

# Data and Digital Literacy for Psychiatrists

## Psychiatrists and digital literacy

Clinicians working in mental health services need to have relevant data of high quality, in order to demonstrate the value that mental health services bring to patients, families and the wider community. This is particularly important as we move into more integrated health and social care systems, in order to meet unmet needs. We are also aware of the health inequalities faced by mental health patients as 23% of presentations to the NHS are mental illness, but mental health services received only 13% of healthcare funding (LSE paper). Data and digital literacy skills are key enablers to mitigate these unmet needs and inequalities.

There is also a key role for decision support tools and clinical informatics in enhancing the work on clinicians.

Psychiatrists are key to influencing the services that they work for, in order to enhance the information that is both recorded and used to support care and research.

This guide aims to support psychiatrists to be data and digital literate to meet the needs of their local population.

## Covid and digital literacy

“The COVID-19 pandemic translated years of information technology advances into clinical practice in a period of months. The need for this had long been evident and the technology present – in perhaps imperfect forms – for some time, but a crisis enabled what routine processes potentially hindered. As we enter a post-pandemic world, we will retain these gains.

Data from the NHS Benchmarking network show clear differences between specialties in how they have adopted and embraced the use of digital technologies.

This is particularly evident for Improving Access to Psychological Therapy (IAPT) services, which in December 2021 reported that 26% of clinical contacts were delivered using digital technologies; the next highest rates of digital utilisation were reported by services for children with intellectual disabilities (also known as learning disability in UK healthcare) (21%) and children and young people’s mental health services (CYPMHS) (15%). Digital appointments should be seen as part of the standard offerings and choice given to patients, but there are potential challenges that may exclude some patients”<sup>i</sup>

# Four Nations guidance and digital literacy

Digital transformation and improving the digital literacy of the workforce is one of the key elements for the four nation long term plans for the NHS (e.g. a healthier Wales).

## **In Wales the digital strategy<sup>ii</sup> indicates:**

“Deliver and modernise services so that they are designed around user needs and are simple, secure, and convenient. Equip people with the motivation, access, skills, and confidence to engage with an increasingly digital world, based on their needs. Create a workforce that has the digital skills, capability and confidence to excel in the workplace and in everyday life. Services are improved by working together, with data and knowledge being used and shared.”

## **In Scotland the NHS Recovery Plan<sup>iii</sup> states that:**

“The increase in digital - planned for before the pandemic, and significantly accelerated as part of our response to the pandemic - means the time is now right to ensure that Digital is always available as a choice for people accessing services and staff delivering them. This will allow more people to manage their condition at home, to be able to carry out pre- and post-operative assessments remotely, and to continue to manage their recovery from home. We will set out in more detail how this will be delivered in our forthcoming Digital Health & Care Strategy.”

## **In Northern Ireland the Digital Strategy<sup>iv</sup> outlines:**

“We will provide more personalised care, including full visibility of health data and care pathways, moving towards precision medicine to identify the best approaches and care pathways for everyone. A single electronic care record will empower people and staff to have full visibility of care pathways.

We will empower the population to take an active role in care and wellness decision-making, developing new digital ways for people to access health services. This includes easier online communications, virtual assistance, and consultations, as well as the ability to view their personal health record. We will co-design solutions that tackle digital inequalities, responding to user needs and ensuring user experience is at the centre.”

## **In England the NHS Long Term Plan<sup>v</sup> has the following commitments:**

- Provide digital services and tools to give people more control over their own health and the care they receive from the NHS.
- Extend to everyone the NHS App as a new digital ‘front door’ to give people secure digital access to their own medical records; find trusted information about their health online; allow patients to conveniently book appointments and view test results online. In time it will also provide medical advice and consultations securely.
- Give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients.
- Set standards that keep information secure and make sure NHS IT systems talk to each other to provide health and care staff with complete access to joined up patient records.
- A commitment to have Electronic Prescribing and Medicines Administration (EPMA) in systems in all English NHS provider organisations by 2024.

## **These themes continue into the NHS People Plan which refers to:**

- Digitally enabled inpatient and out-patient care.
- A requirement for increased digital skills and data science to transform clinical services.
- Data rich and digitally supported health and care services supporting the adoption and spread of scientific advances to improve outcomes for patients.
- The creation of more time for clinicians through efficiencies from digitally enabled clinical pathways.

## Structure of the guide

This guide is based around 3 core themes:

- ICES – increasing clinician efficiency and patient safety.
- IPOE – improving patient outcomes and experience.
- EDMH – enabling digital mental health services for patients.

Within each core theme, quality improvement methodologies and coproduction underpin the successful delivery of each theme.

