Using DIALOG data to understand population needs

Pan London Learning

This document provides practical examples of how DIALOG data can be used in different ways to understand the needs of your local population beyond ‘mental or physical health’.

This document has been developed using DIALOG data from East London Foundation Trust (ELFT) in collaboration with Dr Rahul Bhattacharya, Clinical Lead, New Models of Community MH Programme, HLP / NHSEI.

Healthy London Partnership

Introduction and purpose

DIALOG data can be used in different ways to provide more in depth understanding of population groups.

This document uses DIALOG data from East London Foundation Trust to demonstrate its use by better understanding:

More granular detail on mental and physical health needs

Differences in population needs by borough within a provider footprint or ICSs

Needs by different patient characteristics such as age, ethnicity and sex

Differences in needs over time, for example comparison from this year to the previous year

The purpose of this document is to provide an overview of how DIALOG data can be used to inform population needs and service redesign.

Throughout this document we have included small clips with more information illustrating some points further from Dr Rahul Bhattacharya, Consultant Psychiatrist, Clinical Lead, New Models of Community MH Programme, HLP / NHSEI. The clips are introduced with this icon >>>>

01 Background and context

What value does DIALOG/+ add?

DIALOG is simple to use and it enables proactive, personalised conversations at an individual level, supporting self-management and helping service users move forward with their journey of recovery.

Capturing this information gives a powerful indicator of patient satisfaction levels where health and social care services need to focus for improvement.

It helps to guide a structured conversation between a health professional and service user that is patient centred with a focus on change.

It has also been used to help inform the redesign of care planning processes within mental health services.

The scale has been shown to have good psychometric properties

It is simple to use

It can be used to evaluate treatment and has the advantage that each item is meaningful

DIALOG+ can help co-produce care plans with the person and the information can be used for planning for individual patients and whole services

The use of DIALOG + has been shown to improve quality of life (subjective) by agenda setting, shared decision making and positive commentary and solution focused approach

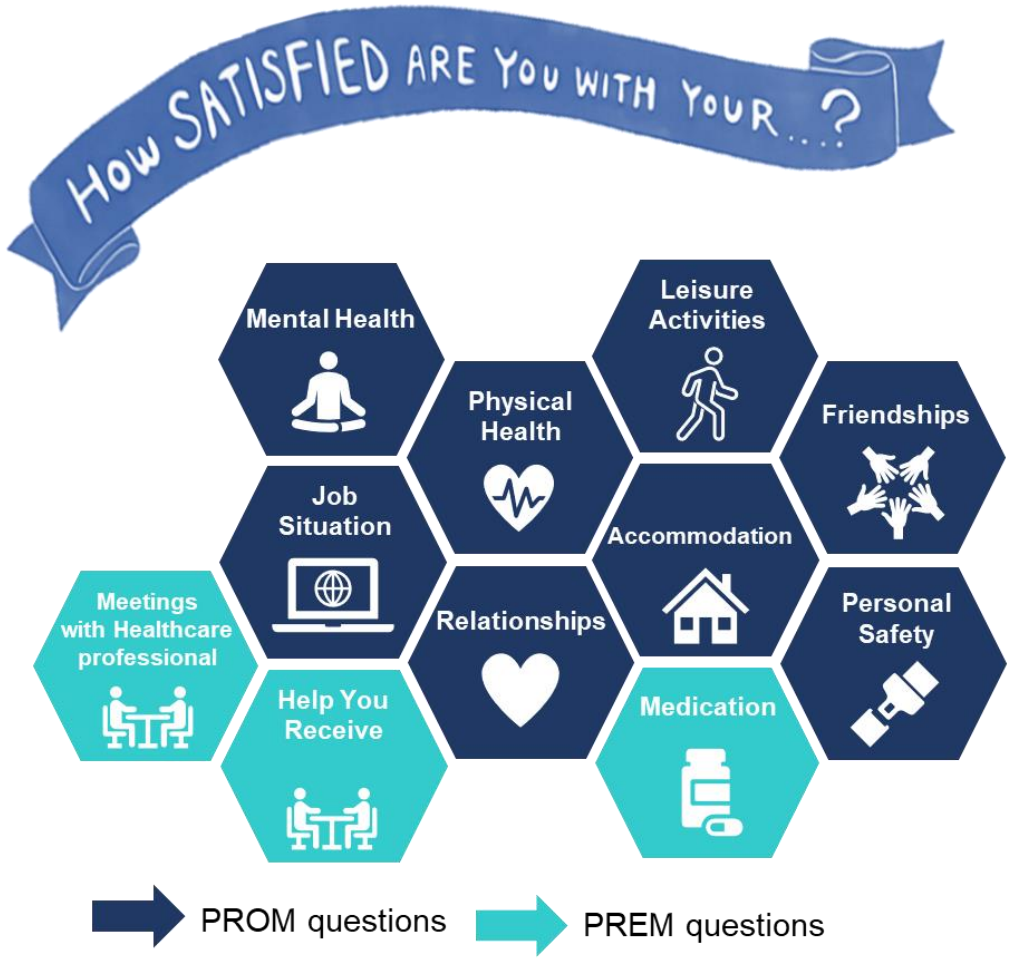
Service users report satisfaction in using it

Watch this short video that tells you how DIALOG has helped a service user and a carer

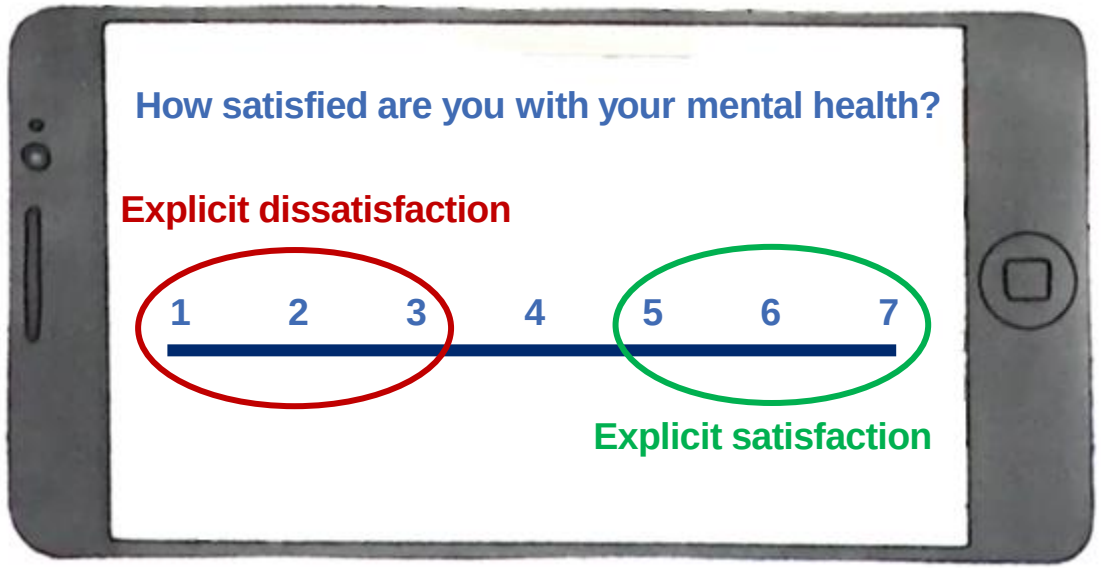
02 An introduction to understanding DIALOG data

