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Announcement of methodological change to Monthly MHLDS Reports

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Summary

This paper describes changes to Monthly Mental Health and Learning Disability Statistics (MHLDS) Reports that will be necessary as a result of major changes to the data source for these statistics (MHLDDS - Mental Health and Learning Disabilities Data Set). These changes will be introduced when provisional data for January 2016 is published on 31 March 2016 from the new dataset (MHSDS – Mental Health Services Dataset). The name of the publication is being changed to Mental Health Services Monthly Statistics (MHSMS) from this date to reflect this change in data source.

Table 1: Schedule for introduction of monthly reports from the amended dataset

Month	Data source	Submission deadline	Publication date
October 2015 (Final) & November 2015 (Provisional)	MHLDDS	23/12/2015	20/01/2016
November 2015 (F) & December 2015 (P)	MHLDDS	15/01/2016*	24/02/2016
January 2016 (P)	MHSDS	22/02/2016	31/03/2016
January 2016 (F) & February 2016 (P)	MHSDS	23/03/2016	20/04/2016
February 2016 (F) & March 2016 (P)	MHSDS	24/04/2016	24/05/2016
March 2016 (F) & April 2016 (P)	MHSDS	23/05/2016	June 2016

*The submission window to make November (Refresh) & December (Primary) submissions in January has been reduced. Post deadline extracts will be made available at the beginning of February in line with the first MHSDS window commencing

This paper describes the changes to the data set and the impact of these changes on the established monthly reports, which have been produced on a comparable basis since April 2013. The paper also covers some changes being introduced as a result of our consultation with users of the reports[1] which took place in 2015 in anticipation of this change to the data set.

Because of the scope of the changes and the pace at which they are being introduced, some elements of the monthly publication will not be produced immediately. This paper gives details of what will change and when, with the aim of re-establishing the main elements of the existing monthly reports by the end of 2015/16 reporting year (ie when March 2015 final data is published in June 2016).

This will then provide a baseline from which further new information from the renamed Mental Health Services Dataset can be developed in 2016/17.

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[1] http://www.hscic.gov.uk/article/6545/Consultation-on-Adult-Mental-Health-Statistics

Background to the changes

The Mental Health and Learning Disabilities Data Set is a regular return of data generated by providers of Community and Mental Health services in the course of delivering these services to patients in England. The dataset was first mandated in April 2003 and is acknowledged as the national source of administrative data about NHS funded secondary mental health services for secondary uses. Submission of the dataset is a requirement of the NHS Contract for mental health services.

The dataset has gone through a number of version changes since April 2003 in response to changes to legislation, service models and payment mechanisms. The scope has also been expanded to include independent sector providers of NHS funded mental health services (from April 2010) learning disabilities services (September 2015) and now, with the current set of changes, mental health services for children and young people. The current changes, which include a change to the name of the dataset, were approved by Standardisation Committee for Care Information (SCCI) in July 2015 for implementation from 1 January 2016[2].

Changes to the dataset

The name of the dataset has been simplified - and standardised in line with other new clinical datasets for non-acute services - to Mental Health Services Data Set (MHSDS) and its scope now covers NHS funded secondary mental health and learning disabilities services for all ages (ie including children and young people's mental health services). The dataset now includes data to support of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), elements of the Learning Disabilities Census (LDC) and elements of the Assuring Transformation (AT) Information Standard.

The MHSDS is designed to be a patient level, output based, secondary uses dataset that will deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. As a secondary uses data set it intends to re-use clinical and operational data for purposes other than direct patient care.

The current changes to the dataset have been made in response to the need for new information to support the delivery of improved services to patients, including the vision to ensure mental and physical health services are given equal priority in terms of timely access to high quality services[3].

The introduction of waiting times for a number of defined pathways in mental health services has required a complete re-design of the structure of the dataset, although it still includes most of the same individual data items that were part of the MHLDDS. The dataset now has a more granular relational structure which will enable clinical events to be linked to individual referrals and support the monitoring of waiting times, the delivery of appropriate interventions and the outcomes for different patient pathways. The first pathways to be defined are those for patients with suspected first episode psychosis, eating disorders and perinatal mental health problems and we will publish some limited information to support this vision from the first month of MHSDS submissions, covering January 2016.

