



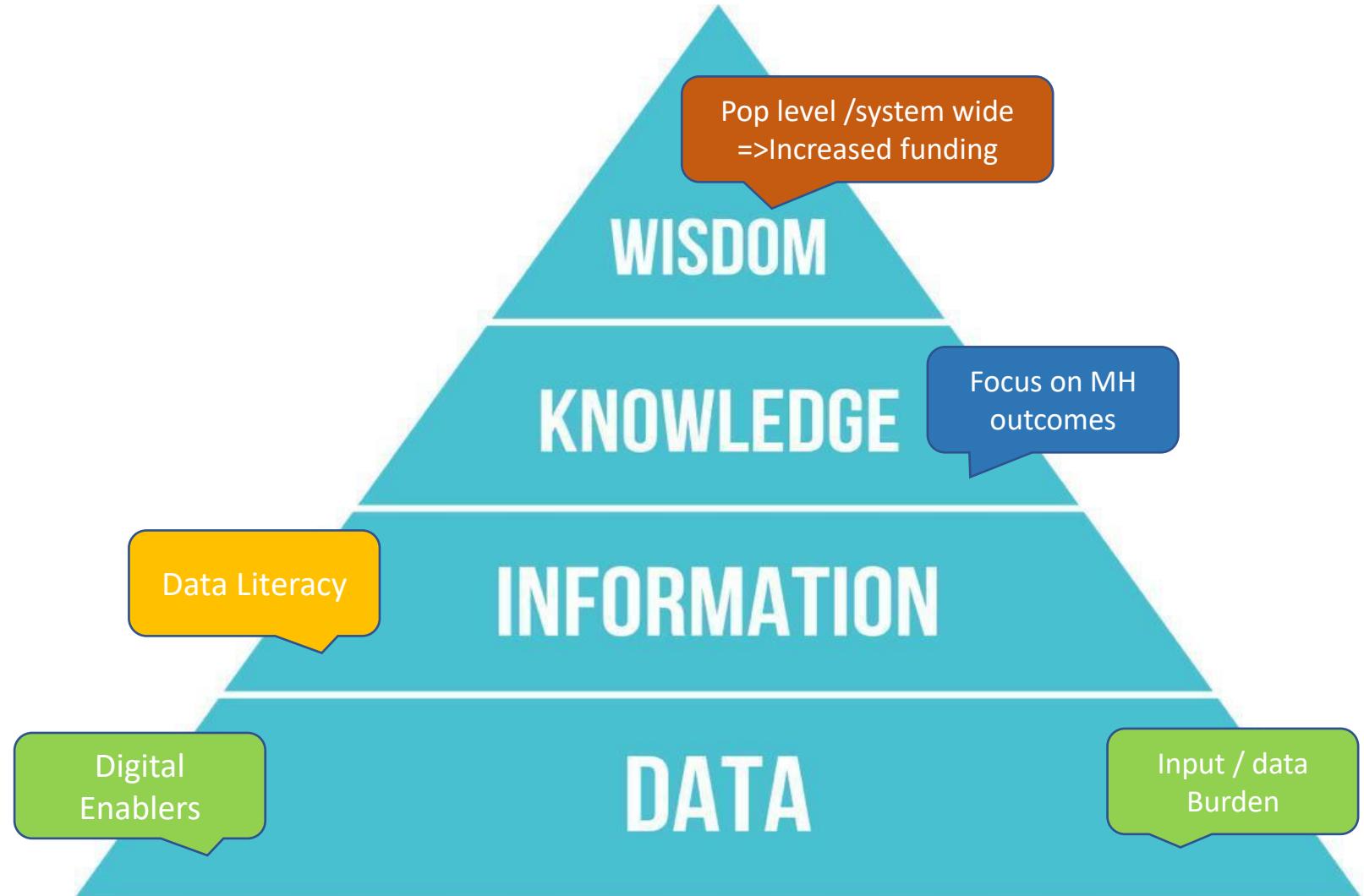
# RCPsych LMFS

## Clinical Informatics & Digital Leadership

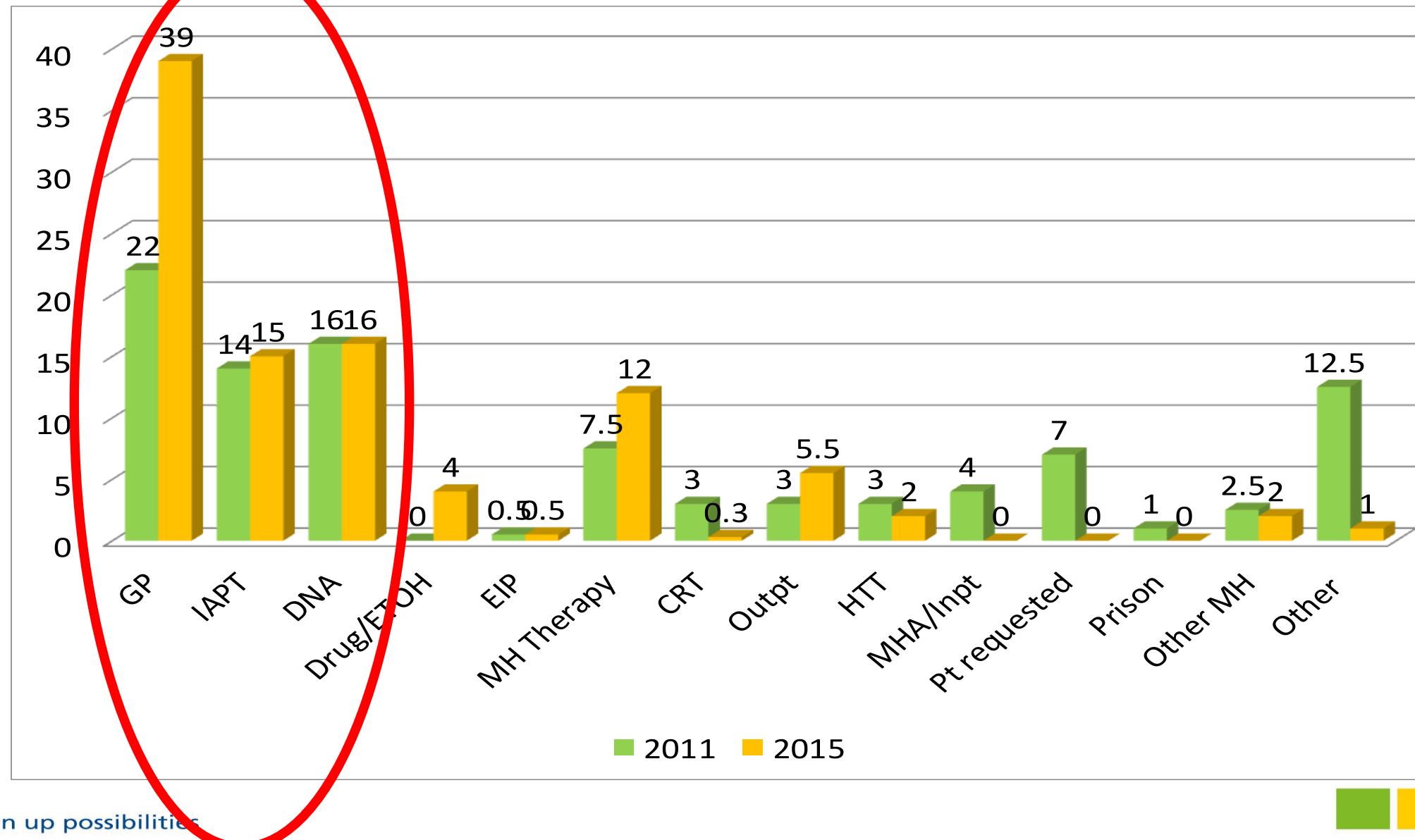
