

Gli standard di qualità nel “Community of Communities Quality Network (UK)”

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INTRODUCTION TO CHT

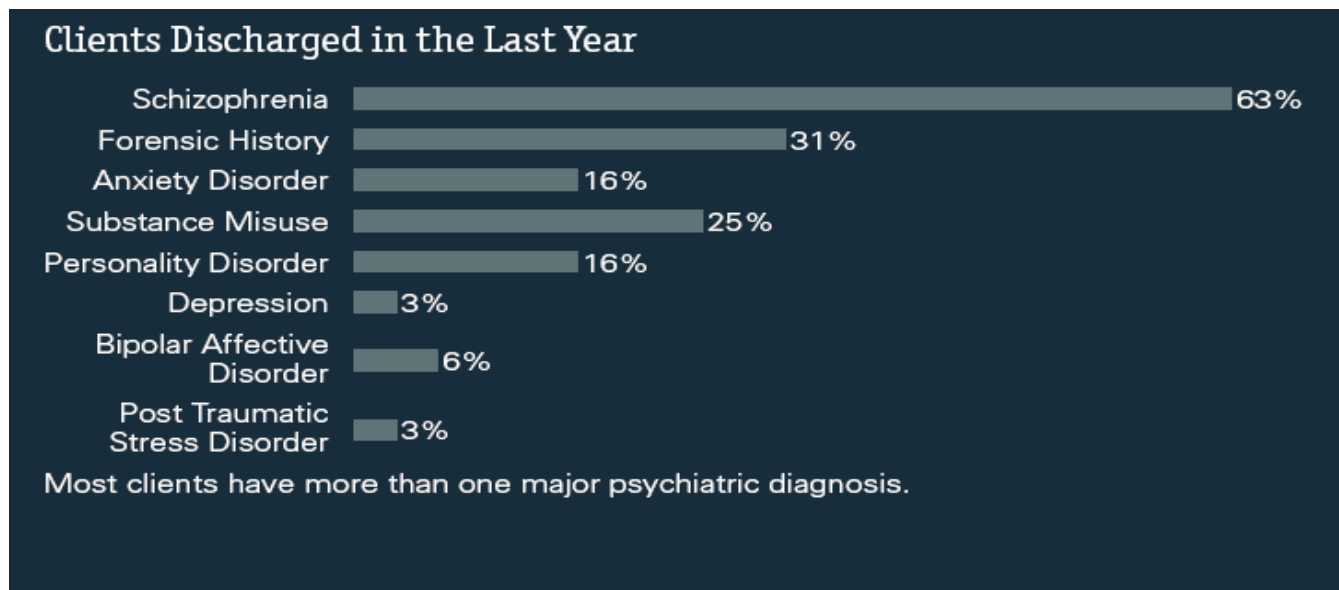
CHT is a national voluntary organisation and one of the leading UK providers of therapeutic communities for people suffering from severe mental health problems and the homeless, and delivers psychological therapies and a rehabilitation programme

- 100 patients per year
- 9 sites
- Turnover approximately £2m
- 45 psychologists/psychotherapists
- Training programme accredited by Middlesex University