This document sets out the digital data literacy standards for all psychiatrists which is a core skill for all those in mental health care. Not everyone needs to be an expert, however all psychiatrists need at least a core level of knowledge and skills in digital literacy.

There are 5 levels of expertise – individual, clinical team, locality level, trust/service line level, system level or can be different levels of expertise.



## Meeting learning needs for digital

For doctors in training, the clinical and education supervisors, supported by the director of medical education, should explore how these capabilities can be met.

For substantively employed doctors, these capabilities should be considered during peer group discussion, appraisal, and wider digital skills programmes in the organisation.

Objective	Theme	Individual/ Personal	Clinical Team	Locality Level	Trust/ Health Board Level	System Level
Target population		All Doctors	SAS/ Consultants working with their multidisciplinary professional team colleagues	Medical Lead/ Clinical Director	CCIO/ Digital Clinical Lead and Medical Directors	System Mental Health representatives/ Medical Directors/ CCIOs
Agent of change	EDMH	Lead by example in using new digital technologies to improve patient care.	Advocate and support adoption of digital technologies.	Support innovation and QI projects that embrace new digital technologies.	Support widespread adoption and an open culture of new digital technologies that improve patient care and reduce admin burden.	Connect technologies, share best practices and data across healthcare organisations to streamline patient care and improve outcomes.
Online Assessments	EDMH	Can carry out an online MSE.	Online assessments available throughout the team	Parity in online assessment access across teams to meet local population needs.	Parity in online assessment access across the trust.	Parity in online/ virtual assessment access across healthcare organisations.
		Aware of confidentiality and safeguarding issues.	All MDT able to provide online assessments.			
		Are aware of advantages and disadvantages of carrying out online assessment including appropriateness and digital exclusion.	Provide patient choices around modality of patient consultation.			
Clinical & patient safety	EDMH	Understand and engage with principles of governance that involve patient care including up to date information governance training.	Support MDT wellbeing and safety including safety of others online including during virtual consultations.	Ensure all teams are carrying out online consultations safely.	Ensure there are trust-wide standards for online consultations and operation in digital domain for example GMC guidance.	Sharing safely across healthcare/anchor organisations.
			Create space to discuss safeguarding issues in the online domain including pathways to		Create relevant IG training packages.	
					Foster a culture of and develop systems which	

			act on these concerns.		support cyber security.	
<b>Electronic patient record</b>	EDMH ICES	Has the ability to use the Electronic Patient Record (EPR) to find and review previous information about the patient.	Team able to maximise use of EPR and other relevant shared information across the IHSC to enhance care of patient through accurate and safe storage.	To enable locality services to use shared patient records, in order to have information on patients' physical health and social care needs (via GP, acute and social care records).	To work collaboratively with primary care, acute care, and social care to enable the best use of shared care record system.	EPRs able to share information with consent to provide seamless patient care.
		Being able to access relevant information within shared records across the IHSC.	Enable the MDT to access EPR wherever it is needed for best patient care.			
		Support patients to access their own healthcare data and awareness of shared records held about them.				
<b>Collecting patient data on EPR</b>	EDMH	After seeing a patient has the ability to record information in an accurate and timely manner in the correct locations on the EPR	Support the collection of mental health services data set for all patients	To have an understanding of need of collecting data on Team's patients	To develop systems to support patient input data into the EPR	To champion the effective and secure use of information of data to solve problems, make decisions and achieve successful outcomes.
		Strives to input highest quality data as it impacts directly on good patient care through facilitating continuity and effective communication.	Appropriately use this data to understand team caseload and deliver better care.	To support admin team to collect data from patients.	To support adoption of technologies and changes within EPR that reduce admin burden for clinicians.	Use the data collected within the EPR to highlight needs of local populations.
		Be able to advise patients of confidentiality and their		Use the data to create patient/team level profiles.	To support clinicians to entering data once in EPR systems.	To identify health inequalities with local pop.

		rights on information stored about them.		Use the data collected to understand complexity and needs of local patient population.		
<b>Use of EPMA</b>	ICES	Be able to navigate and prescribe safely on EPMA.	Support MDT to view and where qualified prescribe on EPMA.	Ability to aggregated prescribing and administration data for analysis and quality improvement.	Set and uphold standards in electronic prescribing.	Use EPMA's including connecting them to harmonise and streamline prescribing across the IHSC.
<b>Use mental health digital applications within health setting</b>	IPOE	To use digital systems integrated into the EPR such as incident report facilities (e.g. DATIX).	Analyse prescribing for team caseload to ensure safe and effective use of medications.	To use data collected from EPMA and apps to improve quality and safety of care.	To use data collected to reduce variation in care and improve cost effectiveness of care.	To have ability to critically analyse, evaluate and/or interpret data across IHSC health economy.
			Reflect on data driven evidence incidents to improve patient care.		To have ability to critically analyse, evaluate and/or interpret data and their sources.	
					To use digital technologies to create new ideas, solutions, and decisions.	
<b>Data driven outcomes</b>	IPOE	All psychiatrists are aware of importance of mental health outcomes (MHO).	Support and enable routine collection of 3 types of outcomes: symptom severity, wellbeing and quality of life and patient reported.	To discuss and review MHO of teams within one's locality.	Develop clinician focused dashboard to show mental health outcomes at patient and team level.	Using patient/services level mental health outcomes to identify unmet needs.
			Understand the importance of mental health outcomes to demonstrate the value of mental health	To identify teams with best practices.	To identify and showcase best practices examples.	To demonstrate the value of mental health services with local health systems.