**Dr Ayesha Rahim + Dr Asif Bachlani**  
**10th Feb 2026**

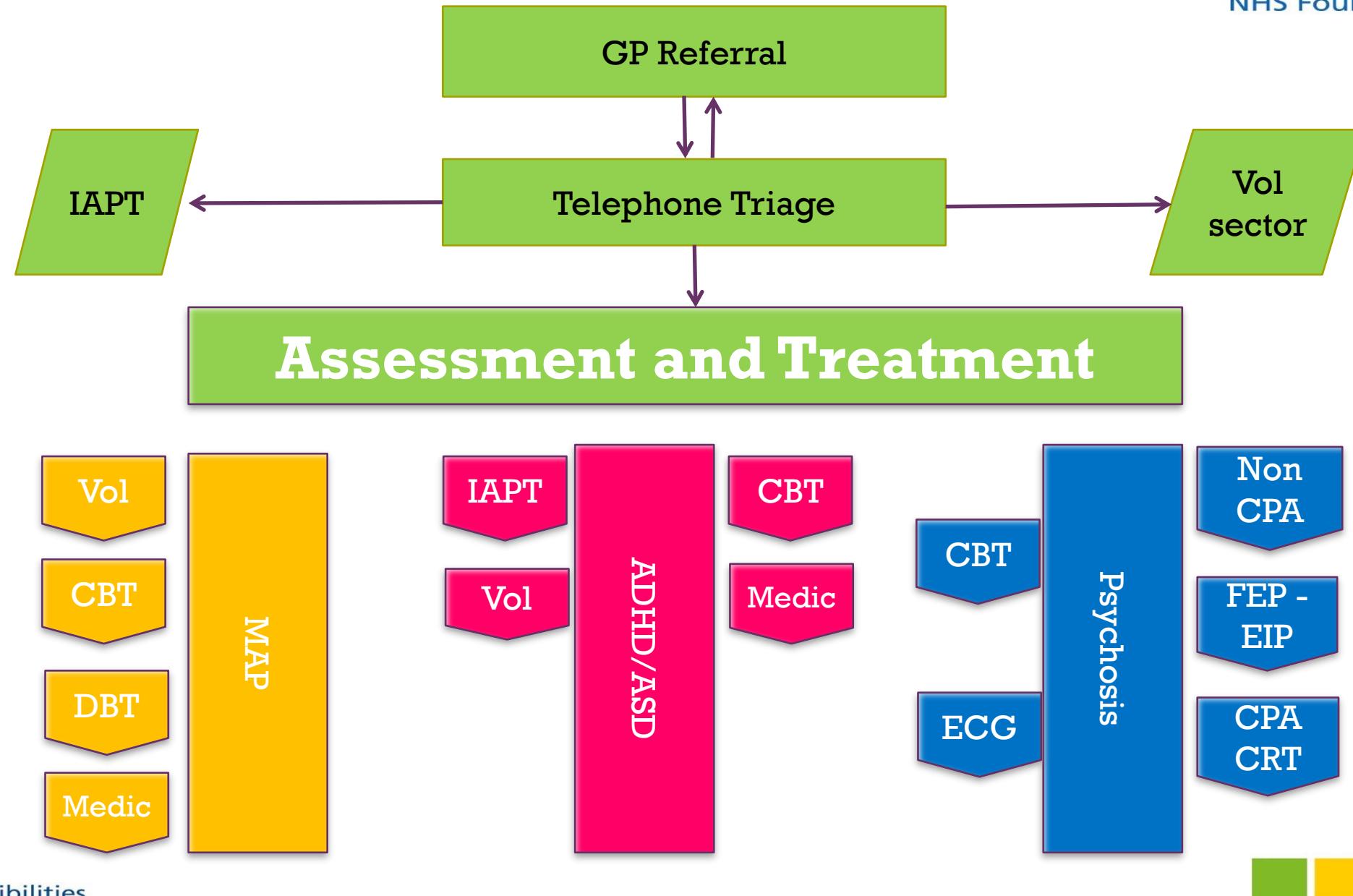
# **Do we even need to talk about data and digital as clinicians?**

