Supporting CRT Service Improvement
An overview of the CORE Study

Presentation for CORE Learning Collaborative
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The NHS Plan

A plan for investment
A plan for reform

NHS

CONTENTS

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Helping people through mental health crisis: The role of Crisis Resolution and Home Treatment services

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Home > Thematic review of mental health crisis care

Thematic review of mental health crisis care

Categories: Public

We began our themed programme on mental health crisis care at the start of 2014. We will begin a series of local inspections shortly.

About this themed programme

During this programme, we are exploring three ways that people are likely to receive emergency mental health care.

We will look at people who experience a mental health crisis and who:

Find out more

Read our report, A safer place to be.

Explore our map of health-based place of safety.

Download the data we collected in the phase of the review.

Home Treatment Accreditation Scheme (HTAS)

Standards for Home Treatment Teams – Second Edition

Editors: Sophie Hodge and Nicky Buley

HM Government

Mental Health Crisis Care Concordat

Improving outcomes for people experiencing mental health crisis

Do the CORE fidelity standards all matter?

Can I trust the fidelity review?

Can CRT teams really do all this?

Can CORE help my team reach high fidelity?

Do all these fidelity standards matter?

The CORE CRT Fidelity Scale contains 39 items. These are based on:

1. A review of evidence and guidelines

(49 research studies, 20 guidance documents – Wheeler et al. 2015)

2. A survey of CRT managers

(188 CRT managers - 88% of CRTs in England)

3. Interviews with CRT stakeholders

(Service users (n=41), carers (n=20), mental health staff (26 focus groups and 9 interviews), National and international CRT developers (n=11))

Implementation of the Crisis Resolution Team model in adult mental health settings: a systematic review

Claire Wheeler[1], Brynmor Lloyd-Evans[1*], Alasdair Churchard[1], Caroline Fitzgerald[1], Kate Fullarton[1], Liberty Mosse[1], Bethan Paterson[1], Clementina Galli Zugaro[2] and Sonia Johnson[1]

Abstract

Background: Crisis Resolution Teams (CRTs) aim to offer an alternative to hospital admission during mental health crises, providing rapid assessment, home treatment, and facilitation of early discharge from hospital. CRTs were implemented nationally in England following the NHS Plan of 2000. Single centre studies suggest CRTs can reduce hospital admissions and increase service users' satisfaction: however, there is also evidence that model implementation and outcomes vary considerably. Evidence on crucial characteristics of effective CRTs is needed to allow team functioning to be optimised. This review aims to establish what evidence, if any, is available regarding the characteristics of effective and acceptable CRTs.

Methods: A systematic review was conducted. MEDLINE, Embase, PsycINFO, CINAHL and Web of Science were searched to November 2013. A further web-based search was conducted for government and expert guidelines on CRTs. We analysed studies separately as: comparing CRTs to Treatment as Usual; comparing two or more CRT models; national or regional surveys of CRT services; qualitative studies of stakeholders' views regarding best practice in CRTs; and guidelines from government and expert organisations regarding CRT service delivery. Quality assessment and narrative synthesis were conducted. Statistical meta-analysis was not feasible due to the variety of design of retrieved studies.

Results: Sixty-nine studies were included. Studies varied in quality and in the composition and activities of the clinical services studied. Quantitative studies suggested that longer opening hours and the presence of a psychiatrist in the team may increase CRTs' ability to prevent hospital admissions. Stakeholders emphasised communication and integration with other local mental health services; provision of treatment at home; and limiting the number of different staff members visiting a service user. Existing guidelines prioritised 24-hour, seven-day-a-week CRT service provision (including psychiatrist and medical prescriber); and high quality of staff training.

Conclusions: We cannot draw confident conclusions about the critical components of CRTs from available quantitative evidence. Clearer definition of the CRT model is required, informed by stakeholders' views and guidelines. Future studies examining the relationship of overall CRT model fidelity to outcomes, or evaluating the impact of key aspects of the CRT model, are desirable.

Trial registration: Prospero CRD42013006415.

