

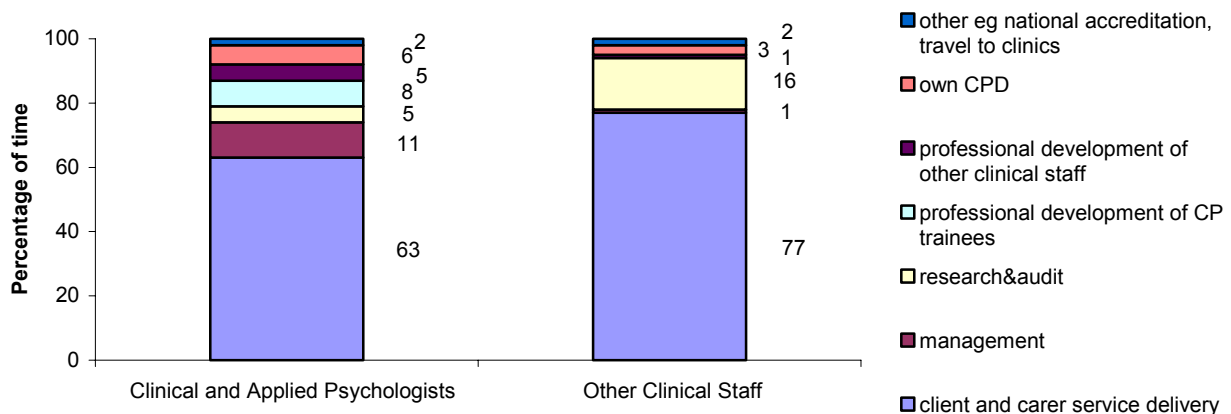


Delivering our aims

We continue to believe that **better information** allows **better decisions** to be taken and **better care** to be delivered. The Reference Group for the programme held its third meeting of the year on 3 Sep 04 and discussed: procurement of a generic clinical information system; additional membership for the group; liaison with the Assessment Review Group; and the mental health information strategy. The minutes of the meeting will be placed on the website when they have been agreed by members. **Bold blue text** in this newsletter links to further information at [our website](#) or elsewhere, that illustrates how we, and others, are doing this.

Improving access to nationally consistent information: graph of the month

Service roles undertaken by all clinical staff employed in psychology services in NHS Scotland 2003.



1 Data are expressed as a percentage of the total whole time equivalent for each staff group and are as at 30/09/2003.

2 Source: ISD Psychology Workforce Project. For more information see http://www.isdscotland.org/planning_and_projects.

National meeting to promote improvements in mental health information

75 people have already registered for our 2004 conference, which will be on 10 November from 10:00 am to 3:15pm at the Royal Society of Edinburgh in Queen Street, Edinburgh. This means there are still places available but they are filling fast. The [programme is now available](#) at our web site.

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

We met with representatives of the Association of Directors of Social Work to explore how their views can be gathered on programme activities such as the [Information Core for Integrated Care](#), information bundles to support transitions in care, and the Mental Health Information Strategy for Scotland.

A short-life working group to consider the content of information bundles to support transitions in care met for the first time. This group consists mainly of practising clinicians, but also has membership from medical records and information management. They are currently providing comments on early proposals for what a discharge summary might contain. We are updating our web pages to include details of this group's work.

And Alastair attended the [Clinical Information Systems, Electronic Records and eHealth 2004](#) conference in London where he heard about international examples of using electronic systems to support integrated patient care. He also had the chance to ask the director of the English [National Programme for Information Technology](#) (NPfIT) about their plans to engage clinicians better. Richard Granger feels that the current unease among clinicians is not due to resistance to change, but rather a fear of the unknown. Either explanation means our programme must continue to spend time discussing what we are doing to improve mental health information with care providers and service users. Hopefully this newsletter aids this.

Supporting national policy developments

As usual we have been involved in work in several areas including: a visioning exercise for how community mental ill-health care will be provided in 2024 to older people (for the [National Framework for Service Change](#)); and a very high level process mapping and information flow analysis to inform specification for the mental health component of the proposed Generic Clinical System.