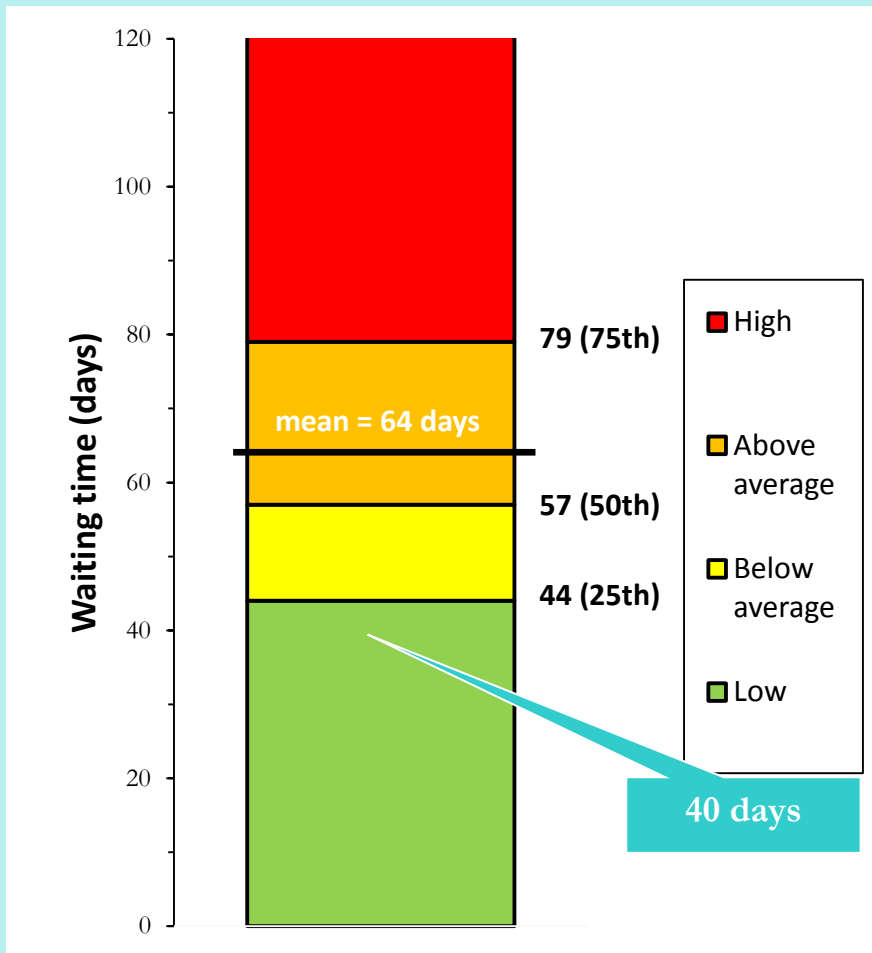
0 had missing data

60 were unplanned endings [33%]

There were no unrecorded endings

WAITING TIMES

Are first contact sessions easy to access?



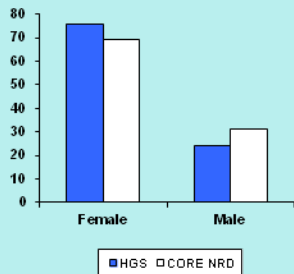
Waiting times during the data period averaged 40 days, compared with the average for Primary Care of 64 days. Waiting times data is of generally good quality, with data available for 245 of the 247 clients assessed. The range for waiting times for individual clients was 0 to 169 days.

REFERRAL

Do client profiles suggest equity in their representation of local populations?

CORE System data that profiles the demography of the service's clients has been of a consistently high quality in this sample that would be difficult to substantially improve.

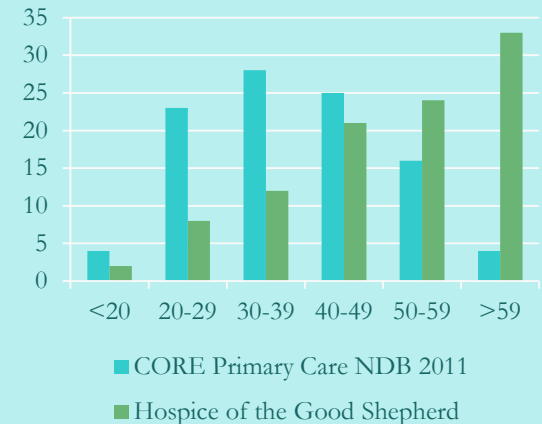
Gender



Female to male client ratios are 76:24 – similar to those in Primary Care.