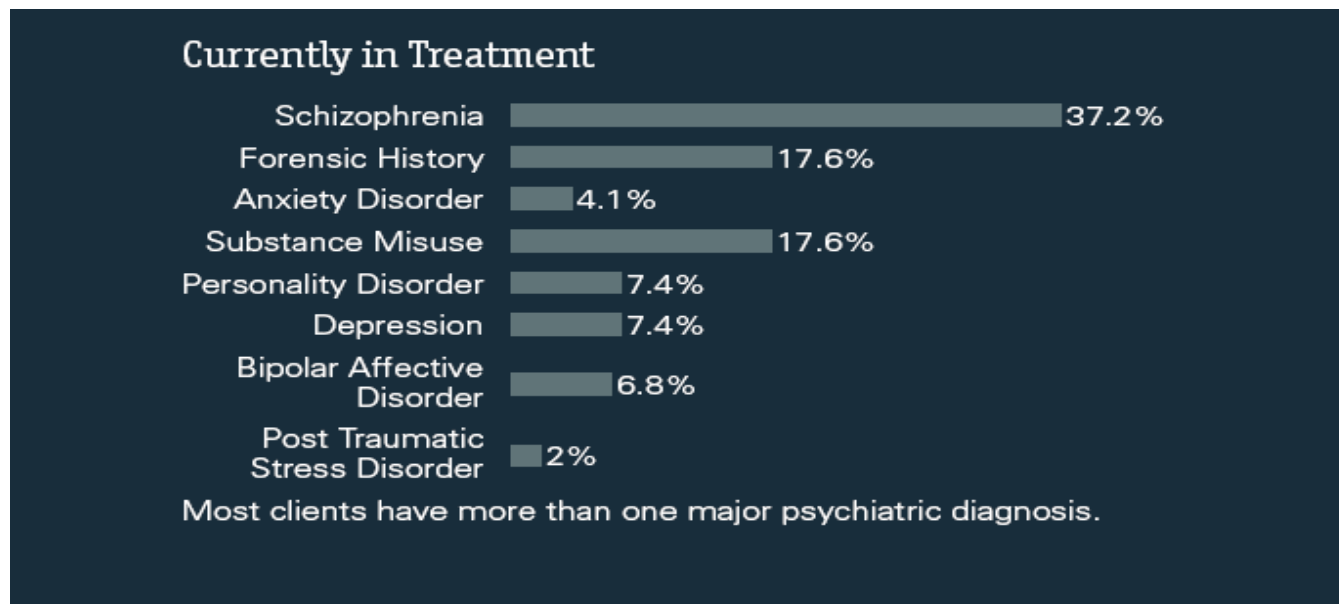
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Diagnoses of patients



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Diagnoses of patients



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Training

- CHT provides a three year Masters Course in group psychotherapy which is accredited by Middlesex University. The course is firmly established as an in-house training course and attracts psychology graduates from the UK and overseas.
- The training advisory panel includes representatives from The Tavistock Clinic, The Royal College of Psychiatrists, The Mental Health Foundation, Sainsbury’s Centre for Mental Health, Brighton University, Sussex University and Middlesex University. The board of studies meets three times a year in addition to the annual examination board with moderation from an external examiner

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Health of the Nation Outcomes Scales (HoNOS)

This scale measures the health and social functioning of people with severe mental illness and was developed by the Royal College of Psychiatrists Research Unit (CRU). It is the most widely used scale to measure clinical outcomes used in UK mental health services. It is an instrument with 12 questions which cover:

1. overactive, aggressive, disruptive or agitated behaviour
2. non-accidental self-injury
3. problem drinking or drug-taking
4. cognitive problems
5. physical illness or disability problems
6. problems associated with hallucinations and delusions
7. problems with depressed mood
8. other mental and behavioural problems
9. problems with relationships
10. problems with activities of daily living
11. problems with living conditions
12. problems with occupation and activities

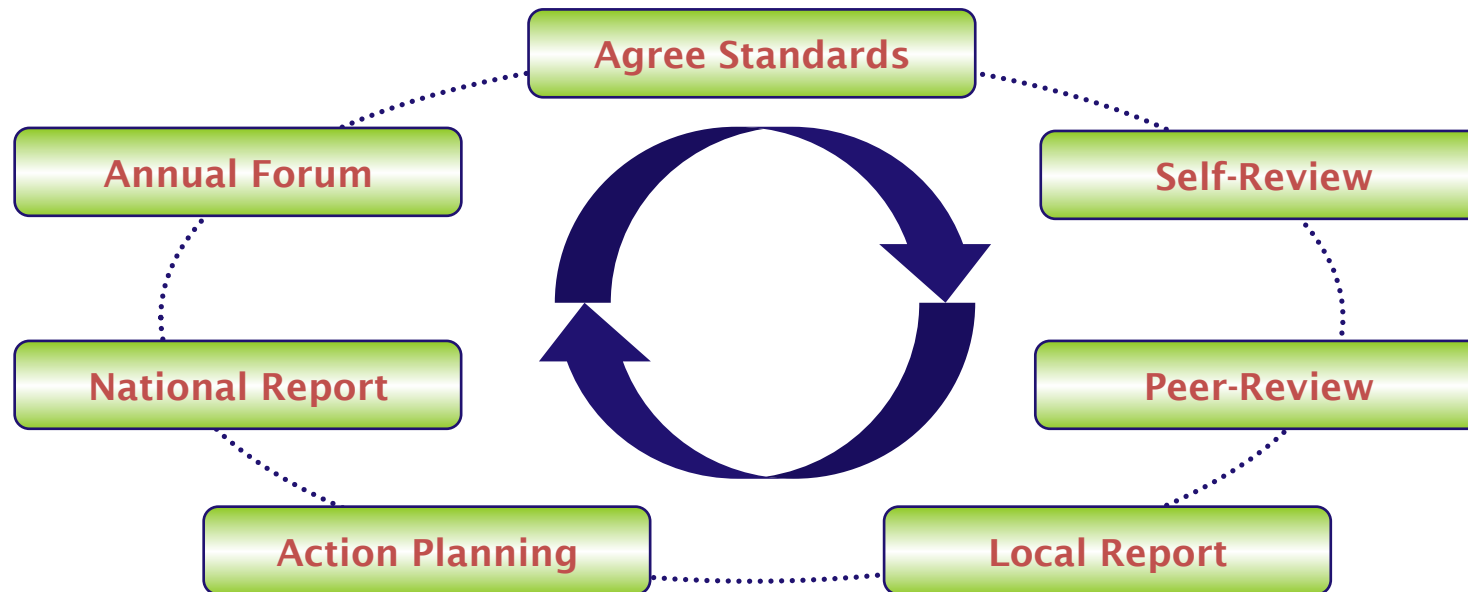
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Research into Effectiveness

