



Measurement of clinical activity: a London approach for community CAMHS

December 2022

Purpose

The purpose of this document is to set out a number of principles to help guide the approach to recording and reporting clinical activity for community child and adolescent mental health services (CAMHS) services, with the aim of standardising measurement across London.

This document covers definitions and approaches to measurement of community CAMHS activity across three key priority metrics:

- **Care Contacts**
As defined by, and required by, returns to the Mental Health Services Data Set (MHSDS) which is based on patient contacts with services¹.
- **Clinical Contacts per Whole Time Equivalent (WTE)**
A metric which reflects the amount of clinical time required to meaningfully influence patient care, which is often used as a benchmark of workforce effectiveness.
- **Total Input per WTE**
A metric covering the range of activities undertaken by clinical staff (including admin, travel, etc.) which is required to support wider workforce planning (e.g., job planning, demand and capacity modelling).

Background and context

Past NHS Benchmarking Network reports suggest there is considerable variation across London community CAMHS teams in terms of Clinical Contacts per WTE, and that London is below the national average. This has generated much discussion on workforce capacity and utilisation. However, there is significant variation in how data is being reported by trusts to inform this analysis, raising questions about implications that can be drawn, or any similar comparative analysis on this metric.

In autumn 2022, a Task and Finish group was established to develop a consistent approach for London on measuring and reporting clinical activity. The group comprised of clinicians and service leads across the trusts providing community CAMHS services in London. A list of contributors is provided in Appendix 1, and we extend our thanks to all for their contributions to this guidance document.

¹ Implementation tools and guidance: Mental Health Services Data Set (MHSDS) v5.0

Definitions and approaches to measurement of clinical CAMHS activity

This section contains overarching definitions and principles to be used when recording and reporting clinical activity.

Clinical Contact per WTE

A **Clinical Contact per WTE** is defined as the number of clinically meaningful interactions that directly influence a patient's care plan or other intervention that impacts the patient's care per WTE clinical staff. This can include advice, consultation, formulation, risk management discussion, care planning, delivery of treatment interventions and medication-related advice.

Total Input per WTE

Total Input per WTE is defined as the total number of hours inputted by clinicians, including direct and indirect patient activity, as well as non-clinical time, per WTE clinical staff.

Categories of activity

Different categories of interactions impacting the patient can be experienced across a single patient pathway.

- **Direct Contact:** a clear and direct interaction with the patient or their parent/carer (including a social worker with parental responsibility)
- **Indirect Contact:** has an impact on the patient and influences the care plan or wider care of a patient without a direct interaction with the patient
- **Non-clinical Activity:** required to deliver patient care however, does not have a direct impact on the patient or their care.

Definitions in practice

An appointment with a patient (direct) could lead to a further discussion with the patient's teacher (indirect), whilst also ensuring that the relevant documentation is completed for the interactions (non-clinical).

A Clinical Contact can be direct or indirect as defined above. Non-clinical Activity should not be captured as a Clinical Contact. However, it is recognised that for the purposes of job planning, it is important to capture broader activity undertaken by clinicians including non-clinical activity.

The following table summarises a range of clinical activity and which activities are to be captured in each measure, including specific examples. IT systems used to capture and record these metrics may be set up based on different terms to those listed above

are used to record similar metrics. The principles laid out herein will guide the best approach for data inputting.

Parameters to define Clinical Contacts and Total Input per WTE

The following parameters can be used to guide if, and how, an interaction should be captured:

Parameter	Care Contact (MHSDS definition)		Clinical Contacts per WTE		Total Input per WTE	
Number of clinicians present	Single event is recorded per patient encounter. Not counting individual clinicians present		Each clinician in attendance reported separately. Any individual who is observing or learning, and not implementing the care plan is not to be recorded,		Each clinician in attendance recorded separately. Any individual who is observing or learning, and not implementing the care plan is not to be recorded.	
Type of care professional	The staff groups include care professionals working in any of the following Mental Health Services: nursing, medical, psychology, primary mental health, CYP psychotherapy, counselling, occupational therapy, social work, creative therapy, education, speech and language therapy		Per MHSDS definition and any other clinical mental health professionals		Per MHSDS definition and any other clinical mental health professionals	
DIRECT AND INDIRECT ACTIVITY						
Parameter	Care Contact (MHSDS definition)		Clinical Contacts per WTE		Total Input per WTE	
	Included	Excluded	Included	Excluded	Included	Excluded
Number of clinical hours	✓		✓ As contacts		✓ As hours	
Clinically meaningful interaction with patient/their parent/carer	✓		✓ Direct		✓ Direct	

Parameter	Care Contact (MHSDS definition)		Clinical Contacts per WTE		Total Input per WTE	
	Included	Excluded	Included	Excluded	Included	Excluded
Discussions with professional within patient's care network	✓		✓ Indirect		✓ Indirect	
Discussions with family/carer, not acting as proxy		✓	✓ Indirect		✓ Indirect	
Multi-disciplinary discussions		✓	✓ Indirect		✓ Indirect	
Child protection case conferences		✓	✓ Direct/Indirect		✓ Direct/Indirect	
NON-CLINICAL ACTIVITY						
Clinical admin		✓		✓	✓	
Training, supervision and general meetings		✓	Refer to table of Example Scenarios below		✓	
Travel		✓		✓	✓	
TYPES OF CONTACT						
Face-to-face appointment	✓		✓ Direct/Indirect		✓ Direct/Indirect	
Telephone interaction	✓		✓ Direct/Indirect		✓ Direct/Indirect	
Video call	✓		✓ Direct/Indirect		✓ Direct/Indirect	
Text message/email	✓		Refer to table of Example Scenarios below		✓ Direct/Indirect	

