

Early Intervention in Psychosis (EIP)

Understanding systems: Collecting baseline data

The EIP National Programme is currently working to develop, design, and deliver EIP services together with two pathfinder sites: NHS Dumfries and Galloway and NHS Tayside. This case study details the pathfinder sites' experience and key learning points regarding collecting baseline data.

Aim

Previous work has identified inconsistencies across Scotland in the coding used for people experiencing First Episode Psychosis (FEP) and a lack of data that could help understand demand, access, and quality of services.

This case study is for health boards considering setting up an EIP service. To develop services and create change, health boards need to first of all understand their local system and context.

The present case study:

- Details how health boards can understand their system by looking at retrospective data for the last people experiencing FEP. Considerations related to data collection and why it is important are addressed
- Exemplifies how NHS Dumfries and Galloway and NHS Tayside used the 'Last 10 Patients' tool to understand their system when developing an EIP service



Why collect baseline data?

Duration of Untreated Psychosis

One key strategy for improving the outcomes for people experiencing FEP is to reduce the duration of untreated psychosis (DUP).

DUP is defined as the time period from the onset of psychotic symptoms to the start of treatment. When the duration of untreated psychosis is reduced and early interventions focus on the symptomatic, social, and personal recovery, there is a significant improvement in clinical outcomes.

According to [Scottish Government's mental health quality indicators](#), people presenting with FEP should be offered treatment within 14 calendar days from referral.

Baseline data

Since reducing DUP is a key strategy of EIP, it is important to document the journeys of people with FEP presentation, from referral to diagnosis, and how these are linked to access to evidence based interventions delivered by EIP services.

To better understand this, health boards need to look at retrospective data. The two pathfinder sites, NHS Dumfries and Galloway and NHS Tayside have used the 'Last 10 Patients' data collection tool to collect baseline data.

The tool and instructions for use can be downloaded [here](#).

Methodology

1

Select the last people with FEP

2

Collect data

3

Analyse data

NHS Dumfries and Galloway

Who collected the data?

Data was collected by the consultant clinical psychologist, with the help of an assistant psychologist.

Data collection steps

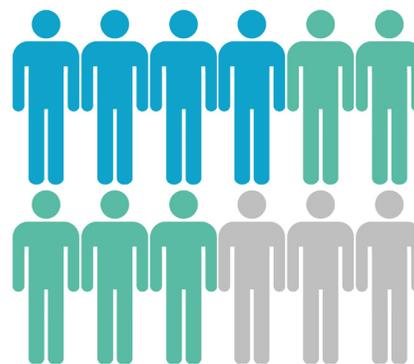
- The team agreed on a definition of 'treatment', for example date the medication was offered
- Duration: data gathering took several days. Data was revisited over a period of three months after discussions with the local team and Healthcare Improvement Scotland (HIS) colleagues.
- Steps:
 1. IT was asked to retrieve the people who have received the codes F19 and F20-29 in the last year
 2. Community Mental Health Teams (CMHTs) and consultant psychiatrists were approached and asked to recall the most recent people with FEP
 3. Information from the CMHTs and psychiatrists was cross-referenced with the data received from IT to get the last 15 cases
 4. After team discussions, it was agreed that 3 people needed to be removed from the dataset. The final dataset included 12 people

Results

People with experience of first episode psychosis in NHS Dumfries and Galloway:

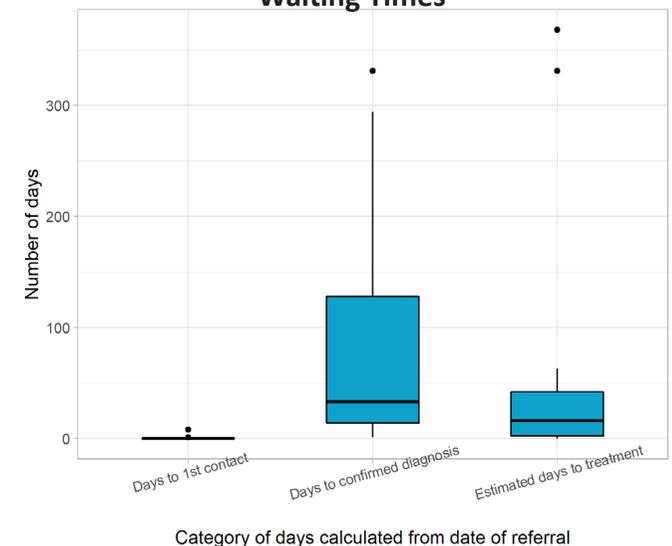
- Were seen promptly after the referral was received
- There was a large variability in the number of days taken to confirm the diagnosis, and there was no identified pathway
- There was a large variability in the estimated number of days to treatment, and hence in DUP

Duration of Untreated Psychosis (DUP)



- DUP < 14 days
- DUP 14 days - 9 months
- DUP > 9 months

Waiting Times



NHS Tayside

Who collected the data?

