



## Resource Pack

**Promoting mental health, cultivating social inclusion  
and managing mental health problems in primary care**

**A guide to developing integrated services  
in line with the national service frameworks for mental health**

*The mark of a successful man  
is one that has spent an entire day  
on the bank of a river*

*without feeling guilty about it*

*Chinese Philosopher*

**Evaluation and Audit**



## How do you know if it has worked?

### Carrying out an evaluation

#### Why carry out an evaluation?

If you have introduced a new intervention, service or partnership into your mental health services or PHCT activities, it is important to establish how well this is working. There are two benefits from this. One is a sense of achievement when you establish that it is going well; the other is the opportunity to focus on any areas which need improvement, or simply more support.

This can be fun and it shouldn't become a chore.

When you have the initial idea for a new activity or intervention, it is a good idea to build some sort of evaluation into your plans from the earliest point. If you are setting up your project using a time line, then the evaluation phase can appear on this.

How do I choose what sort of method to use?

This can depend on two things:

- The nature of the project
- The number of people and amount of support available

Any evaluation can benefit from early input and assistance from, amongst others, researchers, public health departments, PCO clinical governance leads and community/voluntary agencies. If your project is a complex one, involving many different components, then you will need to work with some or all of the above, who will have specific experience of evaluating projects. However, if you want to evaluate a practice-based, simple intervention, then there is no reason why you shouldn't do it yourself, and enjoy the process.

### The method

The type of project should determine this or piece of work you are implementing, and what you hope its outcomes are.

You will know:

- What the project is attempting to do
- Who it is attempting to do it for
- Who is involved in doing it

You will also probably have a good idea of what it is that you want to find out, that is, what you want your evaluation to tell you about. This will help you decide which method to choose.

You also need to decide what you will interpret as indicators of success, and this again will help you to choose your method.

### Key steps:

- Create a realistic timetable for everything. If you or your colleagues start feeling under pressure, then this will stop being fun, and become just another burden.
- Choose a method that suits the time you have available, and other resources such as staff, IT (for data collection and analysis) and voluntary sector or PCO support

Think about what you would like to do with the results. What/who are they for?

- Service users?
- Yourselves?
- For wider dissemination?

Some methods you could think about using are:

- Observation
- Questionnaire surveys
- Focus groups/qualitative interviews
- Telephone interviews
- Exit interviews (questions to people as they leave an event/service)

The best thing about evaluation is what you do with your results. At the very least, it will tell where you can improve your service, but at the best it will give you the reward that you are doing something effective. It is also very important to disseminate your findings as widely as you can. Other practices will be interested. Your PCO may wish to roll it out as a model of good practice. Your patients and the local voluntary sector will know that there is a good service being offered at your practice; and last but not least, a successful project may attract funding for future projects.

### Further reading:

Making It Happen: a guide to delivering mental health promotion. DoH

Chapter 10 deals with evaluating mental health promotion activities.

<http://www.doh.gov.uk/pdfs/makingithappen.pdf>

Qualitative Research in Primary Care. Eds Catherine Pope and Nicholas Mays. BMJ Books, 2000.

Research Methods in Health. Anne Bowling. Open University Press. 1997



In every PCO there will be some practices who have already put in place some of the elements of the action plan. There will also be some practices who, for a variety of reasons, have done very little. For most, some change in the way they work will be necessary.

## The Use of Audit

**Audit, when used as a cycle, provides a means of:**

- Identifying the starting point (where are we now?).
- Deciding on the things which need to change
- Demonstrating that the change has happened/monitoring the change.

Figure 2 shows a way of using the audit cycle to bring about change in practice.

Audit does not have to be complicated. Some published audits have been criticised as too involved and difficult to implement in practice.

Rather than take as a starting point a disease entity - for example, auditing 'depression' - it might be more helpful, and simpler, to audit aspects of care. Patients sometimes prefer that a diagnosis of depression is not written in their records, but they might still need and be receiving care for this condition. There may also be difficulties retrieving appropriate information from practice computer systems. Using a starting point other than diagnosis might enable a more meaningful audit to be undertaken.

**Some aspects of care which might be audited:**

- Register or care database (see example).
- Working of CPA arrangements (jointly with CMHT).
- Antidepressant prescribing including therapeutic dose, appropriate duration, follow-up arrangements, concordance.
- Access to psychological therapies including ease of access, appropriateness for local population groups, waiting lists.

Practice and joint protocols can be used as a starting point for audit, for example, to determine how well they are being implemented.