Analytical framework

DIALOG is an 11-question survey whereby people with a mental health illness are asked to rate their satisfaction and needs for care on **8 life domains** and **3 treatment aspects**.



Each of the DIALOG questions are rated using a likert scale from 1 = totally dissatisfied to 7= totally satisfied



A high initial score = less room for improvement

A low initial score = improvement is more likely

Healthy London Partnership has developed an Operational Manual and Analytical Framework which provides guidance on analysing DIALOG data accurately.

Click on the icon for more DIALOG resources >>>>>

Analytical framework

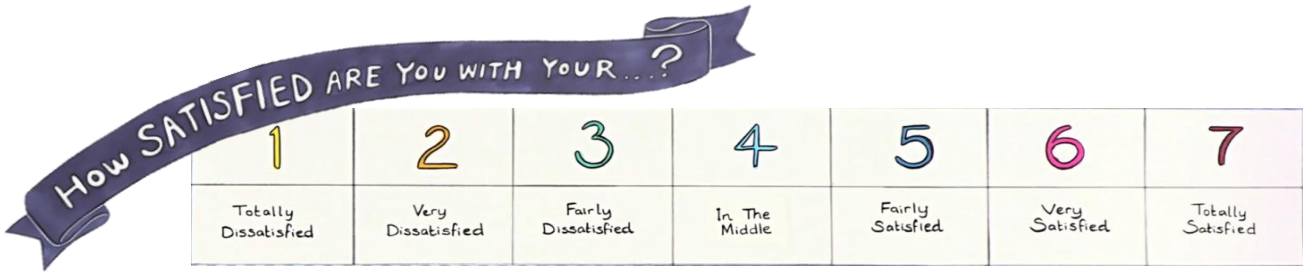
When should DIALOG be captured when using as an outcome measure?

Episode start: At the start of a new treatment episode e.g. admission to a Home Treatment Team. For acute treatment it should be carried out within 48 hours- within community settings within the first or second meeting.

Review: Every 4 weeks for acute treatment- inpatient and crisis team. No longer than 6 months for community services and outpatient.

Episode end: At the end of treatment episode- discharge from a team, service or provider.

The quality of the data will be improved when paired scores are collected- analysis and interpretation of the data will be more meaningful



Missing scores

Mean scores can be calculated even when one item (of the 11 scales) is missing (that item is then ignored when calculating the mean).

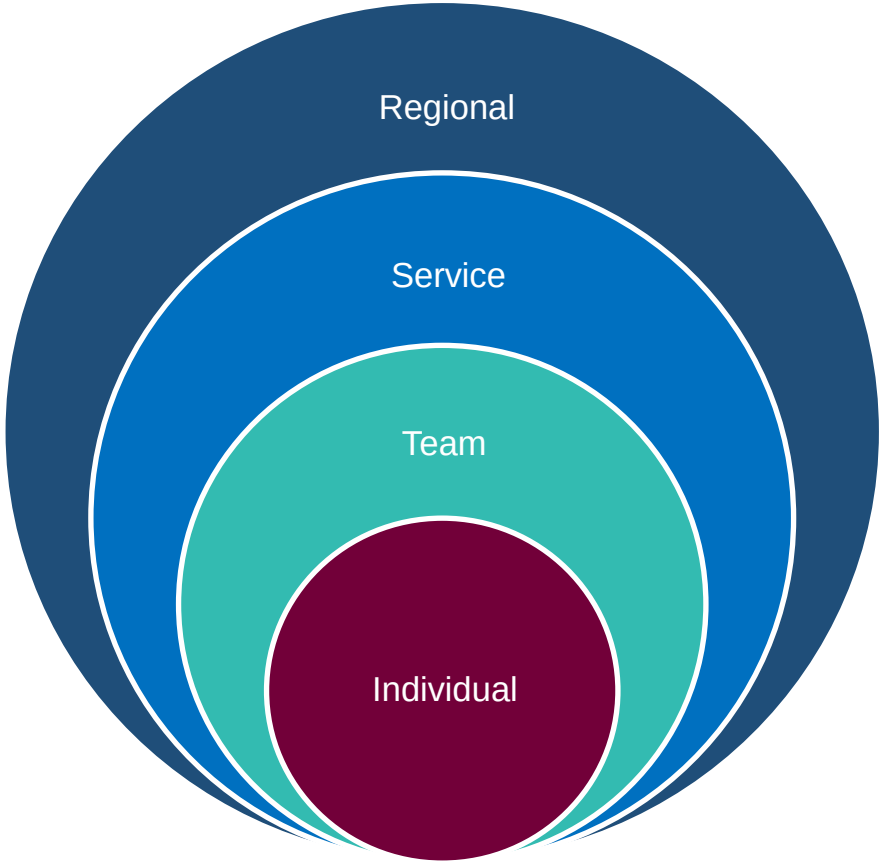
Yet, **when more than one item is missing, mean scores may be substantially affected.** Unrepresentative and incomplete data prevents comparisons and limits the utility of feedback.

Paired data is critical to measure change. For data to be meaningful DIALOG scores need to be complete and collected at critical timepoints.

Paired data is when two sets of DIALOG scales have been recorded for a person – for example at new treatment episode (T1) and end of treatment episode, or at review (T2) and can be displayed graphically. Paired data may represent admission to discharge, admission to review or review to discharge and (rarely) review to review.

Opportunities for using outcomes data at different levels

There is value to exploring outcomes at a number of different levels depending on the purpose of the evaluation.



