

## CAMHS PbR Pilot Project Data Events in London & Leeds (26/02/13 & 05/03/13)

### *Problem Solving Activity: Delegates' Solutions to Key Challenges*

Site B are involving the whole of their CAMHS in the PbR pilot. Some teams appear more motivated than others and the service lead is worried that many clinicians will not collect good quality data because of this.

*What solutions would you suggest to this site?*

- Be clear about expectations
- Make the process as easy as possible
- Think about whether the clinician group is too big and whether smaller numbers could be involved
  - Consider a “staggered start” with more motivated teams first
- Ask more motivated teams to:
  - Attend other teams' team meetings
  - Share their “Top Tips”
- Invite clinicians to a working party:
  - Does the clinical story/anecdotal data match the data being collected?
    - E.g. pattern of deterioration before improvement in certain cases
    - E.g. cases that are seen for one session only- what's going on here?
- Designate a clinical leadership lead/ clinical champion to encourage clinicians to collect the information
- “Measure, Monitor, Manage”
- Undertake training that is:
  - Timely
  - Robust
  - Appropriate
  - Joined up
- Facilitate clinicians with appropriate tools and support; understand clinicians' concerns
- Regular staff briefings
- Agree in service how to capture the indirect activity
- Communication of the benefits:
  - Can help with clinical decision making
  - Can evidence the work being done and the effectiveness of that work
  - National benchmarking
  - Influencing service development and policy
  - Evidence complexity of cases
- Communication of the rationale & look at understanding blocks:
  - Collecting data to ensure services are costed properly
  - Build feedback systems that are meaningful
  - Clinically motivated project
  - Ensure understanding of context
  - Explain reality of current climate
- Tracking data by designated individuals
- Create prompts on the IT system to encourage completion of required data (e.g. date of last CV)
- Provide timely feedback to clinicians on data collection to:
  - Identify problems
  - Identify completeness rates

**Site C are concerned that filling in the Current View, obtaining consent and entering the activity data will take up too much clinical time.**

*How would you approach this issue with the site and clinicians involved?*

- Break the process down
  - Who does what?
  - Can others help?
  - Could admin hand out the consent form?
  - Could consent forms be given before 1<sup>st</sup> appointment in the waiting area?
- Integrate consent into other systems
  - As part of referral
  - Use one consent form for IAPT and PbR
- Make sure IT systems support time saving:
  - Consider use of tablets so clinicians and CYP can upload straight to COMMIT
- “Buddy up” clinicians that are less computer literate with those that are more so
- Communicate importance and value of completing this information
  - Links to motivation
  - Current View as a quick snapshot of clinical judgement; it is clinically valid/useful
- Current View and consent complement current practice
- Engage all clinicians in coming up with solutions to make tasks easier
- Reassure clinicians that time will reduce as they become used to the tool
  - Others’ experience testifies to this
  - Work out whether it is possible to add activity recording onto what is already recorded (site specific)
  - Processes will be streamlined as much as possible
  - Consider summary of indirect work over an agreed period rather than as and when the activity takes place
  - Any double entry work should ideally not be done by clinicians
- Start with clinicians who are more able/motivated
- Recognition and acknowledgment of the additional time taken
- Increase the amount of time given to an assessment to take into account additional information that needs to be collected
- Sharing information with teams to enable discussions about distribution of labour

## Site D seem to be having some communication problems. Information received from the PbR team does not always reach the right people.

### *What steps could Site D take to improve this?*

- Understand context/causes of what has caused the breakdown in communication
- Look at levels through which information needs to be passed down to get to clinicians
  - How can we streamline/reduce this?
- Have a Communication Lead
- Build infrastructure and communication structures
  - Formal project management structure
  - Lean thinking
  - SMART
  - Create a project plan
  - Develop mandatory checklist
  - Feedback mechanisms
- Ensure project is properly resourced, with identified people to lead on tasks:
  - Clinical lead
  - Data lead
  - Service lead
  - Project sponsor
  - Project lead
- Regular meetings of core team
- Written communication
  - Briefings to relevant people
  - Blogs
  - Regular updates in team meetings
  - Keep it simple: what is the core message?
- Ensure places for discussion
  - Agenda items
  - Forums
  - PbR group/leads
  - Pick up concerns quickly
- Promote/direct people to PbR website