The average client age of 52 is well above the average benchmark for Primary Care, as might well be expected given that people are more likely to experience bereavement as they age. 37% of clients were older than 59 (4% in Primary Care).

Age



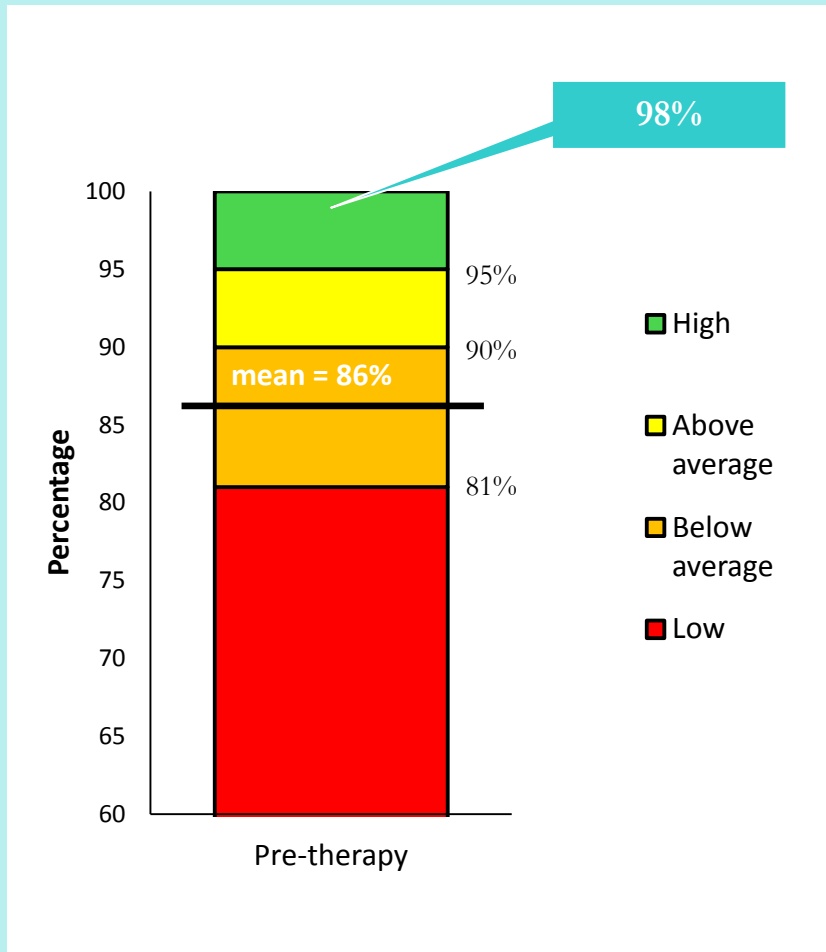
Ethnicity



The service is almost exclusively used by clients identified as White British or White European.

