



## Health Technology Wales (HTW) GUIDANCE 050 (September 2023)

### Solution-focused assessment tools (DIALOG+) for improving the treatment of people with psychosis and schizophrenia within secondary mental health services

#### HTW Guidance:

The evidence supports the routine adoption of DIALOG+ for people receiving treatment for psychosis and schizophrenia in a secondary mental health setting.

The use of DIALOG+ is shown to improve overall quality of life when compared with standard care but its impact on psychological symptoms, treatment satisfaction and addressing health and social needs remain uncertain.

Economic evidence indicates that DIALOG+ is unlikely to increase overall health and social care costs compared to standard care.

#### Why did Health Technology Wales (HTW) appraise this topic?

Psychosis and schizophrenia are severe, long-term mental illnesses that affect a person's perception, mood and behaviour, often leading to a major detrimental impact on their lives and relationships. A strong relationship with healthcare professionals is essential to ensure treatment is effective across all areas of life. DIALOG+ is a free to use, open-source assessment tool informed by the principles of solution-focused therapy (SFT). People receiving care are asked to rate their satisfaction with 11 domains of life in conjunction with their healthcare professionals to develop future treatment goals and judge their progress in a structured way.

This topic was proposed by a Consultant Nurse and Senior Lecturer at Cardiff and Vale University Health Board and Cardiff University.

**The status of HTW guidance is that NHS Wales should adopt this guidance or justify why it has not been followed. HTW will evaluate the impact of its guidance.**

## Evidence summary

Refer to Evidence Appraisal Report 050 (EAR050) for a full report of the evidence supporting this Guidance.

The evidence appraisal report aimed to identify and summarise evidence that addresses the research question: 'What is the clinical and cost-effectiveness of solution-focused assessment tools for improving the treatment of people with schizophrenia and psychosis in secondary mental health services?'

The literature search identified three randomised controlled trials (RCTs) on the use of DIALOG and DIALOG+ for the treatment of psychosis and schizophrenia in secondary mental health services. Overall, patient experience of DIALOG+ was positive, with significant improvements in subjective quality of life when using either DIALOG or DIALOG+ in addition to standard care, compared to standard care alone. The evidence suggests that DIALOG+ improves subjective quality of life. Evidence was more mixed for treatment satisfaction, health and social needs, and psychological symptoms.

Key uncertainties in the evidence include its applicability to people in Wales given that two RCTs were multi-country, with UK evidence derived from only one London NHS foundation trust. There is a possibility that the standard care in the countries from which people were recruited to these studies is different to that in Wales.

Two economic studies were identified which suggested that DIALOG+ is unlikely to increase overall health and social care costs compared with standard care. A cost-utility analysis was identified, but deemed only partially applicable because it was conducted outside the OECD. A UK cost-effectiveness analysis found that improvements in symptoms and subjective quality of life may be achieved with DIALOG+ at no additional cost compared with standard care.

The appropriate mechanism for patient engagement was determined and the patient perspective was considered where possible.

## Appraisal Panel considerations

- The Appraisal Panel considered the clinical evidence and concluded that the evidence from the RCTs showed significant improvements in subjective measures of quality of life in the short-term (at three, six or 12 months).
- The Appraisal Panel noted concerns regarding a drop off in the use of DIALOG+ observed in the RCTs after six months,, at a time when its use became optional in the study protocols. Expert feedback suggested that the tool may not be needed as frequently in the long-term, or may not be appropriate in some sessions. One Appraisal Panel member shared their knowledge of the use of DIALOG+ in a social care setting in Wales, reporting that DIALOG+ is used in one local authority to routinely support the structuring of conversations, but that scoring may not be completed on every occasion.
- The Appraisal Panel reflected on expert comments that DIALOG+ is an appropriate measure for service users and improves their collaboration with healthcare professionals. This may encourage service users to be more actively involved in their care interventions.
- The Appraisal Panel heard expert opinion that service users benefit from reflecting on changes in their circumstances over time and that the ability to record results on a data system is helpful to track these changes. Experts highlighted there may be implementation challenges in mental health services in which paper case notes are still used rather than

digital records. A panel member shared their experience from a social care setting, in which the DIALOG+ scale is filled out using pen and paper and used to guide conversations, with scores entered onto a digital system later. It was noted that the collection of PROMS and PREMS was becoming more common, with associated infrastructures to capture these outcomes.

