



Project Report

Acknowledgements

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- Dr. Robin Arnold, Avon and Wiltshire Mental Health Partnership NHS Trust, and
- All the clinicians and service users involved in the development and trials of My View.

Contents

1	Background	4
	1.1 The Avon Mental Health Measure	
	1.2 NHS Quality Improvement Scotland's (NHS QIS) role	
2	Methodology	5
	2.1 Steering Group	
	2.2 Public Involvement	
	2.3 Pilot exercise	
	2.4 Comparison exercise	
3	Next Steps	6
	3.1 Launch and rollout	
	3.2 Follow-up after launch	
4	References	7
5	Members of the Steering Group	8

1. Background

1.1 The Avon Mental Health Measure

My View is based on the Avon mental health measure. This measure was designed in the Bristol and Avon area in 1996, to enable users of mental health services to have a structured voice within the process of their care to help identify needs and priorities.

The Avon mental health measure is a service user-centred approach to assessing need, and is a comprehensive, valid measure for drawing up care plans, based on identified needs. It helps engage service users in the management of their care. The assessment tool enables service users to examine various aspects of their lives, resulting in a holistic needs assessment which, when used over time, can be used as a proxy measure of outcome.

1.2 NHS Quality Improvement Scotland's (NHS QIS) role

The Scottish Schizophrenia Outcomes Study report (April 2006), commissioned by the then Scottish Executive Health Department, concluded that it is feasible to incorporate service user assessments of need into routine practice. The study recommended that NHS organisations should adopt and promote the use of outcome measures including a service user-led needs assessment, such as the Avon mental health measure. It also recommended that the content of the Avon mental health measure should be revised and produced in a more user-friendly format.

The NHS QIS standards for Integrated Care Pathways (ICPs) for mental health (December 2007) referenced the use of Avon as part of a holistic assessment to be carried out with the service user, and to include this as part of the care record. As a result, the production of an updated Avon mental health measure for use by the service would assist NHS boards with meeting the standards for ICPs. NHS health boards are also required to report on the widespread use of the Avon mental health measure to measure patient needs and promote recovery orientated practice as an element of the Balanced Scorecard within the Scottish Government's National Benchmarking project.

NHS QIS was tasked with refining the Avon mental health measure to bring it more in line with today's climate of mental health services /service user developments and initiatives. The NHS QIS role also assessed the balance between it being needs assessed as opposed to a strength-based recovery focused tool. It would also have to promote the patient-centredness aspect.

2. Methodology

2.1 Steering Group

A steering and subgroup was established to draft a revised version of the measure, refining content, format and language. The steering group considered, within a Scottish context, the experience and use of Avon and whether it was a useful tool to gather service users' perspectives for incorporation into their care planning and management, and whether it provided a means by which service users can be represented in that process.

The steering group was chaired by Professor Robert Hunter, Consultant Psychiatrist, NHS Greater Glasgow and Clyde and included representation from a wide range of mental health clinicians and professionals as well as service users and voluntary organisations.

2.2 Public Involvement consultation

A consultation exercise (which included a structured questionnaire) was undertaken through the NHS QIS mental health public involvement group and Vox Scotland (a service user led organisation).

2.3 Pilot exercise

NHS Ayrshire & Arran undertook a pilot exercise using the revised Avon measure. Service users and healthcare professionals in the NHS board participated in the pilot which was conducted in wards and through the Community Mental Health service.

An awareness/training session was held with NHS Ayrshire and Arran staff members detailing history of project and ensuring familiarisation with revised tool.

Feedback questionnaires were completed by both healthcare professionals and service users.

The long term/rehabilitation ward reported that many service users had difficulties completing the assessment, even with support. Community staff had difficulty getting the Avon measure completed because of the time periods between visits, and the fact that the service users were completing them without staff being there.

Staff took from ten to thirty minutes to discuss and explain the assessment to service users.

Time taken for service users to complete the assessment ranged from ten minutes to 9 hours over 5 days. Many were completed over a period of days. It was reported that completing the questionnaire brought up negative emotions for some service users. Service users in addictions required less support in completing the assessment.

Although fewer questionnaires were received than hoped for, those received gave many useful and clear suggestions for improvement, and overall the feedback about the measure was very positive.

2.4 Comparison exercise

A comparison exercise was undertaken by NHS Dumfries & Galloway following the pilot to establish:

- whether data from My View was equivalent to that captured by Avon and
- which tool was preferred by clients.

The comparison was carried out in both the Community Mental Health Team and a Day Hospital. Comparable data points on Avon were evaluated against My View.

All participants preferred My View to Avon, but it did take longer to complete - an average of 35 minutes compared with 19 minutes for Avon.

3. Next Steps

3.1 Launch and roll-out

Following the pilot, comparison exercise and final steering group meeting, final revisions were made to the revised measure including the adoption of the My View name as well as the finalisation regarding the format.

The finalised version of My View will be launched and promoted during 2011 through the following channels:

- Access through the NHS QIS website
- Added to the NHS QIS ICP website
- Buy in from the NHS health boards through networking and the provision of support, and
- Making use of national learning networks to advertise the measure and make.

3.2 Follow-up after roll-out

Following the successful roll-out of My View, it will be important to assess its effectiveness, and, to identify if there is a requirement for NHS QIS to provide additional support to NHS boards. Support could be provided through networking and channels such as national learning networks.

In addition, follow-up research should be undertaken via a reconvened Outputs Research subgroup, although this would be under a new agenda and remit.

4. References

Available on request – please contact Vicky Rigley at vicky.rigley@nhs.net if these are required.

5. Members of the Steering Group

Name	Organisation
Professor Bob Hunter	Chairman (Associate Director of Research & Development / Consultant Psychiatrist, NHS Greater Glasgow & Clyde)
Ms Tomi Ajetunmobi	ISD
Dr Robin Arnold	Avon and Wiltshire Mental Health Partnership NHS Trust
Mr Simon Bradstreet	Scottish Recovery Network
Mr Chris Bruce	Scottish Government Health Directorate
Ms Rosie Cameron	NHS Greater Glasgow and Clyde
Dr Denise Coia	Scottish Government Health Directorate
Ms Sandra Dow	Public partner
Ms Elizabeth McGovern	NHS QIS Public partner
Ms Margaret Mitchell	Non-exec member, Scottish Association for Mental Health
Mr Richard Norris	Scottish Health Council
Ms Linda Reid	Social work representative (Scottish Government Health Directorate)
Mr Dougie Pickering	VoxScotland representative
Ms Corinne Watt	NHS Ayrshire & Arran