Example scenarios

Parameter	Example scenarios
Number of clinicians present	<p>If two clinicians are present at an appointment, this is recorded as two Clinical Contacts.</p> <p>If two clinicians are present at an appointment and are joined by a student/trainee attending for observation and/or learning only, this is recorded as two Clinical Contacts as the student/trainee is not responsible for providing clinical care.</p> <p>If two clinicians are present at an appointment and are joined by a Band 6 trainee also delivering care, this is recorded as three Clinical Contacts as the trainee is there to implement the care plan.</p>
Number of clinical hours	<p>If one clinician holds a phone call with a patient to check in with them following an episode in A&E should be included as a Direct Clinical Contact.</p> <p>If a clinician holds a phone call discussing how the patient is finding their medication, this is captured as a Direct Clinical Contact.</p> <p>If a clinician holds a phone call with another clinician discussing the patient's care plan, this is captured as an Indirect Clinical Contact.</p> <p>If one clinician attends an appointment that lasts one hour, this is recorded as one hour of clinical time as part of Total Input.</p> <p>If two clinicians attend an appointment that lasts one hour, this is recorded as two hours of clinical time as part of Total Input.</p>
Discussions with patient's wider care network	<p>A clinician talks to a patient's teacher about their care plan. This should be captured as an Indirect Clinical Contact.</p> <p>A care professional provides training to a teacher to support the medical needs of a specific patient. This should be captured as an Indirect Clinical Contact.</p>
Multi-disciplinary discussions	<p>A care professional discusses the care of a patient as part of a MDT meeting, where the patient is not present. This should be captured as an Indirect Clinical Contact.</p> <p>A care professional discusses the care of a patient informally as part of a corridor conversation, where the patient is not present. This should not be captured as an Indirect Clinical Contact and should not be captured as part of Total Input.</p>

Parameter	Example scenarios
Child protection case conferences	<p>A child protection case conference where the patient or patient representative is present is clinically meaningful and should be captured as a Direct Clinical Contact.</p> <p>A child protection case conference regarding a particular patient where they are not present is clinically meaningful and should be captured as an Indirect Clinical Contact.</p>
Other clinically relevant meetings	<p>A Team Around the Child (TAC) or Team Around the Family (TAF) meeting is clinically meaningful and should be captured as a Direct Clinical Contact, assuming the child and/or parent/carer is present.</p> <p>A Child in Need (CIN) meeting is clinically meaningful and should be captured as a Direct Clinical Contact, assuming the child and/or parent/carer is present.</p> <p>A clinician observes a child at school. This is clinically meaningful and should be captured as a Direct Clinical Contact.</p>
Clinical admin	<p>A clinician spends time writing up case notes on a patient. This should be captured as Non-clinical Activity as part of Total Input.</p> <p>Clinician admin also includes activities such as preparing EHCP reports, dictating letters, writing case notes and paper-based triage. This should be captured as Non-clinical Activity as part of Total Input.</p>
Training, supervision and general meetings	<p>A clinician attends a training course. This should be captured as Non-clinical Activity as part of Total Input.</p> <p>A clinician provides clinical supervision to a trainee. This should be captured as Non-clinical Activity as part of Total Input.</p> <p>Three clinicians meet formally to discuss the care plan of a patient where the patient is not present. This should be captured as three Indirect Clinical Contacts.</p> <p>Three clinicians meet formally but do not discuss specific patients' care. This should be captured as Non-clinical Activity as part of Total Input.</p> <p>Informal catchups are to be captured as Non-clinical Activity as part of Total Input.</p>
Travel	<p>A clinician spends time driving between hospital sites to see a patient in A&E. This will not be recorded as part of a Clinical Contact. However, this should be captured as Non-clinical Activity as part of Total Input.</p>
Face-to-face appointment	<p>A clinician spends time talking to a patient face-to-face about their medication. This should be captured as a Direct Clinical Contact.</p>

Parameter	Example scenarios
	A clinician spends time talking to a Social Worker (with no parental responsibility to the patient) face-to-face about their care plan. This should be captured as an Indirect Clinical Contact .
Telephone interaction	<p>A clinician spends time talking to a patient over the phone about their medication. This should be captured as a Direct Clinical Contact.</p> <p>A patient is contacted over the phone to confirm an appointment. This is not clinically meaningful and should not be captured.</p>
Video call	<p>A clinician spends time holding an appointment with a patient via video. This should be captured as a Direct Clinical Contact.</p> <p>A clinician spends time talking to a patient via video about their medication. This should be captured as a Direct Clinical Contact.</p>
Text message / email	<p>All text message and email interactions are assumed to be non-clinically meaningful and should generally not be captured. However, the recording of these interactions is at the discretion of the clinician should they feel the interaction is clinically meaningful for their patient. For example:</p> <p>A clinician delivers support to a patient that is unable to speak, through a text message interaction. This could be captured as a Direct Clinical Contact.</p> <p>A clinician delivers support to a patient in crisis via an exchange of text messages. The clinician deems this to be clinically meaningful, therefore this could be captured as a Direct Clinical Contact.</p> <p>A patient is sent a text message reminder about an upcoming appointment. This is not clinically meaningful and should not be captured.</p>

Appendix 1: List of Contributors

This work was developed with support, expertise, and guidance from the Optimisation Task and Finish group members. We want to thank everyone for their time and contributions in developing this work. The contributors list is outlined below:

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