- CHT’s current research project focuses on designing and implementing a naturalistic analysis of the relationship between clinical outcomes and the therapeutic environment. CHT’s six research assistants work under the direction of Dr Mark Freestone from Nottingham University.
- The data collection measures are divided in 4 areas:
 1. Measures of Therapeutic Programme and Environment
 2. Static Measures of Patient Group Psychopathology
 3. Dynamic Measures of Therapeutic Change and Outcomes
 4. Ultimate Outcomes
- The following eight instruments are in use:
 1. Residential Substance Abuse and Psychiatric Programmes Inventory (RESPPI)
 2. Community Oriented Programmes Environment Scale (COPES)
 3. Good Milieu Index
 4. Working Alliance Inventory (WAI)
 5. Structured Clinical Interview for DSM IV Axis I (SCID I)
 6. Borderline Syndrome Index (BoSI)
 7. Health of the Nation Outcome Scales (HoNOS)
 8. Clinical Outcomes Routine Evaluation (CORE)

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Annual Cycle



- Reviews are based on Service Standards
- The cycle provides an iterative system for quality improvement

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Why Standards?

- Evidence-based- expert consensus and policy requirements
- Standards reflect underlying principles or values (e.g. service user focus, safe and contained etc.)
- Agreed statements of best practice
- Standards provide parameters for TC-ness e.g. for research
- Provide a benchmark for measuring improvement
- Allows services to demonstrate quality

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Why peer-review?

- Evidence-based methods - Incorporates elements of clinical audit and feedback that have been shown by a Cochrane review to lead to improvements in practice (Jamtvedt et al 2004)
- Structured, systematic & supportive- Visits and forum: sharing ideas + peer support
- Reports measure annual improvement

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Purpose of the Review Process

- To encourage honest reflection
- To engage staff and service users in the process of quality assurance and service development
- To encourage, validate and measure service improvements
- To enable action plans for service and clinical development
- To promotes change and growth by giving front line staff the responsibility to create change