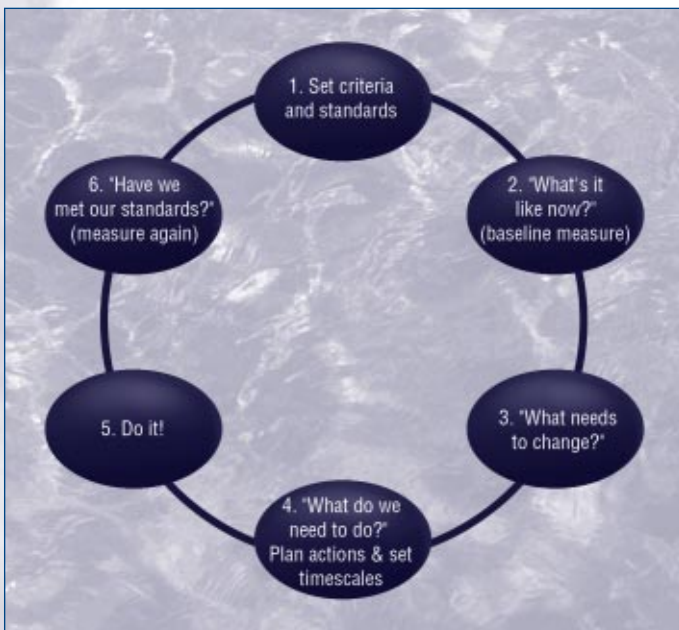


Figure 2 - audit cycle

## Sample Audit - 1 A practice-based audit

### Maintaining a register/care database

**Criteria:** All patients who are listed on the practice database as having a severe and enduring mental illness should have the following information recorded:

- CPA arrangements.
- Name of key worker.
- What to do/who to contact in a crisis.
- Review arrangements and dates including physical health care.
- Responsibility for prescribing.

**Standard:** 100%.

**Method:** Allow an appropriate time (eg 6 months) to elapse after the setting up of the register/database before auditing the implementation.

Check with CMHT and practice computer that all patients who meet the criteria are on the register. Are there any new patients who have not been listed?

Check the listing of all patients to ensure that the information is recorded as above. Correlate listing with other sources of information, written records, letters to ensure that any changes have been incorporated.

**Suggested Action:** If the register is completely up to date, congratulate team and move on to another audit!

If there is a problem with listing new patients or keeping information up to date, check and improve practice/CMHT arrangements for maintaining the register. It is essential that a named person has responsibility for this.

## Sample Audit - 2 An audit for the PCO

### Access to Tier Three Psychological Therapies

#### A base-line audit

At this stage it may not be possible to set criteria or standards. The purpose of this audit is to find out what is actually happening in your own area. The situation varies widely across the country.

#### Method

1. Identify all sources of Tier Three psychological therapies (see Section 2) within your area which are provided by NHS providers. These might include clinical psychology services, clinical nurse therapists working with CMHTs, specialist services provided via outpatient departments etc.
2. From each service, establish:
  - What type of therapy (therapies) are provided eg cognitive behavioural therapy, interpersonal therapy, psychodynamic, psychotherapy etc?
  - Which client groups are served?
  - What are the referral criteria for each service?
  - Length of waiting lists.
  - Liaison arrangements with primary care.
3. Using this information, survey all practices to establish:
  - What information do they have about the local services?
  - Which service(s) do they use most?
  - Are they aware of referral criteria?
  - What are the access arrangements and how well do they work?
  - What are the waiting lists like?
  - Do they receive appropriate feedback?

4. Compare 1 and 2 with 3.
5. Share results with all stakeholders and identify changes which need to be made. The aim should be to develop an equitable service which is accessible to all primary care teams and all groups within the population.

## General Audit:

The following set of questions helps identify what a practice and PCO have in place and identifies areas to work on:

### GENERAL

- 1) What is your practice population?
- 2) How many clients are there?
- 3) What computer system do you use?
- 4) Who is the Mental Health Lead?
- 5) How many GPs are there?
- 6) Please record any other general information gathered.

