

HIV resource monitoring system / Hammersmith and Fulham Information Technology Services].

Contributors

Hammersmith and Fulham (London, England). Information Technology Services.

Publication/Creation

[Hammersmith, London] : [Hammersmith and Fulham Information Technology Services], [1991]

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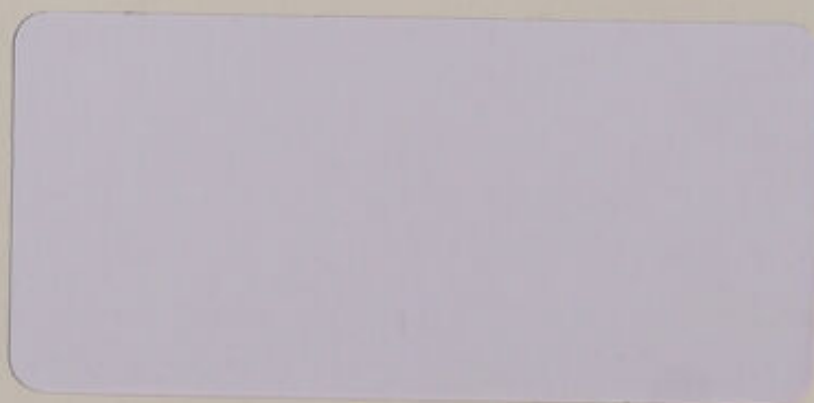
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**Hammersmith
& Fulham**

Serving our Community

HIV
RESOURCE
MONITORING
SYSTEM



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Introduction to HIV Resource Monitoring System

"GONIT"

Background

The HIV Resource Monitoring System is a computer system to monitor the actual expenditure on providing a service to HIV clients. The system provides a series of databases which can be created and updated online. The system does all the calculations automatically and has a facility to produce reports for management information.

There are databases to hold:

1. Client Codes
2. Basic Client Details
3. Service Codes
4. Timesheet Details

Before the HIV Monitoring System can be used, the codes that relate to client and services needs to be set up.

The 'How' and 'Why' Of Monitoring

The system allows for all work, whether it be direct home care or time spent in group sessions, to be recorded. The definitions of the type of work done and the cost per hour of this work is in the control of the user of the system. Codes have been set-up for clients and work-types. Client details can be added. The result of this monitoring is an accurate reflection of the time spent and therefore the resources needed to provide the service.

For a service that requires "proof" in order to obtain or increase it's grant then the system is invaluable.

Confidentiality

No names or addresses are recorded in the system. Clients have a code and the cross-referenced code to the person is manually kept secure by the HIV team.

HIV
RESOURCE
MONITORING
SYSTEM

Password Security

Password security ensures that only authorised personnel have access to the system.

Conclusion

The system is designed to be used by staff with no prior knowledge of computers. The screen guide the user easily through the system, and error routine ensures that mistakes in keying are identified at the time of input.

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Introduction to HIV Resource Monitoring System

"MONIT"

Report From Workshops Held At The HIV/MONIT Day 14/6/1991

Background

The HIV Resource Monitoring System is a computer system to monitor the actual expenditure on providing a service to HIV clients. The system provides a series of databases which can be created and updated online. The system does all the calculations automatically and has a facility to produce reports for management information.

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4. Timesheet Details

Before the HIV Monitoring System can be used, the codes that relate to client and services needs to be set up.

The 'How' and 'Why' Of Monitoring

The system allows for all work, whether it be direct home care or time spent in group meetings, to be recorded. The definitions of the type of work done and the cost per hour of this work is in the control of the user of the system. Once codes have been set-up for clients and work-types then timesheet entries can be made. The result of this monitoring is an accurate reflection of the time spent and therefore the resources needed to provide the service.

For a service that requires 'proof' in order to obtain or increase it's grant then the system is invaluable.

Confidentiality

No names or addresses are used on the system. Clients have a code and the cross-referencing of that code to the person is manually kept secure by the HIV team.

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Password security ensures that only authorised personnel have access to the system.

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The system is designed to be used by staff with no prior knowledge of computers. The screens guide the user easily through the system, and error routine ensures that mistake in keying are identified at the time of input.

Introduction to HIV Monitoring System

Background

The HIV Resource Monitoring System is a computer system to monitor the actual expenditure on providing a service to HIV clients. The system provides a series of databases which can be created and updated online. The system does all the calculations automatically and has a facility to produce reports for management information.