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[2] SCCI0011 Information Standard - http://www.hscic.gov.uk/isce/publication/SCCI0011
[3] https://www.england.nhs.uk/mentalhealth/adults/

The other significant improvement and area of change to the dataset is the way Clinical Terminology is included. The dataset now encourages the use of SNOMED for recording the majority of clinical events – such as assessments and interventions. Whilst the dataset allows other standards for clinical terminology to be used (eg ICD10 for diagnoses) the dataset has been redesigned to support the National Information Board's statement that the entire health system should adopt SNOMED CT by April 2020[4]. These changes will also enable new codes relating to clinical events to flow, without the requirement for issuing a new version of the dataset.

The impact of these changes on the existing reports is minimal because use of clinical coding is limited to data quality checks in the current set of reports. However the changes will support much more useful monitoring of the care delivered to patients and their outcomes in future. Further key messages and technical information about these changes can be found on our MHSDS webpage:

http://www.hscic.gov.uk/mhsds

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[4] https://www.gov.uk/government/publications/personalised-health-and-care-2020

Reasons for changes to the monthly reports

Our monthly reports are routinely used by hundreds of people in the NHS and we will continue to meet these users' needs by providing directly comparable information to support the existing time series where we can. However, the new version of the dataset requires some changes to the way in which we produce our standard measures and in some cases these mean that we can no longer provide directly comparable information.

More detail about changes to individual products in our release is provided in the next section, but these changes can be categorised under the following themes:

Changes to the scope of services covered

The expansion in scope to cover mental health services for children and young people means that our basic reports on activity and caseload (eg admissions, contacts, number of people in contact with services) will now cover a larger group of patients and like for like comparisons with previously published figures will not be valid.

However, since one of the main current uses of the monthly reports is to provide basic reconciliation counts to support conversations between providers and commissioners, basic counts of activity across the extended scope of services remain relevant and valid.

In order to maintain a time series for some established indicators (eg number of people on CPA with review in last 12 months) the method for some existing measures will be amended to limit the scope to patients in adult mental health services. Our changes therefore include maintaining some measures as counts across the scope of the whole dataset, whilst introducing what are effectively additional measures, limited to adult mental health services where possible, to preserve existing time series and the needs of existing users of the Monthly MHLDS Reports.

Our consultation showed that there is a requirement for further service level breakdowns of adult mental health services and this requirement will inform the development of new analysis to support policy developments

We will also introduce breakdowns for adult mental health services (MH), children's and young people's mental health services (CAMHS) and learning disability services (LD) for some key measures, such as open referrals. This will provide a reference point for the development of future separate reports for these areas, possibly released through separate publications.

Structural changes to the dataset

The structure of the dataset is changing from a person centred dataset where all activities are attached to the patient record to a more granular referral centred model, where activities are linked to an individual patient referral. This fundamental change to the dataset has been introduced to support the monitoring of access, waits and outcomes for patients on different care pathways. It also brings the structure of the dataset in line with that of other clinical datasets.

The previous version of the dataset incorporated the concept of a Mental Health Care Spell linking all activities within a provider for a patient from initial referral into the provider's adult mental health services until discharge from those services. A centrally derived Care Spell

identifier supported reliable counts of distinct individuals and this measure has been the basic unit for the majority of 'open caseload' measures in the existing monthly file.

The requirement for more granular referral level information means the Mental Health Care Spell will no longer be derived or used as a unit of measurement and all our established measures that count Care Spells need to be redefined based on the new relationships within the MHSDS data model.

Within our monthly reports this means that some open caseload measures will be counts of individuals and some will be counts of open referrals (or of open episodes linked to a referral). In some, but not all cases, this means that the MHSDS measure will not be directly comparable with the equivalent MHLDDS measure. In some cases the old measure will be retired and redefined as a new measure.

The change will bring great benefits to future reporting where more useful analysis at service level to support benchmarking will be possible. Further work will be required to define sensible groupings for such analysis and this is a theme picked up in the discussion of individual products in the current reports. Our first report on Access and Waiting Times for suspected first episode psychosis provides one such example, where a pathway has been defined and future reports (eg admissions or re-admissions) could be presented for patients on this pathway. The data model for MHSDS can be found on the MHSDS web page:

http://www.hscic.gov.uk/mhsds

Changes to the timeliness of reports

In response to feedback that users wanted more timely data we plan to introduce more reporting on provisional data, which is submitted in the month following the reporting period (for example, data about April activity, submitted in May and published in June). These will be published as Experimental Statistics. At present our monthly report is based on final data, (refresh data about April activity, submitted in June and published in July), with only limited reporting on data quality on the provisional data.