Watch this short clip explaining how DIALOG data can be analysed at different levels and used to support a person's mental health and improve the quality of the service. **Click on the icon >>>>>>>>**

Regional

Regional level data can support an understanding of the value of mental health services and supports benchmarking with other trusts aiding conversations and learning about what data maybe showing.

Service (group of teams)

Service level data may support an assessment of the areas of strength, most prevalent and/or most severe problems reported by service users. This information is useful to help inform service planning, workforce planning, research, quality improvement initiatives and service development.

Team

Team level use of data can include both individual and aggregated score information, to inform and guide multi-disciplinary team discussion, workforce planning and discharge planning.

Individual

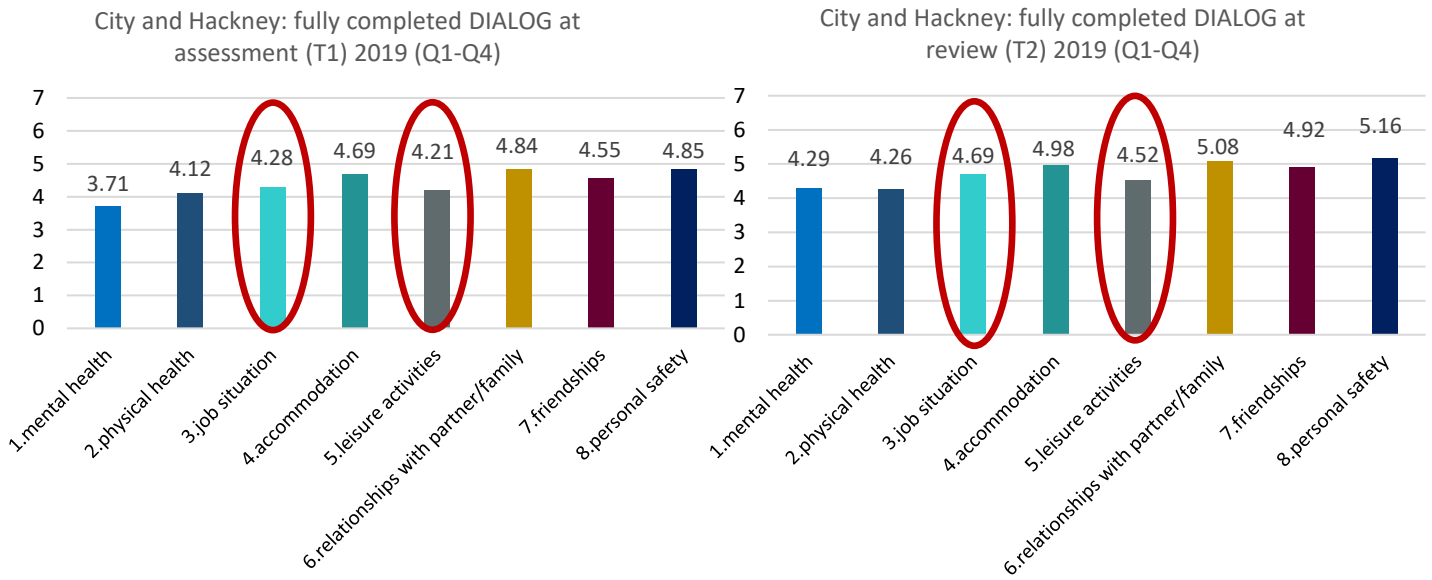
Can support the service user with recovery planning and treatment goals. DIALOG facilitates clinical reflection, quality of mental health assessments, intervention and recovery planning.

03 Examples of using DIALOG data to understand population need

Understanding population need beyond ‘mental’ or ‘physical health’

DIALOG data may provide a more granular explanation to poor mental and physical health.

1 **Targeted focus on other areas with high dissatisfaction beyond MH to tailor support –** to help understand how other ICS organisations can use their expertise to support wider MH

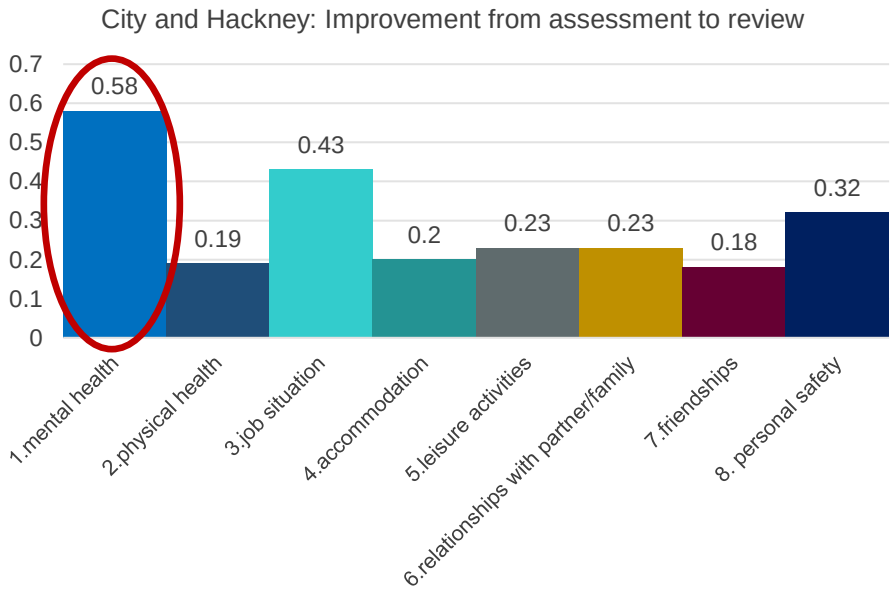


What does the data tell us?

- At review Physical health and mental health are the top ranking dissatisfaction scores- with leisure activities and job situation as the 3rd and 4th next highest ranked scores. This may be an area that VCSE organisations and local community groups can support as an area of focus for this borough.

Watch this short clip for an example of how East London FT has developed a QI project to understand how they can improve physical health care planning for service users. **Click on the icon >>>>>>>>**

2 **Differences between dissatisfaction ranking and greatest improvement-** for example looking into MH dissatisfaction scores compared to improvement at T1 and T2



What does the data tell us?