# Data Triangle 2.0



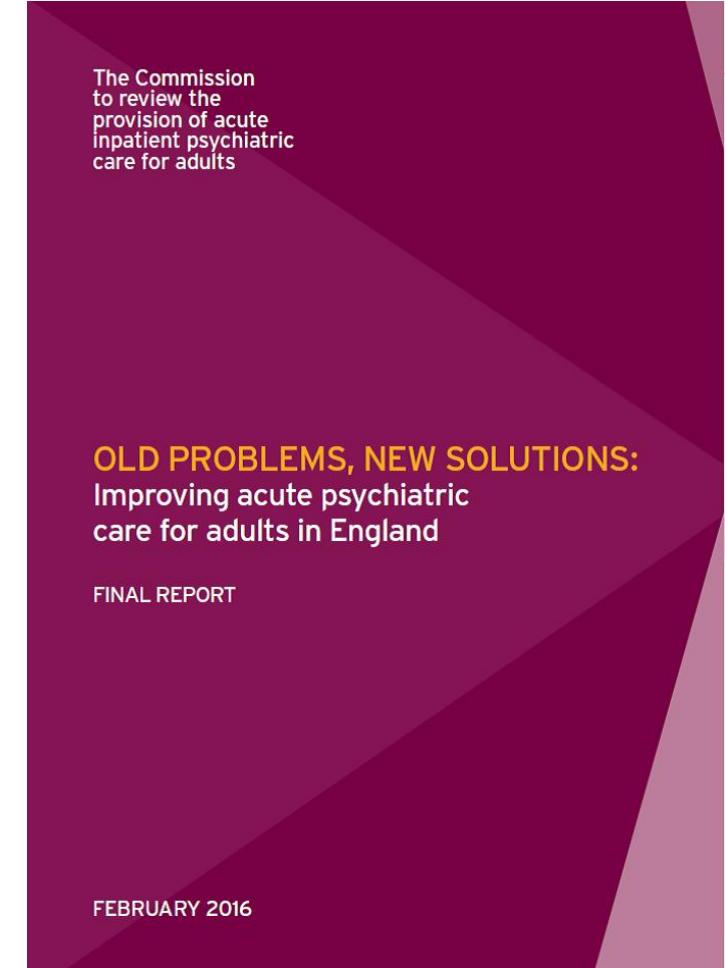
# Discharges from AABIT Teams





## NELFT

- Highest ratio of HTT : inpatient care in London
- Adult beds: 14.5 per 100k
- OPMH beds: 5 per 100k
- No OOA bed 2008 - 2016
- SPA - Access Assessment and Brief Intervention Teams



## Measures of Success & Quality Impact

During a Lab Test, two users both typed and dictated 5 pieces of text into Open RIO.

### User 1:

For every 100 Words that User 1 typed, 10 mistakes were made and took 2 minutes to create. This was at an accuracy level of 91% typing Accuracy.

For every 100 Words dictated using Fluency Direct that user spoke, Fluency Direct made 5 mistakes and took 2 minutes to create. This was at an accuracy level of 95% dictation accuracy.

### User 2:

For every 100 words that User 2 typed, 16 mistakes were made and took 6 minutes to create. This was at an accuracy level of 83% typing Accuracy.

For every 100 words dictated using Fluency direct that user spoke, Fluency Direct made 12 mistakes and took 4 minutes to create. This was at an accuracy level of 87% dictation accuracy.

Using the Minutes of Audio report from MModal, in July, South West London and St Georges used 2478 Minutes of Audio (41 Hours of time). Time saved by utilising Fluency Direct using the average of User 1 and User 2 is 3.5 hours per month. This is across 48 separate individuals each using it on average 51 minutes in a month.

See below clinicians results when using Fluency Direct.

1. Wandsworth SPA MDT – Inesa Sinkeviciute now spends 45 minutes to record patient that took 60 minutes to assess. This would have taken 150 minutes before.
2. Wandsworth CAMHS MDT – Debra McKay now spends 75 minutes to write assessment notes that took 90 minutes with face to face appointments and 25 minutes that took 40 minutes with telephone assessments.
3. Sutton Uplift Consultant – Robyn Thomas has less admin to type and more time to see patients and service improvements.
4. Wandsworth OP Consultant – Thomas Dixon is now able to complete letters during the allocated time appointments which was never possible before. This allows for a more accurate and inclusive summary of the assessment as it can occur immediately after seeing the patient.
5. Wandsworth OP MDT – John Coffey spends less time on administration and more time on visiting patient.
6. St Heller's Consultant – Jim Bolton – able to complete clinic letters after assessment instead of sending to admin to complete.
7. Wandsworth CAMHS – Clinical Psychologist – Emmanuel Stiels – work has become more enjoyable since the dictation system, it's great!