In 2016/17 we will start to issue a fuller set of reports on provisional data each month. In anticipation of that, we will publish a short report on waiting times for suspected first episode psychosis, alongside the data quality reports, when we publish January 2016 provisional data on 31 March 2016. Our aim is to produce monthly data files from provisional and final data starting with publication for April 2016 as shown in Table 1.

The needs of commissioners

Our existing commissioner level reports are presented by CCG derived from the patient's GP (in the first instance) or by CCG of residence. Feedback from users suggests that as this is not always the organisation that commissioned the activity and that it would be more useful to report by the recorded Organisation of Commissioner, whatever type of organisation that is.

However, changes to the dataset include introducing the opportunity to record commissioner against individual referrals or elements of activity. This provides more accurate information and will support the production of extracts for commissioners that only include the information that they need to receive. However it makes presenting analysis by commissioner more complex because there could be multiple commissioners responsible for a patient's care within the reporting period.

Details of changes to products within the monthly reports

Approach to implementing reporting from MHSDS

In order to minimise the impact on users we plan to publish some information in March 2016 on the first submission of MHSDS data for January 2016. In April 2016 we will publish the first report on January final data, including most elements of the current Monthly MHLDS Reports release.

However, it has taken three years to create the range of products that currently make up our monthly release and it will not be possible re-create all of these from the new dataset within these timescales. This is partly because the effort required cannot be accommodated within small space of time from receipt of the submissions to planned publication dates, but we have been working with key stakeholders to define priorities.

But the scale of the changes to the dataset also means that we may need to take time to build and refine some of the more complex measures. For this reason not all the measures in our current release will be included in the first releases of the Mental Health Services Monthly Statistics. We will also release the reports as experimental statistics until the characteristics of data flowed using the new data standard are understood.

The first publications from MHSDS covering the period January to March 2016 will include the following changes to existing products in the release.

Executive summary

Some new headline figures covering the full scope of services covered by the dataset will be included in the executive summary, including a small number broken down by service area (MH, CAMHS, LD as described above).

Time series figures for existing adult mental health measures will be included, although it will not be possible to produce all of these in March. Further details are provided in the Appendix, including an indication of where new measures are likely to be directly comparable to measures in the current Monthly MHLDS Report.

Monthly data file

New analytical methods will need to be developed to produce all the measures in this file because of the changes to the structure of the dataset. Because a few measures require some historical data which will not be available in the new dataset format, these will not be included in the first publications. Further work will also be required to understand whether some existing measures, such as readmissions, should apply across the scope of the full dataset, or be restricted to individual service areas. The timing for re-introducing such measures will depend on our refining the requirement so that it provides the information required by stakeholders.

Our initial publications will be presented by provider and CCG (derived from GP practice, in the first instance), but we plan to introduce reporting by recorded commissioner in 2016/17 once the challenges presented by the changes to the way commissioner is being recorded

have been investigated. Reporting by Local Authority of residence will not be included in our initial January to March reports.

Data quality reports

We will continue to produce reports on provisional and final monthly data focussing on individual elements of the dataset. A reduced set of existing data quality measures will be included in the initial reports for January to March, as outlined in the Appendix. We will introduce further measures, responding to features of the new dataset, once the data flow has been established and our new assurance processes are operational.

Currency and payment data file

Our initial Mental Health Services Monthly Reports will include the nine of the quality indicators recommended by Monitor in their 2014/15 mental health currencies and payment guidance[5]. Changes to the way that cluster tool assessments are recorded, and the start and end of the clusters to which patients are assigned, mean that new methods will be required for producing these same measures. We will aim to make these as transparent as possible so that providers, for example, can replicate the analysis from their own version of the data. We will produce them as soon as possible in the remaining months of 2015/16 (by March 2016 data published in June 2016 at the latest).

In response to users' feedback we do not plan to produce indicator *C1: Proportion of in scope patients assigned to a cluster* because it has not been possible to produce an acceptable national method for applying the concept of 'in scope' to our reports. Also, the expansion of the scope of services included in the MHSDS will make it impossible to produce a like for like measure, as the denominator population is changing.