ASSESSMENT Profile

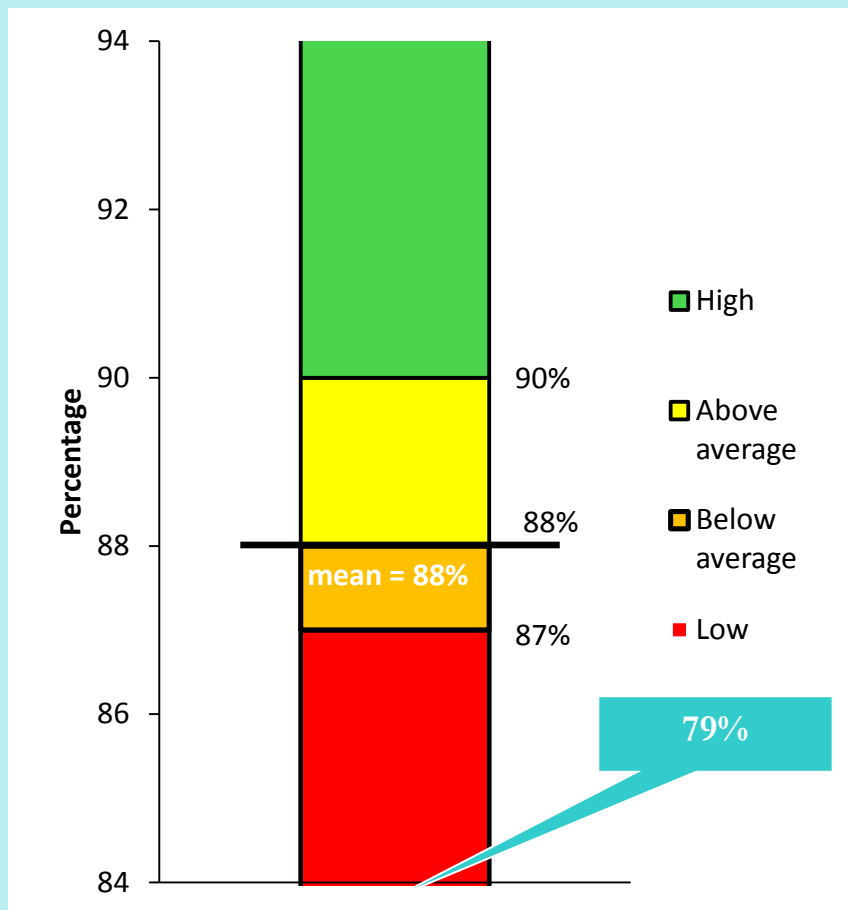
CORE-OM Completion



The pre-therapy Outcome Measure completion rate is 98%. This excellent rate of completion puts the service firmly in the top quartile of services when compared with national Primary Care benchmarks, in which the mean is 86%.

ASSESSMENT Profile

Clients above CORE cut-off

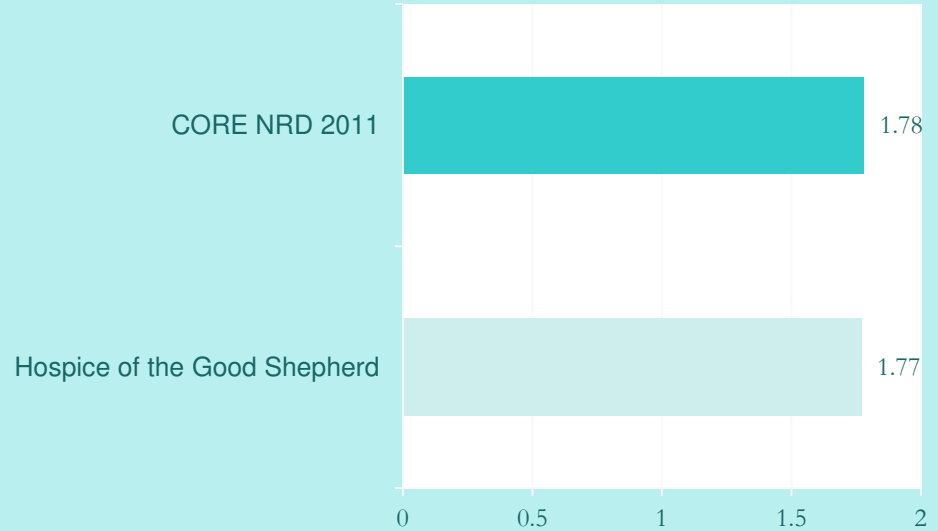


The percentage of clients seen by the service who scored above cut-off on the pre-therapy CORE-OM was 79%, compared with an average in Primary Care of 88%. The problems experienced by people who are struggling to cope with bereavement may differ somewhat from those experienced by clients referred to Primary Care. Clients may need help to normalise their bereavement rather than being depressed.

