



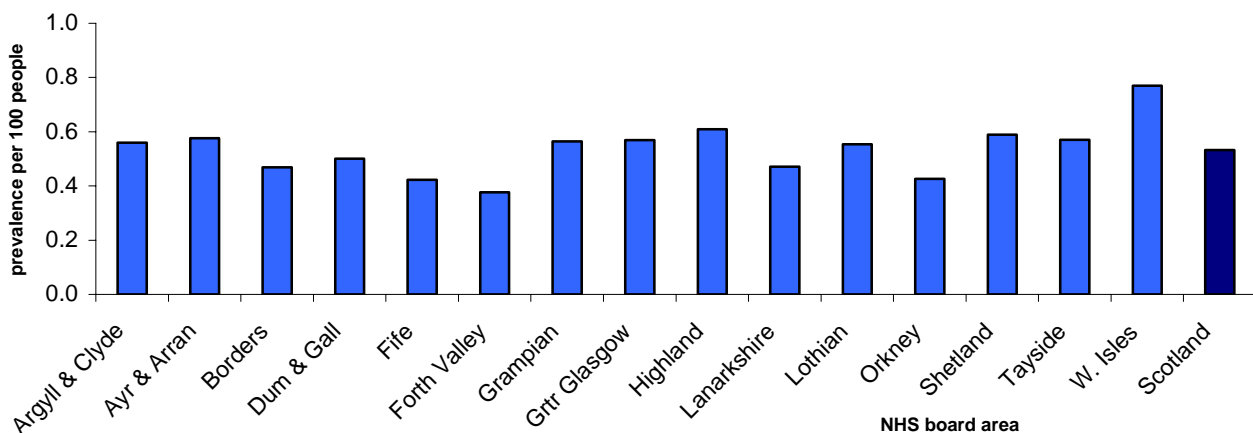
Delivering our aims

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 through a number of activities, including: improving access to **nationally consistent information** to support local audit and planning; 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

Prevalence of severe mental health problems^{1,2} per 100 people registered with a GP, Apr 04 - Mar05



1 Based on data from the Quality and Outcomes Framework (QOF) introduced by the new General Medical Services (nGMS) contract. The graph presents QOF data from practices with nGMS contracts (c.90% of all Scottish practices) and does not include data from practices with other contract types (c.10% of all Scottish practices). See www.isdscotland.org/qof for more details.

2 The disease registers, on which the prevalence rates are based, are intended to cover "people with severe long-term mental health problems who require and have agreed to regular follow-up". Prevalence is calculated for each GP practice as number of patients on the disease register for this condition, divided by list size, multiplied by 100. Prevalence estimates for some NHS board areas are relatively unstable, due to their being based on a smaller number of patients.

3 Details of the proportion of practices in each NHS Board area participating in the nGMS, and the proportion of total quality outcome points attained are shown at <http://www.isdscotland.org/isd/info3.jsp?pContentID=3313>.

Building consensus on what information to share and how

A multidisciplinary working group (including users and informal carers) to refine the content of the **Information Core for Integrated Care (ICIC)** met for the third time. They considered what details of "who saw who and where" should be included. We also initiated discussions with a pilot site on how we can test the **mental health inpatient discharge summary** developed earlier in the year by another short-life group.

Supporting national policy developments

To aid consultation on **A Mental Health Information Strategy for Scotland** we organised five discussion events. We also spoke at five sessions organised by NHS Quality Improvement Scotland to discuss their draft strategy on **Improving Mental Health Services in Scotland**. We met, and gave a presentation to, a number of groups of care professionals including: mental health officers from Highland and Western Isles; the heads of psychology services; mental health physiotherapists; occupational therapists; and the executive committee of the **Scottish Division of the Royal College of Psychiatrists**. We also met with the policy officer at the **Scottish Association for Mental Health** to discuss the Mental Health Information Strategy. And participated in a consultation conference of the **Review of Mental Health Nursing in Scotland**.

Programme staff also attended a dissemination meeting that presented the results of the **National Audit of Post-natal Depression (NAPD)** and the development network event of the **Doing Well by People with Depression** programme. And we participated in discussions, organised by **Choose Life**, about how to improve access to suicide statistics and the **National Confidential Inquiry into Suicide and Homicide**.