



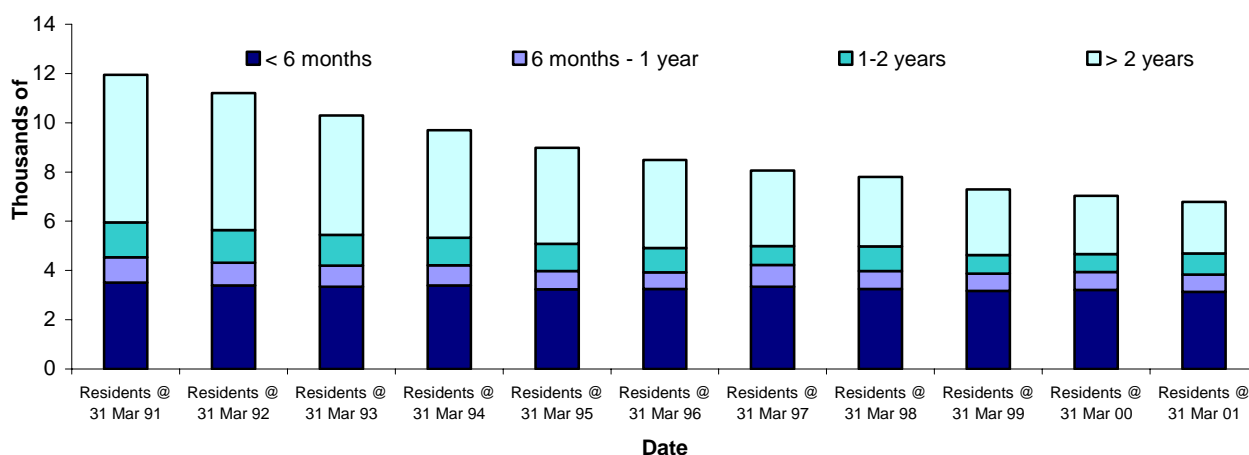
## Delivering our aims

We continue to believe that better information allows better decisions to be taken and better care to be delivered. The programme is working to achieve this aim by: improving access to **nationally consistent information** to support local audit and planning; preparing a Mental Health Information Strategy for Scotland and an implementation plan; building an **information culture** by involving users, carers and professionals; agreeing minimal **information sets** to be shared to support joined-up care for individuals; and reviewing and making recommendations on the **information systems** required.

**Bold blue text** in this newsletter links to further information at **our website** or elsewhere.

## Improving access to nationally consistent information: graph of the month

Number of residents in psychiatric units on specific dates (31 Mar 1991-2001), by length of stay at those dates<sup>1</sup>.



<sup>1</sup> Year ending Mar 2001 is the last for which we have accurate data from all NHS board areas. This is due to ongoing data extraction problems from the PIMS system used by Glasgow, Lothian, Forth Valley, Fife, Lanarkshire and Fife.

## Building consensus on what information to share and how: progress last month

Detailed planning for test implementation of the **Information Core for Integrated Care (ICIC)** continues; the project initiation documentation is now complete and available on our website. During March 05, we visited Lanarkshire and Ayrshire and Arran to describe our approach, and to seek expressions of interest to be test implementation sites. Further visits to other areas are scheduled. A multidisciplinary ICIC refinement working group (including users and informal carers) has been established to revise the dataset and the first meeting is being arranged for the beginning of May. If you would like more information on any aspect of the project please contact **Fiona**.

The short-life working group considering the content of **information bundles to support transitions in care** met for a fifth time. We reconsidered some aspects of how to categorise 'interventions', medication and 'current problems'. And we discussed how to ensure the time investigated by the care professionals on the group is rewarded by smooth implementation if the discharge summary dataset we have developed. This will require further communication, consultation and piloting activity by iMHIP. At the final meeting of the short-life working group we will discuss the last datafields on the draft dataset, which cover details of discharge and follow-up arrangements.

## Supporting national policy developments

As usual we have been involved in work in several areas. These include discussion of partnership working with **NHS Quality Improvement Scotland**, to build information mindedness to support quality improvement endeavours, and refinement of the Mental Health Information Strategy for Scotland, which is almost ready to go out for consultation. We have also been involved in early project planning meetings with NHS Tayside's mental health service and with the eating disorder service in Grampian about their early implementation of the NHS Scotland **Generic Clinical System Toolkit**.