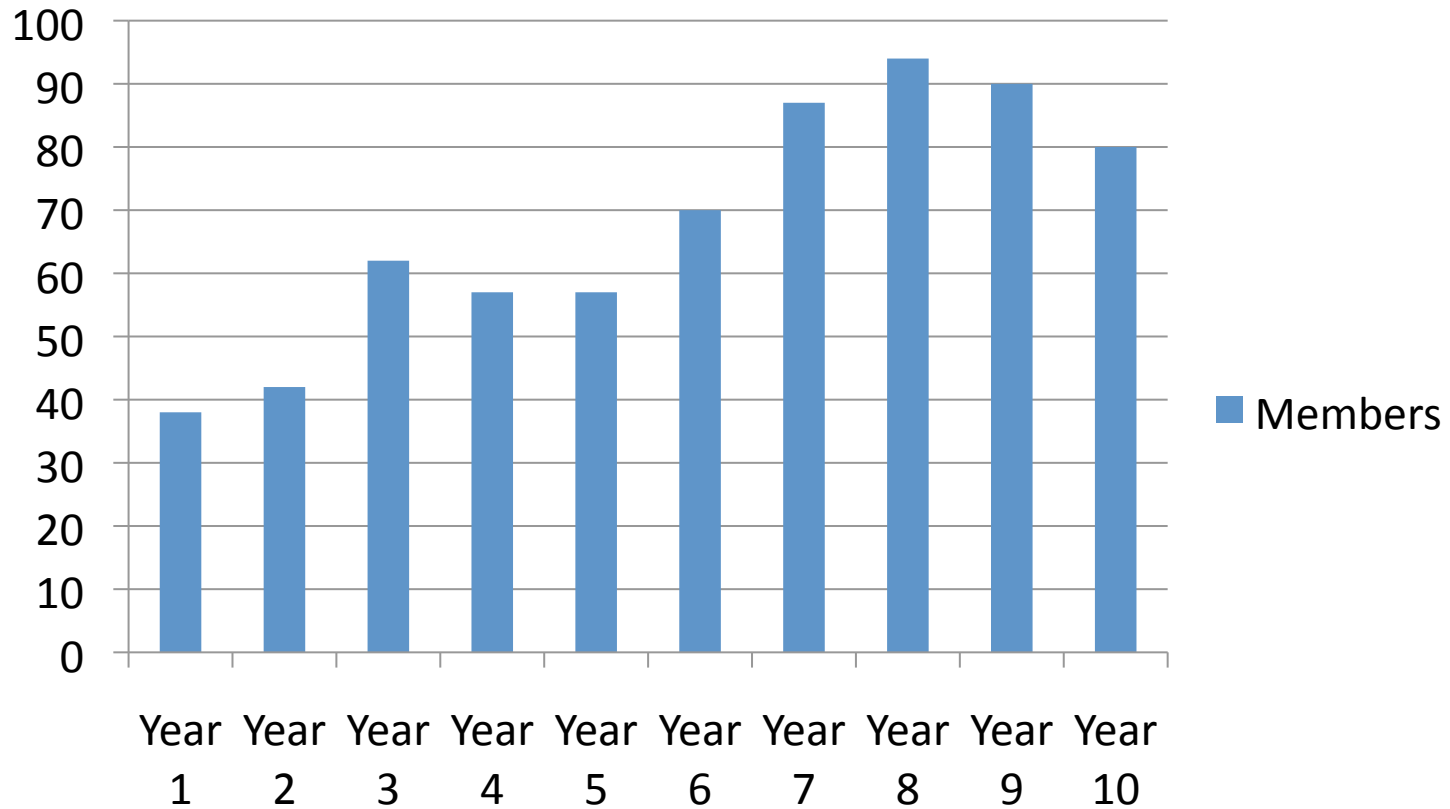
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Benefits of the Peer-Review Process

