CLIENT SERVICE RECEIPT INVENTORY

AS ADAPTED FOR USE IN THE INDIVIDUAL COGNITIVE STIMULATION THERAPY FOR PEOPLE WITH DEMENTIA STUDY

BACKGROUND INFORMATION AND GUIDANCE JUNE 2012

Introduction

The *Client Service Receipt Inventory* (CSRI) was originally developed at the Personal Social Services Research Unit, University of Kent in 1986 for the first evaluation of the Care in the Community Initiative programme and the economic evaluation of psychiatric re-provision in North London.[1]

Since 1986, the schedule has been used in over 300 evaluations of care for people with needs related to mental health, learning disability, physical disability, ageing and long-term conditions. For each evaluation, the overall structure and content of the schedule has remained basically the same although the context of each individual research project has meant that different emphases on particular questions is necessary to ensure the CSRI best suits the project's needs. In addition, refinements have been made to the way questions are asked and the way information is recorded.

Introduction to the interview schedule

The overall aim of the *Client Service Receipt Inventory* is to collect information that describes in detail the types of services that comprise the care package of each participant, and the levels of use of those services. The schedule is designed so that service use data are recorded in a standardised way that best facilitates the estimation of the component and total costs of support for each client. Just as needs or outcome data are collected at the individual level, in an economic evaluation it is important to measure the costs of the resources used to generate those outcomes for each client.

The collection of service use data is the first of three stages in the costing process. The second stage is to list all services used by all clients in the study and estimate a unit cost for each service, or service type. A "client" could be someone who uses health or social care services or an unpaid carer. For services which are innovative or specific to the local area, detailed financial and activity data are required to estimate a service-specific unit cost. For other services, say, social workers or community mental health nurses, the variation in costs between service contexts and between geographic areas is likely to be small and unit costs can be taken from an annual compilation of nationally applicable unit costs.[2]

The third and final step in the costing process is to combine information on the frequency and duration of service use with the unit costs of each service. Thus the cost ascribed to each person reflects the intensity with which they use a range of support services. On completion of this stage, the costs data are ready to be analysed.

Guidance on completing the CSRI

Interviewers can help us to gather the data required to estimate costs by recording in detail the service use information that the participant provides.

Section 1: Participant

Question 5: accommodation away from home

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[1] Beecham, J. and Knapp, M. (2001) Costing psychiatric services, in G. Thornicroft, C. Brewin, J. Wing (eds) *Measuring Mental Health,* Gaskell, London.

[2] Curtis, L. (2011) *Unit Costs of Health and Social Care 2011*, Personal Social Services Research Unit, University of Kent at Canterbury.

If the participant has indicated a stay away from home, the interviewer should ask for the reason for using the service and the name of the care home or other accommodation setting. The participant may not know or recall whether the provider is a local authority, NHS, voluntary sector/charity or private company. For this reason the 'Provider' boxes (greyed-out boxes in the right-hand column) are to be filled in after the visit. The person responsible for data entry should check the name of the service online to confirm the type of provider. The 'WHO code' for provider type can then be entered into the 'Provider' box, and into the corresponding box in the MACRO online form.

In this question we are also gathering data on whether the participant or participant's family has made a financial contribution, to be ticked yes or no. We are not asking for any detail as to how much has been paid, just whether they have paid something towards the cost of the service. We ask this because people with dementia and their families may bear some, or even all, of the costs of essential support services[3] and we would like to track the extent to which this is occurring for people in this sample, without unduly increasing the time taken to conduct the interview.

Questions 6 and 7: Use of community health and social services

It can be helpful for interviewers to write clarification notes on the margins of the form. For instance, if participants report visit frequencies in terms of numbers of visits *per week or per month*, it may be easier to write this information down as reported and calculate the frequency for entry into the appropriate boxes *after* the interview. In the right-hand column, the 'average duration of contact' boxes should record the average time *per visit/contact*, so for instance, one might record 5 visits, of 10 minutes duration on average (not 50 minutes total). If it happens that the participant says that there were 2 visits of very widely varying durations (10 minutes once and 60 minutes the other time), it might be easier to write this on the margins and work out the average across the visits (so (10+60)/2=35, so an average duration of 35 minutes).

Question 7 again has a column for participant/family financial contribution, for the same reasons given for Question 5. The services in Question 6 are usually provided by the NHS and so the question of financial contribution is assumed to be not relevant.

Question 8: Day services

The procedure for checking the provider type in question 5 can be followed here and the WHO code entered into the provider boxes, in the right-hand column.

Question 10: Hospital services

There are multiple rows for inpatient admissions – this is so that if the participant has had more than one admission, each can be entered separately. Similarly additional outpatient (OPD) and day hospital attendances should be recorded on the separate rows.
The name of the ward and hospital and the reason for admissions or attendances should all be entered, as this helps us assign an appropriate cost. The NHS Trust code is to be filled out after the interview (greyed-out boxes in the right-hand column). There will be a pick list of NHS Trust codes in the MACRO online form that will allow you to choose the appropriate code.

Question 13: Medications

This question is designed to collect data on the use of drugs for mental health and not for general health conditions. It will often be the case that the participant has been using the medication for more than 3 months. However, it is also possible a participant cannot recall the date of starting a medication, and does not have a repeat prescription on hand. In this case, use 01/01/1900 for the first day. If the participant is still taking the medication, then tick the 'ongoing' box. You should write the name of the medication in the free text question

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[3] Alzheimer's Society (2008). *The Dementia Tax. Charging people with dementia for inadequate care: The evidence for change.* London, Alzheimer's Society.

in the left-hand column, either under the ‘dementia drugs’ header or the ‘other mental health drugs’, as appropriate. The medication code boxes, in the right-hand column, are to be filled out after the interview. There will be a pick list of medications in the MACRO online form that will allow you to choose the appropriate code.

Section 2: Carer

Question 6: Please write down as much information as the carer can provide, as this will help us classify the occupation – so for instance please write ‘manager of a clothing factory’, rather than ‘worked in a factory’.

Question 20-27: This question addresses the costs to the carer of travelling to dementia-care related services only, and <u>not</u> other general health services, such as travel to see a cardiac specialist, GP for blood pressure.

Question 21 provides boxes so that depending on the participant’s answer, at the interview, you can either fill out how many trips were made per week (for instance taking the person to a mental health day centre) or number of trips altogether (e.g. 3 times, went to a memory clinic once, saw a mental health practitioner twice).

Question 22 asks about the usual form of transport, and if it happens that the participant has used more than one form, it will be necessary to choose one, for instance, that used for the longest part of the journey, or the transport used to get to the most frequently used service.

Questions 24-27 should be answered as applicable, for instance if the participant did not use a taxi the question is not relevant and can be skipped.

Useful numbers when calculating frequency of visits:

- 3 months is equivalent to 13 weeks, or 91 days (all figures rounded)
- A weekly contact over 3 months is equivalent to 13 contacts
- A daily contact over 3 months is equivalent to 91 contacts
- 2 contacts a week over 3 months is equivalent to 26 contacts
- 3 contacts a week over 3 months is equivalent to 39 contacts
- 4 contacts a week over 3 months is equivalent to 52 contacts