HoNOS as an Outcome Measure

Clinical Development Group

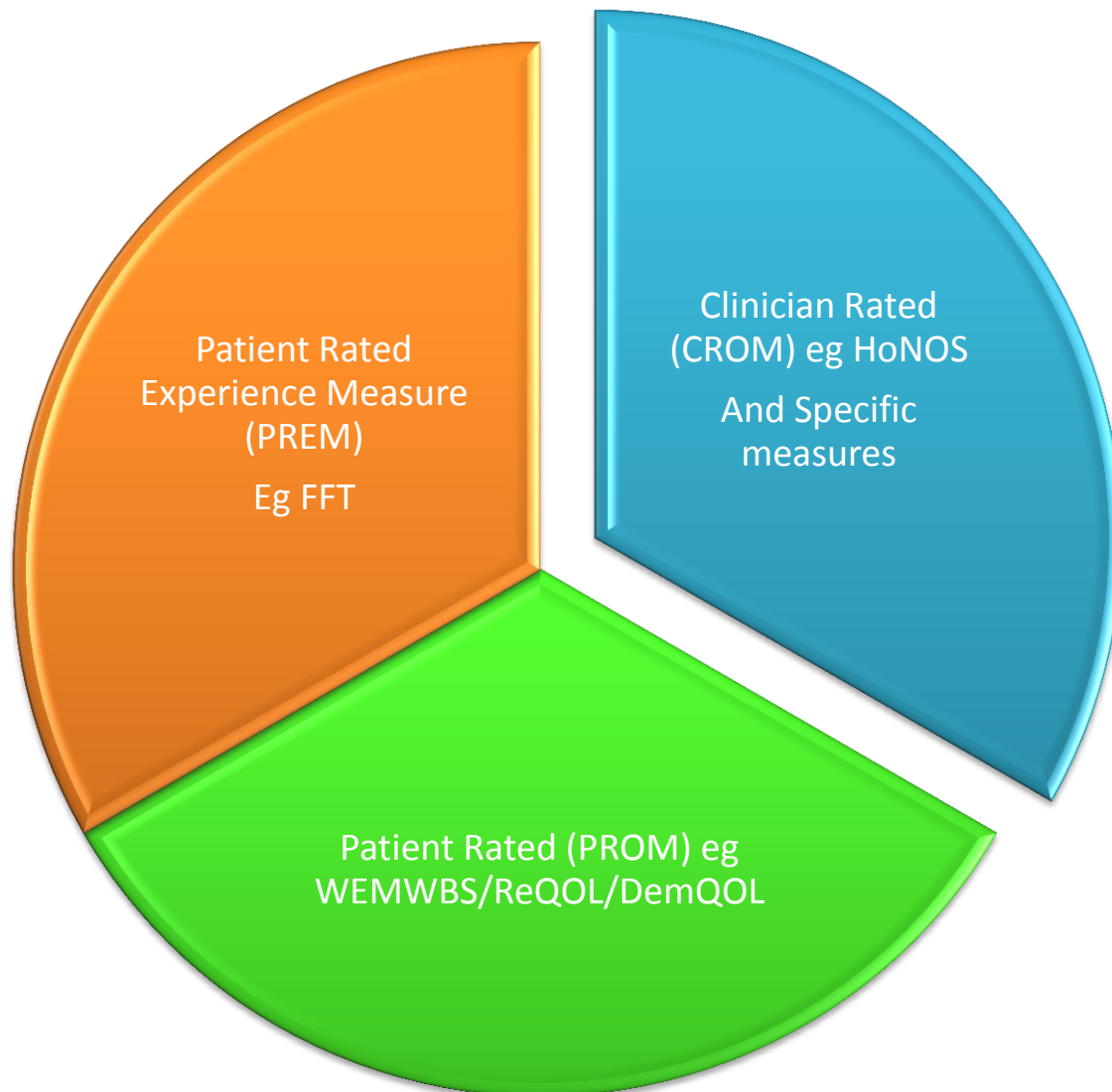## July 2018

Care pathways, currencies and outcomes

Understanding the needs of the individual / population.

Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

Identify clinically meaningful goals and measures to support improved health and wellbeing.

Identify the most appropriate interventions; right treatment first time.

Clustering

Value

Provide information on pathways of care. Better information, more transparent and informed choice and expectation.

Inform service users of clinical effectiveness; builds confidence and informs expectation.