## Post-project review & follow-on actions

1. As part of the IT Digital strategy, one device being used for Fluency Direct, Skype and Softphone. This is now being scoped within the UC3 project.
2. Further rollout to commence across teams in the Trust.
3. Handover documents completed to GDE SRO.
4. Handover to BAU.
5. Benefits review scheduled for December 2019

# Data entry and burden

- Structured vs Unstructured Data
- Who records the data
- Admin vs Clinical Time: 30-70%
- Consultant Psychiatrist vs Consultant Cardiologist
- Use of Voice recognition technology

# Workflow to Enter Data Once

Admission  
Template

MDT  
Template

Discharge  
Summary



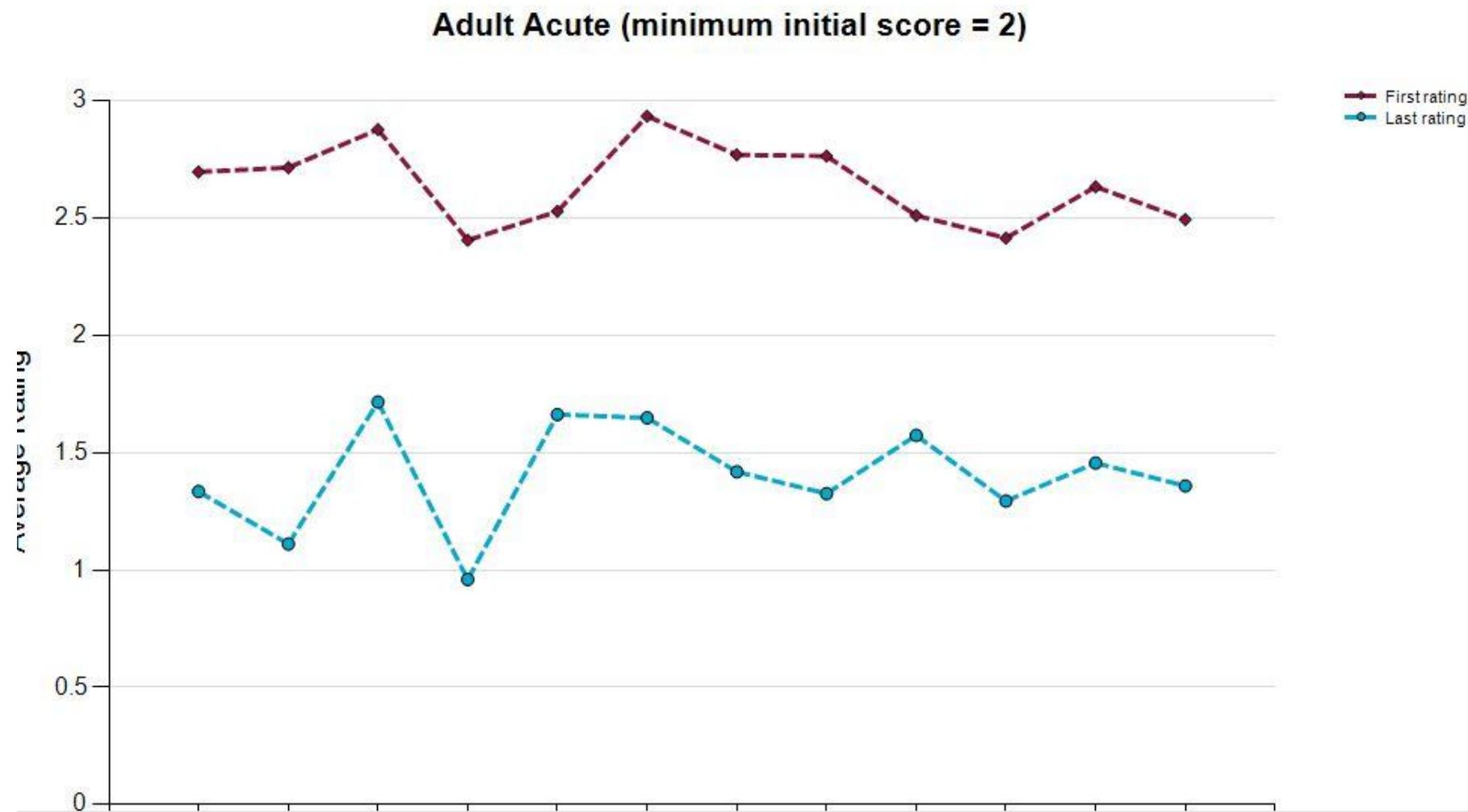
# Patient Outcomes

3 main types

- CROMS (clinician) – HoNOS  
<https://www.healthylondon.org/resource/outcome-measures/honos/honos-resources/>
- PROMS (patient) – DIALOG  
<https://www.healthylondon.org/resource/outcome-measures/dialog/>
- PREMS (experience) – Friends and Family