- The Appraisal Panel considered the generalisability of the published evidence included in the Evidence Appraisal Report, noting that much of the evidence was conducted outside the UK. The impact of the lack of a Welsh language version of the tool on its suitability as an intervention was also considered. No evidence was identified for use by people whose first language differs to the tool being used. The expert highlighted that the UK RCT was conducted in a London NHS trust that is likely to serve a diverse population. The Appraisal Panel heard experience from the use of DIALOG+ in social care in Wales, where these challenges are overcome by Welsh-speaking practitioners conducting meetings with service users in Welsh and then completing documentation in English.
- The Appraisal Panel considered whether the use of DIALOG+ would lead to duplication of efforts alongside other activities and data collection in secondary mental health services, or if it could be used as a tool to collect mandated outcomes. They heard experience from social care services in Wales where DIALOG+ is being used to develop effective care plans in a collaborative way.
- The Appraisal Panel considered the economic evidence identified and discussed whether DIALOG+ is likely to be cost saving or cost-neutral. The expert suggested that DIALOG+ is a low-cost intervention with modest requirements on staff time and training, but that opportunity costs may have been underestimated. Some types of resource use are likely to increase while others decrease, but overall savings in health and social care resource use are expected to offset the cost of the intervention.
- The Appraisal Panel noted that the cost of intervention captured in the UK cost-effectiveness study did not include any wider IT system costs. It was suggested that a need for updates to IT systems in mental health services were not specific to this intervention and it was agreed this was beyond the scope of the health economic analysis.
- The Appraisal Panel considered the measures of quality of life used in the analysis. The expert noted that the relationship between MANSA and EQ-5D is weak and that the assessment of quality of life using measures such as EQ-5D may not be sensitive enough for some mental health conditions. Therefore, the estimation of quality-adjusted life-years (QALYs) is difficult in this area.
- The Appraisal Panel concluded that the current evidence supports the routine adoption of DIALOG+ for people receiving treatment for psychosis and schizophrenia in the secondary mental health setting in Wales since its use leads to an improvement in subjective measures of quality of life which can be achieved, most likely, without additional cost.
- Where DIALOG+ is used in Wales, it was recommended that evidence on real-world use be collected and that any implementation challenges be highlighted.

## Responsibilities for consideration of this Guidance

Health Technology Wales (HTW) was established by Ministerial recommendation<sup>1,2</sup> to support a strategic, national approach to the identification, appraisal and adoption of non-medicine health technologies into health and care settings. The HTW Appraisal Panel comprises senior representation from all Welsh boards with delegated authority to produce guidance 'from NHS Wales, for NHS Wales'. The status of HTW guidance is 'adopt or justify'. There is an expectation from Welsh Government that HTW guidance is implemented with adoption regularly audited by HTW.<sup>3</sup>

The guidance in this document is intended to assist Welsh care system decision makers to make evidence-informed decisions when determining the place of health technologies and thereby improve the quality of care services.

The content of this HTW guidance was based upon the evidence and factors available at the time of publication. An international evidence base was reviewed and external topic experts and HTW committee members consulted to contextualise available evidence to Wales. Readers are asked to consider the generalisability of the evidence reviewed to NHS Wales and that new trials and technologies may have emerged since first publication and the evidence presented may no longer be current. It is acknowledged that evidence constitutes only one of the sources needed for decision making and planning.

This guidance does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgment in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

No part of this guidance may be used without the whole of the guidance being quoted in full. This guidance represents the view of HTW at the date noted. HTW guidance is not routinely updated. It may, however, be considered for review if requested by stakeholders, based upon the availability of new published evidence which is likely to materially change the guidance given.

Standard operating procedures outlining HTW's evidence review methods and framework for producing its guidance are available from the HTW website.

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Declarations of interest were sought from all reviewers. All contributions from reviewers were considered by HTW's Assessment Group. However, reviewers had no role in authorship or editorial control and the views expressed are those of Health Technology Wales.

Chair, Health Technology Wales Appraisal Panel

1. National Assembly for Wales, Health and Social Care Committee. Access to medical technologies in Wales. December 2014.
2. Response to Recommendations from the Health & Social Care Committee: Inquiry into Access to Medical Technologies in Wales. February 2015.
3. Gething, V. Letter to all Health Board Chairs re Funding for Sacral Nerve Stimulation in Wales. VG\_01655\_17. September 2017.



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