



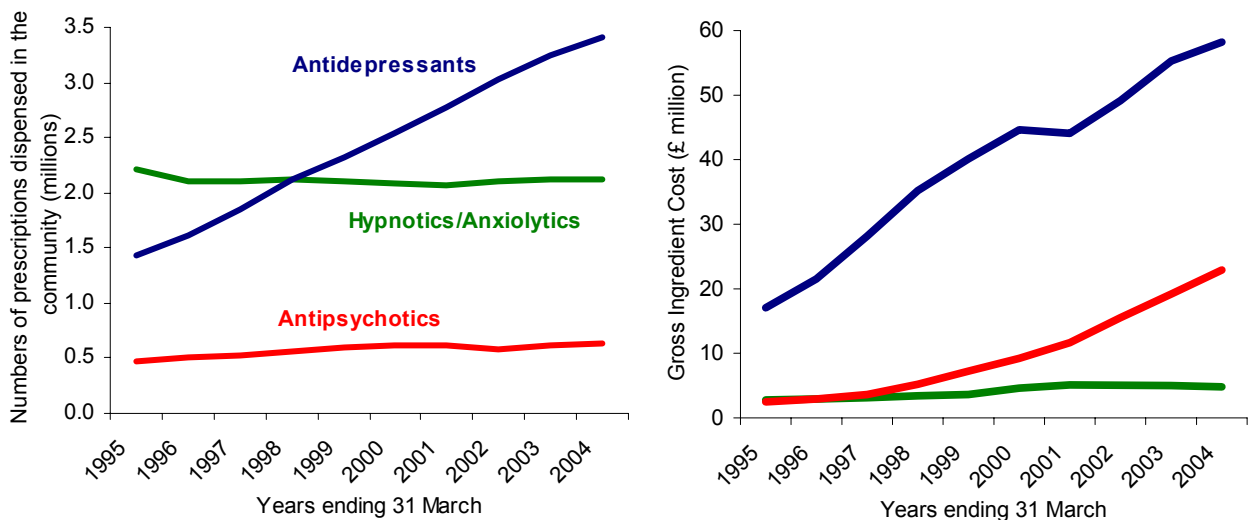
## Delivering our aims

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

Numbers and gross ingredient costs<sup>1</sup> of prescriptions for **antidepressants**, **hypnotics/anxiolytics** and **antipsychotics** dispensed in the community<sup>2,3</sup>: Scotland; 1994/95 to 2003/04.



1 Gross ingredient cost is the cost of an item before any discounts that may be obtained from the supplier by a pharmacy and does not include dispensing costs or fees (see <http://www.isdscotland.org/isd/info3.jsp?pContentID=2225>). Putting this in context, the cost of these drugs is around 9.4 per cent of the total drugs bill for Scotland (£85.9 million of £918 million).

2 Some of these drugs have uses in treating conditions other than in mental health, e.g. epilepsy

3 Drugs dispensed in hospitals are excluded, although drugs prescribed in hospital but dispensed in the community are included.

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

Detailed planning for test implementation of the **Information Core for Integrated Care** continues, and the project initiation documentation is almost complete. During Feb 05, we visited Scottish Borders and Dumfries and Galloway to describe our approach, and to seek expressions of interest to be test implementation sites. Further visits to other areas are being scheduled. If you would like more information on any aspect of the project, would be interested to participate in a short life working group to refine the dataset, or would like to join an advisory group to assist project implementation then please contact **Fiona**.

We are also progressing well with plans for events across Scotland that will explain, to service users and care providers, what our programme is trying to do, and how to let us know what you think about the ways electronic mental health records should be developed. These events will build on **workshops** we ran with service user groups a couple of years ago.

## Supporting national policy developments

As usual we have been involved in work in several areas. These include participation in learning networks organised by the **'Doing well by people with depression'** and the **eCare** programmes. We also attended a conference **"Practical steps to implementation of NPfIT"** which explored progress with the English **National Programme for Information Technology** (NPfIT) in the NHS. There are many lessons to learn from England about how (not) to involve care providers in the planning of an electronic health record system.