# Clinical outcomes feedback loop

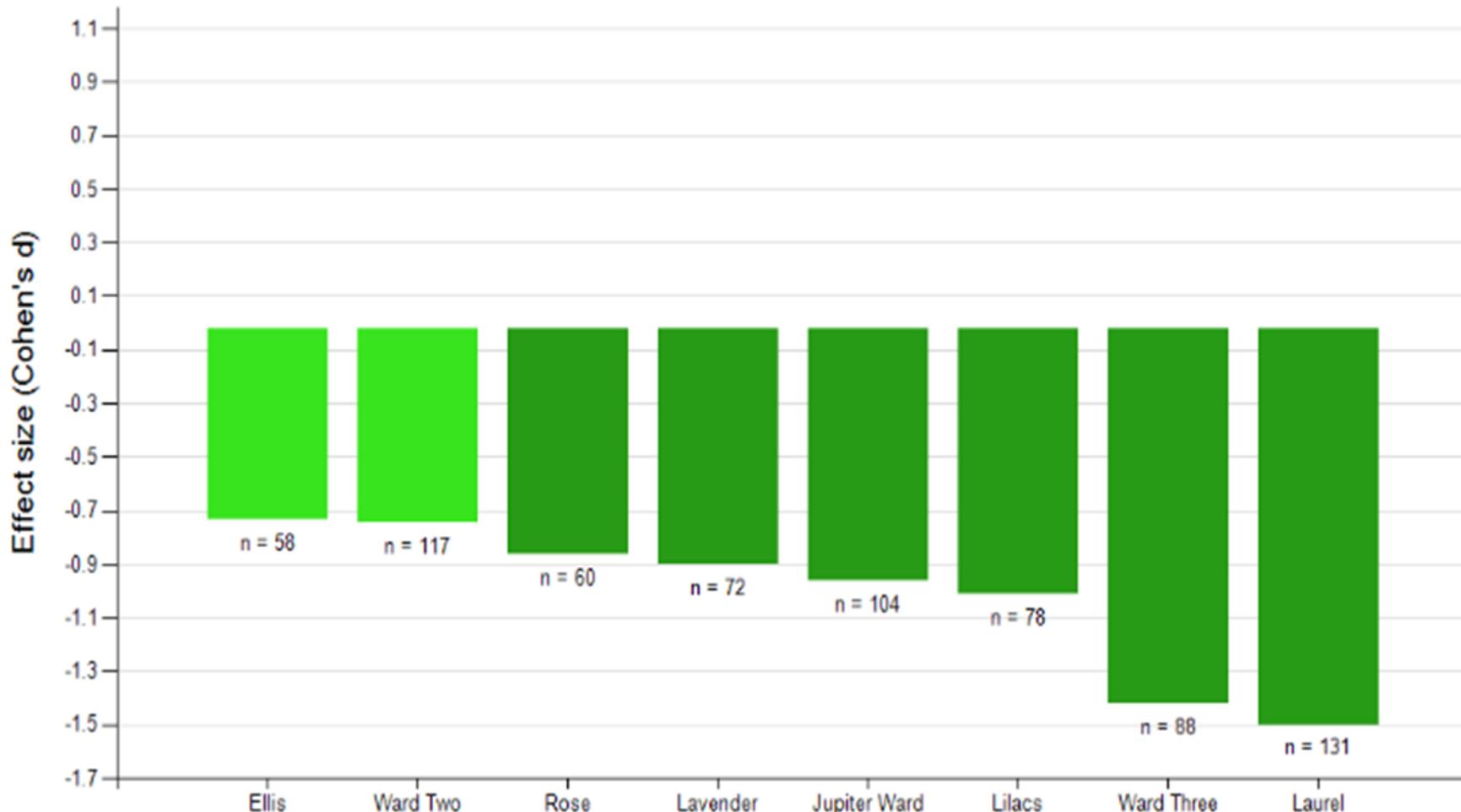
- Does treatment by inpatient teams improve patients symptoms?