### REGISTER

- 1) Are you Read-coding clients with mental illness?
- 2) Have you developed any read codes yourself e.g. a code for carers?
- 3) Do you have information available on your system in regards to mental health e.g. who is responsible for prescribing, CPA status?
- 4) Are risk factors identified?
- 5) Any other information

### PROTOCOLS / TEMPLATES

- 1) Do you refer to the borough wide protocols on a regular basis? How often?
- 2) Do you prefer to access them electronically or in the current form?
- 3) Have you any comments about them?
- 4) Does the practice have any protocols they have developed themselves?
- 5) If yes, which ones?
- 6) Do you have any templates in use?
- 7) When assessing patients with depression/ schizophrenia do you routinely assess risk?
- 8) If yes, do record your assessment?
- 9) Any other information

### PRESCRIBING PROTOCOLS

- 1) Do you use any prescribing protocols?
- 2) If yes, which ones?
- 3) Have you got any prescribing guidelines?
- 4) Have prescribers, agreed the minimum time patients should be on an anti-depressant?
- 5) Do you follow up on clients who default, if yes, how?
- 6) Do you have criteria for initiating benzodiazepines and for reviewing, those taking them long term?
- 7) Any other information

### ACCESS TO PSYCHOLOGICAL THERAPIES

In-house counsellor:

- 1) What type of therapy do they offer?
- 2) Who can refer?
- 3) What type of illnesses do they see?
- 4) How long is the waiting list?
- 5) How many hours do they work at the practice?
- 6) How do you get feedback from them?
- 7) Do you have access to a range of therapies?
- 8) At what point would you refer to secondary care?
- 9) Do you use other counselling services?
- 10) Any other information

### INFORMATION FOR CLIENTS AND CARERS

- 1) Do you have leaflets in the waiting room for mental health?
- 2) Do have any in-house leaflets (leaflets devised by the practice)?
- 3) Are there any particular leaflets you use that you strongly recommend?
- 4) If the surgery uses EMIS, do they use mentor? [⊕EMIS](#)
- 5) Any other information

### TRAINING FOR STAFF

- 1) The PCO have already carried out a training need analysis.
- 2) Do you provide any training for individuals within the team?
- 3) How do staff tend to keep up to date in mental health?
- 4) What would be helpful for the surgery in order to get training (e.g. protected time, in-house sessions)?
- 5) Has anyone got an interest in mental health?
- 6) What teaching sessions do you think the surgery, as a whole would benefit from?
- 7) Any other information

### ACCESS TO LOCAL SERVICES INCLUDING CARER SUPPORT

- 1) Do you have a local service directory for mental health?
- 2) What services do you use a lot and why?
- 3) What services do you feel are lacking?
- 4) What are the difficulties you encounter? e.g. access to services
- 5) If there were a poster of a variety of organisations would you put it up in your waiting room?
- 6) Any other information

## LIAISON

- 1) Do you know who to refer to in secondary care?
- 2) If no, what are the problems?
- 3) Do A&E notify you when clients have being seen there?
- 4) Are you aware of who to contact in crisis and how to get an answer?
- 5) What improvements would you like to see with secondary care?
- 6) Do you have a link worker for the CMHT?
- 7) If yes what service would you like from the link worker?
- 8) Any other information

### Sample Audit - 3 Profiling Psychological Therapy Service Quality

#### A benchmarking audit

The purpose of this audit is to compare the service profile of services in your area with other services across the country to identify the relative strengths and weaknesses of your local service provision.

#### Method

1. Identify all sources of Tier Three psychological therapies(see point 4. of the suggested action plan for practices and PHCTs) within your area which are provided by NHS providers. These might include clinical psychology services, clinical nurse therapists working with CMHTs, specialist services provided via outpatient departments etc.
2. From each service, gather information on current approaches to monitoring:
  - The average waiting times between referral, assessment and therapy commencing
  - The proportion of referrals that are considered unsuitable for therapy or referred on
  - The proportion of planned appointments that are missed by patients without notification
  - The proportion of patients that ultimately drop-out of therapy with no notification
  - Local approaches to measuring and profiling the health outcomes for people with common mental health problems
3. Using the information gathered by this survey of all practices to establish the equity and comparability of information between services
4. Compare the strengths and weaknesses of local provision against those of standardised systems such as the CORE System [@CORE-PC](#)

The following chart will help map change:

Action Point	Who has been identified to carry out work	Date for Implementation	Date Implemented	Review Date	Measure of Change
Setting up a register of patients with severe and enduring mental illness					
Protocols for depression, schizophrenia and other problems					
Practice policies for prescribing, consistent with acceptable clinical guidelines					
Access to structure psychological therapies					
Patient and carer information on common mental health problems					
Easily accessible information about local services including carer support					
Appropriate training for all staff, clinical and administrative					
Effective liaison with other services including A&E and CMHTs					