We will also need to find out whether there are new information requirements emerging from the proposed changes to local payment rules covering mental health services in the NHS, published by Monitor and NHS England[6].

The other change is that the contextual measures that are currently part of the currency and payment file will not be recreated just yet, for the reasons outlined below.

The currency and payment data file we introduced in 2014/15 was designed to present the indicators recommended by Monitor as well as some preliminary measures to support future measurement of outcomes, as approved by the then Payment by Results Quality and Outcomes Group.

But the introduction of the mental health clusters for adult mental health services also presented, for the first time in the history of the MHMDS data flow, a useful way of grouping patients for benchmarking purposes. Prior to that point there was no way of breaking down our basic activity measures and indicators (eg proportion of patients subject to the Mental Health Act, discharges per 1,000 bed days) in a way that supported benchmarking between providers – comparisons between providers were of limited use because the case mix of the patients they treated could be so different and individual packages of care vary a lot. The clusters provided a way of grouping patients with similar needs and we took advantage of this to include a set of familiar activity measures and indicators broken down by individual

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[5] https://www.gov.uk/government/publications/mental-health-currencies-and-payment-guidance
[6] https://www.gov.uk/government/consultations/proposed-changes-to-local-payment-rules-covering-mental-health-services-in-the-nhs

cluster within the file. Our consultation showed these are used for benchmarking between providers.

However, the changes to the dataset to support the delivery of waiting times for mental health as outlined in the Five Year Forward View for the NHS[7] provide different opportunities for benchmarking, along specific pathways (eg first episode psychosis) or by service type or domain, using the new referral based structure of the dataset.

The expansion of the data set to cover children and young people's mental health services (and last year, learning disability services) also limits the usefulness of adult mental health care clusters as a means of grouping patients in the dataset for benchmarking purposes, because patients assigned to a cluster will represent a smaller proportion of the caseload than they did in April 2014 when the reports were introduced.

We hope to develop some consistent approaches to breaking down measures for benchmarking purposes informed by guidance and feedback as the new dataset becomes established.

Background Quality Statement and Metadata file

We will continue to provide clear and comprehensive information about the methods used in our analysis and the quality of the data to assist users in interpreting our reports. Our publication of provisional January data will include Data Quality Measures but more detailed background information will be presented once the quality of the data has been investigated.

New report on waiting times for first episode psychosis

The report on January provisional data will include experimental analysis and a short report on referrals for suspected first episode psychosis, to support the monitoring of waiting times. The scope of this report on adult mental health services will be expanded in 2016-17 and may form part of a separate release.

Further details of changes to existing measures can be found in the Appendix.

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[7] https://www.england.nhs.uk/ourwork/futurenhs/

