Patient Information System for Mental Health Care (Mentcare) – Requirements – Stakeholder Interviews

1. Information about the mental health trust commissioning the system.

Vision

Our vision is to promote and protect good mental health, to listen, to support, and treat people with experience of mental distress and their carers fairly, positively and with respect.

Mission

Our mission is to work in tandem with other health service providors and stakeholders to maximise the benefits to service users and carers and to play an active role in suicide prevention.

Confidentiality

Patient confidentiality is paramount in mental health settings. Protecting the private details of a patient is not just a matter of moral respect, it is essential in retaining the important bond of trust between staff and patients.

2. Extracts from interviews with system stakeholders

Interview 1 – Chief Executive

Can you tell us about the trust?

We are one of 60 mental health trusts in the country, commissioned and funded by clinical commissioning groups. We currently cater for roughly 500 patients. Some of these will be in-patients in secure or and semi-secure units, but the vast majority will be outpatients, and our interaction with those patients will be through our clinic system.

Our patients usually access our mental health services via a GP referral, or as a result of a stay in hospital and a consultant referral. The GP or consultant makes the referral

to us, then we arrange appointments for patients to be seen in clinics. To make it easier for patients to attend clinics, they are not just run in hospitals. They can also be held in local GP medical practices or even in local community centres. We currently have seven external venues that are used for clinics. But we would like to increase this number in the medium term to around twenty.

How do you envisage the Mentcare system will work?

Mentcare is intended for use in our clinics. It will make use of the trust's main patient information database, but it should be designed to run on portable devices and PCs, so that staff can access it from external venues.

Obviously security and confidentiality are paramount in mental health. We would like to see all of the external venues have secure network connectivity. However, I am told that this might not be possible, at least not for a while. In cases where there is secure connectivity, then accessing the system will be straightforward. Staff will simply be able to login and access Mentcare as if they were on-site using their staff ID card barcode. Where secure connectivity is not possible, then, in these cases, staff will have to use local copies of patient records stored on the their devices. Of course, this is going to present data synchronization issues. But, I am told by the technical people, that these issues are not insurmountable. Staff will just have to remember to synchronize with the system when they are back on-site. Or maybe the new system can check to see if data is out-of-synch and automatically synch the data.

The primary use of the system will be to keep track of patients, clinics they have attended, diagnoses that have been made, and treatments they have received. Patients are our core concern. The system should allow us to significantly improve our patient care by freeing up time for doctors and nurses.

The secondary use of the system, is to allow us to self-monitor to greater effect. Like all parts of the NHS, we are subject to targets: some of these are our own targets, others are government targets. The system should provide us with vital information that

allows us to see to what extent we are meeting these targets . . . For example, we have to keep track of waiting times and provide a report on a biannual basis which shows the average length of time a patient has to wait to be seen in-clinic. The current system allows us to do this, but the process is cumbersome and not always accurate. I'm hoping the new system will improve this aspect of our work significantly, along with other management functions that are critical to our operations and performance.

Interview 2 – Consultant

Can you please describe your work as it currently exists?

I'm a consultant psychiatrist. I worked for the trust for nine years. Patients are referred to us by GPs and by hospital doctors. I see them in clinic. Clinics all used to be run here at our main building. But, the new chief executive decided about two years ago that we needed to increase our capacity, so we now run clinics at local GP surgeries, and in community centres. Personally, I was not for this idea. But it went ahead anyway, although the external clinics are run by junior colleagues in the main.

Each consultation is run by a psychiatrist and a nurse. We review the patient record prior to the consultation, make an assessment of the patient during the consultation, and decide on a course of treatment depending upon our assessment. The course of action can be discharge, psychotherapy, pharmaceutical intervention, or, in cases where it is merited, sectioning under the Mental Health Act. If the treatment involves a prescription, then we need to check that the patient is not allergic to the prescribed drug. Any new system should do this automatically. At the end of the consultation, my assessment and the recommended treatment is recorded, and a follow-up appointment is scheduled, unless the patient has been discharged. It's all standard procedure really. Just because it is mental health it doesn't make you any different than the way other branches of the NHS run. The only real difference is that we are allowed section people against their will in the interest of their safety and the safety of others.

How do you envisage the Mentcare system will add value to your work?

Paperwork! I hate paperwork. All that having to sift and sort through records prior to each consultation is the curse of my life. It is tedious in the extreme and a complete waste of valuable time that could be better spent with patients. Of course, we will still have to complete records of consultations and treatments, etc. But, a system such as the one that is being proposed, should make it a lot easier to create records. It will certainly make it a lot easier to maintain them, search for information, make updates, and to generate meaningful data about patients, such as whether they have missed appointments or not. Perhaps, in time, we could even improve the system so it can track things like whether patients have collected their prescriptions from the pharmacist. But, I reckon that's a long way off. I would be happy just to get the basic system up and running in the first instance.

Interview 3 – Receptionist

Can you please tell us about your role and what it entails in terms of your duties?

I receive the referrals from the GPs and from the hospitals. These usually arrive by email. On the basis of a referral, I will create a patient record. To do this, I access the Trust's main patient record system, and I can just copy and paste from there. If there is anything else I need in terms of patient information, I usually contact the GP admin staff. They are always happy to help out.

Once the patient record is in place, I am able to create consultations. To do this I have a look at the forthcoming clinics, and look for an available consultation slot. When I find one, I can then allocate the patient to that slot. As soon as this is done, I then generate an appointment letter which is sent to the patient. Unlike in other parts of the NHS, we require that patients explicitly accept or reject the appointment. So, part of my role is to record acceptances or rejections. If the patient rejects a consultation

date and time, then I would look for other available slots, and offer these. A consultation is not complete until a patient has explicitly accepted the appointment.

On clinic days, one of my jobs is to record who has attended and who hasn't attended. We do get quite a few no-shows. People with mental issues aren't always the most reliable. They forget things, or will get confused quite easily. It's very important we keep track of attendance, and that we follow up on anyone who has missed an appointment.

What information do you record about patients as part of your work?

A typical patient record has all the expected personal data: name, address, telephone number, email address, date of birth, etc. we also record information about ethnicity and gender, as well as GP information, and information about next of kin. A typical appointment record will contain the patient details, the doctors details, the clinic details, the venue, the date, time, etc.

Interview 4 – Administrator

What is your role in the organisation?

I'm what you'd call back office staff. My job is to produce all the reports that doctors and management need in the course of the work. We currently use SPSS for our work. But it is very time-consuming getting the data into the spreadsheets, and involves a lot of copy and paste, and can be prone to errors.

What reports to you produce?

We are often asked to produce reports on individual patients. This might include a record of clinics they have attended, clinicians they had seen, treatments they have received, etc. Sometimes these reports are just for routine use by medical staff, tracking kind of stuff. But other times they are used for cases where there are claims of malpractice and other legal stuff like that. We are also asked to produce reports on medications. Clearly it is of interest to the trust to know exactly what is being

prescribed and in what quantity. I've produced just such a report only yesterday. Management wanted to know about a certain medication and the age range of those it was being prescribed to. Apparently, there was some issue with it being prescribed to under 18s when it shouldn't have been. We are also often asked to produce reports on waiting times. We are supposed to produce two of these a year. But, management are rather preoccupied with this issue and always want the latest figures. I think I've produced seven of these already this year and it is only August.