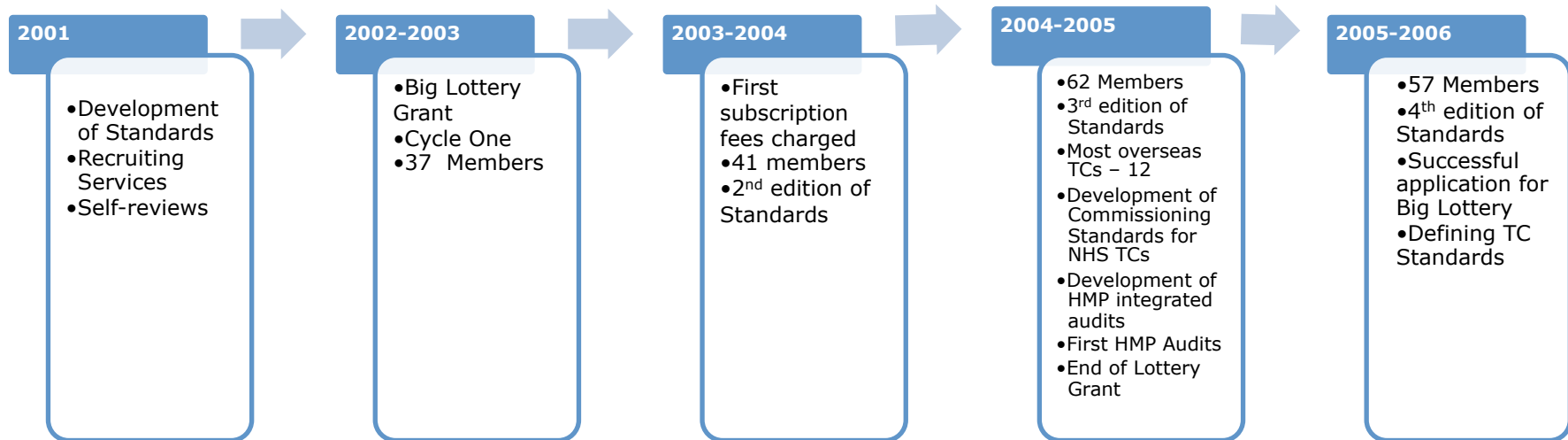
- Member led service development – promoting empowerment
- Realistic action planning for services
- Produces an agreed report which can be used internally and externally
- Allows services to benchmark themselves against similar services
- Supports services experiencing problems and helps to develop services
- Dovetails with statutory requirements e.g. CQC; commissioning teams etc.
- Provides valuable networking opportunities

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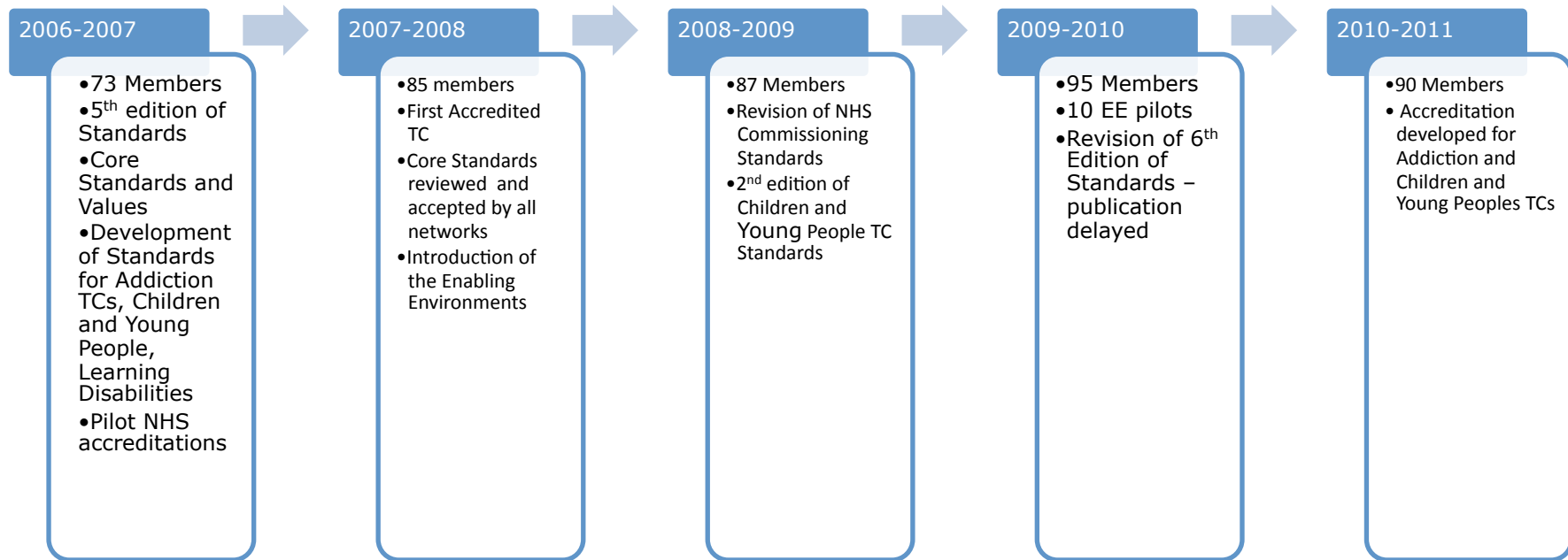
Members



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“The problem of teeth”