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1. Client Codes
2. Basic Client Details
3. Service Codes
4. Treatment Details

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Password Security

Password security ensures that only authorized personnel have access to the system.

Operation

The system is designed to be used by staff with no prior knowledge of computers. The system guides the user easily through the system, and error routine ensures that mistakes in keying are identified at the time of input.

London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 1 : Monitoring And Planning
FACILITATED: N Manning, Head Of Strategic Planning

'MONIT' LAUNCH - PLANNING WORKSHOP

'MONIT' LAUNCH - MANAGEMENT WORKSHOP

Key Issues

1. Planning has to begin somewhere - there is a need for some informed assumptions about the current level of need against which service monitoring information can be compared.

2. Monitoring information about service usage must be tested against predicted level of need.

3. Quantitative monitoring information is crucial - but must be set alongside more impressionistic information about consumers' experience of using or requesting services.

4. Organisations will seek to make decisions about service planning on the basis of complex internal and political pressures. If monitoring information is to be used to assist in planning, there is a very strong need to develop clear and well-supported planning structures which can withstand the pressures for idiosyncratic and short-term decision making.

Social Services can also use the global information about resources to see if the best use of time is being made.

Quite simply the system gives control so 'what's being done' can be ascertained.

The workshop didn't fully discuss its final topic. Key issues were: how is the information used? how could it be used? and also who has access to the information?

WORKSHOP 1: Monitoring and Planning
Facilitator: M. Haining, Head of Strategic Planning

'SHORT' LANCER - PLANNING WORKSHOP

New Lancer

1. Planning has to begin somewhere - there is a need for some informed assumptions about the current level of need against which service monitoring information can be compared.
2. Monitoring information about service usage must be tested against predicted level of need.
3. Quantitative monitoring information is essential - but must be not alongside more impressionistic information about community's experience of using or requesting services.
4. Organisations will need to make decisions about service planning on the basis of complex internal and political pressures. If monitoring information is to be used to assist in planning, there is a very strong need to develop clear and well-supported planning strategies which can withstand the pressures for idiosyncratic and short-term decision making.

London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 2 : The Management Of Monitoring
FACILITATOR: John Maggs, Community Social Work Manager

Practice Group

'MONIT' LAUNCH - MANAGEMENT WORKSHOP

Four main areas were covered:

1. Need for monitoring

Due to the pressures of the "care in the community" legislation then social services will have to prove need to obtain a grant.

This is a change in culture that is not necessarily unique to Social Services. For example: Voluntary Organisation and USA groups work in this way where resource levels are tied to monitoring.

2. Confidentiality

Can the confidential codes used by the health services be standardised with Social Services. This is important as there may well be a need for joint planning.

How can you monitor those who refuse to give consent. At the moment MONIT measures resource against a general client.

3. Converting Information into Practice

Monitoring forms can be used as an aid to supervision.

Social Services together with the client can look to see if the needs are best being served by the resource levels.

Social Services can also use the global information about resources to see if the best use of time is being made.

Quite simply the system gives control so 'what's being done' can be ascertained.

4. Human Rights Issues

The workshop didn't fully discuss its final topic. Key issues here are; how is the information used and how could it be used? and also who has access to the information?

WORKSHOP 2: The Management of Monitoring
FACILITATOR: John Woddy, Community Social Work Manager

WORKSHOP 2: MONITORING WORKSHOPS

Your main areas were covered:

1. Need for monitoring

Due to the pressures of the state in the community,
legislation then social services will have to prove need to
obtain a grant.

This is a change in culture that is not necessarily unique to
social services. For example: voluntary organisations and
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monitoring.

2. Confidentiality

Can the confidential codes used by the health services be
standardised with social services. This is important as
there may well be a need for joint planning.

How can you monitor those who refuse to give consent. At the
moment HMT monitors resources against a general client.

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Monitoring forms can be used as an aid to supervision.
Social services together with the client can look to see if
the needs are being met by the resource levels.

Social services can also use the global information about
resources to see if the best use of time is being made.

Quite simply the system gives control to what's being done.
Can be sustained.

4. Human Rights Issues

The workshop didn't fully discuss the final topic. Day
issues here are: how is the information used and how could it
be used? and also who has access to the information?