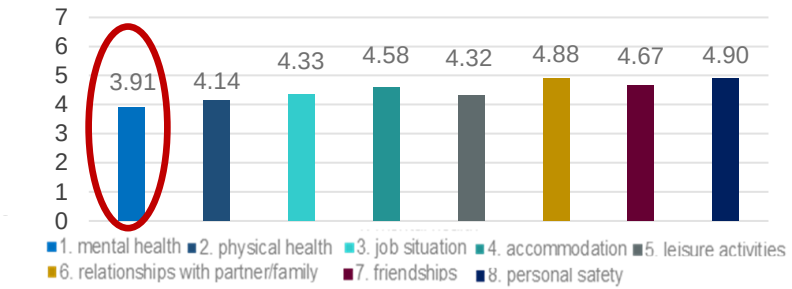
- Whilst ‘mental health’ was the highest ranked (most dissatisfied score) at assessment, it was the most improved score at review- showing that MH still requires focus but improvement has been made. Comparisons can be made with other domains to understand needs in greater depth.

Understanding and comparing DIALOG data at borough level

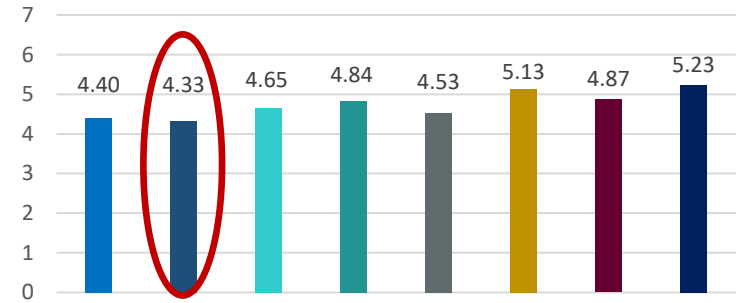
DIALOG data can be used to understand population needs at borough level and also allows geographical comparisons of boroughs within the provider footprint. A focus on specific services across boroughs can also be made. The examples below present how you can use this data:

All boroughs- to understand areas of improvement between two time points, e.g assessment (T1) and review (T2).

All borough: fully completed DIALOG at assessment (T1) 2019 (Q1-Q4)



All borough: fully completed DIALOG at review (T2) 2019 (Q1-Q4)



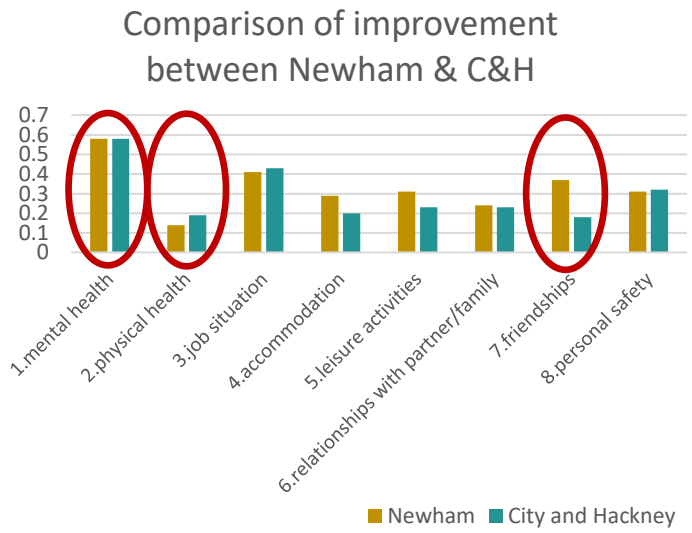
What does the data tell us?

- Overall (across all boroughs) mental health was the greatest cause for dissatisfaction at assessment but at review stage, physical health was the greatest cause for dissatisfaction.
- When looking at the difference between T1 and T2 mental health scores has the biggest improvement but physical health has improved the least closely followed by friendships.

N.B T1 = assessment T2 = review

2

Comparison between boroughs- highest/ lowest improvement allowing comparison between two or more boroughs.



What does the data tell us?

- In both boroughs 'mental health' had the greatest improvement across all the domains followed by 'job situation'.
- The lowest improvement was on 'physical heath' in Newham and on 'friendships' in 'City & Hackney'- Boroughs may need different areas of focus.

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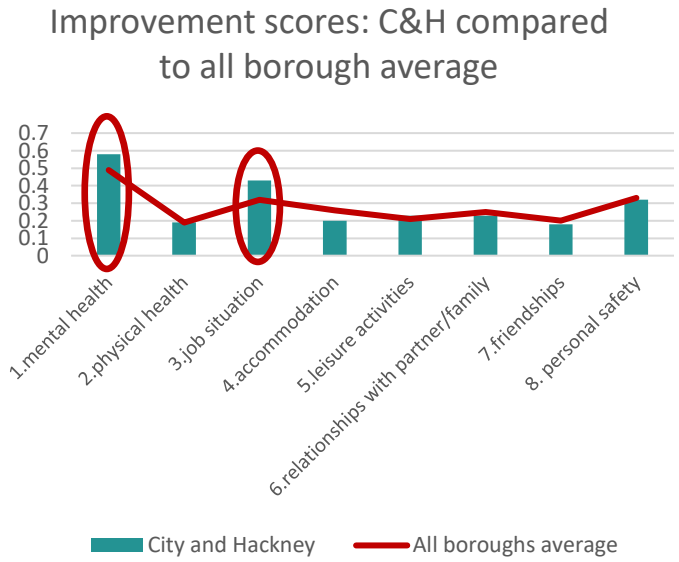
Understanding of individual borough against average of all boroughs- compare domains of induvial borough against all borough average.



What does the data tell us?