1. A process too soft would be ineffectual; too hard, it would be “yet another inspection” which members would find an unwanted burden
2. Change would be brought about through a mixture of support and challenge, followed by reflection and action
3. A community unwilling to engage in the process sufficiently to bring about agreed change would cease to be members, either by leaving or being asked to leave

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“The problem of teeth”

4. Links to required regulatory and inspection processes - recognition of a unit as a TC would come through participating in the project as part of the required audit processes of the larger organization of which they are a part e.g. CSAP
5. The ethos of the TC part of the audit would remain as a facilitative, discursive and nonjudgmental exercise, but it would be part of a larger process which itself had the “teeth”

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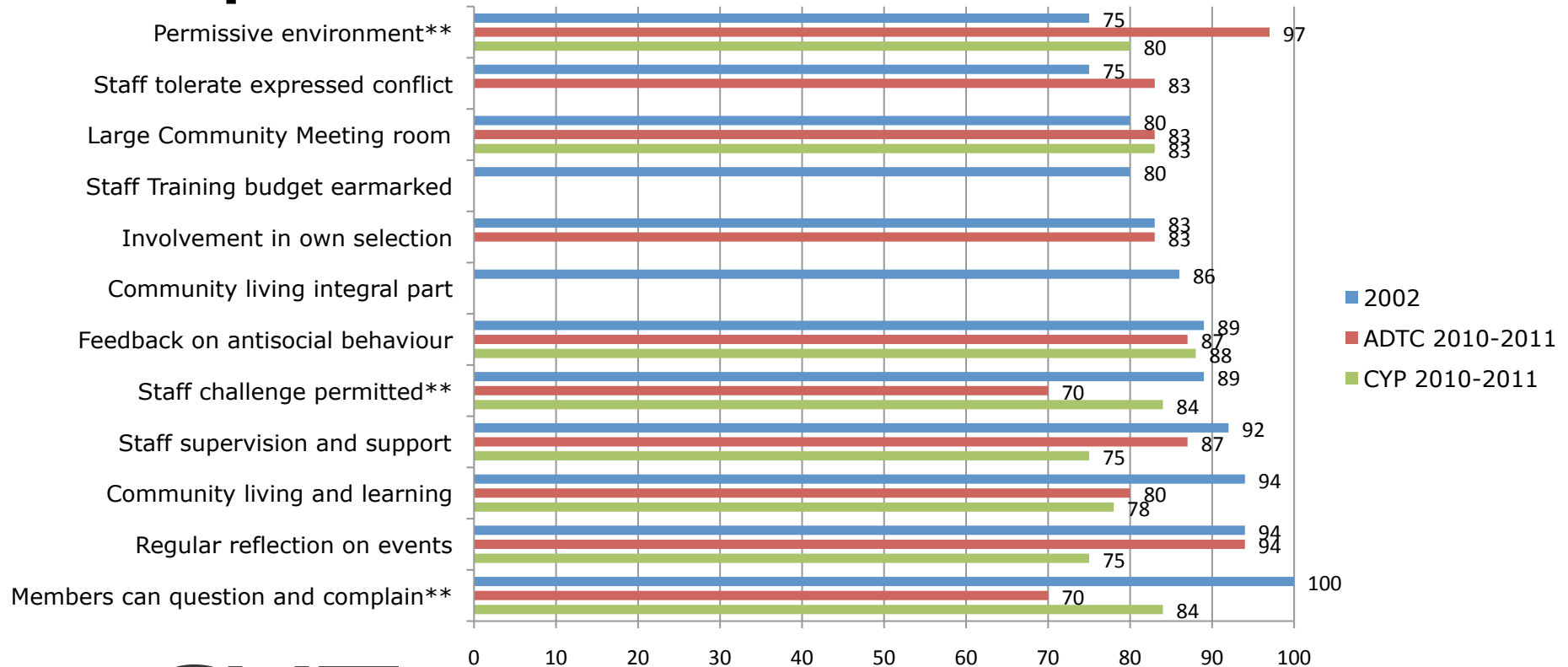
Aims - 2002

To provide:

- a distinctively TC framework for quality improvement
- a systematic forum for exchange
- a cost effective and time efficient system of quality improvement
- regularly revised and agreed service standards
- a body to influence statutory regulation

