

# **CORE: A cluster-randomised trial of a service improvement programme for Crisis Resolution Teams in England**

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**CORE study**

## Rationale for the trial

- Evidence for the efficacy of crisis teams in the right conditions
- Most teams achieving only moderate fidelity
- No team is reaching a level of high fidelity to the model
- Improving crisis care is a high policy priority

## Background

- US National Evidenced- Based Practice (EBP) Project (Gary R. Bond)
- Successfully developed fidelity scales and implementation resources
- Most of their interventions established service improvement (55% had achieved high fidelity)
- Previous studies have found correlations between fidelity to an evidence-based practice and client outcomes

## EBP Project stages

- Develop and test a model of best practice measure (fidelity scale)
- Develop a set of implementation resources designed to increase fidelity to the model (including trainers to facilitate organisational change and material resources)
- Implement these resources over extended period, conducting 6 month reviews to monitor progress and provide feedback

# Aim

To develop a CRT improvement programme and evaluate its impact on:

- 1) Service users' satisfaction with care (**Primary outcome**)
- 2) Fidelity to the CORE best practice model
- 3) Service-related outcomes
- 4) Staff well-being
  
- 5) Explore the experience of the programme and understand the facilitators and barriers to service improvement

# Design

- Cluster randomised control trial
- 25 CRTs from 8 NHS Trusts across England
- 15 CRTs randomised to receive the service improvement programme over a one-year period
- 10 teams in control arm



## Timescale

- Nearing the end of the trial
- All baseline data has been collected
- 6 month fidelity reviews have been completed
- Currently conducting follow up data collection (until December 2015)
- Qualitative interviews and case studies (January 2016)
- Results (mid 2016)

# Sample and Measures

## Baseline and follow-up

- 1) Service user satisfaction (n=15) (N=375)
  - The Client Satisfaction Questionnaire (CSQ-8)
  - The Continu-um (perceived continuity of care)
  
- 2) Staff questionnaires (all clinical staff)
  - The Maslach Burnout Inventory
  - The General Health Questionnaire
  - The Work-Related Acceptance and Action Questionnaire
  - The Work Engagement Scale





## Measures continued..

### 3) Service use data

- Hospital admissions
- In-patient bed days
- Rates of readmission to acute care

### Baseline and follow-up

### 4) Fidelity reviews



# Service Improvement Programme

- Access to the ***CORE online Resource Pack***
- 0.1 FTE support from a ***CRT Facilitator*** to support the team manager
- ***Coaching and support*** for facilitators from clinical psychologists

# Online Resource Pack

## Ways of doing this well

### Developing relapse prevention plans

This section includes several good examples of relapse prevention plans, which vary in length and their specific focus. Depending on the needs of the service user different plans may be more appropriate and useful for them as they attempt to avoid relapse.

North West Sussex CRHT use the following short relapse prevention plan with service users to help them identify their personal symptoms and indicators precipitating a crisis. This is a good example of how the necessary information can be condensed into a small amount of space.

- ▶ [North West Sussex CRHT Relapse Prevention Plan \(.doc\)](#)

South Tyneside Initial Response Team (IRT) use the following comprehensive Recovery Journal with service users. This allows them to reflect on their experiences and note their protective factors and support contacts, and also provides more space for reflection.

- ▶ [Recovery Journal used by South Tyneside IRT \(.doc\)](#)

The following guide to relapse prevention from Cambridgeshire and Peterborough NHS Trust is focused on psychosis, and the specific needs of service users who wish to avoid relapsing into a psychotic episode.

- ▶ [Cambridgeshire and Peterborough NHS Trust Guide to Relapse Prevention \(.doc\)](#)

In Avon and Wiltshire Partnership Trust resources have been produced for crisis, relapse and contingency planning:

- ▶ [Bristol relapse and contingency planning \(.pdf\)](#)

The [Mental Health Recovery website](#) has more information on WRAP plans and how to complete them:

- ▶ Crisis WRAP plans and
- ▶ Post crisis plans

### Other useful resources

Self-help CBT programmes have been developed as books and online courses: these might be one good way to explore how CBT can help. Two free online courses (both recommended by the Royal College of Psychiatrists) are:

- ▶ Mood Gym: <https://moodgym.anu.edu.au/welcome>
- ▶ Living Life to the Full: <http://www.lltf.com/>

### Examples of good practice

In our fidelity review survey of 75 crisis teams in 2014, the following team achieved good model fidelity, and can be contacted for advice about how they achieved this:

- ▶ South Tyneside Initial Response Team, Northumberland, Tyne and Wear NHS Foundation Trust

# Service Improvement Programme

- Access to the ***CORE online Resource Pack***
- 0.1 FTE support from a ***CRT Facilitator*** to support the team manager
- ***Coaching and support*** for facilitators from CRT and leadership experts

## **Structures to support implementation**

Implementation strategies informed by the US EBP program, including:

- Scoping Day
- Service Improvement Group/ Focused Working Groups
- Service Improvement Plan
- Learning Collaborative
- Weekly email bulletin of Resources
- Additional Fidelity review for intervention teams at 6 months and post review letter

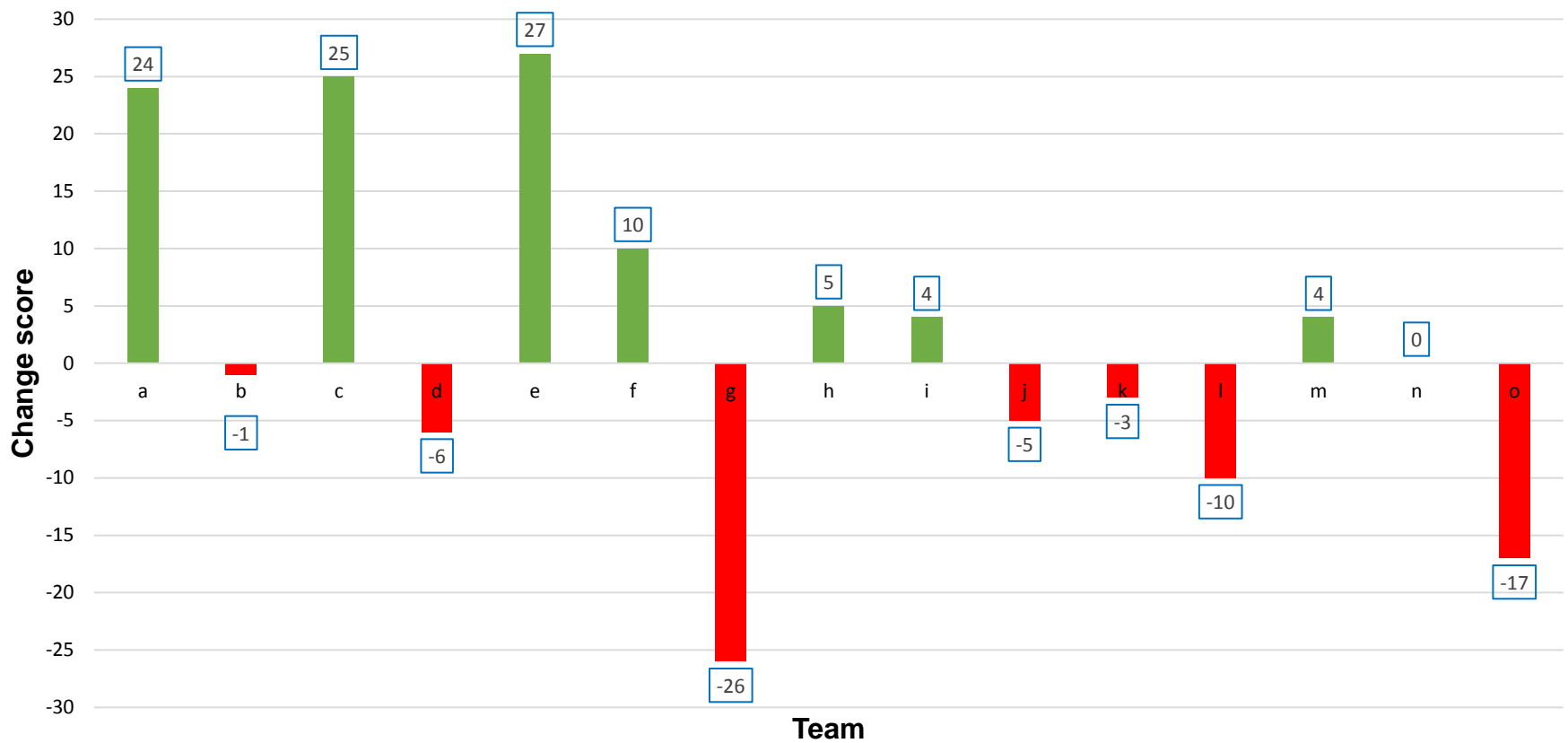
## Has it been implemented as planned?

All teams have:

- a facilitator
- had coaching throughout
- had a scoping day
- developed a service improvement group and plan
- been part of the Learning collaborative
- received a letter post 6 month review
- use of online Resource Pack
- had a 6 month fidelity review

# Summary of 6 month Fidelity reviews

Change scores from baseline to follow-up



# Capturing context

- Process monitoring
  - Prioritisation (e.g. engagement)
  - Leadership (e.g. coaching team managers)
  - Workforce (e.g. staffing, staff training)
  - Workflow (e.g. redesigning policies, documentation)
  - Reinforcement (e.g. monitoring of outcomes, positive feedback)
- Qualitative interviews/focus groups and 6 case study teams





**Any Questions?**

[www.ucl.ac.uk/core-study](http://www.ucl.ac.uk/core-study)

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