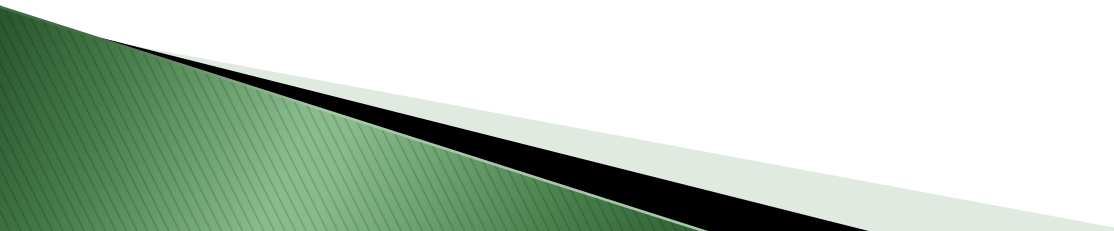


Simple service data analysis

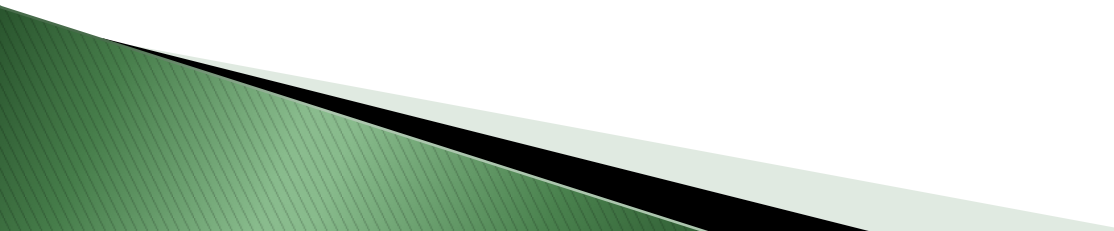
Dr Lucy Webb

Manchester Metropolitan University

The Quantitative Approach

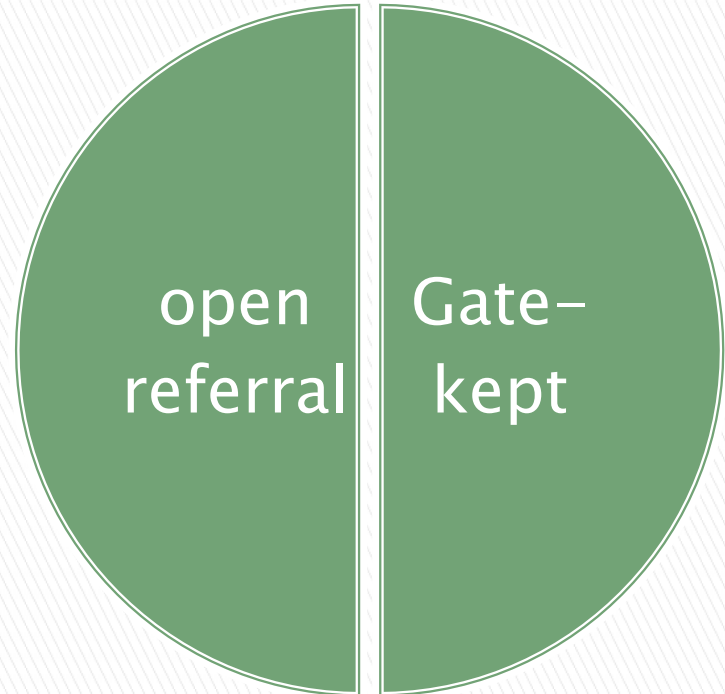
- ▶ Analysing quantitative data is just comparing one set of data with another.
 - ▶ This evaluation of service compared two different groups of clients and against the outcome data.
- 

Making sense of data: example

- ▶ Monitoring and evaluating service effectiveness: an alcohol detox service
 - ▶ How well does the service support people to successfully complete inpatient detoxification?
- 

Reviewing service data:

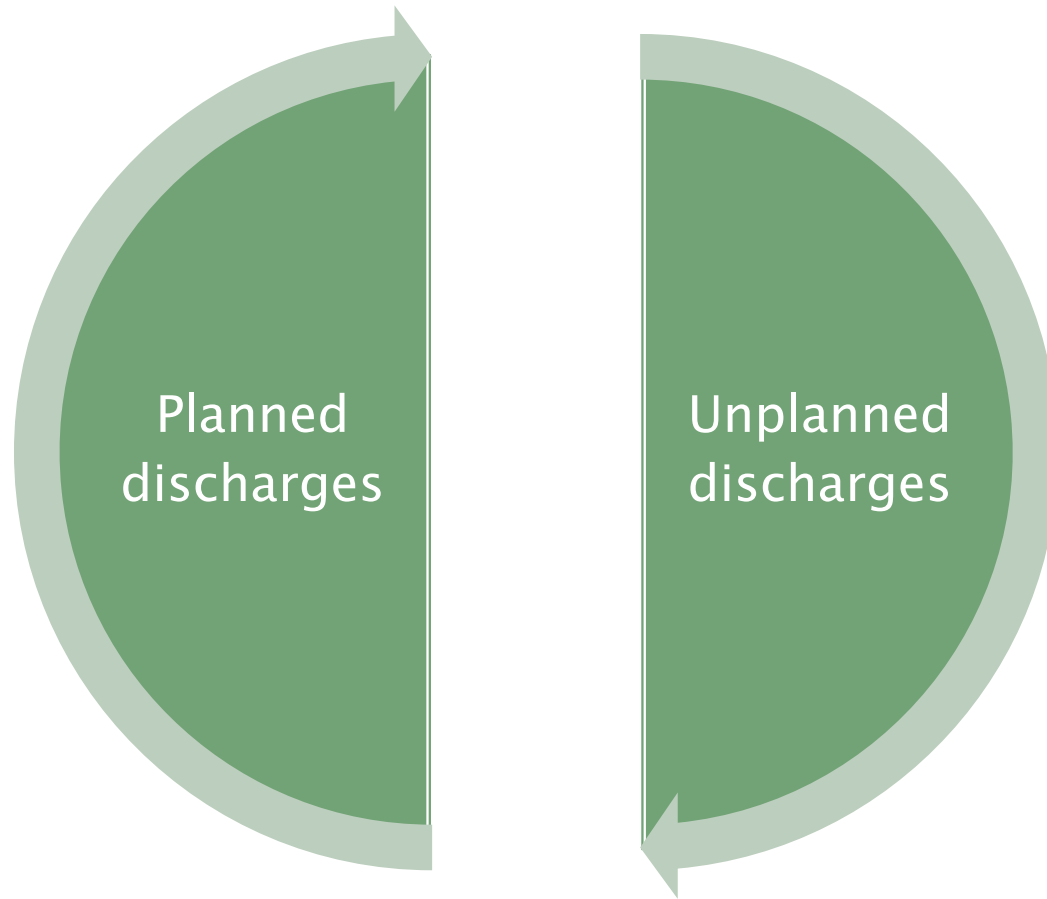
- ▶ Examined a database of client admissions to an in-patient unit over two time periods against discharges:
- ▶ 1 with direct admission
- ▶ 2. with gate-kept admission (screening and selection)