Keywords: Crisis resolution team, Home treatment team, Crisis assessment and treatment team, Mental health,
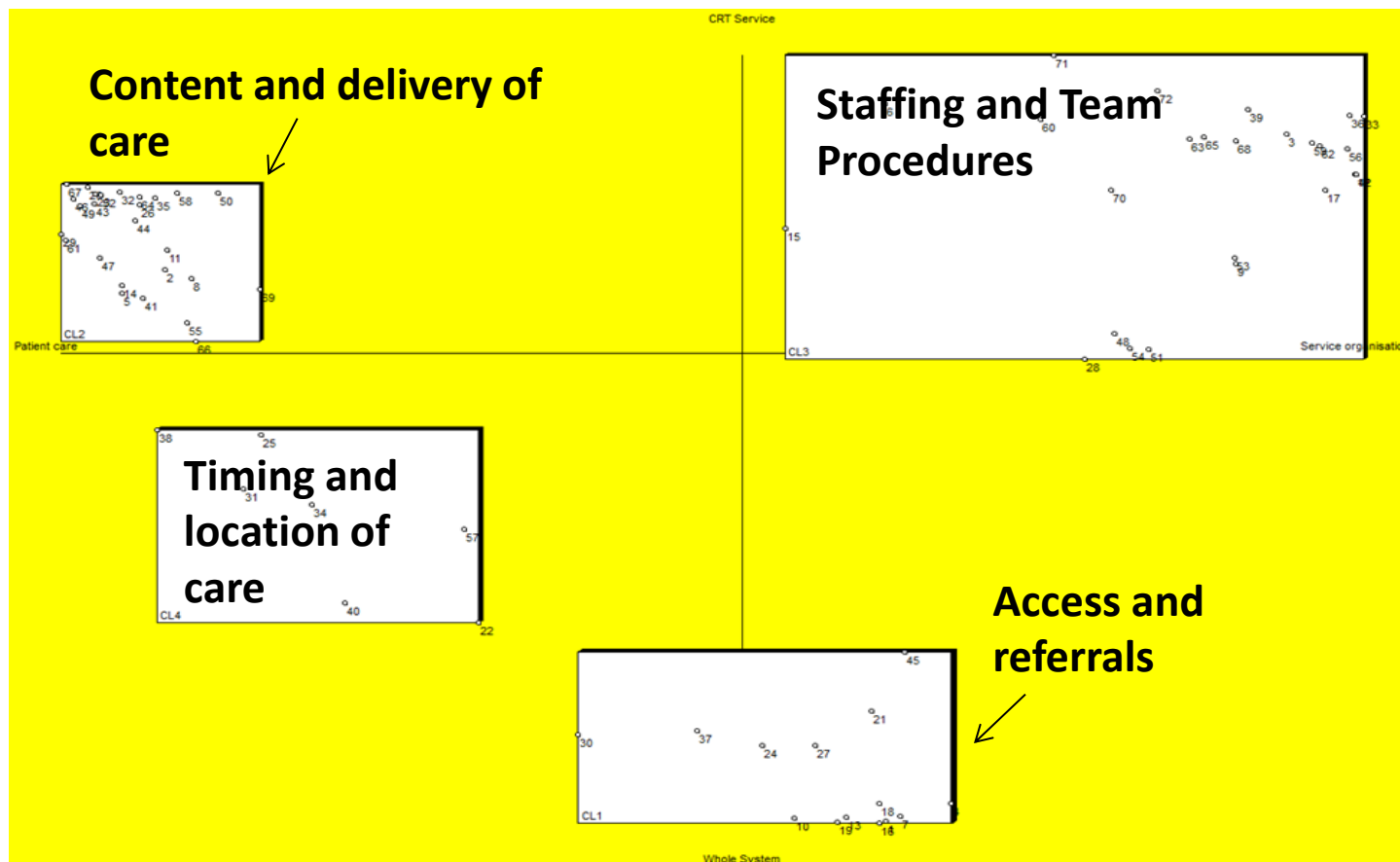
Developing a CRT Fidelity Scale:
the concept mapping process

72 statements relating to CRT best practice were generated from CORE development work

CRT stakeholders (n=68) prioritised and grouped statements

39 item fidelity scale

CORE CRT Concept Map

The CORE CRT fidelity criteria

- Are all based on the best available evidence and guidance

- Represent the priorities of CRT staff, service users and carers

All 39 fidelity items have relevance to service users' experience and team effectiveness

The CORE CRT Fidelity Scale: relevant to policy and practice

The CORE CRT fidelity scale is recommended by:

- NHS England evidence review on crisis care 2015

- London Strategic Clinical Network "Mental Health Crisis Commissioning Guide" 2014

- Forthcoming CQC mental health crisis report

- Benchmarking data from CORE CRT fidelity survey has been used by NHS England, CQC, MIND

Can I trust the fidelity review?