			services.			
				To demonstrate and share value of mental health services within local health economy/commissioners.	Use learning from teams to enable adoption across trust using quality improvement methodologies.	
					Enable clinicians to record high quality outcome measures without the associated administrative burden considering use of technology.	
<b>Regional &amp; national mental health data sets</b>	IPOE	All psychiatrists to be aware of mental health data sets collected regionally and nationally.	To be aware of data sets collected about their local services and compare their performance with teams across the UK.	Aware of regional data sets such as CCG area profiles, locality JSNA, PHE fingertips, CQC area profiles.	Public facing declaration of trust position in national data sets (IE on trust internet pages) with similarly shared strategy to improve the same.	Healthcare organisations held to account for position in data sets and support to enable collaboration between healthcare and other anchor organisations to lead to improvement in the same.
		Able to benchmark own/team level performance.		To be aware of national data sets i.e. NHS Benchmarking data and Mental Health watch.		
		Able to use this data in appropriate discussions with peers (CPD peer group) and job planning/appraisal.		To review data collected and to focus on services level data that is relevant to clinicians and clinical practices.		
<b>Data to drive</b>	IPOE	Are aware of	Team know how to	Have access to locality	Enable QI activity at all	IHSC wide collaboration

<b>all quality improvement activity</b>	ICES	importance of collecting data, the fidelity and quantity of the same.	collect and use data in innovation to improve patient care.	quality data sets inc. patient outcomes.	levels in organisation which delivers trust strategy, digital priorities, and patient safety.	using data driven QI to deliver better patient care and safety.
		Able to use trust and national data sets to supervise, lead or participate in QI projects.	Understanding that QI is central and core business.	Enabling QI activity that meets patient needs and trust priorities.		
		Should have training in QI methodology including how to interpret data.				
<b>Digital Innovation</b>	IPOE ICES	Have an awareness about the Trust's digital strategy and how it could be applied it to own clinical practice. Ask for help if unable to implement because of systemic issues.	Teams open to explore innovative digital techniques.	Locality based innovation across teams, sharing ideas and enabled by digital champions.	Trust innovation strategy with digital at its core and support for a culture focused on the same.	Leadership and resources to deploy system wide digital innovation and transformation such as AI and data mining to improve patient outcomes.
		All psychiatrists are aware of innovation in digital and its impact on data collection				
		Know to liaise with digital team and CCIO about such innovations				
<b>Social media platforms, chat groups &amp; messaging apps including</b>	EDMH	To be aware of responsibilities under GMC regarding posting on social media and use	Knowledge of trust and NHS guidance by all in team regarding use of social media, messaging apps and	Collaborative approach to use of social media, messaging apps and chat groups where helpful and safe by HCPs	Clear, practical social media platform policies for both staff and standardised advise for patients.	System wide uniform guidance in use of social media, messaging apps and chat groups which also

<b>their impact on patients</b>		of messaging apps.	chat groups.	and patients including information sharing when required.		enables seamless patient care.
		To be aware of not posting patient sensitive information.	Standardised quality information for patients on keeping safe online.			Primary mental health prevention strategy to improve online safety with regard to mental health impact.
		To be aware of value and pitfalls of social media and messaging apps as a professional and for our patients.				
<b>Digital discussion &amp; education</b>	IPOE	Ability to discuss and reflect about patients under your care with relevant data sets.	Reflective spaces on use of digital to improve healthcare outcomes.	Collaborative forums on digital success stories across the locality including shared learning.	Digital strategy for trust Regular facilitated teaching and discussions about data and digital within academic programme.	System wide digital strategy with facilitated collaborations between healthcare and social organisations. National CCIO forums and collaboration sites e.g. NHS Futures National webinars e.g. Dean Grand Rounds.
		Senior doctors able to facilitate digital themed workplace-based assessments.				
		Able to lead discussions around use of data and digital in supervision and peer groups.				

