

# CAMHS PbR Pilot Project



Claire Strachan  
Project Manager ( CYP-IAPT and PbR [CAMHS] ) March 2013

- **Summary of experience so far**
- **What's gone well?**
- **Key challenges and how are these being managed?**
- **Future challenges/ questions raised**

# Summary of experience so far

- 2 Comprehensive CAMHS teams in pilot
- 72 clinicians ( not WTE )
- Approx 70% staff trained and advised to commence data collection ( primarily current view until April )
- Electronic version of current view form created to avoid paper collection
- Created a combined CYP-IAPT / PbR consent form

# What's gone well?

- Data analyst appointed until Dec 2013 to work alongside the Project manager.
- Discharge wizard capturing case closure information
- Staff asking questions and showing interest in the pilot
- Staff have started data capture – limited at moment – need to understand this
- Staff bulletin initiated

# Key challenges and how are these being managed?

- Staff not had Routine Outcome Measure (ROM) training prior to Feb.
- 4 ROM training dates – March – mid April
- Responding to questions and developing operational solutions and data consistency
- Plan to initiate a PbR working party where data analyst will work alongside the Project manager and the wider service to review data and propose solutions to challenges.

# Continued :

- Influencing commissioners
- CYP-IAPT steering group has commissioner reps and maintaining links to PbR is part of project plan
- CAMHS Project Manager part of Trust PbR project group
- Getting a test submission accepted by Meganexus
- Data analyst consistent contact

# Future Challenges & Questions

- Reflecting suicidal ideation on current view
- Child friendly information
- Securing consent for data submission where a child is not seen
- Improving activity recording – upgraded system- Staff IT confidence / skill
- Capturing duty work
- Consistency re capturing medication