

CORE Phase 4: Optimising the Functioning of Crisis Resolution Teams

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Overview

- Brief summary of the Phase 4 RCT
- Quantitative results
- Qualitative findings

CORE Phase 4 RCT

- Tested a Service Improvement Programme intervention implemented over 12 months (online resources, Facilitator, fidelity reviews, reports etc.)
- 25 CRTs from 8 NHS Trusts involved: 15 received the intervention, 10 did not (control teams)
- Measured improved fidelity to a model of best practice using the CORE Fidelity Scale
- Measured service user satisfaction using the Client Satisfaction Questionnaire (CSQ) (primary outcome measure)

Quantitative data collection

- Conducted fidelity reviews at baseline and follow up (plus intervention teams had a 6-month review)
- Three reviewers (service user or carer researcher, clinician, CORE researcher) carried out a one day audit in each team
- Data collected included:
 - Anonymised case notes (x10)
 - Interviews with service users (x6) and carers (x6)
 - Interviews with managers of other services (x5)
 - Interviews with the CRT manager and with staff
 - Policies and protocols
 - Any routine data monitoring available

Scoring reminder

- Each fidelity review scored using the CORE Fidelity Scale: 39 items each scored 1-5
- Possible total score of 39-195 (1: 39, 2: 78, 3: 117, 4: 156, 5: 195)
- 75 CRT fidelity review survey results:
 - Median score: 122
 - Range: 78 (73-151)
 - IQR: 21 (111-132)

Quantitative results – baseline and follow up fidelity review scores

Control teams

Team	Baseline	Follow up	Difference
1	127	115	-12
2	127	107	-20
3	104	95	-9
4	106	103	-3
5	145	145	0
6	111	109	-2
7	117	107	-10
8	139	129	-10
9	134	118	-16
10	112	97	-15
Mean	122.2	112.5	-9.7

Intervention teams

Team	Baseline	Follow up	Difference
11	129	130	1
12	97	134	37
13	105	92	-13
14	115	93	-22
15	98	111	13
16	98	80	-18
17	111	122	11
18	138	142	4
19	133	155	22
20	117	129	12
21	105	123	18
22	134	153	19
23	130	149	19
24	107	131	24
25	129	124	-5
Mean	116.4	124.5	8.1

Results in context

- Changes in scores dependent on wide range of variables, of which the intervention is just one
- National context: CRTs saw an 8% drop in funding, but an 18% increase in referrals (2010-2015) <http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/>
- Initial results look promising and give an indication that the intervention was helpful in improving fidelity to the model

Facilitator role and support

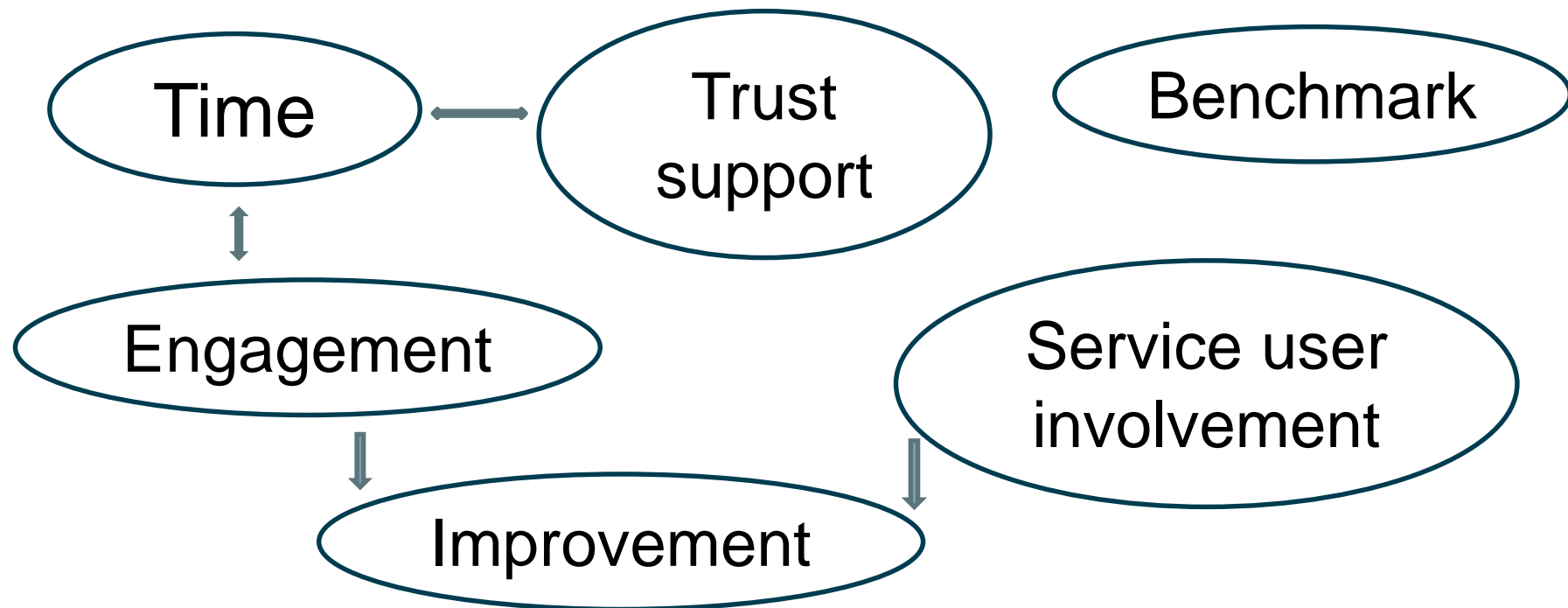
- 7 Facilitators, 1-4 teams each, 0.1 FTE per intervention team
- Role was to encourage use of the resource pack; discussion and coaching of the CRT manager; mentoring; supervision and training of CRT staff; and liaison with senior Trust management regarding resources or organisational support
- Either existing Trust staff or external consultant
- Provided with training, regular group meetings, and individual coaching