Appendix

MHLDS Monthly Reports: Monthly data file

Current Monthly MHLDS Report measures		Equivalent proposed MHS monthly statistics measures				Planned first publication date	
Monthly measure reference number	Monthly data file	Proposed new reference number	MHSDS equivalent measure	Measure Notes	Comparability - Yes (or set includes comparable measure) / wider scope /slightly different measure	April (Jan final data)	Other
				End of month counts of people			
	Reporting levels	N/A	Reporting levels	Currently presented at National, Provider, CCG, CCG - Provider and LA level. Levels will be introduced over time, including some measures by service area breakdown (MH/CAMHS/LD) - those proposed for publication between April and June 2016 in this file are indicated below.		National, Provider, aiming to include CCG as well	Commissioner, LA and other geographical combinations to be added as soon as possible
mm01	People in contact with services at the end of the Reporting Period	MH01	People in contact with services at the end of the Reporting Period	Age <18,18-64,>65	wider scope	✓	
mm02	People on CPA at the end of the RP period	MH02	People on CPA at the end of the RP period	Age <18,18-64,>65	wider scopt	✓	
mm03	People on CPA aged 18-69 at the end of the RP	MH03	People on CPA aged 18-69 at the end of the RP (MH services only)		Y	✓	
mm04	People on CPA at the end of the RP with HoNOS recorded	MH04	People on CPA at the end of the RP with HoNOS recorded (MH services only)		Y	✓	
mm05	People on CPA for 12 months at the end of the RP	MH05	People on CPA for 12 months at the end of the RP (MH services only)		Y	✓	
mm06	People on CPA for 12 months with review at the end of the RP	MH06	People on CPA for 12 months with review at the end of the RP (MH services only)		Y	✓	
mm07	People with an open hospital spell at the end of the RP	MH07	Open Ward Stays at end of RP	replaced by MH37 below			
mm08	People subject to the Mental Health Act at the end of the RP	MH08	People subject to the Mental Health Act at the end of the RP	Age <18,18-64,>65	wider scope	✓	
mm09	People subject to detention at the end of the RP	MH09	People subject to detention at the end of the RP	Age <18,18-64,>65	wider scope	✓	
mm10	People subject to CTO at the end of the RP	MH10	People subject to CTO at the end of the RP	Age <18,18-64,>65	woder scope	✓	
mm11	People being treated by Early Intervention teams at the end of the RP	N/A	N/A	See new Access and Waiting Times in mental health services experimental file			
mm12	People being treated by Assertive Outreach teams at the end of the RP	N/A	N/A	cfsee MH42 below			
mm13	People in contact with NHS funded adults secondary mental health services at the end of the RP with accommodation status recorded.	MH11	People in contact with NHS funded adults secondary mental health services at the end of the RP with accommodation status recorded.		wider scope	✓	
mm14	People aged 18-69 on CPA at the end of the RP in settled accommodation	MH12	People aged 18-69 on CPA at the end of the RP in settled accommodation (MH services only)		Y	✓	
mm15	Proportion of people aged 18-69 on CPA in settled accommodation	MH13	Proportion of people aged 18-69 on CPA in settled accommodation (MH services only)		Y	✓	
mm16	People with employment status recorded at the end of the RP	MH14	People with employment status recorded at the end of the RP		wider scope	✓	
mm17	People aged 18-69 on CPA at the end of the RP in employment.	MH15	People aged 18-69 on CPA at the end of the RP in employment (MH services only)		Y	✓	
mm18	Proportion of people aged 18-69 on CPA in employment	MH16	Proportion of people aged 18-69 on CPA in employment	Executive summary?	Y	✓	
mm19	People with a crisis plan in place at the end of the RP	MH17	People with a crisis plan in place at the end of the RP		wider scope	✓	
mm20	People in contact with services at the end of the RP with a diagnosis recorded	MH18	People in contact with services at the end of the RP with a diagnosis recorded		wider scope	✓	

Current Monthly MHLDS Report measures		Equivalent proposed MHS monthly statistics measures				Planned first publication date	
Monthly measure reference number	Monthly data file	Proposed new reference number	MHSDS equivalent measure	Measure Notes	Comparability - Yes (or set includes comparable measure) / wider scope /slightly different measure	April (Jan final data)	Other
				In month activity counts			
mm22	Care spell days in RP		Referral days in RP	See new measure MH44 by service areas			
mm23	Care spells starting in RP		Referrals starting in RP	see new measures MH43			
mm24	Bed days in RP	MH20	Bed days in RP	Plus new measure by site code MH44	wider scope	✓	
mm25	Bed days less leave in RP	MH21	Bed days less leave in RP				By June
mm26	Admissions to hospital in the RP	MH22	Admissions to hospital in the RP	Possibly broken down by age?	wider scope	✓	
mm27	Detentions on admission to hospital in the RP	MH23	Detentions on admission to hospital in the RP				By june
mm28	Discharges from hospital in the RP	MH24	Discharges from hospital in the RP		wider scope	✓	
mm29	Discharges from hospital, net, in RP	MH25	Discharges from hospital, net, in RP		tbc		By June
mm30	Discharges from hospital, net, followed up within 7 days in RP	MH26	Discharges from hospital, net, followed up within 7 days in RP		tbc		By June
mm31	Proportion of discharges from hospital followed up within 7 days	MH27	Proportion of discharges from hospital followed up within 7 days		tbc		By June
mm32	Contacts and day care attendances in RP	MH28	Contacts and day care attendances in RP	See new measure MH45 by service areas			
mm33	Attended contacts and day care attendances in RP	MH29	Attended contacts and day care attendances in RP	See new measure MH46 by service areas			
mm34	Days of delayed discharge in RP	MH30	Days of delayed discharge in RP		wider scope		By June
mm39	AWOL episodes in RP	MH31	AWOL episodes in RP		wider scope		By June
mm40	Under 16 bed days in RP	MH32	Under 16 Bed Days on adult wards in RP	Adult wards identified by Ward Setting Type - adult MH or older adult MH	Y	✓	
mm62	16 year old bed days in RP	MH33	Under 16 Bed Days on adult wards in RP	Adult wards identified by Ward Setting Type - adult MH or older adult MH	Y	✓	
mm63	17 year old bed days in RP	MH34	Under 16 Bed Days on adult wards in RP	Adult wards identified by Ward Setting Type - adult MH or older adult MH	Y	✓	
mm64	Emergency admissions in RP	MH35	Emergency admissions in RP		wider scope		By June
mm65	Emergency readmissions in RP	MH36	Emergency readmissions in RP				May need further discussion because of wider scope of dataset
mm66	People in contact with Learning Disability services			See new measure MH42			
mm67	People in contact with Mental Health services						
mm68	People with an open Learning Disability hospital stay	N/A	N/A	See NH37		✓	
mm69	People with an open Mental Health hospital stay	N/A	N/A	See MH37		✓	
				Other new measures in monthly data file			
N/A		MH37	Open Ward Stays	replaces mm07, presented by service area MH/CAMHS/LD		✓	
N/A		MH38	Open Ward Stays, specialist MH services, at end of RP	new - complements MH41 for non specialist services			By June
N/A		MH39	Distance to treatment >50K Open Ward stays, specialist MH services at end RP	new - complements MH40 for non specialist services			By June
N/A		MH42	Referrals open at the end of the RP by service	Aim to present by MH/CAMHS/LD service area. Further service level breakdowns might be produced in future.	New	✓	Ongoing
N/A		MH43	Referrals starting in RP		New	✓	
		MH44	Referral days in RP		New	✓	
mm32	Contacts and day care attendances in RP	MH45	Contacts and day care attendances in RP by service		Y	✓	
mm33	Attended contacts and day care attendances in RP	MH46	Attended contacts and day care attendances in RP by service		Y	✓	Subject to discussion
N/A			Bed days by site code				