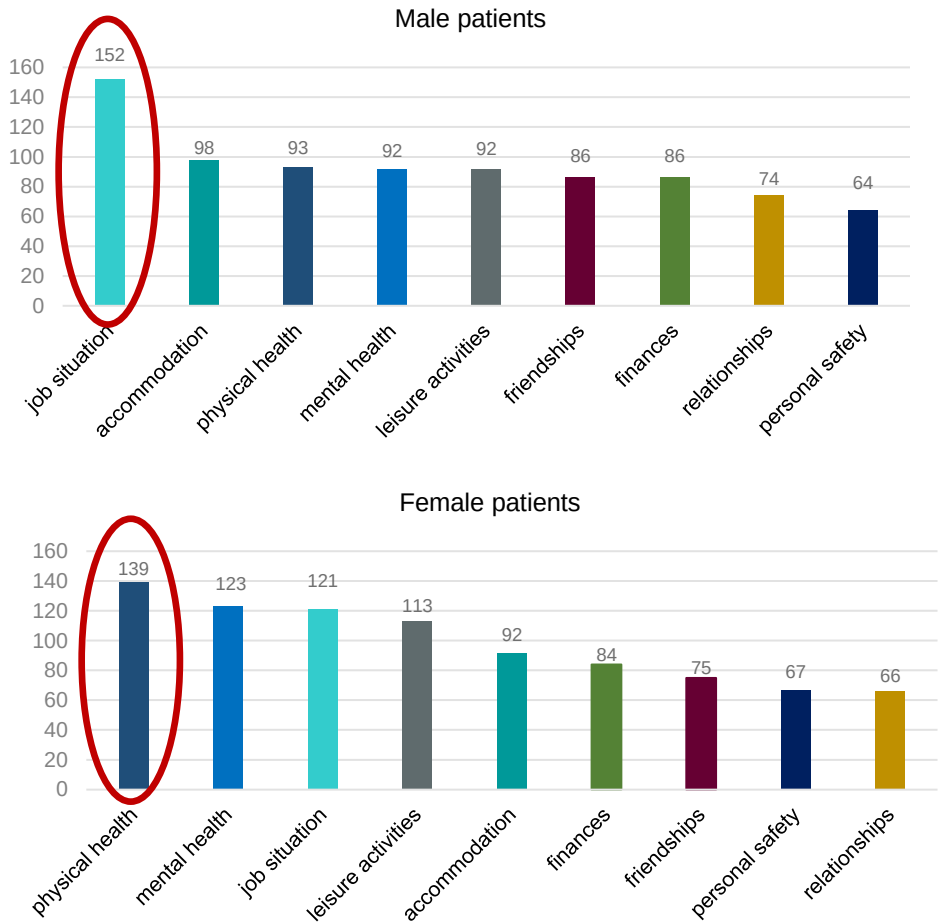
- City and Hackney have higher improvements in MH and job situation in comparison to the all borough average- the remaining areas are in line with the all borough average.
- Accommodation is slightly lower than the all borough average.

Understanding patterns between patient characteristics

Aggregated DIALOG data can be split to understand patterns between patient characteristics such as their age, ethnicity or sex. It can help us to have a better understanding of the greatest needs of specific groups.

1 **Understanding the different needs of males and females-** such as the differences between greatest need compared to lowest need

Number of Dissatisfaction Score by Category – 2019



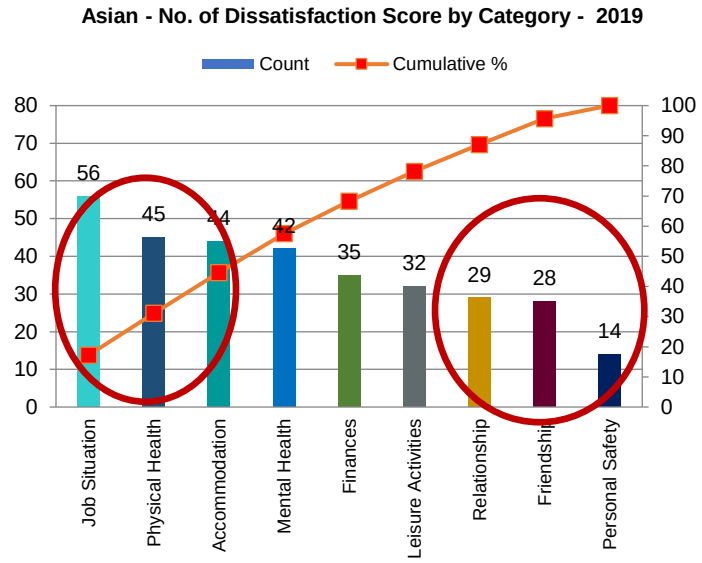
What does the data tell us?

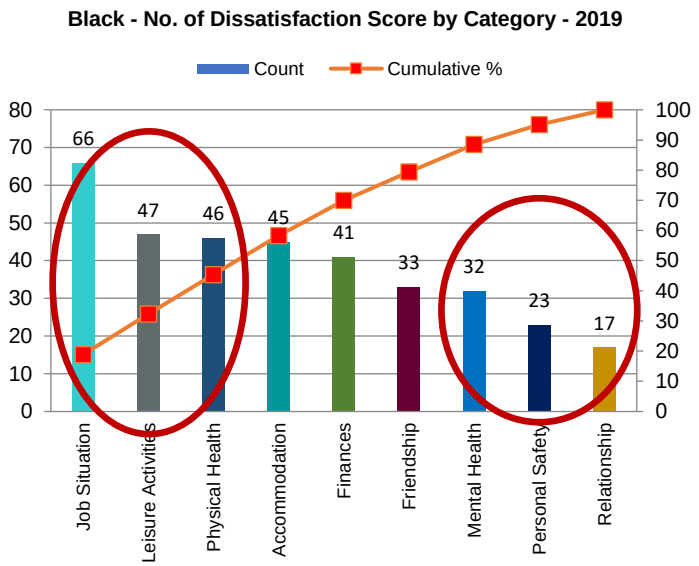
- The top three highest rated domains vary between males and females.
- Job situation was the greatest cause for dissatisfaction in males ranked number 1 and affected significantly more males than any other category with 54 more reports than the next highest concern, accommodation.
- The top reasons for dissatisfaction amongst females were: physical health, mental health and job situation.
- Personal safety and relationships were the areas of lowest concern for both males and females but ranked in different orders.

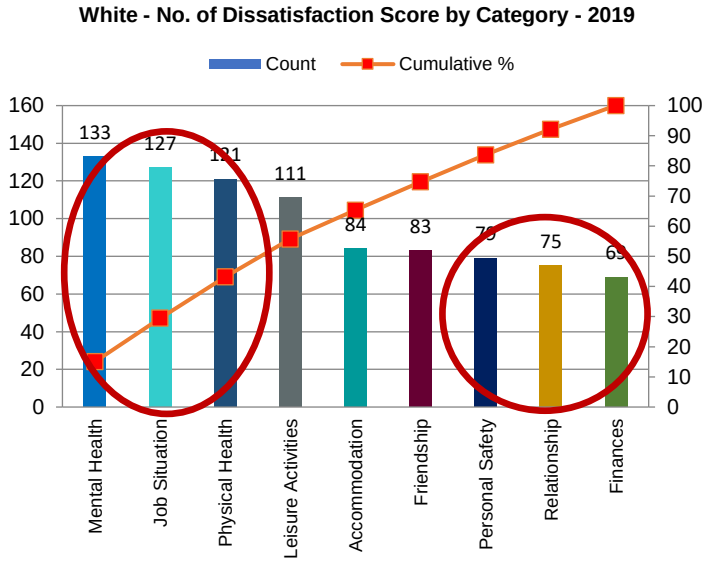
Watch this short clip that explains how aggregated DIALOG data can be split to understand patterns between patient characteristics with an example that shows that there was a gender difference when looking into dissatisfaction domains. To note: the clip is looking at different data so drawing out different conclusions from the data. **Click on the icon >>>>**