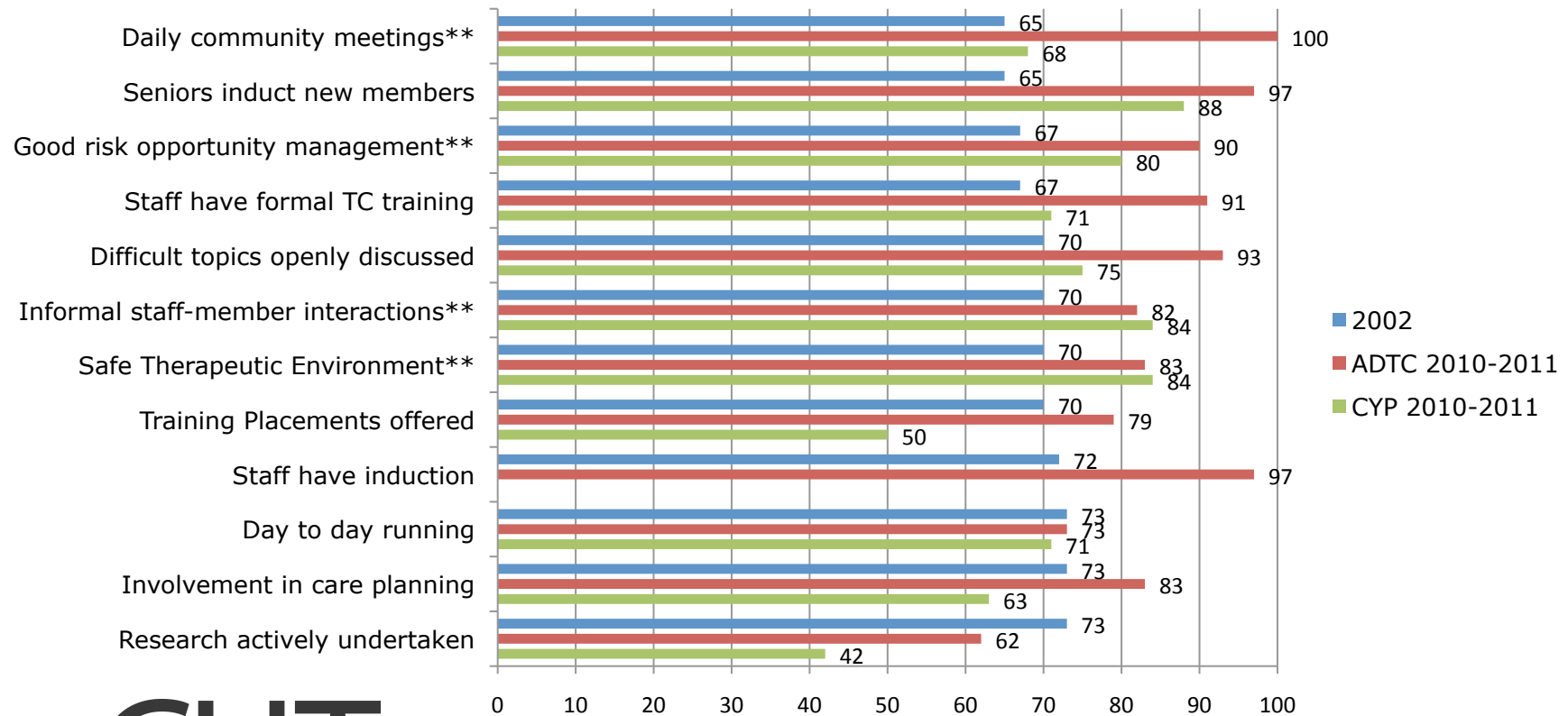
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TC issues of importance 2002 Top Percentile – 75% and above