London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 3 : Care And Monitoring In Practice
FACILITATOR: Ann Marshall, Senior Social Worker

Practice Group

This group's aims were to look at the practicalities of monitoring, including client confidentiality. The discussion drew together six main areas which needed to be addressed in order for the monitoring to be successful.

- 1) Client confidentiality. It was felt there needed to be a strict policy of confidentiality upheld by all workers to ensure that the client's details would not be disclosed.
- 2) Clients needed to be given clear information about the purpose of monitoring, who it was for, why, how information is collected, harder to make an informed decision whether or not to be part of the monitoring system.
- 3) Recording of diagnosis was discussed. Again information about who gets access to such information needed to be given to the client before they could make their decision as to whether or not to allow recording of diagnosis on case papers.
- 4) The Group discussed the security of the register. It was acknowledged that it needed to be one person's responsibility to ensure that it was securely locked away separately from case papers. This prevented the possibility of linking names, papers and diagnosis.
- 5) Collection of monitoring forms. Different ideas were discussed for each organisation represented. Having one person responsible appeared to be the most successful system for large organisations. It was acknowledged that, without the collection of the information, the system would not be able to produce accurate statistics.
- 6) The group felt that there needed to be management support for the system if monitoring was to be successful.

WORKSHOP 3: Case and Monitoring in Practice
FACILITATOR: Ann Marshall, Senior Social Worker

Practice Group

This group's aims were to look at the practicalities of monitoring, including client confidentiality. The discussion drew together six main areas which needed to be addressed in order for the monitoring to be successful.

1) Client confidentiality. It was felt there needed to be a strict policy of confidentiality upheld by all workers to ensure that the client's details would not be disclosed.

2) Clients needed to be given clear information about the purpose of monitoring, who it was for, why, how information is collected, how to make an informed decision whether or not to be part of the monitoring system.

3) Recording of diagnosis was discussed. Again information about who gets access to such information needed to be given to the clients before they could make their decision as to whether or not to allow recording of diagnosis on case papers.

4) The Group discussed the security of the register. It was acknowledged that it needed to be as secure as reasonably possible to ensure that it was not easily looked away, especially from case papers. This presented the possibility of listing names, papers and diagnosis.

5) Collection of monitoring forms. Different ideas were discussed for each organisation represented. Having one person responsible appeared to be the most successful system for large organisations. It was acknowledged that, without the collection of the information, the system would not be able to produce accurate statistics.

6) The group felt that there needed to be management support for the system if monitoring was to be successful.

London Borough of Hammersmith & Fulham
Report From Workshops Held At The HIV/MONIT Day 14/6/1991

WORKSHOP 4 : IT And Community Care
FACILITATOR: Linda Burkitt, Business Consultant

Client Reference number
Summary

1. HIV Clients and the Client Index (Confidentiality)

The main view was that HIV client details were needed on the Client Index for service delivery (e.g. Home Helps, Social Work, OTs), but that their HIV status would be subject to restricted access. This requires software which can implement security at field level.

It is a management issue for SSD to define the use of all information - for individual care workers and managers, and for statistics. The use of IT tends to rationalise what information is kept, and who needs to know.

At Camden all the services for HIV clients are organised into one separate section, and they are implementing a separate version of the Client Index for these clients.

2. Other topics

Kensington and Chelsea are linking all their systems to the Community Charge register, so that by entering an address, all the occupants can be retrieved. The K&C officers were at pains to point out that this did not mean that other departments could access Social Services data.

It was felt that Inspection and Registration could be a stand-alone system.

Complaints has been implemented in one authority as a stand-alone system, and in another as part of the client index, as another referral type, since a complaint would always relate to an individual. But security is needed to preserve the arms length principle.

3. National IT Initiatives for Community Care

- a) CIPFA/ADSS/Price Waterhouse:
 - Implementing Community Care
 - Information Strategy
 - Software Survey
 - Managing the Money

- b) DoH/Baker Tilly:
 - Assessment of Software to assist in the development and monitoring of Community Care Plans

WORKSHOP 4: IT AND COMMUNITY CARE
FACILITATOR: Diana Butler, Business Consultant

Summary

1. MIV Clients and the Client Index (Confidentiality)

The main view was that MIV client details were needed on the Client Index for service delivery (e.g. Home Help, Social Work, etc), but that MIV status would be subject to restricted access. This requires software which can implement security at field level.

It is a management issue for SSB to define the use of all information - for individual case workers and managers, and for statistics. The use of IT needs to be rationalised. Information is kept, and who needs to know.