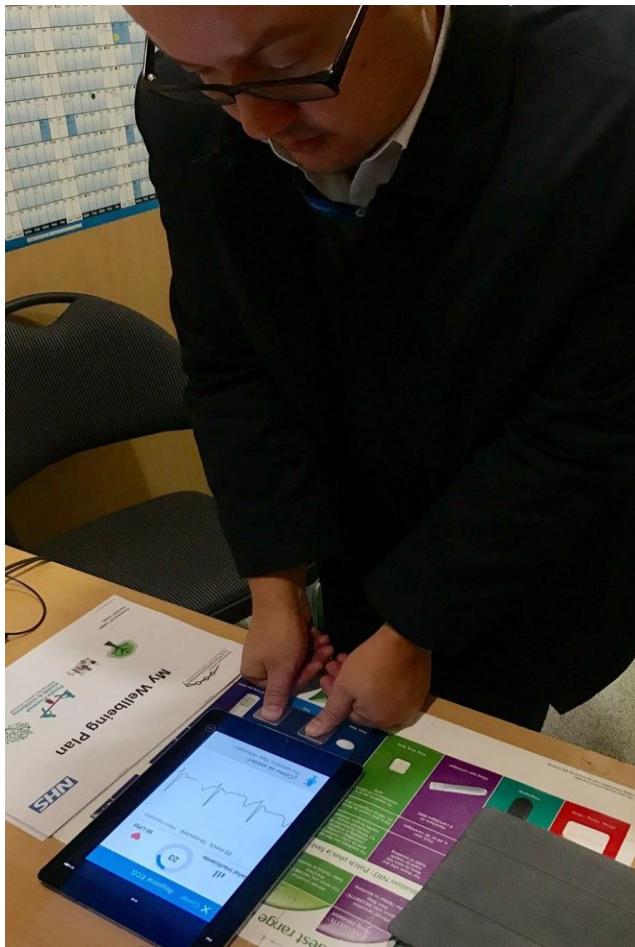


# Clinical outcomes feedback loop

## ■ Inpatient ward – Treating psychosis – Jan 19

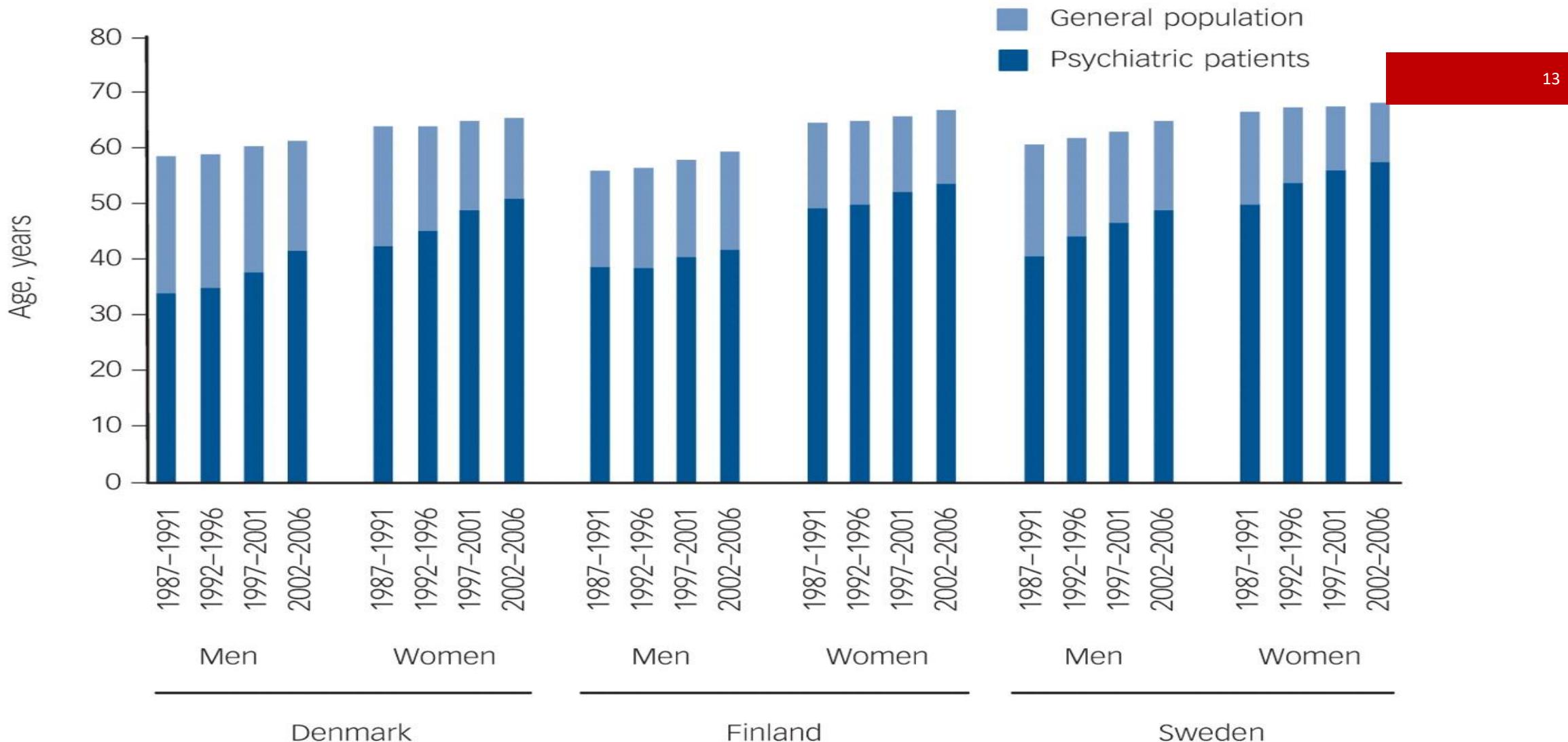
Effect size within Adult Acute for 6: Problems associated with hallucinations and delusions (minimum initial score = 2)





