

ReQoL

Recovering Quality of Life



John Brazier, Anju Keetharuth, Janice Connell, Michael Barkham, Tom Ricketts University of Sheffield

What is Recovering Quality of Life (ReQoL)?

- ✓ NEW generic Patient Reported Outcome Measure to assess Quality of Life in people with mental health conditions
- ✓ SHORT service user outcome measure for use in routine practice
- ✓ Developed from service users' perspectives with inputs from clinicians, national and international experts
- ✓ Commissioned and funded by the Department of Health

Why ReQoL?

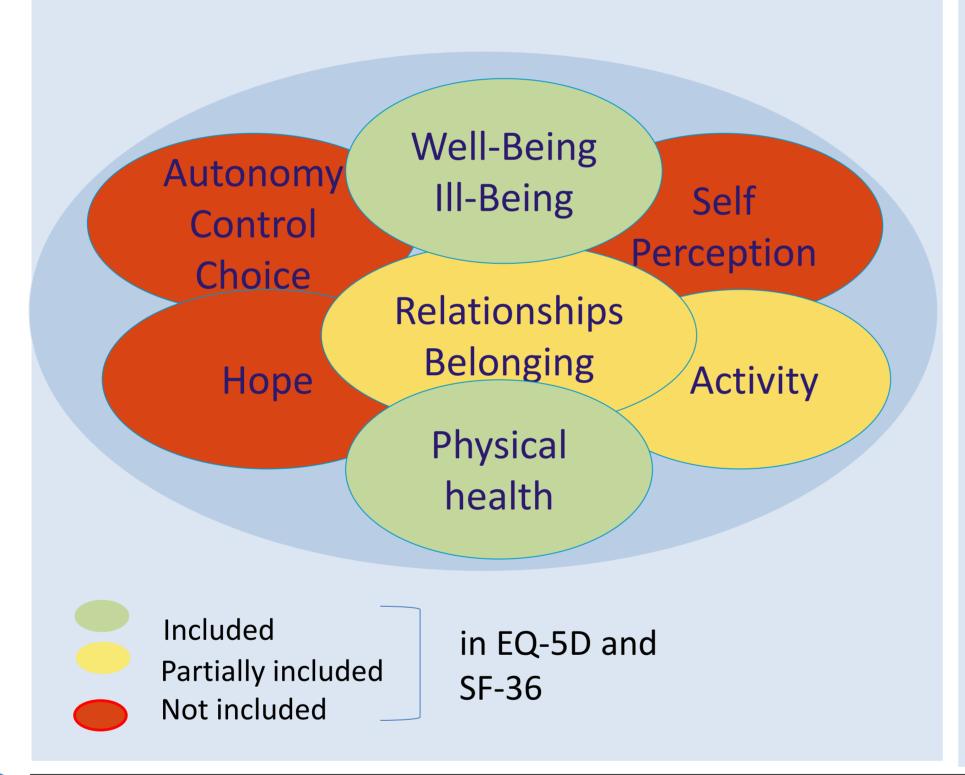
- ✓ Existing generic measures (EQ-5D and SF-36) are not suitable for use with mental health service users
- ✓ An appropriate outcome measure is necessary for use in the NHS Outcomes Framework
- ✓ An appropriate outcome measure is recommended in the context of the national tariff payment system

Stage 1: Identifying Domains

Method: The domains of the questionnaire were identified through a systematic review of the quality of life literature and 19 qualitative interviews with service users.

Stage 2: Generating item pool Method: A systematic approach was adopted to generate an item pool. The criteria from Norman & Streiner (1989) were used to select items.

Results of stage 1: Seven domains are important for quality of life to people with mental health problems. The domains are similar to factors which are important for Personal Recovery — Connectedness, Hope, Identity, Meaning, and Empowerment (CHIME -Leamy et al., 2011).



Stage 2 Selection Flowchart:

Initial round of selection

N = 1597

ReQoL Sheffield team

N = 122

Expert User Group

N = 180

N = 101

ReQoL Sheffield team

N = 87

Potential items selected from existing quality of life and recovery measures; transcripts of interviews with service users from Stage 1
Reviewed all 1597 items; one theme per meeting
Rationale for dropping each item was recorded

• 122 items were presented

 Expert users added 58 items yielding 180 items

Scientific Group

• Reviewed all 180 items

- Applied Norman &
 Streiner's criteria (reading age, jargon, value-laden, length of items, double negatives ...)
- Ensured items covered all sub themes and severity levels

Stage 3: Face and content validity

- The items from Stage 2 were tested for face and content validity through 59 interviews with service users.
- Additional inputs on the items were obtained from clinicians, experts from our Stakeholder and Advisory Groups, and a translatability assessment.
- Number of items was reduced to 60, some which were rephrased based on comments received.

What next?

PSYCHOMETRICS ANALYSIS: Between March and May 2015, the ReQoL questionnaire will be administered by at least 11 NHS trusts, 6 GP practices, and 4 charities nationally. The data collected will be analysed (factor analysis and Rasch analysis) to produce the final questionnaires: the full ReQoL (30 items) and the short ReQoL (10 items). Both versions will be available for use by August 2015.

Further work

The measure will then be validated (Sept 15 – Feb 2016) and preference weights will also be produced so that the ReQoL questionnaire can be used in economic evaluations (March – May 2016).