At London all the services for MIV clients are organised into one separate section, and they are implementing a separate version of the Client Index for these clients.

2. Other topics

Registration and transfer are linked to their system to the Community Charge register, so that by entering an address, all the occupants can be retrieved. The MIV clients were at pains to point out that this did not mean that other departments could access Social Services data.

It was felt that Inspection and Registration could be a stand-alone system.

Complaints has been implemented in one authority as a stand-alone system, and in another as part of the Client Index, as another referral type, since a complaint would always relate to an individual. But security is needed to preserve the user's privacy.

3. National IT Initiatives for Community Care

a) CIP/ANBS/Action Workshop
Implementing Community Care
Information Strategy
Before Survey
Managing the Money

b) Don/Baker 7/11/91
Assessment of Software to assist in the development and monitoring of Community Care Plans

CLIENT REFERENCE FORM: Area Register

(For "unmonitored", discard top part, return lower.

First name(s)

Surname(s)

Address

Client Reference number: _____

Tear off lower part and return to HIV Unit.

For "unmonitored" tick final question only.)

CLIENT REFERENCE NUMBER: _____

Age

0-5

☐

5-16

☐

16-30

☐

30-45

☐

45-60

☐

over 60

☐

Status

HIV+/well

☐

HIV+/symptomatic

☐

diagnosed AIDS

☐

worried well

☐

Sex (please circle):

Male

Female

Ethnic identity:

White

Irish

Black/Caribbean

Black/African

Black/British

Black/Other

Chinese

Indian

Pakistani

Bangladeshi

Other: _____

Unknown

Client's first language (if other than English):

Does client have a disability?

Yes

No

Unknown

Name & position of person who requested reference number:

Date when referral was made to that person:

Does client have a Care Plan? (circle)

Yes

No

Unknown

Four weeks after completing this form, please send the client (unless he/she is under 16) a copy of the standard letter plus the questionnaire; mark the Client Ref. No. on the questionnaire and enclose a stamped addressed envelope with it.

"UNMONITORED": Please indicate (tick here)

if you were informed of a newly-referred individual affected by HIV whose details are not to be monitored.

if you were informed of a newly-referred individual affected by HIV whose details are not to be maintained.

For weeks after completing this form, please send the client (unless he/she is under 18) a copy of the standard letter plus the questionnaire; mark the Client Ref. No. on the questionnaire and enclose a stamped addressed envelope with it.

Does client have a copy filed (circle) Yes No Unknown

Date when referral was made to this person:

Name & position of person who requested reference number:

Does client have a disability? Yes No Unknown

Client's first language (if other than English):

Language(s): Other: Unknown

Black/White Black/Other Chinese Indian Pakistani

White Irish Black/Caribbean Black/African

Ethnic identity:

Sex (please circle): Male Female

Status

HIV+/Well HIV+/Symptomatic

Disseminated AIDS

Worried well

Age

0-5

6-15

16-25

26-35

36-45

46-55

☐
☐
☐
☐
☐
☐

Client Reference Number:
 For "unmaintained" tick (last question only).
 For off lower part and return to HIV Unit.

Client Reference Number:

Address:

Surname(s):

Client Reference Form: Also Register
 For "unmaintained", discard top part, return lower.
 First name(s):

NAME _____ JOB/POST _____ AREA/ESTABLISHMENT _____
(Social Worker, OT, Home Carer etc)

DIRECT WORK (INDIVIDUAL CLIENTS)

During the month of _____ I (Dom. Care: my staff) engaged in the following casework:
Client Reference Number(s)

Events/change of circumstances (e.g. registration as "PH" or "Blind/partially sighted",
change in health status, allocation of childminder/fosterparent, etc)

Assessment (Did client report harassment, esp. with regard to HIV status, sexuality or race?
If yes, please give very brief details - e.g. form of harassment, basis, etc.)

Accommodation (Did client indicate accommodation-related need/problem? Was he/she referred to
Housing Services Dept?)