Outcome Measures

Care Packages

Understanding clinical outcomes and patient experience of the care we provide.

Outcome measures identify the impact of interventions and help us identify the most effective pathways.

Articulating the specific interventions delivered improves understanding of their impact on outcomes.

Articulating how we meet a group's needs. Articulating the services we provide, pathways and service user choice.

Care Pathways, Currencies and Outcomes

Outcome Measures

Patient Rated Experience Measure (PREM)

Eg FFT

Clinician Rated (CROM) eg HoNOS

And Specific measures

Patient Rated (PROM) eg WEMWBS/ReQOL/DemQOL

HoNOS four Factor

Factor 1: Personal Well-Being (The sum of the following items)
Item 4:   Cognitive problems
Item 5:   Psychical illness or disability problems
Item 10: Problems with activities of daily living
Item 12: Problems with occupation and activities

Maximum factor score = **16**

Factor 2: Emotional Well-Being (The sum of the following items)
Item 2:   Non-accidental self-injury
Item 7:   Problems with depressed mood
Item 8:   Other mental and behavioural problems

Maximum factor score = **12**

Factor 3: Social Well-Being (The sum of the following items)
Item 3:   Problem-drinking or drug-taking
Item 9:   Problems with relationships
Item 11: Problems with living conditions
Item 12: Problems with occupation and activities

Maximum factor score = **16**

Factor 4: Severe Disturbance (The sum of the following items)
Item 1:   Overactive, aggressive, disruptive or agitated behaviour
Item 6:   Problems associated with hallucinations and delusions

Maximum factor score = **8**

Internal reliability

- CFA's using national sample showed new 4 factor model = best statistical fit compared to other subscale structures
  - All data level and super class levels

- Internal consistency of 4 subscales pretty good
  - Personal well-being alpha   = 0.78
  - Emotional well-being alpha   = 0.72
  - Social well-being alpha   = 0.75
  - Severe disturbance alpha   = 0.61

Central and North-West London Clinical Relevance

6. Problems associated with hallucinations and delusions (current)		
• Include hallucinations and delusions irrespective of diagnosis. • Do not include aggressive, destructive or overactive behaviors attributed to hallucinations or delusions, rated at Scale 1. • Include odd and bizarre behavior associated with hallucinations or delusions.	**0** No evidence of hallucinations or delusions during the period rated.	no problem
	1 Somewhat odd or eccentric beliefs not in keeping with cultural norms.	minor
	2 Delusions or hallucinations (e.g. voices, visions) are present, but there is little distress to patient or manifestation in bizarre behavior, i.e. clinically present but mild.	mild
	3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behavior, i.e. moderately severe clinical problem.	moderate
	4 Mental state and behavior is seriously and adversely affected by delusions or hallucinations, with severe impact on patient.	severe

7. Problems with depressed mood (current)	
• Do not include over-activity or agitation, rated at Scale 1. • Do not include delusions or hallucinations, rated at Scale 6. • Do not include suicidal ideation or attempts, rated at Scale 2.	**0** No problem associated with depressed mood during the period rated.
	1 Gloomy; or minor changes in mood.
	2 Mild but definite depression and distress (eg feelings of guilt; loss of self-esteem).
	3 Depression with inappropriate self-blame; preoccupied with feelings of guilt.
	4 Severe or very severe depression, with guilt or self-accusation.

Score of 3-4 considered 'clinically significant', and is likely to impact other areas of wellbeing.

Central and North-West London Clinical Relevance

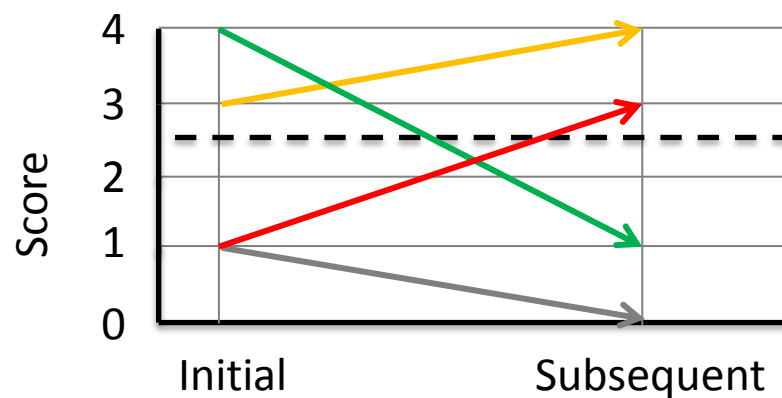## Scores:

0-2 Low symptoms

3-4 High symptoms

Categorical change:

Low to low   - no problem
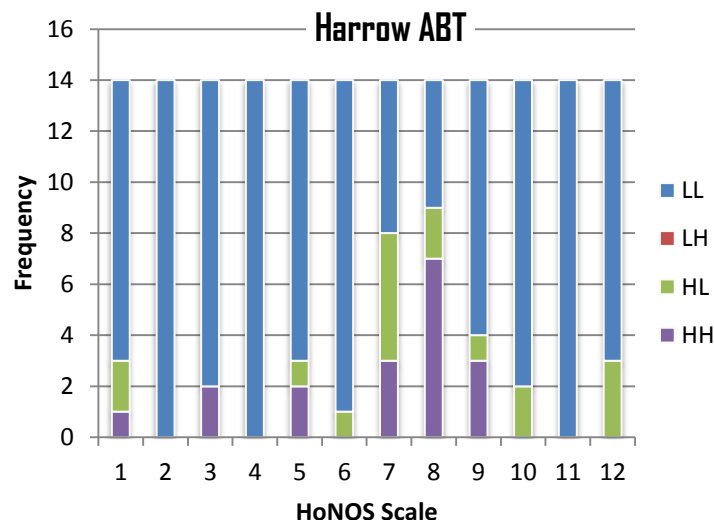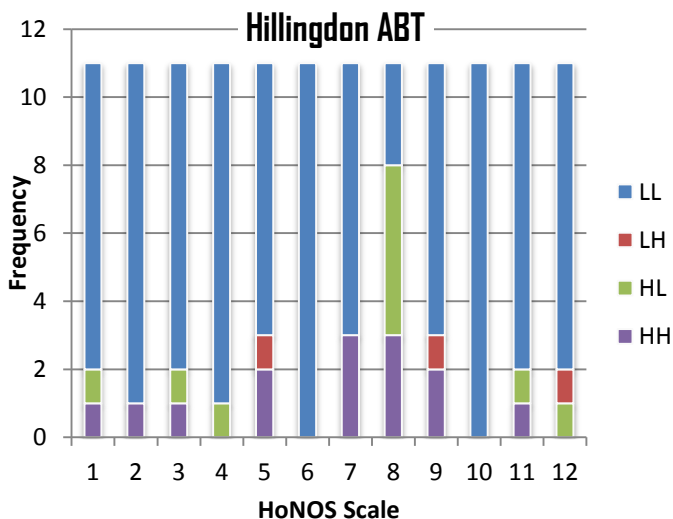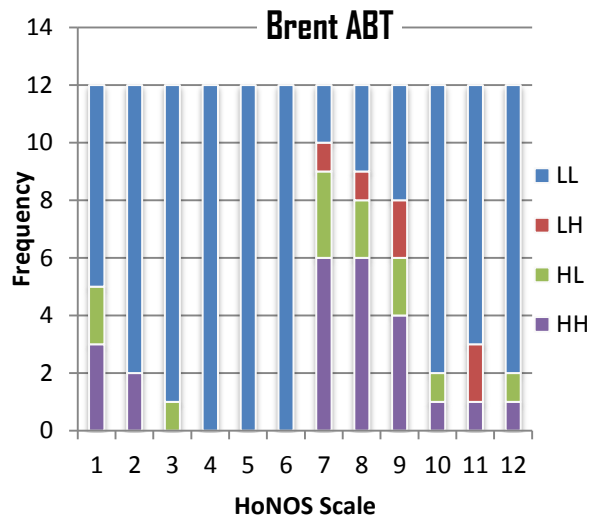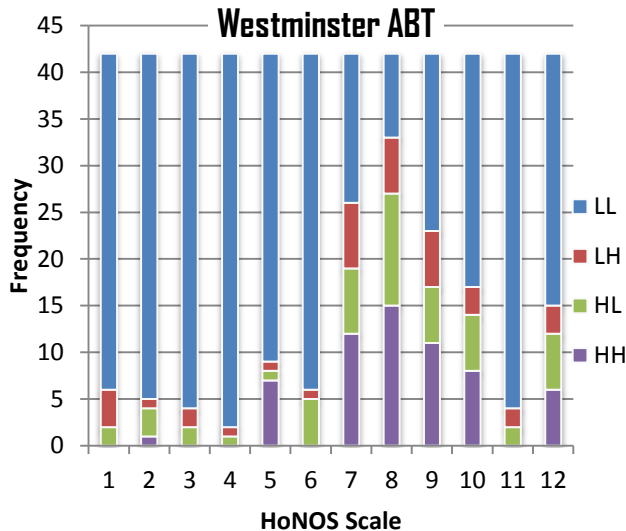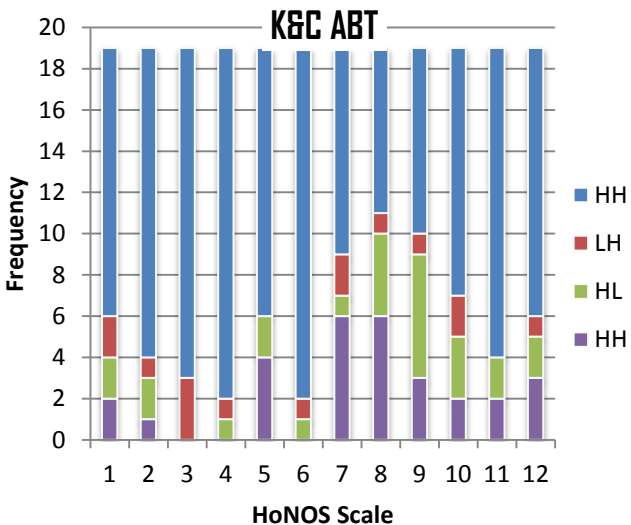
Low to high   - deterioration

