

# Feedback of OutCome to Users and Staff

<b>Submission date</b> 07/01/2003	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 07/01/2003	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 18/12/2017	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
G108/390

## Study information

**Scientific Title**  
Feedback of OutCome to Users and Staff

**Acronym**

## FOCUS

### **Study objectives**

The FOCUS Study will test three hypotheses:

1. Baseline level of patient-rated unmet need will predict follow-up level of quality of life
2. The routine collection and feedback of outcome information for seven months will lead to 1.0 fewer patient-rated unmet needs, as measured using Camberwell Assessment of Need Short Appraisal Schedule - Patient version (CANSAS-P)
3. The routine collection and feedback of outcome information for seven months will lead to an increase of 0.25 points in quality of life, as measured using the Manchester Short Assessment (MANSA)

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Not provided at time of registration.

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Screening

### **Health condition(s) or problem(s) studied**

Mental health problems

### **Interventions**

The measures that will be used for routine collection and feedback are:

1. The Manchester Short Assessment of Quality of Life (MANSA) (Priebe et al, 1999, see Abstract on PMID: 10443245)
2. The Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) (Slade et al, 1999, The Camberwell Assessment of Need, London: Gaskell)
3. The Helping Alliance Scale (HAS) (Priebe & Gruyters, 1993, see Abstract on PMID: 8245923)
4. The Threshold Assessment Grid (TAG) (Slade et al, 2000, see Abstract on PMID: 10784370)

The staff-completed measures will be TAG, HAS-S and CANSAS-S. According to guidance notes, each completion should take 6 - 11 minutes. The patient-completed measures will be MANSA, HAS-P and CANSAS-P, and completion should take 8 - 13 minutes. The intention is that comparison of the HAS assessments will focus staff and patient on the process of care, comparison of CANSAS assessments will increase collaboration and negotiation, and feedback of the MANSA and TAG assessments will lead to an increased focus on desirable outcomes.

The intervention comprises asking staff and patients each to complete an outcome assessment form every month for six months, with identical feedback provided to both people every three months.

Staff and patients will be asked to complete monthly assessments and will receive three monthly feedback. The intervention will last six months, and follow-up assessments will be made one month later.

#### Evaluation:

Follow-up is at seven months. The routinely collected data will also be used to investigate the effectiveness of the intervention, supplemented by extra data collected at baseline and follow-up. All measures completed as part of the intervention will be assessed at baseline and follow-up, including the objective questions from MANSA and the qualitative questions from HAS. In addition, the Brief Psychiatric Rating Scale (BPRS) (Overall & Gorham: Psychopharmacol Bull 1988, 24:97-99) will be used to assess symptomatology and the Health of the Nation Outcome Scale (HoNOS) (Wing et al, 1998, see Abstract on PMID: 9534825) will be used to assess social disability in more detail than the ROA measures. To identify changes in the content of care, an assessment of the care actually received will be needed. This will be assessed using the Client Service Receipt Inventory (CSRI) (Beecham & Knapp, 1992 [Costing psychiatric interventions. In Measuring mental health needs edited by Thornicroft G, Brewin C, Wing J. London: Gaskell, 1992: 163-183]), which assesses services received over the last 6 months. Since there is emerging evidence of Intelligence Quotient (IQ) as a predictor of response to different service models (Hassiotis et al, 2001, see Abstract on PMID: 11157431), intellectual functioning will be measured at baseline using the National Adult Reading Test (NART) Second Edition (Nelson, 1982 [In National Adult Reading Test {NART}: Test Manual. Windsor: NFER-Nelson]).

#### Intervention Type

Other

#### Phase

Not Specified

#### Primary outcome(s)

1. Patient-rated unmet need, as measured using CANSAS-P
2. Quality of life, as measured using MANSA

#### Key secondary outcome(s)

1. Mental health problem severity
2. Symptoms
3. Social disability

#### Completion date

30/06/2005

## Eligibility

#### Key inclusion criteria

Patients will be included who meet all three of the following criteria:

1. Patient is on the caseload of an adult mental team in Croydon on 1 May 2001
2. Patient has been on the caseload for at least three months
3. Patient is aged between 18 and 65 inclusive

#### Participant type(s)

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

65 years

**Sex**

All

**Key exclusion criteria**

Does not comply with above inclusion criteria

**Date of first enrolment**

01/05/2000

**Date of final enrolment**

30/06/2005

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

**MRC Clinical Scientist Fellow**

London

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**Sponsor information****Organisation**

Medical Research Council (MRC) (UK)

**Funder(s)**

**Funder type**

Research council

**Funder Name**

Medical Research Council (UK)

**Alternative Name(s)**

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/10/2006		Yes	No
<a href="#">Protocol article</a>	protocol	01/01/2002		Yes	No