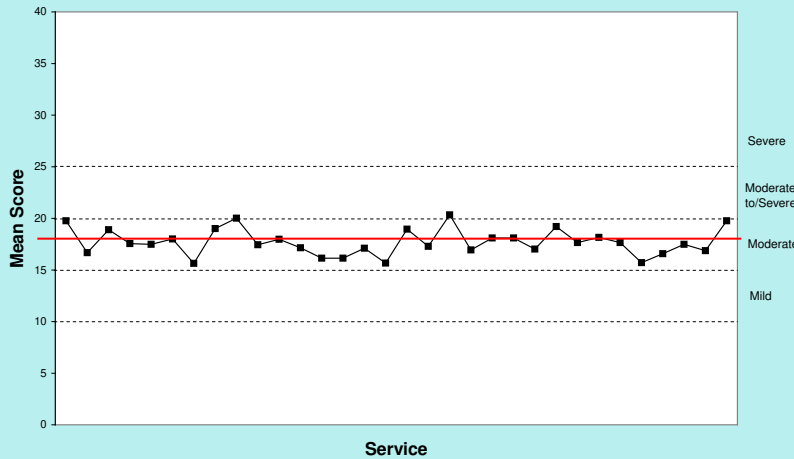
ASSESSMENT

The average pre-therapy CORE-OM score for your service is 1.77. This is very similar to the average for Primary Care.

CORE-OM Intake Profile



Mean CORE-OM pre therapy score by service



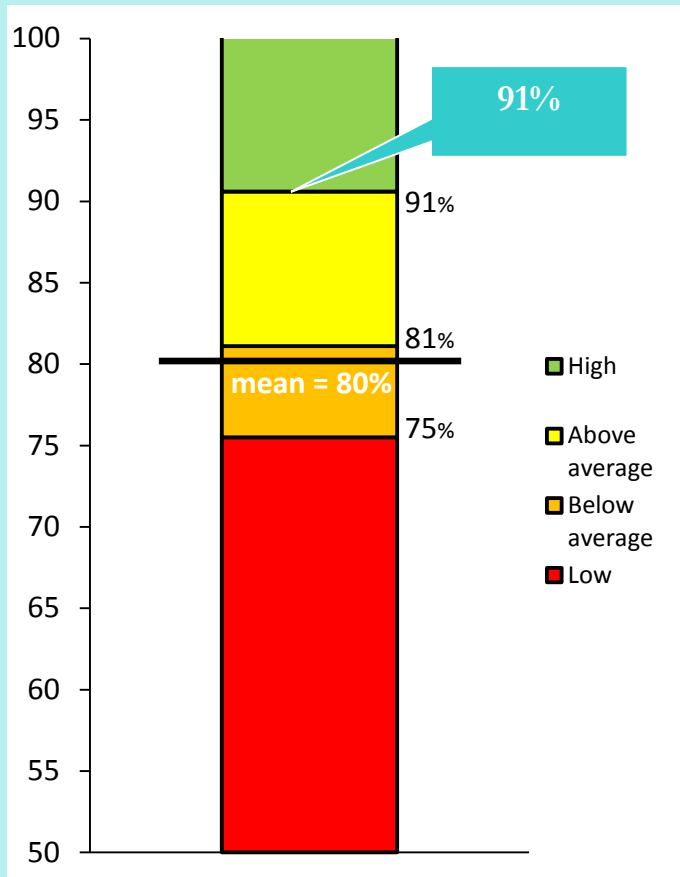
CORE IMS Ltd (2011). Primary Care National Research Database.

Mullin, T., Barkham, M., Mothersole, G., Bewick, B.M., & Kinder, A. (2006). Recovery and improvement benchmarks in routine primary care mental health settings. *Counselling & Psychotherapy Research*. 6(1): 68-80.



ASSESSMENT Outcome

Client Intake



91% of clients assessed or seen for their first session were accepted into therapy (compared with 80% for Primary Care), with 8% having an assessment/single session only and 1% being referred elsewhere or considered not suitable for therapy.

THERAPY Efficiency

Is the service cost-effective?