Understanding patterns between patient characteristics – data split by ethnicity

2 Understanding patients' needs by ethnicity – different ethnic groups have diverse needs that will be understood based on their areas of dissatisfaction







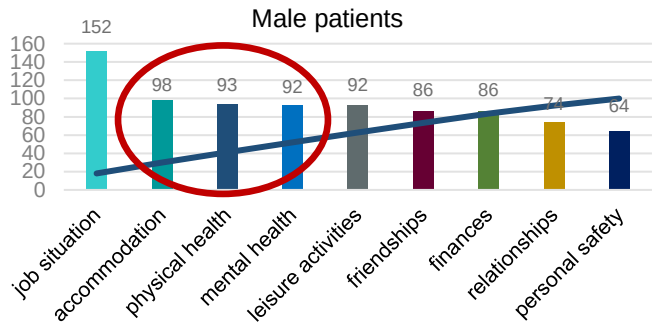
What does the data tell us?

- Job situation was the greatest cause for dissatisfaction in Asian and Black ethnic groups, and mental health was the greatest area of dissatisfaction in White populations in 2019.
- Job situation and physical health are in the top three rated dissatisfaction of all ethnic groups each ethnic group has different ranked greatest dissatisfaction. For white populations mental health is in the top three, leisure activity for black populations and accommodations for Asian populations. This is the same for lowest ranked dissatisfaction.
- Finances were ranked number 5 in Asian and Black populations, however Finances was the area of lowest concern in White populations.

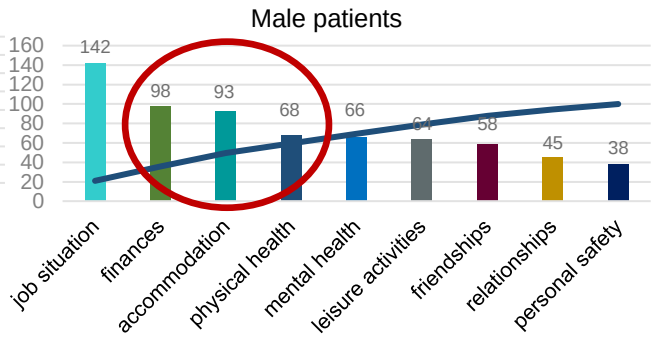
Understanding how population needs change over time

Over time, aggregated DIALOG data can inform reoccurring needs or any changes relevant to the current context.

1 Understanding needs over medium/ long term- for example seeing changes in needs compared to previous years



Number of Dissatisfaction Score by Category – 2019



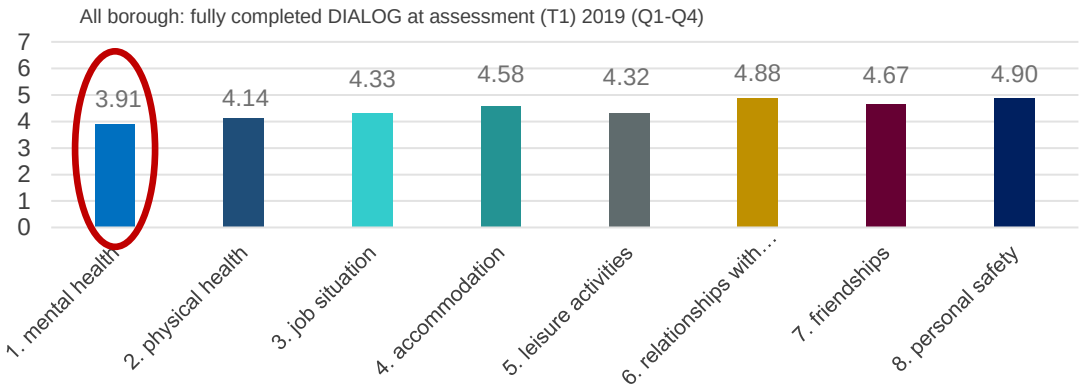
Number of Dissatisfaction Score by Category – 2020

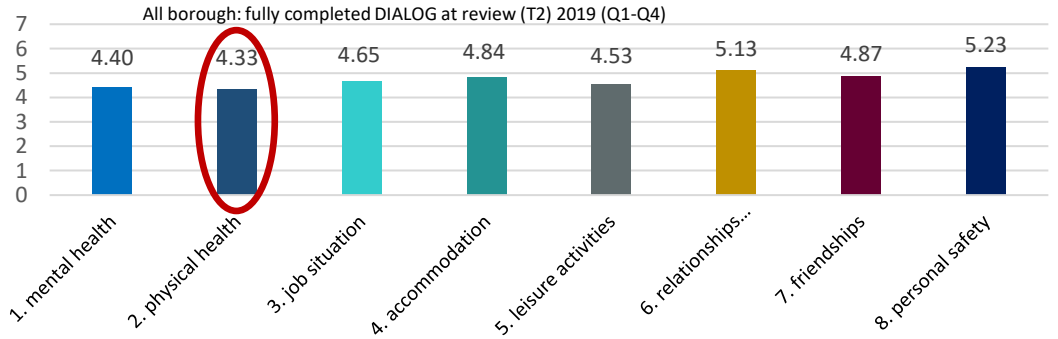
What does the data tell us?

- Job situation remained the greatest cause for dissatisfaction from 2019 to 2020.
- Relationships and personal safety remained the same as the lowest ranking domains (8th and 9th respectively).
- All other domains moved with finance and accommodation ranking 2nd and 3rd highest domains in 2020.
- Physical health, mental health and leisure activities all moved down one ranking place from 2019 to 2020.
- Although job situation was the highest ranked dissatisfaction, the dissatisfaction score for finance had the largest percentage increase (job situation followed closely).

N.B finance was an additional domain added by ELFT. This could be captured in other domains such as job situation.

