QuALMs: Quality and Learning Measures
South West IAPT Evaluation Project Research Briefing 2

A shared set of indicators (QuALMs) were developed in order to allow services, commissioners and other stakeholders to compare activity and outcomes across the PCTs within the South West. This research briefing summarises the QuALMs for 13 of the 14 SW PCTs from service start dates to the end of September 2011.

The databases received contained a total of 192,963 patient referrals, of which 125,393 gained clinical contact with an IAPT service and had recorded episodes of care, with the highest number of sessions in an episode of care being 85.

As services started in three waves (wave 1 on 1st October 2008, wave 2 on 1st April 2009, wave 3 on 1st October 2009), there are different amounts of data for each service: Wave 1 = 36 months of data; Wave 2 = 30 months of data; Wave 3 = 24 months of data.

Data is presented separately in the attached tables for the two twelve month referral periods of 1st October 2009 – 30th September 2010 and 1st October 2010 – 30th September 2011 in order to show improvements made over time.

Summary (all figures refer to the period of October 2010 – September 2011)

Table 1 shows the referral and access rates in numbers per 1000 head of population per year, as well as the number of patients achieving the minimum clinically important difference (MCID[1]).

- **Referrals** varied between 11 and 36
- **Access** varied from 7 to 28
- The proportion of the population achieving the **MCID in both PHQ-9 and GAD-7** varied between 1.5 and 5.4

Figure 1 shows the access rate versus waiting time (in days), while Figure 2 shows the proportion achieving the MCID in both PHQ-9 and GAD-7 versus waiting time.

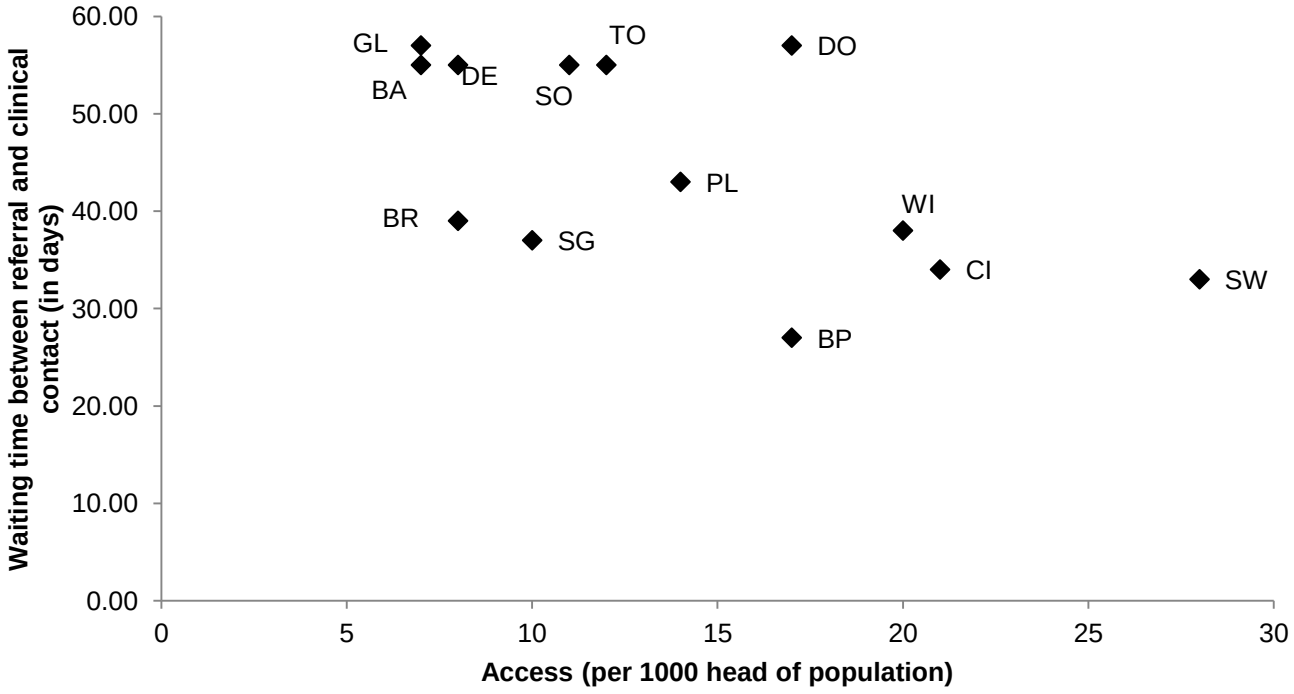

Figure 1: Access rate versus waiting time

[1] Change in PHQ-9 of 5 or more points, change in GAD-7 of 4 or more points, change in W&SAS of 8 or more points