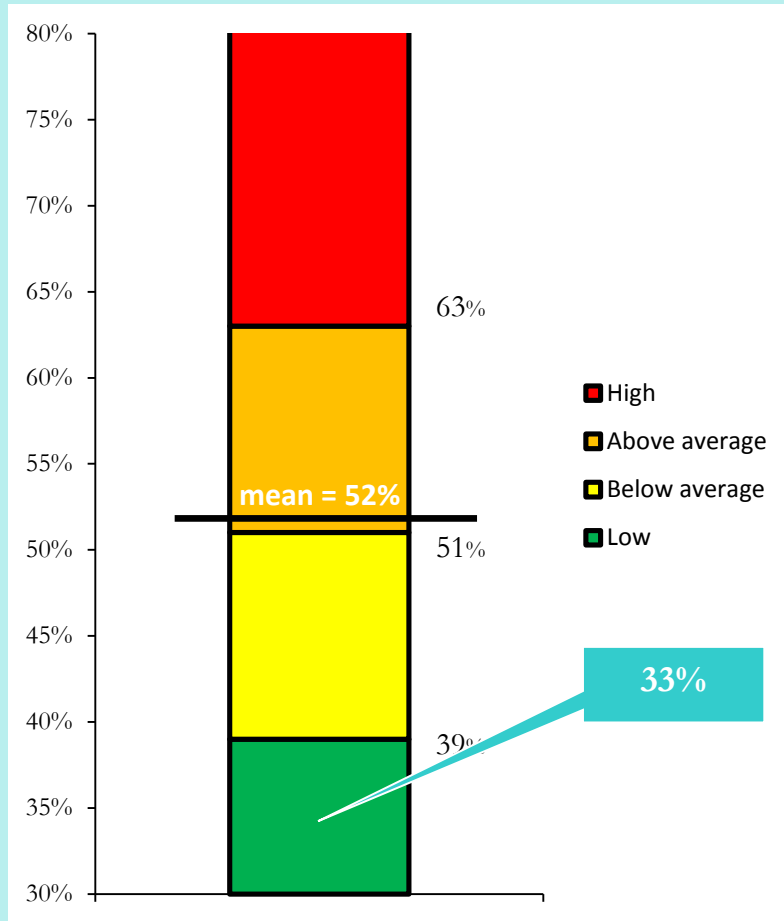
Overall session attendance rates run at 81%. This is very similar to the national comparator for primary care counselling services (83%).

THERAPY Endings

How acceptable are therapy experiences to clients?

Service Acceptability:

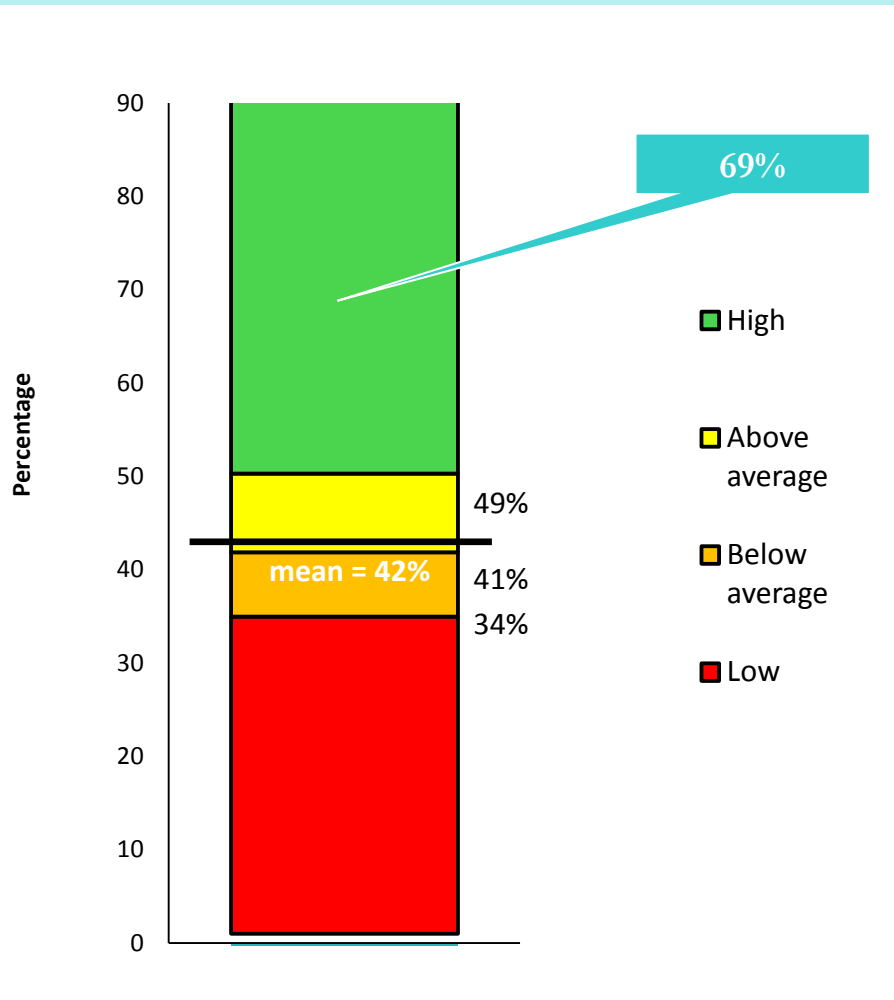
Unplanned endings (estimate)