## PHCP Care Pathway for Physical Health Checks

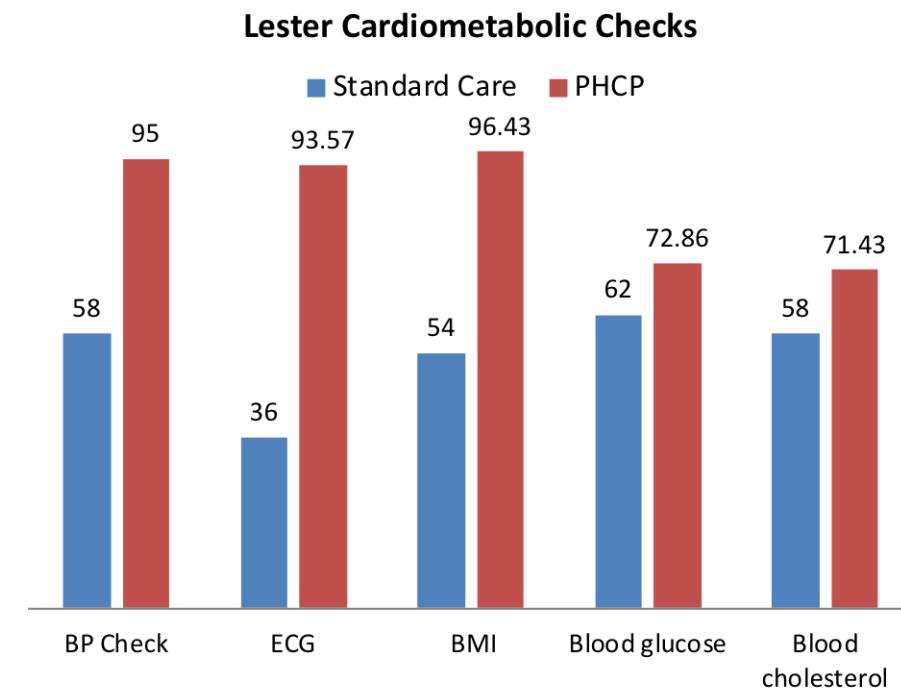




# Project outcomes

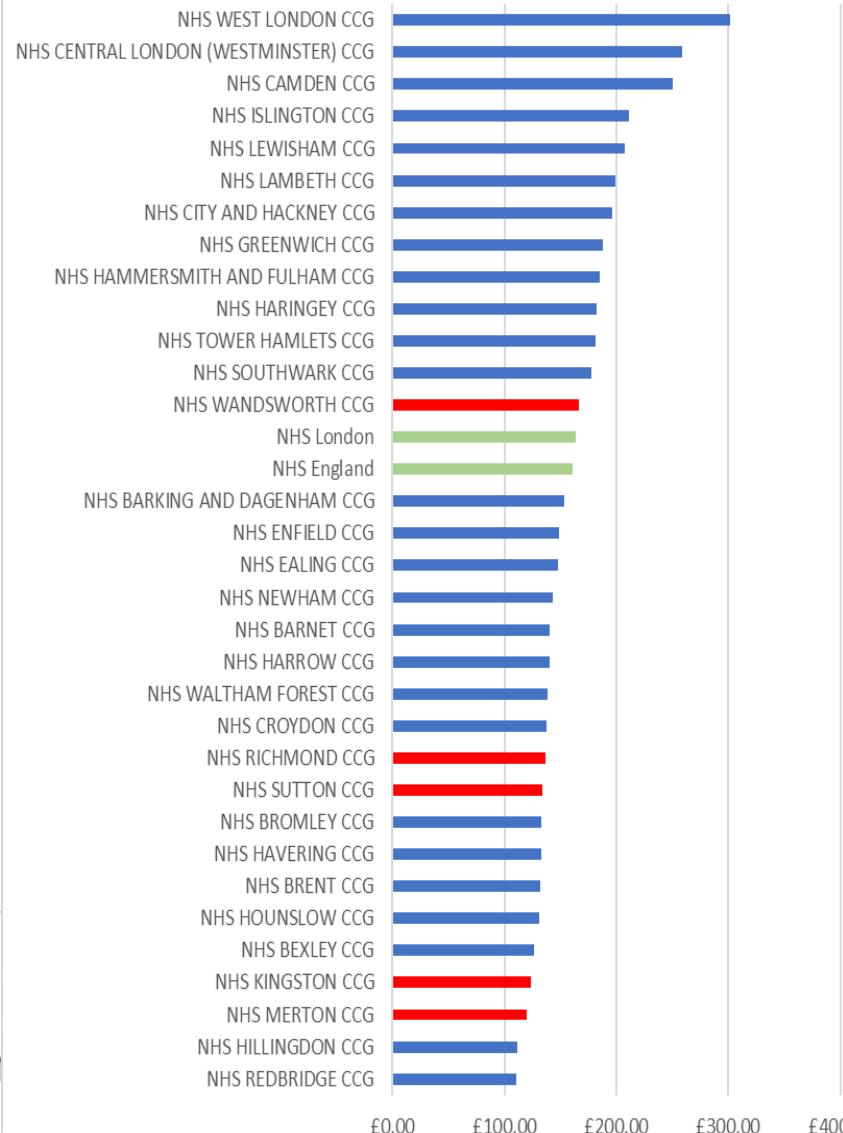
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- 180 offered health check & 140 attended. = 78% completion
- 70% of attendees had all 5 Lester cardiometabolic risk factors monitored c/f 36% using standard models.
- 40% of total population within Barking and Dagenham who were eligible and requiring a health check (350 patients).