Qualitative data collection

- Interviewed all 7 Facilitators
- Chose 6 case study teams (range of higher and lower scores, range of rural and urban locations)
- Interviewed manager and ran a separate staff focus group interview
- Interviews audio recorded and transcribed
- Data will be analysed using thematic analysis and written up for publication

Qualitative interviews summary: overarching themes

Facilitators, managers, and staff mentioned:



Qualitative interviews: Facilitators

- Training/coaching/meetings/events helpful, particularly when stuck on an issue
- Positioning of Facilitator important – fine balance between –ves and +ves of being part of Trust/team or not
- Experience quite variable depending on enthusiasm and engagement of manager and staff
- Scoping days crucial and very helpful
- Regular and frequent presence team very important

Facilitators - improvements

- More helpful to be in post earlier, encourage engagement of team and senior Trust staff
- Scoping days so useful/vital to following work that would have been good to start 12 month period after scoping day
- 6 month reviews too taxing for teams, took up time that could have been spent on improvement activities
- How sustainable is the work?

Qualitative interviews: Managers

- Opportunity to reflect on why/how very useful
- Sharing practice and seeing what other teams do
- Intervention as a tool/mechanism to drive change
- Fidelity Reviews time-consuming but very helpful to benchmark the team
- FR reports good for celebrating successes and showing areas for improvement
- In general a positive experience that improved services

Managers - improvements

- More information/clarity about the structure and processes needed at the start
- Case studies of ‘perfect’ CRT for each Fidelity Scale item would be helpful
- Frustrating being scored on items teams can’t control, e.g. having a crisis house locally
- Practical issues really impact ability to make changes – e.g. staff turnover, sickness, changes in management

Qualitative interviews: Staff

- Good to know what other teams do
- Positive impact on clinical work – more consistency, working better as a team
- Space to reflect on practice was motivating, which in turn led to improved service
- Face to face time with Facilitator important, being engaged with staff rather than just manager

Staff - improvements

- Fidelity review preparation took too much time
- More clarity early on about purpose of study and expectations of staff
- Unhelpful having control teams in close proximity/same manager

Quotes

- “My impression is that there were a lot of positives that came out of it. I suppose if I was to link a concern to that is that they’re sustainable.”
- “It's been really relevant to us as a team. I think it has definitely improved our practice over a lot of areas that we took for granted and hadn't really thought about, specifically... it's helped us to just look at how we can tweak things and make it more relevant and helpful to the people that we're providing a service for” “it was very, very useful to have this framework of what would a really good, well-functioning crisis team look like”
- “I think, as a whole, it got staff to reflect on what we do and why we do it”
- “And it's something that does come up in conversation, or at handovers occasionally, or team meetings, it's still talked about, thought about, on an individual level and at a team level, you know, on a daily basis, I think”
- “I’m really pleased that I did it. I found it hard; it’s different from anything that I’ve done before but genuinely have learned loads from it. It’s been really good being involved in some research as well, but for me it was applied research, it was on the ground and it felt like it genuinely made a difference to how the teams are practicing”
- [Re fidelity reviews] “I think it's a bit like the service improvement work in that teams seem to get out of it what they put into it... the more preparation, the more benefit.”

Work still to do

- Data collection complete and sent to statisticians – awaiting results of analysis before writing up for publication
- In the meantime, we have a website full of resources, and a set of processes and structures to help teams make service improvements
- CORE work has contributed to the Crisis Care Concordat, CQC and MIND Acute Care Campaign

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