High to low   - improvement

High to high - 'ineffective'

Paired HoNOS Categorical Change: CLUSTERS 6-8

BSMHFT approach

Categorical change within four factor model.

- Score 3 or 4 is high symptom, 0-2 is low.

- Count of 'high' within four factor group will be used. May have up to 4 measures of high in one group.

- Shift in count used to define change.

  - Individuals experiencing improved wellbeing in some but not all items within a factor will count as improving.

- Further scope to stratify based on severity

First aim is ease of interpretation: Can we draw meaningful comparisons without needing to explain the report.

BSMHFT approach
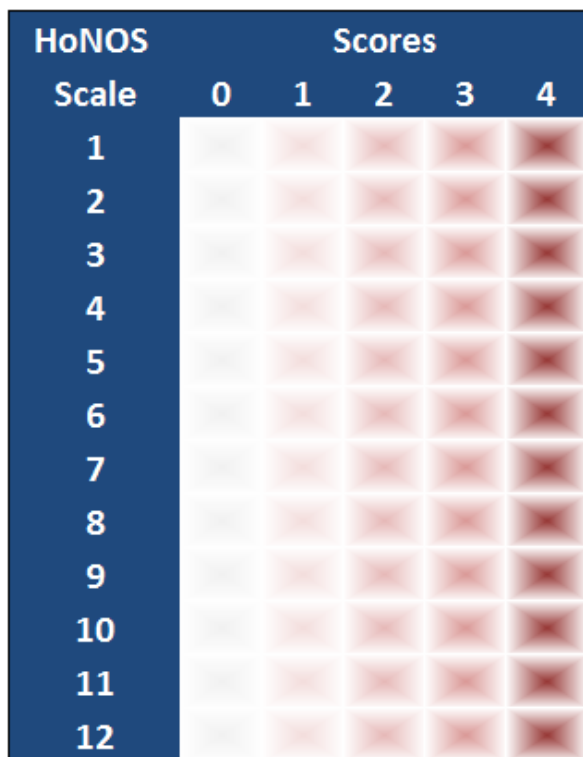
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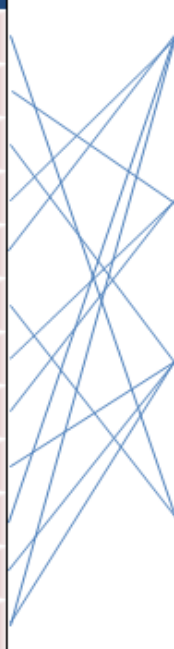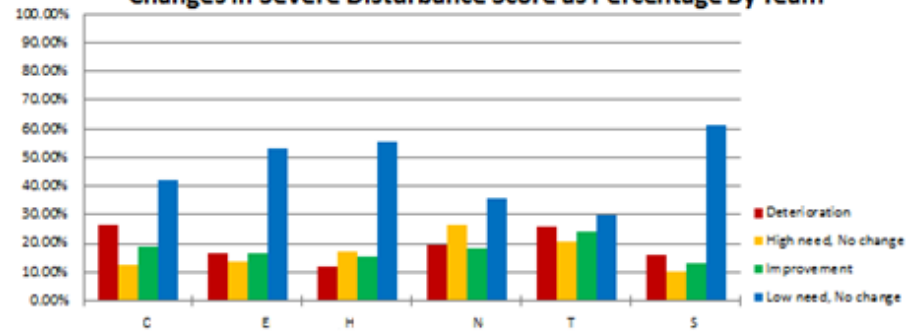
Changes in Emotional Wellbeing Score as Percentage By Team
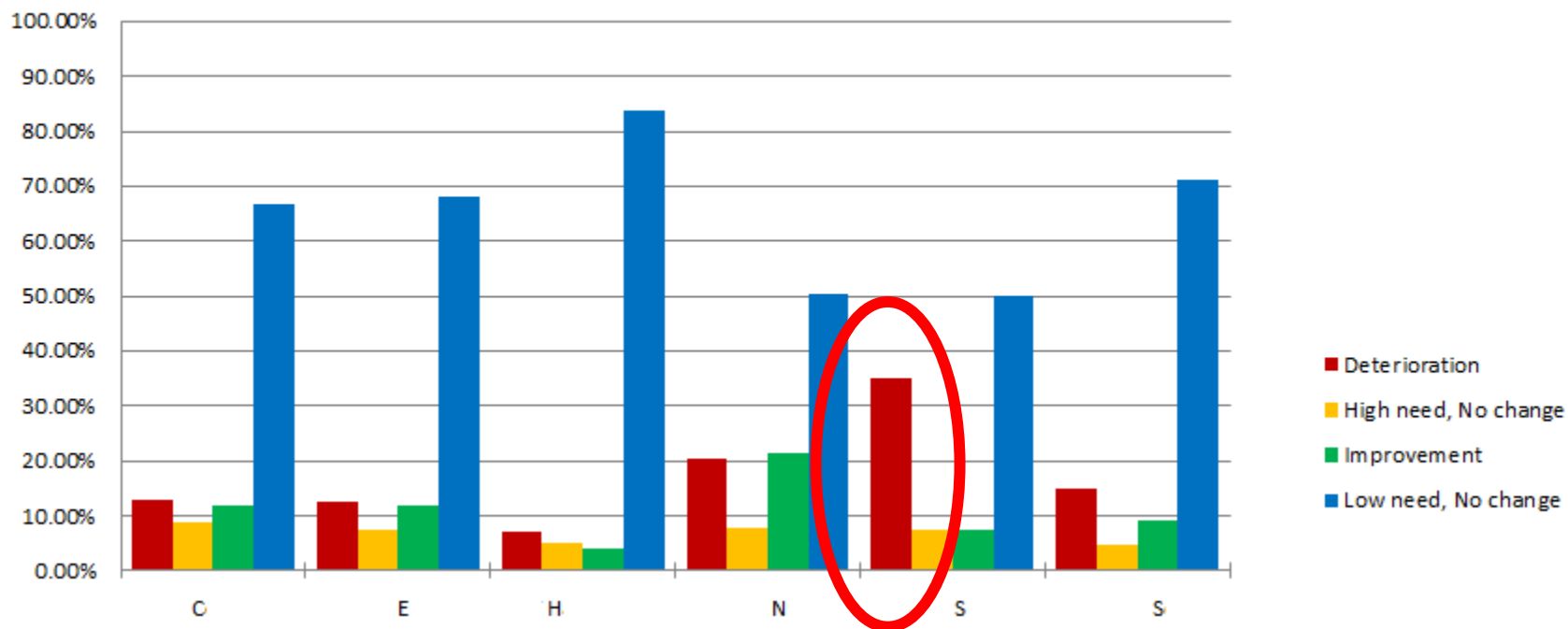
Legend:
- Deterioration
- High need, No change
- Improvement
- Low need, No change

X-axis categories: C, E, H, N, S, S

Factor 2: Emotional Well-Being (The sum of the following items)