- Fidelity scores and reports are based on multiple sources of evidence

(CRT manager, staff team, service users, carers, managers of other services, case note audit, routine service data, policies and protocols)

- 3-person reviewing teams: a clinician, a researcher, a service user or carer

- The CRT manager can respond to an initial draft report and provide additional evidence that criteria are met

Checking the reliability of fidelity ratings

- We explored "inter-rater reliability" of the CORE CRT fidelity scale – i.e. how consistently reviewers agree on fidelity scores

- 16 fidelity reviewers independently rated a mock service using fidelity review documents

- Promising results: intra class correlation = **0.65**

Can CRT teams really do all this?

All our CORE CRT fidelity criteria are based in current practice

- *All criteria were reported as being done by CRT managers in some teams (2012 survey)*

We surveyed how far CRT teams were achieving CORE fidelity criteria

- *75-team UK CRT fidelity survey 2013/14*

CRT Fidelity compared to DH guidelines

DH guidelines 2001	Fidelity review results
Time-limited intervention	Item 10 – 87% of teams scored 3 or higher
Multi-disciplinary team	Item 27 – 84% of teams scored 3 or higher
24/7 service	Item 5 – 75% of teams scored 3 or higher
Working with families	Item 13 – 56% of teams scored 3 or higher
Rapid response	Item 1 – 35% of teams scored 3 or higher
Intensive support	Item 38 – 24% of teams scored 3 or higher
Preventing future crises	Item 24 – 3% of teams scored 3 or higher

Can CRT teams really do all this?

The CORE CRT fidelity survey showed:

- All 39 fidelity criteria are attainable (some teams score highly for each item)

- All teams have areas of strength and good practice

- Few teams are managing to put the whole package together and provide a complete, high fidelity service

The 25 CRTs in the CORE Resource Pack Trial: priority areas for service improvement

Fidelity items where more than half the CRTs scored 1 or 2 (baseline reviews 2014)	
Item 1	The CRT responds quickly to new referrals
Item 3	The CRT accepts referrals from all sources
Item 14	The CRT assesses carers' needs and offers them support
Item 16	The CRT promotes service users' understanding of illness and medication
Item 17	The CRT provides psychological interventions
Item 24	The CRT helps service users plan responses to future crises
Item 30	The CRT provides staff with induction, training and supervision
Item 38	The CRT provides frequent visits to service users

Can CORE help my team reach high fidelity?

A CORE CRT fidelity report may:

- Provide an external assessment of team performance

- Help focus priorities for service improvement

- Help convince senior managers and commissioners of the case for extra resources or organisational changes

The CORE CRT Resource Pack

The CORE Study is testing a package of support to help CRT teams achieve high model fidelity:

- 1 session a week from a CORE CRT facilitator

- An online Resource Pack with help to support CRT best practice

- Service improvement structures to support implementation

👤 sba

Evidence-Based Practices

Core Resource Pack

- Home
- About the CORE study
- News
- How to use the Resource Pack
- Resources
- Fidelity scale

Tweets   Follow

Sonia Johnson 20h
@soniajohnson

Newly published - Implementation of the Crisis Team model in adult mental health settings: a systematic review.
biomedcentral.com/1471-2

Retweeted by UCL Core Study

Expand

Mind 20 Apr
@MindCharity

CORE Resource Pack

This website provides information and online resources to help teams taking part in the CORE study achieve our shared aim of improving the effectiveness of CRT services. We hope CRT managers and staff will explore the resource pack and use those areas most relevant to their team's service improvement priorities.

About the CORE study

Find out more about the CORE study and the research team

supporting this study.

News

Find out about what's happening in the teams involved in the study.

Structures to support CRT service improvement

- CRT Team scoping day

- CRT Service Improvement Group (regular meetings)

- Service improvement plan (updated through the year)

- Senior management support (Learning Collaborative)

CRT Resource Pack trial

- Cluster randomised trial
- 15 CRTs receive the Resource Pack support over 1 year (10 control teams)

Outcomes:
- Change in fidelity score
- Service user satisfaction
- Admission rates and inpatient bed use
- Readmissions to acute care following CRT support
- CRT staff wellbeing

CRT Resource Pack Trial
Process and Qualitative Evaluation

- Monthly reports from CRT Facilitators
- 6-month fidelity reviews in Resource Pack CRTs

Qualitative evaluation involving:

- Interviews with CRT Facilitators
- Interviews and focus groups with case study teams
- Exploring local context, barriers and facilitators of service improvement, experience of the Resource Pack

Trial impact:

Positive CORE results could help:

- Establish an effective CRT model
- Provide a rationale for providing resources and implementation support to CRTs

There are **six months** of the trial left to achieve service improvement gains!

Thank you to all Trusts and CRT teams for working with us on this study