Data was collected by the Quality Improvement (QI) Lead in NHS Tayside.

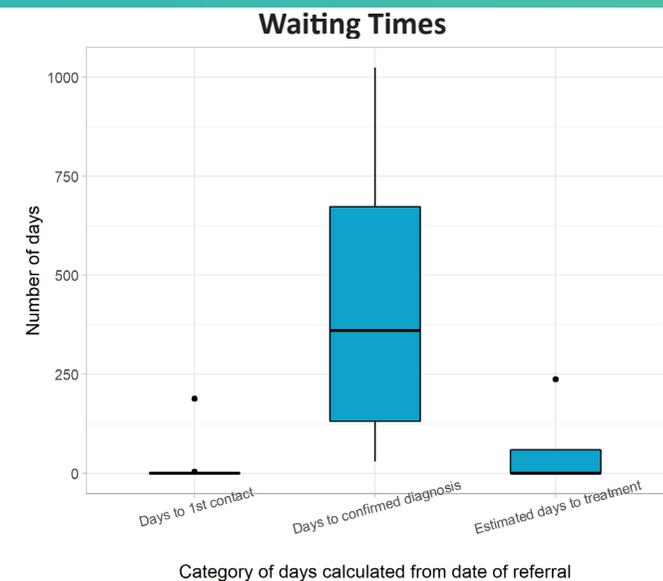
Data collection steps

1. The Dundee CMHTs (West & East) provided detail of the last 15 people through their Discharge Hub who had been discharged with the diagnosis of psychosis
2. The people identified were then looked up on EMIS, case notes reviewed for care during admission - medication, treatment / interventions, and date of first symptoms. Clinical Portal was used to access letters. A number of people were not included in the data set as they were not first episode psychosis. The final dataset included 12 people
3. Where additional information about the data collection was needed, the QI lead liaised with professional colleagues - psychology, psychiatry, nursing

Results

People with experience of first episode psychosis in NHS Tayside:

- 11 out of 12 people presenting with FEP have been contacted within the first five days after referral
- Four out of 12 people have received a confirmed diagnosis. The data of the four people can be visualised on the right hand side. As it can be seen, there was a large variability in the number of days taken to confirm the diagnosis
- Four out of 12 people have been offered treatment. Three out of the four received treatment shortly after the date of referral. DUP could not be calculated for the remaining 8 people as they had not started treatment at the point of data collection; therefore, DUP is not reported here



Tips for health boards considering setting up an EIP service



Collect baseline data using the tool accessible [here](#)



From your data collection, consider if you need to improve the way the data is recorded



Ensure consistency of the use of coding for patients so that data is better extracted



An important determinant of the EIP service is reducing the DUP – ensure you have a way of recording this



You may want to consider the use of a software to collect patient data

Staff Impressions

How was the work/data used?

“The data was used when we considered our pathway analysis work. It helped us identify where the service users were most likely to first present within the service, which then influenced our decisions on our new care pathway. It also helped us to recognise the positive aspects of the current service; there was consistently a short period of time between first contact and first assessment. In contrast, we noted that there were outliers, particularly when it came to diagnosis and this formed later discussions around documentation of diagnosis and recommendations were made to the wider team of psychiatrists.” **Clinical Psychologist, NHS Dumfries and Galloway**

“This will provide us with baseline data and help identify gaps in our data collection processes.” **QI Lead, NHS Tayside**



What were the biggest challenges?

“By far the biggest challenge was finding the data as it was not recorded in a consistent way across the service. We are fairly confident that we have accurate data about these 12 cases but it is likely that some individuals have been missed from the dataset.” **Clinical Psychologist, NHS Dumfries and Galloway**

“Getting enough people who met the criteria of early psychosis- many of the people originally identified had experienced psychotic symptoms prior to the date identified for this piece of work.” **QI Lead, NHS Tayside**



Is this a tool you would recommend?

“Yes, it was very helpful to think about the current pathways using real data from real service users. We were keen to add to this quantitative data with some feedback from the service users and their family about how they felt about their journey through the service. We contacted the service users for feedback on their experiences but due to small numbers of responses we were unable to identify any themes. Hopefully, moving forward with our new service we can proactively encourage feedback during the process to ensure that our care pathway meets the needs of service users and their families.” **Clinical Psychologist, NHS Dumfries and Galloway**

“It was reasonably simple to use although some of the auto calculations didn’t work once data was added- easily fixed if you know what you are doing.” **QI Lead, NHS Tayside**



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Contact us via our email address: his.mhportfolio@nhs.scot