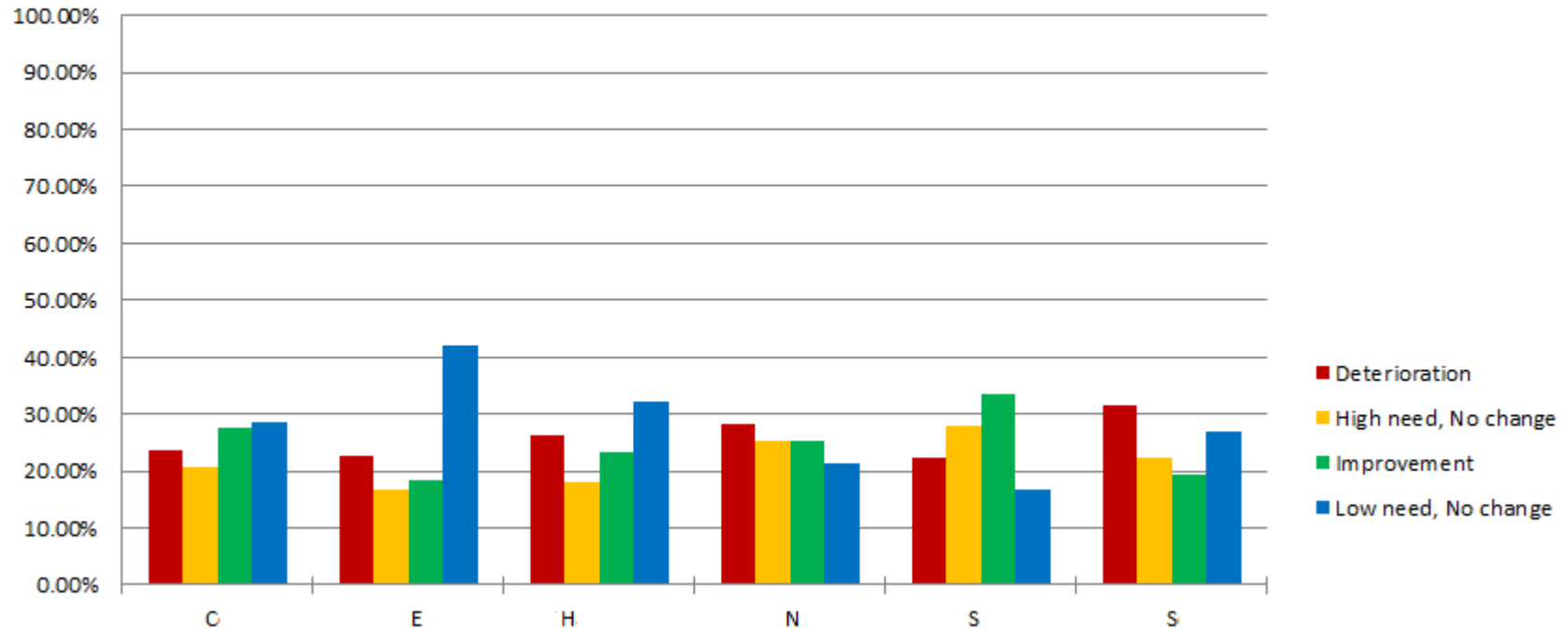Item 2:   Non-accidental self-injury

Item 7:   Problems with depressed mood

Item 8:   Other mental and behavioural problems

Changes in Social Wellbeing Score as Percentage By Team

Factor 3: Social Well-Being (The sum of the following items)