MHLDS Monthly Reports: experimental data file

Current Experimental data file measures		Equivalent proposed MHS monthly statistics measures				Planned first publication date
EX001	People in contact with services at the end of the Reporting Period	N/A	see MH01			
EX002	People with a first contact in reporting period		Measures in new Experimental Access and Waiting Times in Mental Health Services spreadsheet file (March first publication)			
EX003	People still waiting for first contact					
EX004	Early Intervention in Psychosis Team first contacts					
EX005	Early Intervention in Psychosis Team minimum time waited				✓	
EX006	Early Intervention in Psychosis Team average time waited					
EX007	Early Intervention in Psychosis Team maximum time waited	N/A				
EX008	Eating Disorders/Dietetics new first contacts		See above, timescales tbc			
EX009	Eating Disorders/Dietetics minimum time waited					
EX010	Eating Disorders/Dietetics average time waited					
EX011	Eating Disorders/Dietetics maximum time waited	N/A				
EX012	Peri-Natal Mental Illness new first contacts		See above, timescales tbc			
EX013	Peri-Natal Mental Illness minimum time waited					
EX014	Peri-Natal Mental Illness average time waited					
EX015	Peri-Natal Mental Illness maximum time waited	N/A				
EX016	Psychiatric Liaison new first contacts		See above, timescales tbc			
EX017	Psychiatric Liaison minimum time waited					
EX018	Psychiatric Liaison average time waited					
EX019	Psychiatric Liaison maximum time waited	N/A				
EX020	Other Team new first contacts		Data quality for recording of Primary Reason for referral and Team Type referred to will be in the new DQ measures			
EX021	Other Team minimum time waited					
EX022	Other Team average time waited					
EX023	Other Team maximum time waited					
EX024	Unknown Team new first contacts				✓	
EX025	Unknown Team minimum time waited					
EX026	Unknown Team average time waited					
EX027	Unknown Team maximum time waited	N/A				
EX028	People in non specialist Mental Health beds at the end of the reporting period	MH40	Open Ward stays, non specialist MH services, at end of RP			By June
EX029	People in non specialist Mental Health beds at the end of the reporting period with distance calculated	DQ measure	Depends on DQ for Site code - which will be in new DQ measure		✓	
EX030	People in non specialist Mental Health beds, in a provider other than their 'usual provider', at the end of the reporting period	N/A	Identification of OOA ward stays depends on current discussions			
EX031	People in non specialist Mental Health beds, in a provider other than their 'usual provider' and with distance to treatment calculated at the end of the reporting period	N/A	Depends on DQ for Site code - which will be in new DQ measure			
EX032	People in non specialist beds travelling out of area less than 20 km	N/A	Further distance bands could be added in future, but limiting measures until clarity about OOA definitions			
EX033	People in non specialist beds travelling out of area between 20km and less than 50 km	N/A				
EX034	People in non specialist beds travelling out of area 50km or more	MH41	Distance to treatment >50K Open Ward stays, non specialist MH services at end RP	For the moment this is essentially a patient experience measure - not specifically OOA		By June
EX035	People in contact with services who are also in a non specialist bed in another provider	N/A	Identification of OOA ward stays depends on current discussions			
EX036	People in a non specialist bed who are also in contact with another provider	N/A	Identification of OOA ward stays depends on current discussions			

