

Table Top Discussions on IAPT Data

Summary Feedback

Key Points:

1. A. Which are your top 3 most useful reports and why?

- Waiting times report - Reports are useful because they are live or near enough live reports
- Recovery rates for service and individuals - Reports are useful because they are live or near enough live reports
- Report to show clients as active on the system - Reports are useful because they are live or near enough live reports
- Individual and service productivity report - Reports are also useful because you can manipulate them to drill down.
- Report for cases going over length of time in service - Reports are also useful because you can manipulate them to drill down.
- Dashboard of reports is useful - Reports are also useful because you can manipulate them to drill down.
- KPI reports – check where you are as a service, produce meetings from findings, check access, completed, not at recovery, at recovery etc.
- Recovery by clinician/discipline – useful to share with teams and individuals, case management etc.
- Demand and capacity – to show influx of referrals, sickness, cover etc.
- Dataset reports – general data quality, NHS number, ethnicity, presenting problem, duplicate appointments etc.
- The most useful reports vary depending on who is looking and why
- Data cleansing is useful
- We should also consider what data cannot be extracted and why
- Overall recovery rate broken down into service level, teams and individuals – allows to spilt up the demographics
- Problem descriptor – highlights the use of associated ADSM
- PEQ feedback – highlights patients experience

2. How do you ensure the data reaches all the way through your service?

- Not all data needs to reach through the service – just appropriate data
- We email recovery rates and discuss at team meetings
- We share with our staff the commissioner report on all highlights to date and a summary
- Management information highlights are shared with the team in team meetings
- Individual reports are shared in 1-1 meetings with management

- Team meetings, email, individual reports, presentations, data analyst based in the team, discussed in management meetings, also with commissioners
- Data vs insight – helping people understand the meaning of the figures i.e. 50% is the target for recovery but how many lives have we improved
- Holding monthly Q&As, including data analysts, managers and clinicians
- Undertaking caseload management in 1-1s
- Emailing out individual reports
- Discussing in team meetings

3. How detailed is your monitoring of data in month, how do you achieve this and how do you apply your learning?

- Projects to focus on areas to improve (recovery/DNA rates/access)
- Using reports of date to monitor each month
- Data schedule and audit list, KPIs, clinician and service user level – not always clear how much to share with clinicians
- In some case very – review performance from neighbouring services too, as comparators to drive best practice
- Keeping on top of “real time” data on a regular basis to check things such as caseload being reflective of amount of contacts or opportunities offered

4. How do we take a medium to long term strategic view of data and how do we reflect on our medium to long term goals for utilising data?

- Look for bigger trends and set strategy based on trends
- Less firefighting, looking at diversity, data issues are to be fed into long term planning as well as upcoming workstreams LTC, PBR etc.
- Analyse to horizon scan

5. Is there anything we could do in the provider network that could help services to realise the benefits of the data?

- Give case studies from services of projects that they have done with data and how/why/outcome etc. For example, what process is in place to help with clinical vs service issues i.e. one more session if nearly at recovery impacts on throughput
- Questions around disorder specific measures
- Unify – bright ideas
- Sharing best practice – how do other services use data to influence long term strategies?
- Share ideas about long term conditions
- Implementation of PBR – share experience at an operational level and at a working level i.e. how do we use X insight to drive improvements at a practical level?