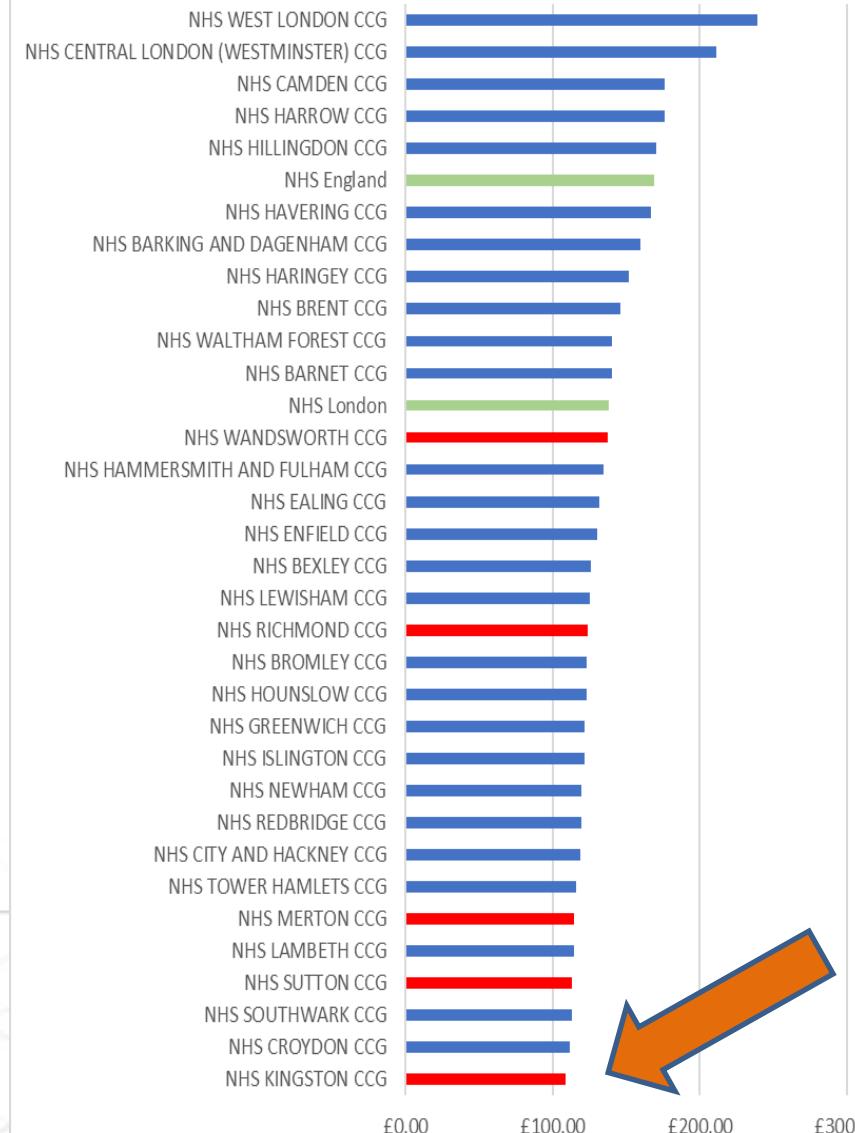


Data Source – NHS London/London dashboard

London CCG's spend per registered population (£)



London CCG's spend per weighted population (£)



k 2014

# Inpatient Bed Days – Cluster 8

## 2016/17

Nationally inpatient bed utilisation for Severe PD was up from 5.9% to 6.4%

**Cluster 8 bed days: SWLSTG>Oxleas > SLAM**

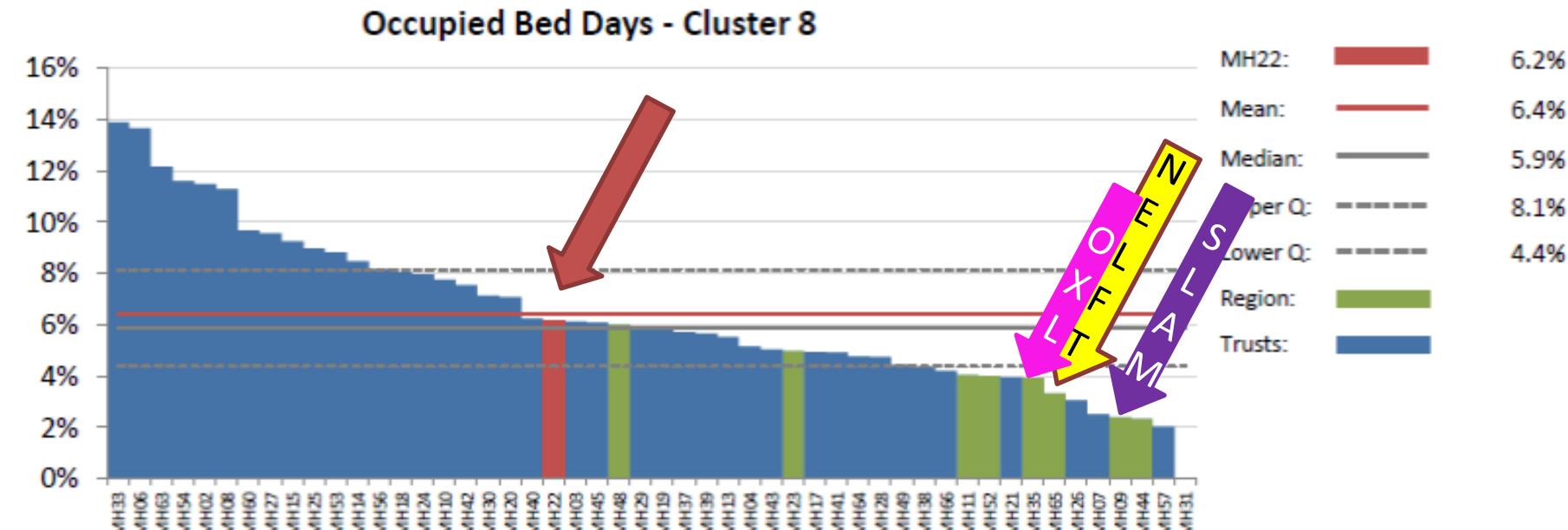


Figure 47



# KPD Care Pathway July 2019