Direct admission vs

Screened admissions

Examined the data for discharge type



Comparison of types of admission

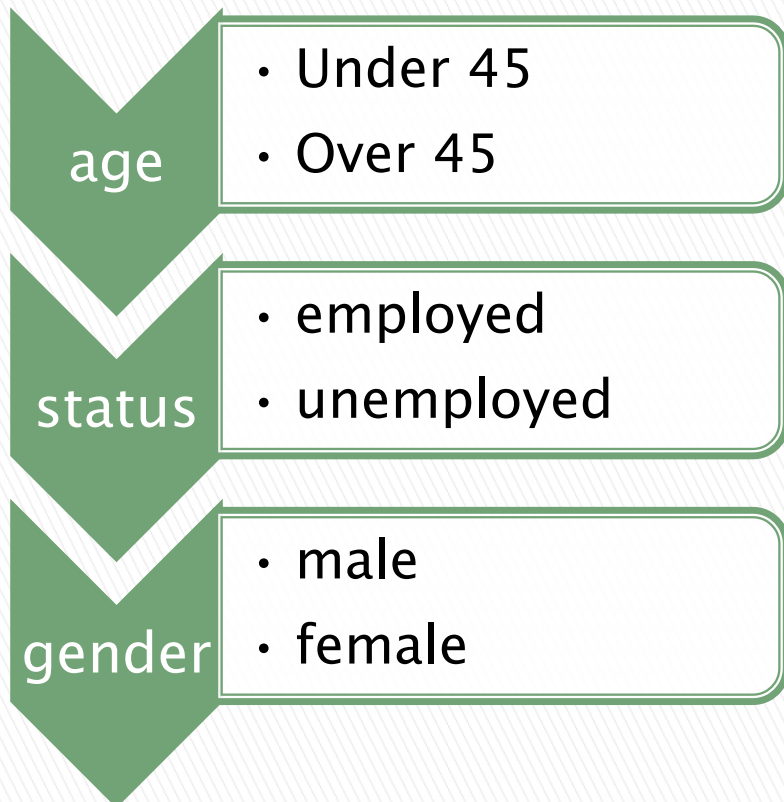


Then compared planned discharge X admission type

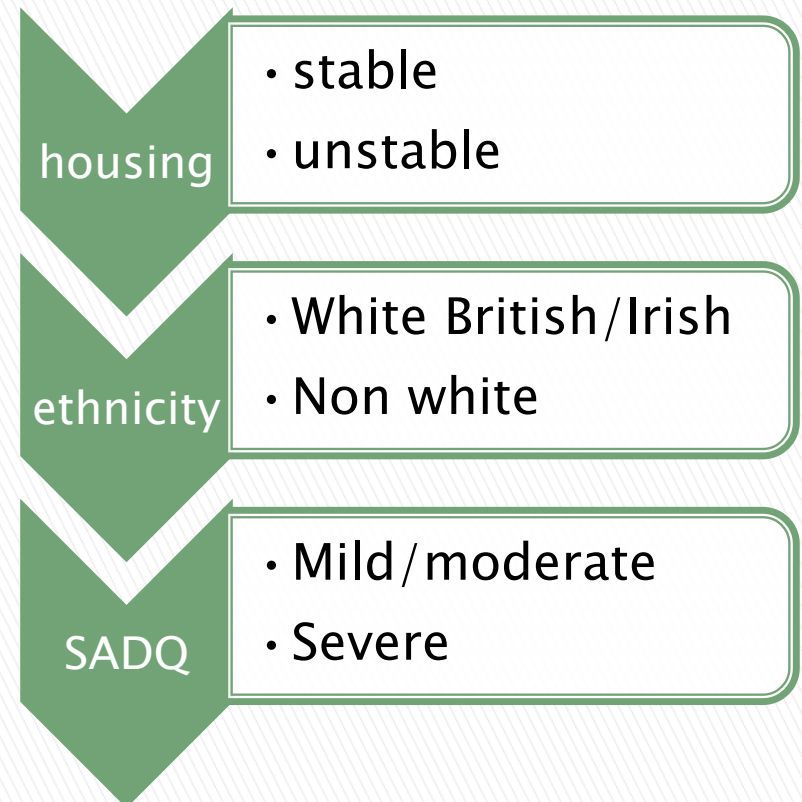
	Planned discharge (successful discharge) n (%)	Unplanned discharge (left, thrown out!) n (%)
Gate-kept	1458 (79.2)	382 (20.8)
Open referral	3569 (72.8)	1336 (27.2)

So, looks like gatekeeping works?

Compared a range of demographics by discharge type



Successful discharge vs.

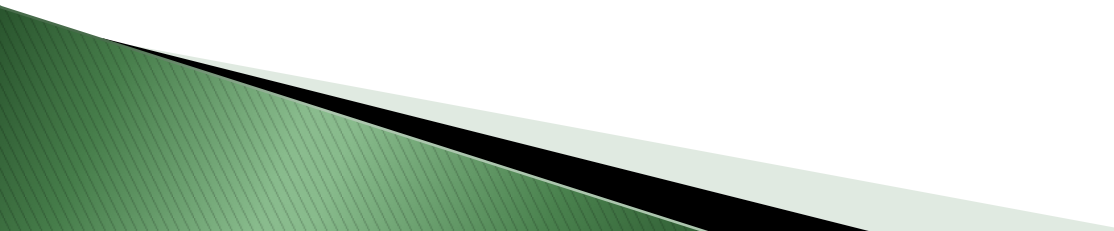


Dropouts, asked to leave, etc

Results. Difference in planned discharges between gate-kept and open referral

Variable	Non gate-kept ratios	Gate-kept ratios
Gender Males: females	1: 1.28	1: 1.62
Age Under 45: over 45	1:1	1:1.44
Employment status Unemployed: working	1:1.68	1:0.95
Housing Unstable: stable	1:1	1:1.68

Poll: tick any you agree with

- ▶ Gatekeeping improves the service's efficiency
 - ▶ Gatekeeping makes the most of the service's resources
 - ▶ Gatekeeping makes it harder for those with most need to access the service
- 

Conclusions:

- ▶ Gate keeping improves successful discharge rates (the service is more efficient)
- ▶ Gate keeping is more selective of people more likely to complete treatment
- ▶ Gate keeping makes access to services harder for people with 'unfashionable' demographics
- ▶ Gate keeping makes treatment entry harder for those with most need.

Depends what the service wants: to improve outcomes or improve impacts