MHLDS Monthly Reports: Currency and payment file

	Current currency and pricing measures		Monitor 2013/14 Recommended Indicators references	Planned for Mental Health Statistics Monthly Reports by June
CP001	People in contact with services at the end of the Reporting Period (RP)	People in contact with services	Numerator	✓
CP003	People in scope for MH currencies at the end of the RP	People in scope end RP	C1/D	No further national measure of 'in scope' - following feedback.
CP004	People in scope for MH currencies at the end of the RP assigned a cluster	People in scope assigned to cluster	C1/N	
CP005	Proportion of in scope patients assigned to a cluster	% people assigned to cluster	C1	✓
CP010	Initial cluster assignments in the RP	Initial cluster assignments	C2/D	✓
CP012	Initial cluster assignments meeting red rules in the RP	Initial cluster assignments meeting red rules	C2/N	✓
CP013	Proportion of initial cluster allocations adhering to red rules	% meeting red rules	C2	✓
CP020	People assigned to cluster in scope for MH currencies within cluster review period at the end of the RP	People within review period	C3/N	✓
CP022	Proportion of patients within Cluster Review Periods	% in review period	C3/N	✓
CP057	People on CPA at the end of the RP period	People on CPA	R1/N	✓
CP058	The proportion of users in each cluster who are on CPA	% on CPA	R1/N	✓
CP059	People on CPA for 12 months at the end of the RP	People on CPA for 12 months	R2/D	✓
CP060	People on CPA for 12 months with review at the end of the RP	People on CPA for 12 months with CPA review	R2/N	✓
CP061	The proportion of users on CPA who have had a review within the last 12 months	% with CPA review	R2	✓
CP062	People with ethnicity recorded at the end of the RP	People with ethnicity recorded	R3/N	✓
CP063	The completeness of ethnicity recording	% with ethnicity recorded	R3/N	✓
CP066	People at the end of the RP in settled accommodation	People in settled accommodation	R4/N	✓
CP067	The accommodation status of all users (as measured by an indicator of settled status)	% in settled accommodation	R4/N	✓
CP042	Cluster days in the RP	Cluster days	R5/N	
CP043	Bed days in the RP	Bed days	R5	
CP044	Intensity of care	Intensity of care	R5	
CP072	People with on CPA at the end of the RP with a crisis plan in place	People on CPA with crisis plan in place	R6/N	✓
CP073	The proportion of users with a crisis plan in place, limited to those on Care Programme Approach (CPA).	% on CPA with crisis plan	R6/N	✓
CP074	People in contact with services at the end of the RP with a diagnosis recorded	People with a diagnosis recorded	R7/N	✓
CP075	The proportion of users who have a valid ICD10 diagnosis recorded	% with diagnosis recorded	R7/N	✓

