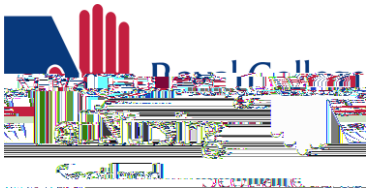

RCN Scotland

Theresa Fyffe
Director

Community Health Activity Data Project Team
Area 151C, Data Management
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29 January 2016

Dear Community Health Activity Data Project Team,

Consultation on Community Mental Health Team Activity Data Dataset

The Royal College of Nursing (RCN) is the UKôs largest professional association and union for nurses with around 430,000 members, of which around 40,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Governmentôs health policy objectives.

We welcome the opportunity to respond to the Community Mental Health Team Activity Data Dataset consultation. RCN Scotland is broadly supportive of the need to improve the availability and quality of community health activity data since there is a recognised lack of community data with much remaining underdeveloped. Good data will be essential to support future planning of community services, shifting the balance of care and the effective integration of health and social care, all of which depend on robust data.

There are lessons that can be learnt from the first phase of the Community Health Activity Data project which is focusing on District Nursing. We have concerns, based on conversations that we have been engaged in, that this data is already being caricatured by senior officials in blunt and inappropriate ways which fail to appreciate the holistic nature of nursingôs contribution to improving health and which will support crude cost reduction targets that undermine delivery of the new, statutory Health and Wellbeing Outcomes. Whilst we appreciate the limits that have been placed on ISD in terms of developing brand new data sets appropriate to a changed landscape, we retain our concern that the consequence of measuring task alone will result in an ill-informed, reductionist approach to the future development and funding of nursing teams.

and Community Health Activity Data (CHAD) project boards would merge into one this year, and further meetings of the stakeholder project boards ceased. With the work streams continuing without opportunity for discussion and review with stakeholders, we ask for further clarification about the next steps for this overarching project board and which stakeholders will be asked to participate.

A clear risk assessment needs to be presented which refers to data accuracy and quality, processes in place for data collection and coding procedures. We would emphasise the need for risk management so that potential hazards are identified and addressed as this project is progressed.

A focus on outcomes and quality are essential to include in intervention and resource focused data sets. We would suggest further exploration of how the dataset as currently drafted will support decision making for quality safe effective community care. Unless data about whether clinical and service standards are being met are also available, making informed decisions about resource allocation will be problematic.

Although we are aware that the Project Team has been working with a

there will be referrals within teams and organisations at different points in care.

2.9 *Location of contact* ï We recommend expanding value 1 *Acute General Hospital including Day Hospital* into a set of codes for a wider range of hospital settings including acute, rehabilitation, intensive psychiatric care, forensic, and accident and emergency. For example the inclusion of accident and emergency departments would then capture liaison psychiatry activity.

2.16 *Patient/Client Related Activity Type* - The roll up of activities into one category of ôAdminô to include a wide range of activity, including referrals to other services and correspondence to other professionals, is not useful. We recommend a more stratified approach to activity measurement which can accommodate dealing with other agencies and making links for patients in other services. This is particularly important given dealing with other agencies regarding patientôs circumstances, and that many patients will have multimorbidities, including physical health issues.

2.19 *Staff Pay Band* ï Does the term consultant apply to doctors only? Other professional groups now have this term i.e. Consultant Nurse.

2.21 *Speciality/Discipline* - Two terms ômental health nursingô and ócommunity psychiatric nursingô are used separately. We suggest adopting ócommunity mental health nursingôas one term.

Section 3 *Interventions* - There is no explicit mention of interventions that are being used to promote recovery. This is a conspicuous omission considering the focus that recovery has had in Scotland, and vital given ongoing care required for many patients to enab

Given the project direction from the Technical Advisory Group for Resource