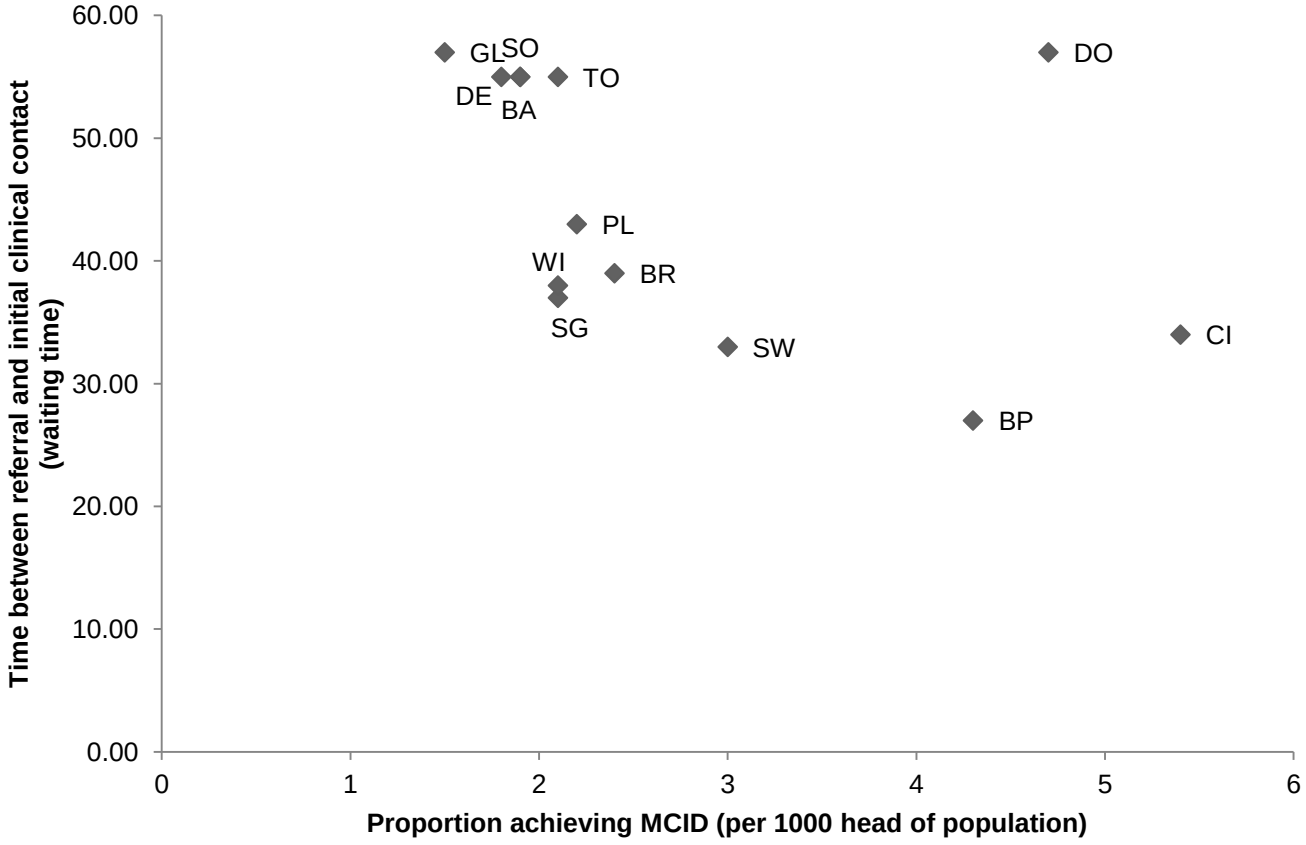

Figure 2: Proportion achieving MCID in PHQ-9 and GAD-7 versus waiting time

Table 2 shows the same information as Table 1, but with the number of patients divided by the estimated prevalence of common mental health problems in each PCT to give a percentage.

- **Referrals** varied between 8% and 28%
- **Access** varied between 4% and 18%
- The proportion achieving the **MCID in both PHQ-9 and GAD-7** varied between 0.6% and 3.8%

Table 3 shows the actual numbers referred to each service, and the sources of referral: the main referral sources for services were self or GP referral; services who mainly received self or practice based appointment referrals showed a lower proportion of patient dropout (7% and 11%). Other services showed a variable drop in numbers from referral to initial clinical contact (16% to 56%). Re-referrals varied between 3% (182) and 8% (530) of all referrals.

Time periods in days were calculated and defined as follows: T1 = time from referral to first clinical contact), T2 = time from first to second clinical contact, T3 = time from first to final clinical contact. For completed episodes of care:

- **T1** varied between 27 and 57 days
- **T2** varied between 15 and 74 days
- **T3** varied between 22 and 80 days

Table 4 shows the overall mean (standard deviation) for PHQ-9, GAD-7 and W&SAS at the initial clinical contact:

- **PHQ-9** varied between 13.4 (6.5) and 15.4 (6.7)
- **GAD-7** varied between 12.1 (5.6) and 13.5 (5.4)
- **W&SAS** varied between 16.0 (9.5) and 20.2 (9.9)

The proportion of patients above threshold on one or both of PHQ-9 and GAD-7 at their initial clinical contact varied between 82% and 88%.