# Where can Clinicians obtain data

## Your Trust

- Team Manager
- Business Manager

## Your borough

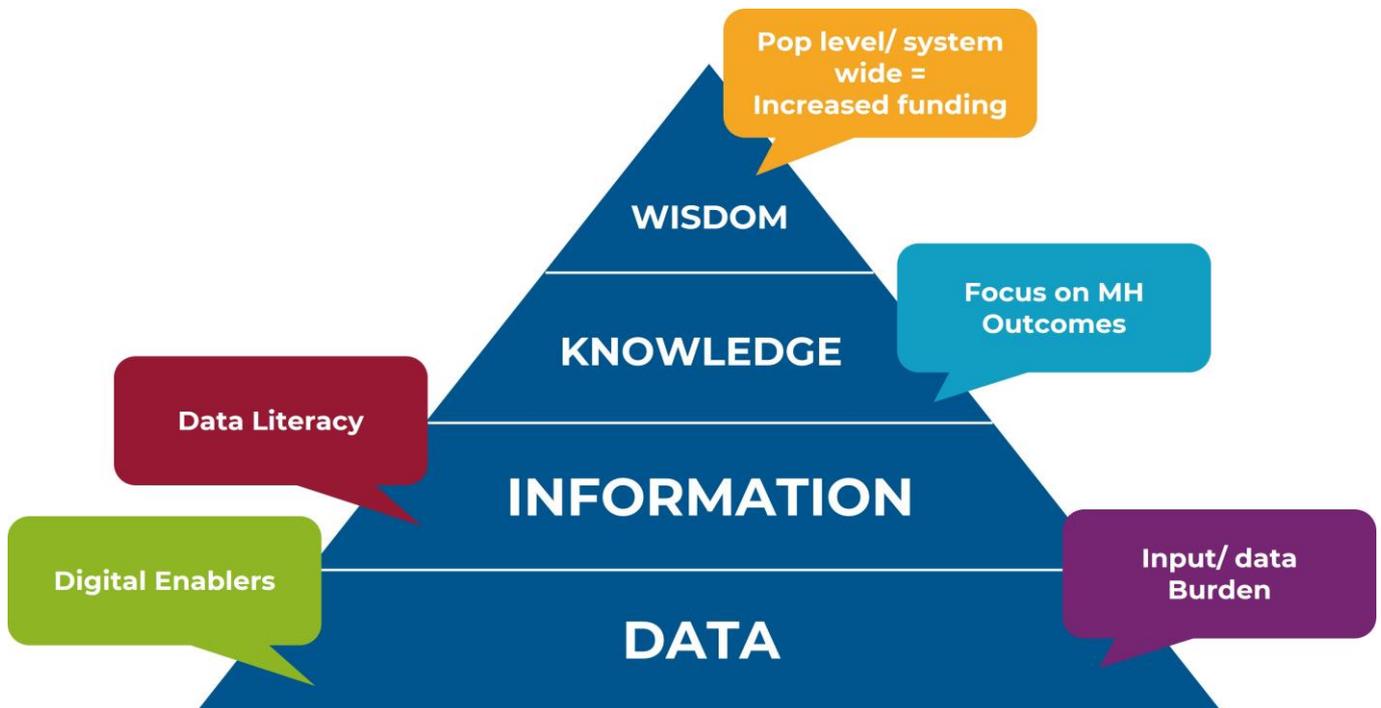
- Public Health – JSNA

## Regional

- London MH Dashboard – [www.healthylondon.org/dashboard](http://www.healthylondon.org/dashboard)

## National

- NHS Benchmarking Network
- PHE Fingertips
- CQC Area Profiles
- RCPsych Mental Health Watch



Data collected within healthcare should always be clinically meaningful.

Understanding and interpreting the data within the context of your local population can either health inequalities or unmet patient needs.

Using the available data with local clinical knowledge and potentially enabled by QI can ensure that services are tailored to the population you serve with the ultimate aim of improving patient care and outcomes.

# Acknowledgements

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<sup>1</sup>Tracy D, Gadelrab R, Rahim A, Pendlebury G, et al (2022a) Digital literacy in contemporary mental healthcare: online assessments and mobile health apps. BJPsych Advances [epub ahead of print] 7 Sep. Available from <https://doi.org/10.1192/bja.2022.60>.

<sup>1</sup> [Digital strategy for Wales | GOV.WALES](#)

<sup>1</sup> [NHS recovery plan - gov.scot \(www.gov.scot\)](#)

<sup>1</sup> [Digital Strategy - HSC Northern Ireland 2022 - 2030 | Department of Health \(health-ni.gov.uk\)](#)

<sup>1</sup> [NHS Long Term Plan » Chapter 5: Digitally-enabled care will go mainstream across the NHS](#)