DIRECT WORK (GROUPS, FAMILIES, COMMUNITY)

During the past month, I (Dom. Care: my staff) spent the following number of hours in direct
work with groups of clients, their families, the local community or other groups:

	General community development work
	Drop-in facility or advice surgery
	Supporting families/partners, friends
	Working with group(s) of clients

INDIRECT WORK

During the past month I spent the following numbers of hours engaged in indirect work:

	Training (giving or receiving)
	Planning, research, monitoring, consultation (i.e. with colleagues)
	Extra supervision / attending a support group or a conference
	Liaising with or otherwise resourcing a voluntary organisation

MONITORING

During the past month I was involved in direct HIV/AIDS-related work with persons whom I judged
practical or inappropriate to monitor formally within the (monitoring) system:

Number of individuals

Hours

05/06/1991

Job Title	Month	Year	Direct Code	Description	Quan- tity	Unit of Measure	Unit Rate	Total Cost
COMMUNITY WORKER	06	1990		COUNSELLING	3.50	HOUR(S)	7.70	26.95
	06	1990			4.00	HOUR(S)	7.70	30.80
	07	1990			12.00	HOUR(S)	8.42	101.04
	07	1990			10.00	HOUR(S)	8.42	84.20
							Total	242.99
HOME HELP	06	1990		CLEANING	2.50	HOUR(S)	4.62	11.55
	07	1990			20.00	HOUR(S)	5.02	100.40
	06	1990		SHOPPING	2.00	HOUR(S)	4.62	9.24
	07	1990			8.00	HOUR(S)	5.02	40.16
							Total	161.35
							Grand Total	404.34

05/06/1991

Job Title	Month	Year	Indirect Work Description	Quantity	Unit of Measure	Unit Rate	Total Cost
COMMUNITY WORKER	06	1990	ADMINISTRATION	2.00	HOUR(S)	7.70	15.40
	07	1990	COMMUNITY DEVELOPMENT WORK	5.00	HOUR(S)	8.42	42.10
						Total	57.50
						Grand Total	57.50

05/06/1991

Job Title	Month	Year	Group	Work Description	Quantity	Unit of Measure	Unit Rate	Total Cost
COMMUNITY WORKER	06	1990	ADVICE SURGERY		7.00	HOUR(S)	7.70	53.90
	07	1990	DROP-IN FACILITY		8.00	HOUR(S)	8.42	67.36
	06	1990	FAMILY COUNSELLING		2.50	HOUR(S)	7.70	19.25
							Total	140.51
							Grand Total	140.51

13/06/1991

Client Ref No.	Month Year	Direct Work Description	Quantity	Unit of Measure	Unit Rate	Total Cost
A0001	07	1990 CLEANING	2.00	HOUR(S)	5.02	10.04
	09	1990	2.00	HOUR(S)	5.02	10.04
	09	1990	5.00	HOUR(S)	5.02	25.10
				Total		45.18
A9999	08	1990 CLEANING	5.00	HOUR(S)	5.02	25.10
				Total		25.10
				Grand Total		70.28

HIV RESOURCE MONITORING SYSTEM

ORDER FORM - PRICES

Option 1

A combined package of hardware and software including a laser printer -

ICL PC M40 (80286 chip) with Colour Monitor,
Laser Printer, Smartwarell, and MONIT

System will be configured and delivered to you free of charge

Price - £7570

Option 2

A combined package of hardware and software including an Ink-jet printer - details as above, with Ink-jet rather than laser printer

Price - £8570

All hardware deliveries have a 30 day return to base guarantee

The prices quoted above are exclusive of VAT

Option 3

MONIT and Smartwarell software only - price £3900

If you already possess Smartwarell then a discount can be offered on this price

If you would like to order from the above options or would like further information on the system then please contact:

Paul Dooley
Information Technology Services
L.B. Hammersmith & Fulham
275-281 King Street
Hammersmith
London W6 9LZ
Tel: 081 846 9398

MY RESOURCE MONITORING SYSTEM

ORDER FORM - PRICES

Option 1

A complete package of hardware and software including a laser printer -

101, 60 MHz (60386 chip) with Colour Monitor,
Laser Printer, Emulator, and MGMT

System will be configured and delivered in your time of choice

Price - £1850

Option 2

A complete package of hardware and software including 80386-101
printer - details as above, with 101-101 rather than laser printer

Price - £850

All hardware deliveries have a 30 day return to base guarantee

The prices quoted above are exclusive of VAT

Option 3

MGMT and Emulator software only - price £350

If you already possess Emulators then a discount can be offered
on this price

If you would like to order from the above options at world wide
further information on the system then please contact:

Paul Dooly
Information Technology Services
L.B. Hammett & Partners
275-281 King Street
Hammett
London WC 2R 9LJ
Tel 001 546 0282