Table 5 describes the mean number of sessions in a closed episode of care[2], and how many patients have closed episodes of care. The table also describes the pathways patients have taken in their episode of care to arrive at their final therapy. The pathways are classified using the following definitions:

- **Stratified:** same therapy administered at the initial and final clinical session. The proportion of episodes described as stratified ranged from 39 to 83%.
- **Sideways:** a change of treatment within either low or high intensity therapies. The proportion of episodes described as sideways ranged from 0% to 19%.
- **Stepped**: a step from high/low intensity therapy to low/high intensity therapy between the initial and final sessions. The proportion of episodes described as stepped ranged from 6 to 28%.
- **Unspecified**: where the initial therapy, the final therapy or both are unknown, so the pathway of the patient cannot be established. The proportion of episodes described as unspecified ranged from 1 to 43%.

The mean contact rate varied between 2 and 6 for all episodes of care.

The proportion of patients gaining access that are followed up by services was between 0.2% - 4.9% with one outlier at 15%. These follow-ups can be at any point in an episode of care. The proportion of follow-ups that are the last recorded activity for a patient ranges from 62.5% to 100%. The proportion of these follow-ups that are clinical contacts varied beween18.2% and 96.0%, and the proportion of these whose PHQ-9 and GAD-7 scores are below threshold was between 33.3% and 78.1%, indicating variability in whether a patient remained under threshold at follow-up (usually at 6 weeks and/or 6 months after the end of treatment).

Table 6 shows the proportion and number of episodes of care that have two or more sessions (40% to 82%), the proportion that have two or more sessions and are 'closed[3]' (29% to 74%), and the proportion that have two or more sessions that have 'agreed endings' (6% to 61%).

Table 7 summarises three ways of reporting outcome changes (for those patients with 2 or more sessions):

1.) **Recovery rate**: proportion of patients who were above threshold on PHQ-9 or GAD-7 at initial contact, and who are now below threshold on both PHQ-9 and GAD-7. Recovery rates ranged from 31 to 50 %.
2.) **MCID:** The proportion of episodes with significant reductions ranged from 47 to 64% for PHQ-9, 32 to 46% for GAD-7 and 32 to 47% for W&SAS.
3.) **Mean change in scores**: mean change in PHQ-9, GAD-7 and W&SAS. The mean changes ranged from -4.07 to -6.45 for PHQ-9, -3.56 to -5.77 for GAD-7 and -3.55 to -7.26 for W&SAS.

Table 8 shows the proportion of patients who are above threshold at the end of their episode of care by the therapy they received at their last session. For Low Intensity CBT proportions ranged from 35% to 55%, for group therapy from 39% to 50%, for counselling from 0% to 67%, and for High Intensity CBT 36% to 69%. Where the therapy type at last session was unspecified the proportions ranged from 36% to 70%. Numbers (13 to 86) and proportions (0% to 2%) of patients receiving EMDR therapy were too low to be meaningful.

[2] An episode of care that is no longer open due to the patient and therapist agreeing an end to therapy, the patient being referred on, or the patient not attending further sessions.
[3] Including episodes of care closed because the patient did not attend, dropped out, or agreed an ending with the therapist

Table 9 shows the number and proportion of patients who have received only one session of care. This varies between services, showing that some services, while having a low dropout from referral to clinical contact compared to others, have a much higher dropout after the initial clinical contact (between 11% and 56%).

This data is then broken down by the ending code associated with that episode of care; this records why the patient has had only one episode of care:

- The proportion of patients who had one session and then agreed with their therapist to end their treatment varied between 2% and 75%.
- The proportion of patients who attended one session and then did not turn up to any further sessions varied between 20% and 87%.
- The proportion of patients who attended one session and then were referred on varied between 0% and 42%.
- The proportion of patients who attended one session and did not have a code recorded as to the reason why varied between 0% and 6%.
- The proportion of patients who have attended one session only, but whose episode of care is not closed (see footnote 2) varied between 5% and 38%.

Table 10 describes the number and proportion of patients above threshold on PHQ-9 and GAD-7 with only one session recorded; this varied from 78% to 87%.

This data is then shown by the ending code for that contact.

- Of patients at their initial contact who agreed to end their treatment, between 1% and 87% were above threshold.
- Of patients who after their initial contact did not attend any further sessions, between 19% and 87% were above threshold.
- Of patients who were referred on at their initial contact, between 0% and 43% were above threshold.
- Of patients with an initial contact for whom the ending code is unknown, between 0% and 1% were above threshold.
- Of patients who have only an initial contact recorded but whose episode of care is not closed, between 3% and 51% were above threshold.

Table 11 describes the pathways patients have taken in their episode of care to arrive at their final therapy (administered at their final clinical session). The pathways are classified using the same definitions as Table 5.

The number of Patient Experience Questionnaires completed (0% to 34%) meant that the data was not meaningful. The mean scores varied between 7.9 and 23.3.