Item 3:   Problem-drinking or drug-taking

Item 9:   Problems with relationships
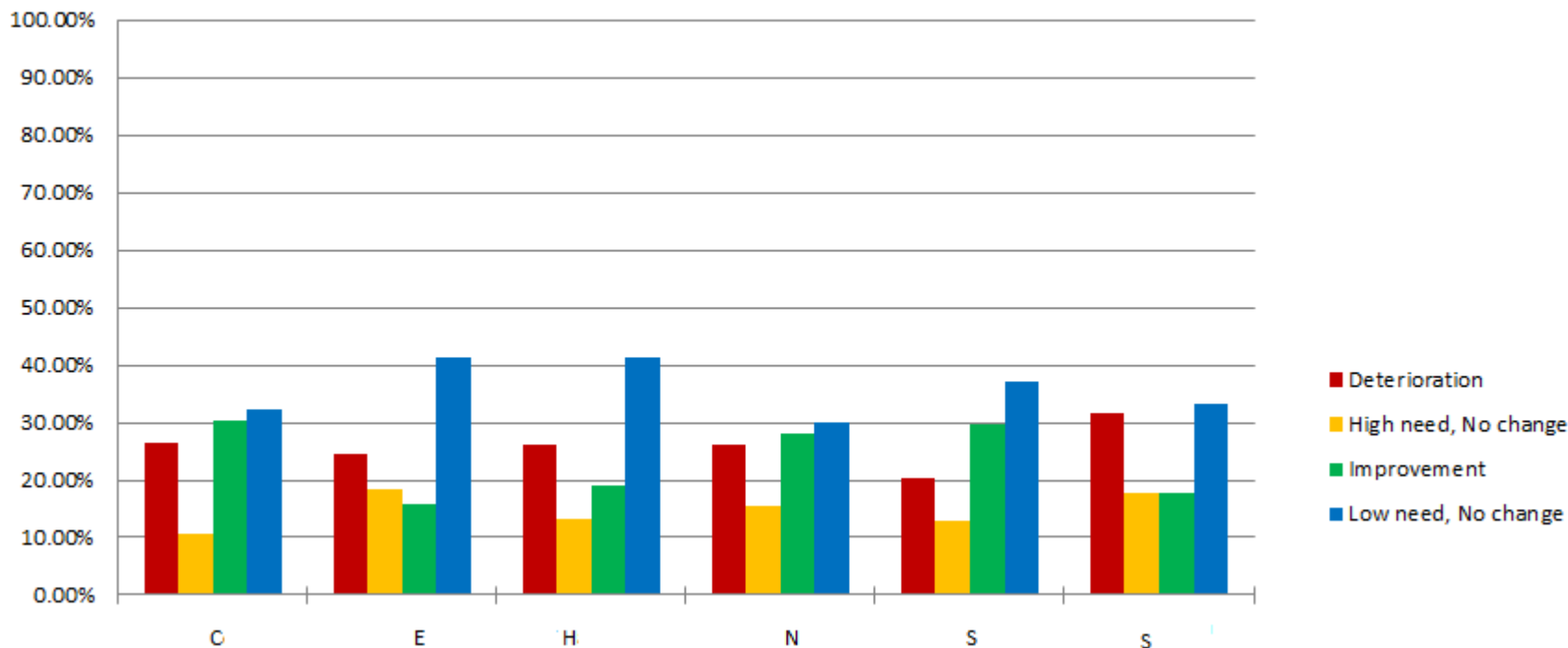
Item 11: Problems with living conditions

Item 12: Problems with occupation and activities

Changes in Personal Wellbeing Score as Percentage By Team

Legend:
- ■ Deterioration
- ■ High need, No change
- ■ Improvement
- ■ Low need, No change

X-axis teams: C, E, H, N, S, S

Factor 1: Personal Well-Being (The sum of the following items)