There were 33% recorded unplanned endings and no unrecorded endings (which is excellent), making an estimated and actual rate of unplanned endings of 33% which puts the service firmly in the lower quartile compared with Primary Care services. This is markedly below the average for Primary Care (52%). Of the unplanned endings, 37% were because the client did not wish to continue, 1% was due to crisis, 27% were due to loss of contact, and 30% were other unplanned endings.

Therapy Endings

Does the service deliver results?



The service has a Pre-Post OM Completion rate of 69% which is much better than the average for Primary Care of 42%. Pre-post outcome measures were collected for 106 (88%) of the 120 clients who came to a **planned ending**, which is a very good level of data quality.

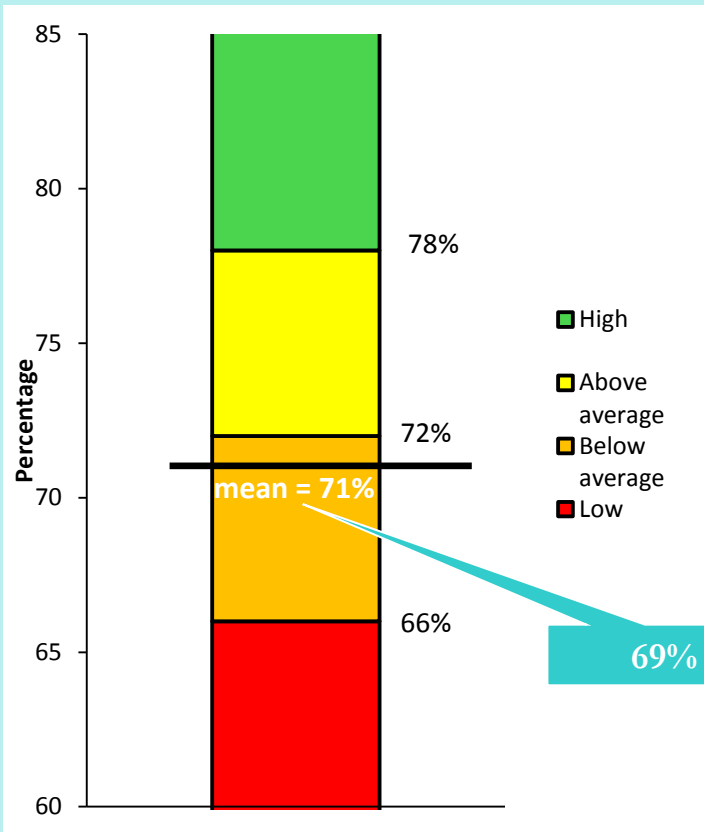
CORE IMS Ltd (2011). Benchmarks for Primary Care Counselling Services: Outcome Measure Completion Rates.

Therapy Endings

Does the service deliver results?

Clinical and/or Reliable Change

69% of clients with pre- and post-therapy outcome measures achieved clinical and/or reliable change, very similar to the average for Primary Care of 71% and markedly higher than in the previous report (56%). The rate of clinical and/or reliable change for clients with planned endings to therapy was 75% while for those with unplanned endings it was, unsurprisingly, lower - 33%.



Service Safety

Of the 242 clients completing the CORE Outcome Measure at their 1st contact session, a total of 16 (7%) had scores on the risk dimension of the CORE Outcome Measure of at least 1 point above the cut-off.

Of these potential severe risk clients all but 1 had been rated to be at least some level of risk of suicide or self-harm by practitioners. This is an excellent level of congruency of risk assessment.