2 Understanding needs over short term timeframes- for example looking at T1 (assessment) compared to T2 (review)





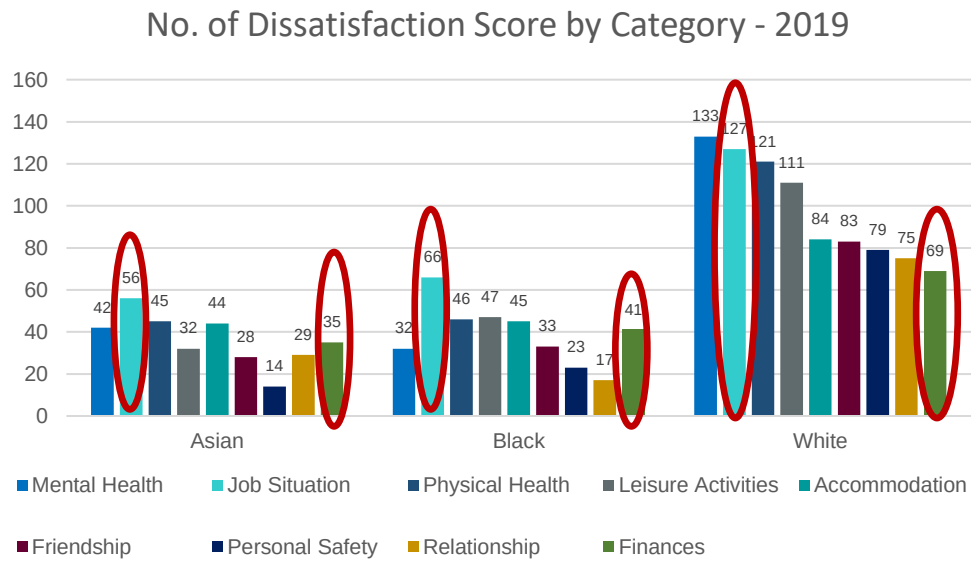
What does the data tell us?

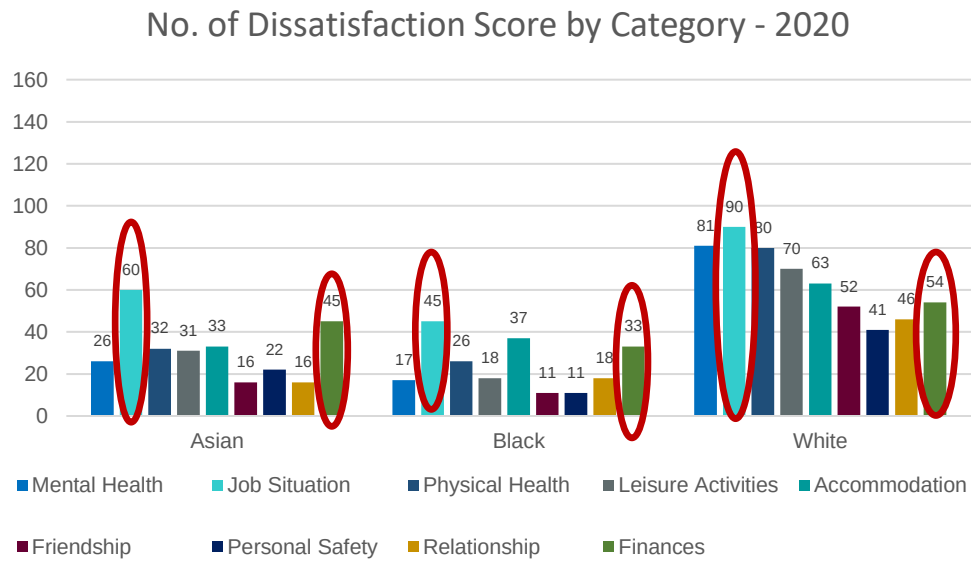
- Overall (across all boroughs) mental health was the greatest cause for dissatisfaction at assessment but at review stage, physical health was the greatest cause for dissatisfaction.

Watch this short clip explaining how DIALOG data can help inform changes or priorities over time. **Click on the icon >>>>>>>>>>>>**

Understanding how population needs change over time – data split by ethnicity

3 **Understanding needs over medium/ long term in different ethnic groups -** seeing changes in needs compared to previous years.





What does the data tell us?

- Job situation remained the greatest cause for dissatisfaction from 2019 to 2020 in Asian and Black populations and moved from 2nd to 1st in the ranking in White populations becoming the main area of concern in the three ethnic groups in 2020.
- Finances moved up from 5th to 2nd position in Asian populations, moved up from 5th to 3rd position in Black populations and from 9th (lowest concern) to 6th position in White populations.
- Accommodation remained the same, ranking 3rd and 5th in Asian and White populations respectively and moved up from 4th to 2nd position in Black populations.
- Mental Health remained the same as the 3rd area of lowest dissatisfactionn in Black populations and moved down from 4th to 6th in Asian populations and from 1st to 2nd in White populations
- Personal safety remained within the three areas of lowest concern in the three ethnic groups in 2020.

N.B finance was an additional domain added by ELFT. This could be captured in other domains such as job situation.

Overview of using DIALOG data to understand population needs

DIALOG data can help us better understand the needs of our local population and in turn can help us re-design or structure services based on these needs. DIALOG data can provide and help you with:

1. **More granular detail on mental and physical health needs –** such as understanding the cause of dissatisfaction when a person enters care (T1) and is discharged or review period (T2) OR which domains (questions) have the highest and lowest improvement between T1 and T2.

2. **Making comparison between boroughs within a provider footprint –** such as which domains have had the highest and lowest improvement allowing comparison between two or more boroughs OR comparison between an individual borough and the average of all boroughs.

3. **Understanding needs by different patient characteristics such as age, sex or ethnicity –** why certain groups of service users come to the service and the areas of their Mental Health that they are most dissatisfied with.

4. **Underpinning how population needs in a locality changes over time –** such as changing needs from one year compared to the following year. This may help localities understand the wider impacts such as possible COVID-19 impact.

- This can help **localities start to better understand the needs of their population** and the reasons behind this.
- This can help **localities shape their services or consider the role of wider ICS partners**.

For example: if the data shows that young black males are largely dissatisfied with their job situation compared to other ethnic groups, VCSE and local authority partners can support this wider work and provide support to their local population.

04 Appendix

Using DIALOG data as a starting point can help organisations further understand issues that are important to those that use the services.

This provides an opportunity to engage with local groups and people with lived experience to build on the DIALOG data.

The following slides provide examples of how this has been done

ELFT – Linking physical and mental health

DIALOG data at ELFT showed dissatisfaction in the Physical Health domain.