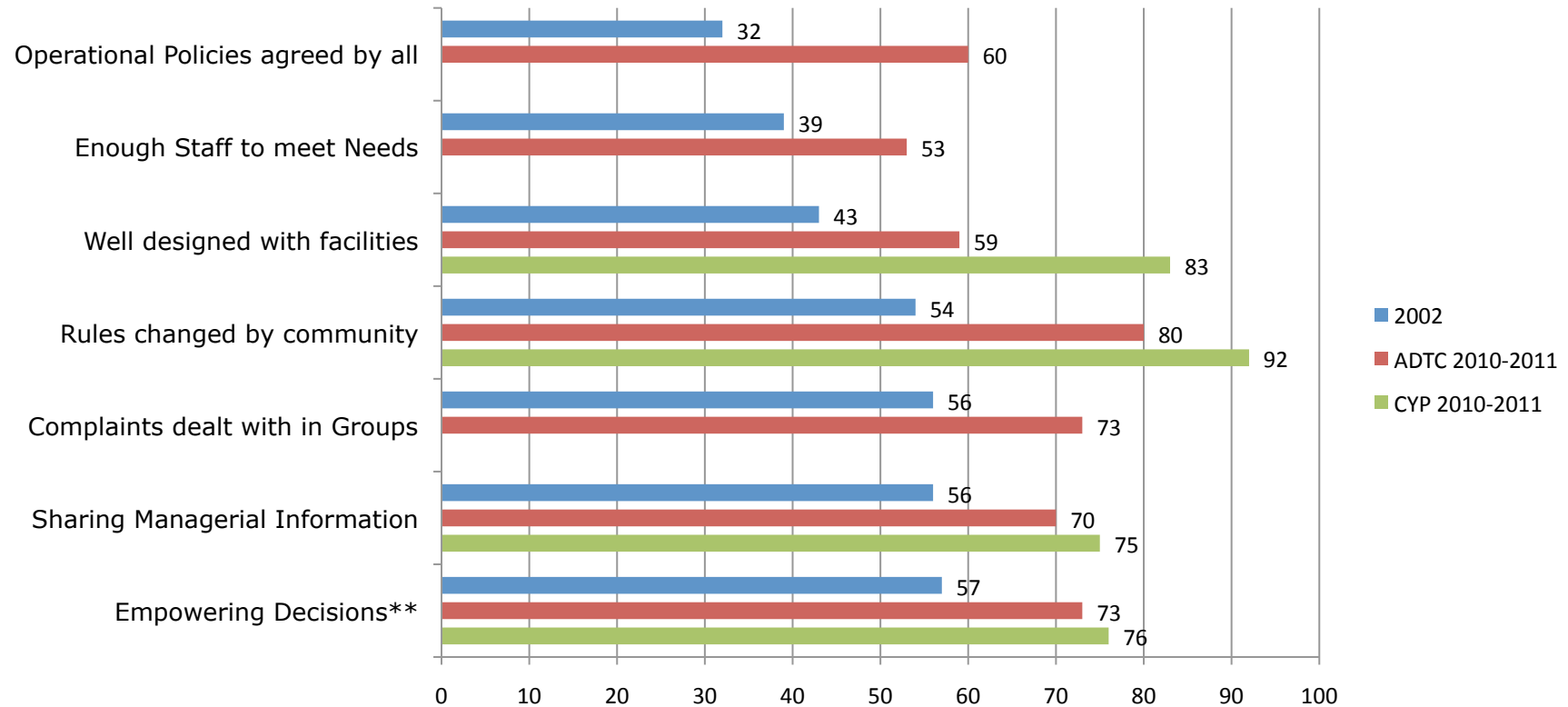
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TC issues of importance 2002 Middle Percentile – 65% - 74%



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TC issues of importance 2002 Bottom Percentile – below 74%



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Areas for Improvement

- Responding to the needs of different types of TCs – mini TCs, addictions
- Improving administrative inefficiencies
- Improving dissemination of achievements e.g. publications and papers
- Helping TCs address persistent difficulties e.g. research
- Improve communication between members
- Further lobbying of external legislators and regulatory bodies
- Knowing our limitations

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Areas of Achievement

- We are still here and learning
- Standards for all TCs
- Continued enthusiasm and involvement of members
- Developing a simple and well defined framework of Values and Core Standards for all communities
- Developing TC thinking across a range of services
- Improvements in TC practice
- Developing cross network learning
- Accreditation
- Recognition by external regulatory structures – CSAP, commissioning bodies
- Annual Forums

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The Future?

2002

- Many members struggle to pay subscription
- Small staff team
- Sustaining momentum and enthusiasm
- Influencing statutory bodies
- Demonstrating effectiveness

2011-2012

- Many members struggle to pay subscription
- Small staff team
- Sustaining momentum and enthusiasm
- Influencing statutory bodies
- Demonstrating effectiveness

