

Scottish Schizophrenia Outcomes Study

Executive Summary of Final Report



Grant Holder: **Professor Robert Hunter**

Project Coordinator: **Rosie Cameron**

Main Contact Person: **Professor Robert Hunter**
Director/Consultant Psychiatrist
Research and Development
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow, G12 0XH
Telephone: 0141 211 3707
Fax: 0141 211 3814
Email: Robert.hunter@gartnavel.gla.ac.uk

Report submission date: **3 April 2006**

Funding source: **This project was funded by NHS Quality Improvement Scotland. Project Reference P01/6**

Background

There has been much debate in the National Health Service (NHS) over the past ten years regarding the measurement of outcomes in mental health service settings. Historically, outcome measurement tools were almost exclusively used in specific research studies and not in mainstream routine clinical practice. The Scottish Schizophrenia Outcomes Study (SSOS) was commissioned by the Scottish Executive Health Department as a national demonstration project, at a time when the Clinical Standards Board for Scotland¹ introduced an evidence-based set of standards for the treatment and care of people with schizophrenia (the Standards, CSBS 2001). The introduction of the Standards across Scotland provided a unique opportunity to pilot outcome measures that might assist healthcare teams and practitioners assess the clinical effectiveness of the care they provide. This clinical effectiveness project aimed to assess the clinical outcomes and care for people with schizophrenia receiving NHS care over a period of 3 years, during the period when National Standards for Schizophrenia were being implemented.

Methodology

The design utilised was a prospective naturalistic observational study and was carried out in 4 distinct phases over almost 4 years. The study began in January 2001 and ended in November 2005. All NHS organizations in Scotland agreed to take part in the study (albeit to varying levels of commitment), with only the State Hospital declining to participate. Non-statutory organisations who agreed to participate in the study included the Scottish Association for Mental Health (SAMH) and the Richmond Fellowship (national mental health charities and service providers). The National Schizophrenia Fellowship (Scotland) participated through representation on the Project Advisory Group.

Seven hundred and forty-eight keyworkers (mental health professionals with a caseload of people with schizophrenia) were recruited and, following attendance at a dedicated training event, recruited participants into the study. The study coordinator was assisted within local organisations in the recruitment and training of keyworkers by members of a National Advisory Group. Participants had to be aged 18-65 years and have an ICD-10 F20-29 diagnosis. One thousand and fifteen people with schizophrenia were recruited into the study and almost eighty percent were successfully followed up with annual assessments over a two year period. The cohort was recruited from across Scotland and included a representative sample from every Health Board area.

Findings

SSOS has provided an annual national 'snap shot' of services, interventions and outcomes in people with schizophrenia over four years. Although some trends appear positive, there are areas of concern e.g. uptake of treatments other than medication and participation in employment or training.

SSOS has clearly demonstrated over a three year period that in a representative sample of people with schizophrenia attending the NHS in Scotland, it is feasible to routinely collect mental health outcomes data. The project has demonstrated also that it is feasible to incorporate service user assessments of need into routine practice. Furthermore, the

¹ The Clinical Standards Board Scotland was amalgamated into NHS Quality Improvement Scotland (NHS QIS) in January 2003

keyworker clinicians who participated were almost all positive, not just about feasibility, but also about the clinical utility of information collected in SSOS.

Conclusions/Recommendations

SSOS recommends that standard and validated outcome measures are incorporated into routine clinical practice across mental health services. As a minimum, a core set of assessments, including a clinician rated measure and a service user led assessment of need, should be used. It is further recommended that the key to successful implementation of outcome measures within the mental health service is through local ownership, and the development of Board wide service implementation strategies. Clinicians will only continue to use outcome measures that have relevance and utility for improving patient care.

SSOS has demonstrated that expert training is a requirement for the introduction and successful implementation of outcome measures. Professional training in the use of outcome measures has resource and support implications at both local and national levels if implementation strategies are to be achieved. National Clinical Information Systems and Information Technology (IT) are presently under utilised in the collection and reporting of mental health outcomes data throughout Scotland. If outcome measures are to become integral to clinical practice, it is essential that they are further developed and utilised for reporting of information to clinicians and service users and for benchmarking for service managers, planners and commissioners.

Evidence from SSOS clearly demonstrates that health outcomes for people with schizophrenia have improved over the time-course of the study. However, it is clear that the Clinical Standards for Schizophrenia have not been fully implemented throughout Scotland. National Clinical Standards can therefore only in part have had a causal relationship to improved health outcomes in the project. Significant factors may also include improved clinical services, improved training for health professionals and support from user and carer organisations in the voluntary services. It is anticipated that in the future, Integrated Care Pathways will become established to deliver and provide evidence for the implementation of appropriate standards of care (Delivering for Health 2005).

In order that a consensus view can be reached of how the implementation of outcome measures can be taken forward across Scotland, SSOS recommends that the findings from this study are discussed at a national symposium, hosted by NHS Quality Improvement Scotland.

References

Clinical Standards for Schizophrenia (2001) *The Clinical Standards Board for Scotland.* ISBN 1-903766-01-X.

Delivering for Health (2005) *Scottish Executive Health Department.* Edinburgh: Scottish Executive ISBN 0-7559-4835-1.