

## Our Progress So Far

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# Experience to date: set up

- Getting IT and systems on board to collect data – is a long haul
- Always underestimate time taken!
- Trust is preoccupied with Adult PbR – CAMHS seen as distraction and expect it to just be rollout of Adult PbR
- Need High level buy in

# Experience to date:

## Implementation

- Clinician engagement in principle has been good
- But yet another thing ....
  - CAMHS min data set
  - Commissioner requirements for diagnosis
- So many requirements – time consumed
- Need Clinical Leadership too
- ‘It will get easier once they have used it for the first few times and the importance in being able to identify and get a proper profile of cases seen in CAMHS to ensure we could get the correct payments for our work’
- Need to feedback information gathered so it is not seen as data for sake of data!

## DRAFT – CAMHS PbR Pilot Implementation Check list

Action Required	System	Paper
Can you record Current View?		
Can you record CYP consent to share Data?		
Can you record Demographics data		
Can you record Period of contact data?		
Can you record Period of Event data?		
Can you record Indirect Activity?		
Can you record Direct activity?		
Can you record an outcome measurement ?		
	Yes	No
Has the taking part in CAMHS PbR pilot Project been endorse and agreed by CAMHS and Trust senior management. How will they monitor progress?		
Has Service Lead/Project Manager been identified and briefed as to responsibility for CAMHS PbR pilot implementation?		
Has Lead Clinician been identified and briefed as to responsibility for CAMHS PbR pilot implementation?		
Has a Data lead been identified and briefed as to responsibility for CAMHS PbR pilot implementation?		
Have you checked that essential information can be collected and by when and how sent to team(see link to CAMHS PbR website ) <a href="http://pbrcamhs.org/resources/data/dataset-requirements/">http://pbrcamhs.org/resources/data/dataset-requirements/</a>		
Have you booked Train trainer event with PbR team?		
Have you identified and invited training attendees and venue?		
Have you identified teams taking part?		
Have you booked Train trainer event with PbR team?		
Have you developed Training rollout plan? Venue Materials Attendees Responsibilities		
Have you identified and agreed with them the super users (have they got time allocated in first few weeks to do this?) or go to people in each team who can help?		
Have you agreed implementation date for start of data collection?		
Have you identified how completion will be monitored and managed if not completed ?		
Have you identified mechanisms to communicate progress or feedback on data collected within the Trust		

# What does Piloting CAMHS PbR enable?

- Currently many CAMHS Services have limited data available to understand the work they undertake.
- What sort of cases do services see?
- How severe is their impairment?
- What added level of complexity do clinician manage working within CYP systems?
- How often are they seen?
- How much time is spent on indirect activity?
- What changes take place over course of treatment?

# The CAMHS PbR essential dataset

- We are all needing to look at Service redesign so ..
- Deploying a consistent assessment framework
  - Current View will help to establish understand cases profile
- Collecting indirect data as well as direct data helps inform what resources are required to deliver services
- Collecting a consistent outcome measure helps see if things are changing?

# What benefits are there?

- Enable better evidenced based service redesign decisions making by clinicians and management
- Enable us to explain and evidence the complexity , severity and range of problems we are working with to **our commissioners** and how much time is being spent on indirect work
- Evidence the things we all highlight as important difference of CAMHS but cannot always provide the data – now we can.