



The Information Core for Integrated Care Mental Health Dataset

Test Implementation Evaluation Report: Executive Summary

**Fiona Black
(with Alastair Philp)**

**Improving Mental Health Information
Programme**

**Information Services Division
NHS National Services Scotland**

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1. Executive Summary

1.1. Introduction

- The Information Core for Integrated Care (ICIC) is an encounter and intervention dataset intended for community specialist mental health services. It contains person summary and encounter summary information on who was seen where, by whom, what was wrong, what was done and what is going to happen next.
- Over time its collection will build up an encounter history that can be accessed by health and social care members of integrated Community Mental Health Teams (CMHTs).

1.2. Development of the data standard

- A multidisciplinary working group met monthly from March to October 2005 to refine and agree the content of the dataset (including definitions and data categories). The Improving Mental Health Information and National Clinical Dataset Development Programmes of the Information and Statistics Division (ISD) of NHS National Services Scotland supported the group.

1.3. Test Implementation

- The ICIC dataset was test implemented by 3 CMHTs during 2006. There was one participating team based in each of NHS Borders, Lothian and Forth Valley. For a 12-week period team members (29 in total) collected ICIC data on interventions and encounters with patients 'real-time' into their existing IT systems.
- Forth Valley and Lothian used PiMS (Patient Information management System), whilst Borders used a system called ePEX.
- Funding of £6000 was provided to each participating NHS Board to support test implementation.
- Ayrshire & Arran did not take part in the test implementation but have now incorporated the ICIC data standard into their FACE system and will be collecting this data routinely from later this year.

1.3.1 Aims and Objectives

- To identify and reduce barriers to the collection of ICIC using existing mental health systems
- To facilitate information sharing
- To improve information mindedness and support joined up working by CMHTs
- To provide community information currently in deficit
- To determine the usefulness of the data at national and local level
- To assess whether the ICIC (data items, definitions and categories) are fit for purpose and sufficiently robust for rollout across Scotland

1.3.2 Evaluation

- A formal evaluation was undertaken at the end of test implementation to measure how well the project met its objectives. This was done in two ways: through analysis of data collected during the 12-week period; and from evaluation interviews, which were held with 22 individual participants.

1.4. Findings

1.4.1 The data standards contain the right data items but current systems are not yet suitable for routine collection of this data

- *You need to make it easier to get the data into the system (PiMS), I think the systems side of things lets us down at every turn. (Psychiatric Nurse)*
- The functionality of the IT systems was a problem for many people, although we acknowledged from the start that the current software wasn't going to be ideal and that we would use what we had to collect the data.

1.4.2 Data collection was time consuming, but got better over time and most people felt it had been worthwhile

- *I'm surprised that I was as willing and able to do it as I was because I'm not a form filler. It did help me to think 'what am I doing' and I realised that I do a huge changing process according to my client, I was very interested in how I changed what I do depending on who I see and what I feel will benefit them. (Psychiatric Nurse)*
- People were still keeping their paper records up-to-date and therefore double recording.
- It took longer at the beginning as people were getting used to the new way of recording and sometimes found it hard to decide what category to choose.
- It got quicker over time and gave them information that was more focused and encouraged reflective practice.

1.4.3 Most people entered data directly into their IT system and found it OK or easy

1.4.4 The dataset was considered fit for purpose

- Most people felt the ICIC either partially or fully reflected their encounters with patients.
- Some interventions and problems symptoms need to be added to the dataset.
- Some interventions, socio-economic and ethnic/ diversity data items were more difficult to collect.
- Admin and demographic data items were easier to collect.
- The majority of the dataset was considered useful and important (especially risk and legal data).

1.4.5 Data collection took quite a lot or far too much time and poor functionality of IT systems was a problem for some people

- People took an average of 10 minutes per contact to enter the data into the IT system.
- A backlog built up in most areas because of lack of time due to poor functionality, slow connection speed, limited access and unavoidable pressures such as staff sickness.

1.4.6 Information Sharing was not easier or more possible and the quality of information shared did not improve as the information was not accessed or used once entered

1.4.7 Data Analysis was relatively easy and feedback from the CMHTs suggests the analysis gave an accurate picture of the work they do and patients they see

- Differences in the structured of extracted data from the 3 CMHTs made it difficult to undertake comparative analysis for some data items.
- Completeness was poor for some of the socio-economic and ethnic/ diversity data items.

- Most patients were seen 3 or 4 times during the 12-week period.
- The majority of patients were aged 30-49 years old, lived alone and were seen at home.
- The majority of patients were unemployed or off work due to ill health.
- The same 4 intervention categories accounted for 80% of interventions in all 3 CMHTs.
- Symptom monitoring and person centred counselling were the most common interventions.
- Anxiety/ phobia, psychotic symptoms and impairment of social functioning were the most common mental health problems.
- Social isolation/ breakdown of social network was the most common life/ social difficulty.
- National level aggregated analysis for a secondary uses service would be possible if data quality was improved and extracted data was in a comparable structure.

1.4.8 Rollout across Scotland is not possible without improvements in existing IT systems

- No one said they would continue to collect the ICIC data
- People were supportive of the vision of an electronic encounter and intervention record (ICIC).
- People said that in order to switch from paper to electronic recording of ICIC data they would need more time, better computer access, IT training, improved functionality of IT systems, the ability to enter data between visits and more access and use of the data. These conditions already exist in NHS Ayrshire and Arran.
- People hope their participation will bring recognition of the hard work, more access and use of information and more targeted funding for mental health services.

1.5. Conclusion: right data, information systems need to improve

1.6. Recommendations

1.6.1 IT systems with enhanced functionality should be procured or developed

1.6.2 Data collected must be fed back to care providers to allow reflective practice

1.6.3 Further minor refinement of specific data items is required

1.6.4 Use of the ICIC data standards should be written into the NHS Quality Improvement Scotland standards for accreditation of Integrated care pathways

1.6.5 Introduction of the ICIC to routine practice will require enhanced training and support, both to assist use of systems and to explain the importance of collecting equality and diversity information

1.6.6 We need to continue to define the data items required from ICIC for national data based on requirements for service management and benchmarking