Risk Assessment

Counselling and Psychotherapy Research, March 2006; 6(1): 50–59



ORIGINAL ARTICLE

When clients and practitioners have differing views of risk: Benchmarks for improving assessment and practice

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Abstract

The assessment of risk is a top priority within routine counselling and psychotherapy services. However, staff often receive little training in this area. Research suggests that differences between practitioner-rated and client self-report assessments are to be expected and has indicated that the rates of difference can be relatively high (i.e., >50%). However, no national benchmarks have yet been presented which allow both practitioners and services to assess their degree of difference between client- and therapist-ratings of risk. This study uses data drawn from the CORE National Research Database and the risk domain of the CORE-OM (n = 25338) to address this issue. Percentage of difference in assessment rates are presented to enable services to compare their rates of difference with those obtained in other services. The CORE-OM risk domain identified 44% of clients as 'at risk' while the practitioner assessment identified 10% of clients as being 'at risk'. For the overall sample, 18% of clients were classified by the practitioner as presenting no risk when the CORE-OM risk domain identified them at risk. There were large variations between services. The practical use and implications of the results presented are discussed by managers of NHS primary care counselling services.

Keywords: CORE-OM, primary care, assessment, counselling, risk, suicidality

Introduction

The assessment of risk is a top priority within routine counselling and psychotherapy services. Indeed, all services are required to have a risk assessment plan (Department of Health, 1999). The National Service Framework for Mental Health states that services must "ensure that staff are competent to assess the risk of suicide among individuals at greatest risk". Furthermore, it states that they should "develop local systems for suicide audit to learn lessons and take any necessary action" (Department of Health, 1999, p. 76). Whilst it may be acknowledged that people presenting 'at risk' is an integral part of secondary or specialist services, epidemiological data also indicates that the rates of risk and/or suicide are of concern in primary care settings (Luoma, Martin & Pearson, 2002). In many ways, the assessment of risk is one area where a strong case can be made for being over-inclusive – that is, the cost in terms of human life of failing to detect just one person as at risk is too high. However, resources are finite and appropriate assessment needs to be undertaken without depleting scarce public resources by incorrectly identifying low risk individuals as at risk (Joiner, Rudd & Rajab, 1999). Although there is a considerable body of literature

focusing on the assessment of risk, there is one aspect which raises important questions for practitioners – namely, when differing views of risk are reported by a client and practitioner. Accordingly, the focus of the present article is on providing an understanding and some guidance on the incidence of differing views of risk with particular reference to suicidality in primary care settings.

Assessment of risk

The assessment of people at risk of suicide is complex, especially since clients are not always willing to talk openly about suicidal ideation (Yigletu, Tucker, Harris & Hatlevig, 2004). Studies have suggested that the use of client self-rating instruments within the therapeutic assessment process may increase the likelihood of clients disclosing sensitive information, particularly information concerning their risk of suicide (e.g., Kaplan et al., 1994; Levine, Ancill & Roberts, 1989). Traditionally, however, practitioners have preferred to assess suicidal risk through face-to-face clinical interviews without using validated psychological tests (Eddins & Jobs, 1994; Jobs, Jacoby, Cimboric & Husted, 1997).

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DOI: 10.1080/14733140600581481

Service Review Summary

- ▶ **Data quality:** There is evidence of a consistent and very high standard of data quality for which the service should be congratulated.
- ▶ **Equity:** The client group is almost entirely all White British or White European. This figure could be compared to local demographics but is likely to reflect local demography and the willingness of BME clients to access services.
- ▶ **Accessibility:** Waiting times remain significantly below those of Primary Care. However, there are still some clients waiting in excess of 100 days. Further reductions might be achieved by exploring waiting times for those clients with the longest waits to identify any potential barriers to access for individual clients or groups of clients.

Service Review Summary

- ▶ **Efficiency:** Rates of attendance have risen since the last data review and are now on a par with Primary Care averages.
- ▶ **Acceptability:** Levels of unplanned endings are substantially below those seen in Primary Care services and types of endings are specified for all clients.
- ▶ **Effectiveness:** In the last data report the service exhibited an overall rate of improvement which was somewhat below that of Primary Care. Over the 2-year reporting period however the rates of recovery/improvement seen in the service are very close to those seen in Primary Care. Outcomes data was available for 18 of the 60 clients with unplanned endings to therapy.
- ▶ **Safety:** The service consistently demonstrates an excellent standard of congruent risk assessment.