ELFT conducted a Quality Improvement (QI) project within some of the boroughs to better understand what is already working well within physical health support and services, and areas they can improve on.

They used the initial DIALOG qualitative data and expanded on this by using qualitative feedback from service users to understand how they could improve their services.

They held focus groups with service users to better understand what the team was doing well around physical health and care planning. Service users identified a number of activities that they take part in to manage their physical health.

For more information about this programme click on the icon

The Peer-Led Walking Group at Queen Elizabeth Olympic Park

Peer-Led inclusive working group for males and females. Socially distanced 5km walks ending with a gentle stretch and mindfulness.

The ELFT Virtual Fitness & Recovery Programme

The Virtual Fitness and Recovery Programme - including a lifestyle assessment, goal setting and a 5-week Mindfulness Course. The aim is to support people to increase their activity and form new healthy lifestyle habits over a 4 week supported plan.

The Tower Hamlets BAME Female Cycling

BAME women living or working in Tower Hamlets experiencing social or health issues are invited to take part in a free cycling proficiency course to build confidence and learn new skills over a 6 week period. Supported by TH Cycling Club and TH Council, NHS staff working or living in Tower Hamlets, people with a Mental Health Diagnosis or a long term health condition associated with SMI in the community/ELFT services are very welcome to join.

SLAM – mental health within different ethnic groups

The data is derived from a small sample size so needs to be interpreted with caution.

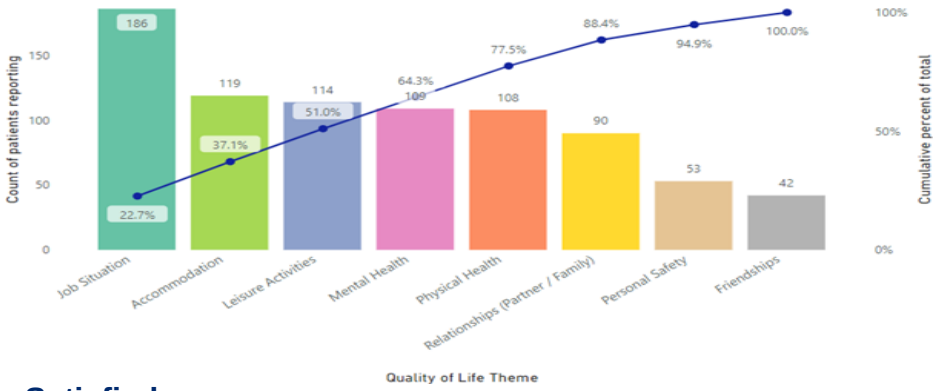
These examples are early screen shots from the SLaM (South London and Maudsley) dashboard that is in development.

It provides and example of how the data can be presented on a Trust dashboard.

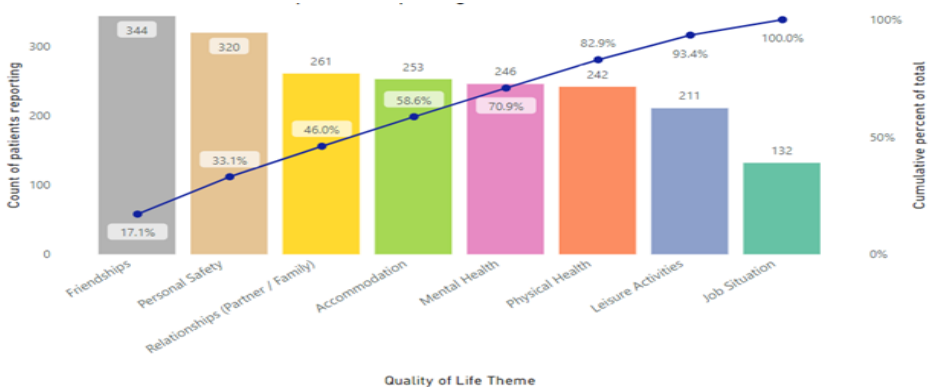
This data allows Trust staff to focus on specific population groups such as ethnicity, gender, age and primary diagnosis by clicking on the bar tabs at the left hand side.

Trust staff are having early conversations on how this data can help inform the Parent and Carer Race Equality Framework (PCREF) work at SLaM.

Dissatisfied



Satisfied



It also shows in the above example that friendships and job situations switched when the persons satisfactory levels changed.

Filters

Dissatisfied or satisfied?

Dissatisfied

The dashboards analytics can change from the use of the drop down tool and shows the difference in data when a service user is dissatisfied and satisfied.

- Ethnicity
- Gender
- Age bands
- Primary diagnosis

Once the satisfied / dissatisfied filter has been chosen, there is options on looking at 4 different sets of data from ethnicity to primary diagnosis. This allows the user to check areas they would like to focus on and potentially see what can be improved if certain levels in this data are low.

PCREF at SLaM

To find out more on this, click the link here >>>

PCREF (Parent and Carer Race Equality Framework) can use information from this data to shape their work and what can be done around the most pressing issues surrounding equality.

They have been able to set up groups where communities, carers and staff from each borough can talk about how to achieve better outcomes and experiences for their black service users.

Following the success of the first phase, there is a rollout of events across South London where it will give more of an opportunity to look at data and pick areas for discussion and create a safe space to talk inequalities and ways to improve this within the trust.

ELFT – considering the person at the centre of DIALOG

ELFT are currently looking at DIALOG data over a period of time to identify the trends within teams and local areas.

They have established a working group as part of the Quality of Life Outcomes Steering Group, co-chaired by a service user.

DIALOG data is the starting point for discussion of how to make improvements in the Trust, services and the way that they work.

Service user DIALOG champions help shape the DIALOG + implementation in the Trust such as training and development and deep dives into specific area.

Care planning to understand the persons needs

A group of OTs have started to look at how visual illustrations can help create a care plan that puts the person at the centre.

Conversations started using the CMH Framework image and her journey through MH service.

The idea is to understand what parts of a person's life impacts them the most and how they could be supported best through visual drawings.

This work is in development but is an example of how DIALOG can be a starting point to better understand what matters most to an induvial as part of their care plan.

Staff development

A group of Trust staff and service users are adapting DIALOG for staff supervision.

This is a solution focused thinking training for DIALOG- called Trialog. Training sessions are being held for Trust staff to hep understand how language can be changed to get the best out of a conversation and how emotional intelligence can support a person at work.