Item 4:   Cognitive problems
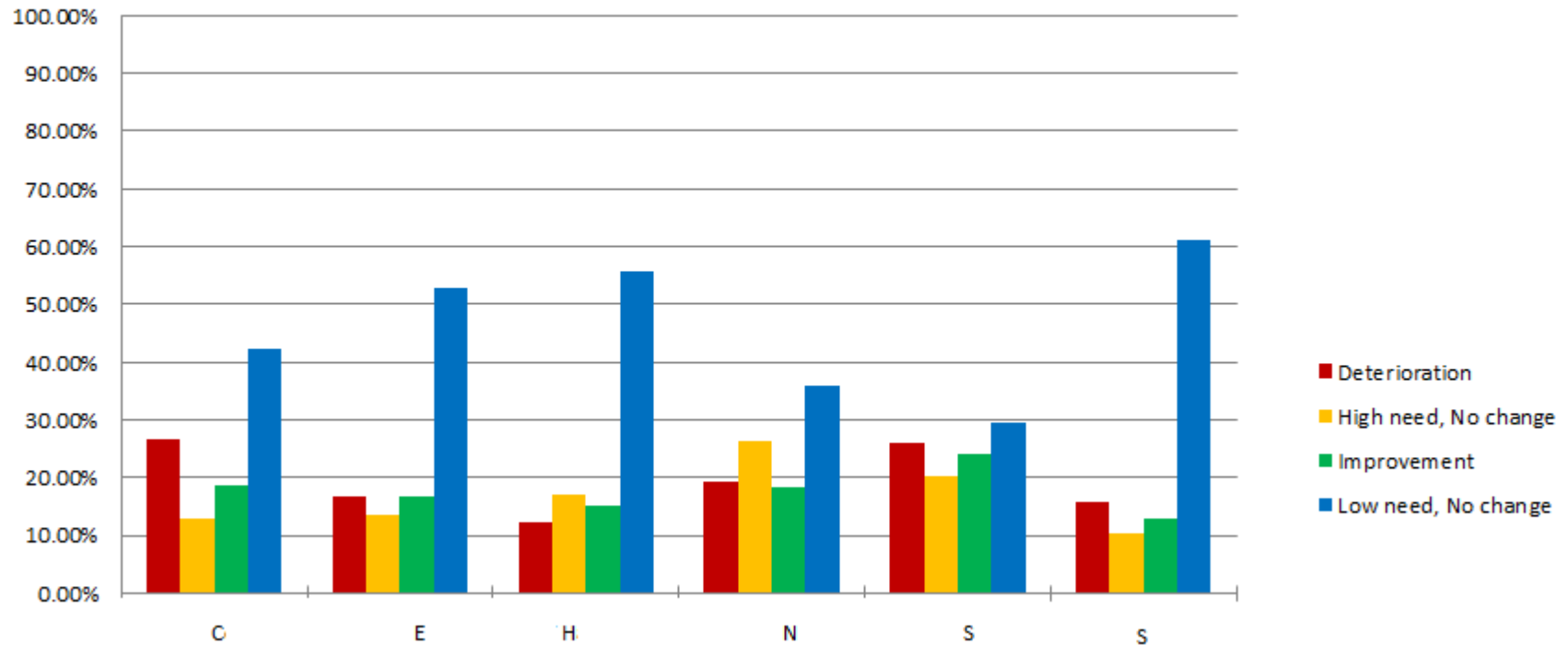
Item 5:   Psychical illness or disability problems

Item 10: Problems with activities of daily living

Item 12: Problems with occupation and activities

Changes in Severe Disturbance Score as Percentage By Team

Legend:
- Deterioration
- High need, No change
- Improvement
- Low need, No change

Factor 4: Severe Disturbance (The sum of the following items)
Item 1: Overactive, aggressive, disruptive or agitated behaviour
Item 6: Problems associated with hallucinations and delusions

Limitations

Sensitivity of 'clinical relevance'

> Score changes within the bandings (0-2 and 3-4) will not be reflected in the dichotomous 'clinical relevance' approach.

Extent of change not reflected.

> Extent of improvement/deterioration within the four factors is not reflected as any change is reported

Factor 3: Social Well-being

Both classified as 'improvement'
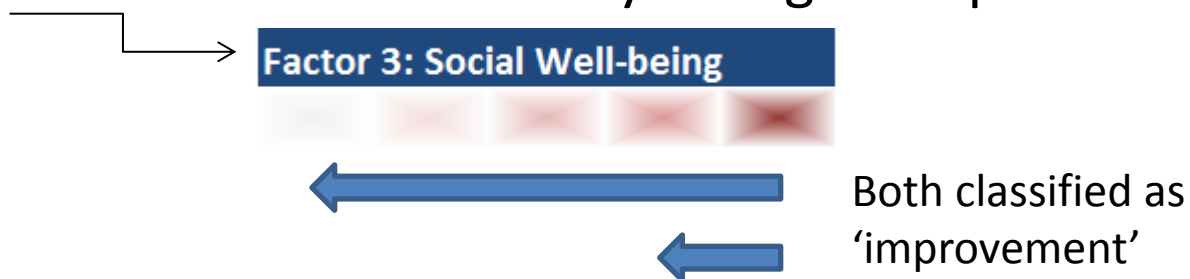
Practical uses

First need to understand the reason for variation:

- Population differences
- Clinical effectiveness
- HoNOS apathy.

Team effectiveness

- Service level,
- Team level,
- Clinician level.

Future link to interventions, payment.

Feedback from clinicians

✓ Useful for reflective practice and discussion

✓ Feedback on scores captured

✓ Initial validation positive

— Needs more validation

✓ Supports caseload management

✗ Fear of performance management

— Expectations vs. condition course

✗ Granularity (scale of recovery lost)