MHLDS Monthly Reports: data quality measures

MHLDS DQ measures		
DQ Measure	DQ Measure	Description
DQM1	NHS Number	The presence of a valid NHS Number is tested using the NHS Number Flag
DQM2	Postcode	The presence of a valid Postcode is tested using the Postcode District (invalid postcodes result in an MHLDDS submission being rejected)
DQM3	Birth Date	Birth Date is tested using the Age at Reporting Period End Date
DQM4	Person Gender Current	Person Gender Current is tested against the Person Gender code list
DQM5	Person Marital Status	The Person Marital Status is tested against the Person Marital Status code list
DQM6	Persons Ethnic Category	The Persons Ethnic Category is tested against the Ethnic Category code list. (Only the first character is tested for the Valid and Other categories).
DQM7	Organisation Code (Code of Commissioner)	The Organisation Code (Code of Commissioner) is tested for a valid format and the first character is tested to ensure it represents a valid commissioner trust type.
DQM8	General Medical Practice Code (Patient Registration)	The General Medical Practice code is tested against the ODS Current GP Practices table (Scottish GP Practices are not checked).
DQM9	NHS Occupation Code (Care Co-ordinator)	The NHS Occupation Code (derived from Staff ID) for each Care Co-ordinator Assignment is tested against the latest NHS Occupation Codes Manual
DQM10	Legal Status Classification Code	The Legal Status Classification Code for each Mental Health Act Event is tested against the Legal Status Classification code list.
DQM11	Primary Diagnosis	The first three characters of each Primary Diagnosis is tested against a list of valid ICD-10 codes.
DQM12	HONOS	Each HoNOS event is tested for a complete valid set of HoNOS Ratings.
DQM13	HONOS 65	Each HoNOS65+ event is tested for a complete valid set of HoNOS65+ Ratings.
DQM14	Mental Health Team Type	The Mental Health Team Type for each Mental Health Team episode is tested against the Mental Health Team Type code list
DQM15	Main Specialty Code (Mental Health)	The Main Specialty Code (Mental Health), derived from the staff ID in each impatient record, is tested against a list of Main Speciality Codes
DQM16	Admission Method	The Admission Method for each Hospital Provider Spell is tested against the Admission Method code list[3]

MHSDS DQ measures - Phase 1			
DQ	DQ Measure	Table	Description
DQM1	NHS Number	MHS001MPI	The presence of a valid NHS Number is tested using the NHS Number Flag.
DQM2	Postcode	MHS001MPI	The presence of a valid Postcode is tested using the Postcode Flag.
DQM3	Birth Date	MHS001MPI	Birth Date is tested using the Age at Reporting Period End Date.
DQM4	Person Stated Gender	MHS001MPI	Person Stated Gender is tested against the Person Stated Gender code list.
DQM5	Persons Ethnic Category	MHS001MPI	The Persons Ethnic Category is tested against the Ethnic Category code list. (Only the first character is tested for the Valid and Other categories).
DQM10	Organisation Code (Code of Commissioner)	MHS101Referral, MHS201CareContact, MHS204IndirectActivity, MHS301GroupSession, MHS512HospSpellComm, MHS608AnonSelfAssess	The Organisation Code (Code of Commissioner) is tested for a valid format and the first character is tested to ensure it represents a valid commissioner trust type.
DQM6	General Medical Practice Code (Patient Registration)	MHS002GP	The General Medical Practice code is tested against the ODS Current GP Practices table (Scottish GP Practices are not checked).
DQM7	Legal Status Classification Code	MHS401MHActPeriod	The Legal Status Classification Code for each Mental Health Act Event is tested against the Legal Status Classification code list.
DQM8	MHD Treatment Function	MHS503AssignedCareProf	The Treatment Function from the inpatient record, is tested against a list of valid Treatment Functions.

MHLDS DQ measures			MHSDS DQ measures - Phase 1			
DQM17	Ward Security Level	The Ward Security Level for each Ward Stay is tested against the Ward Security Level code list.³				
DQM18	Mental Health Clustering Tool Assessment Reason	The Mental Health Clustering Tool Assessment Reason for each Mental Health Clustering Tool event is tested against the Mental Health Clustering Tool Assessment Reason code list³				
DQM19	PbR Care Cluster	The PbR Care Cluster code for each Mental Health Care Cluster episode is tested against the PbR Care Cluster code list				
DQM32	MHCT Assessment Tool	Each MHCT event is tested for a complete valid set of HONOS Ratings				
DQM33	MHD MainSpecialty CCASS	The Main Specialty Code (Mental Health), derived from the staff ID where care co-ordinator assignment exists, is tested against a list of Main Speciality Codes				
DQM34	MHD MainSpecialty RCASS	The Main Specialty Code (Mental Health), derived from the staff ID where responsible clinician assignment exists, is tested against a list of Main Speciality Codes				
DQM35	MHD Treatment Function	The Treatment Function from the inpatient record, is tested against a list of valid Treatment Functions				
DQM36	Honos-LD	Each HoNOS-LD event is tested for a complete valid set of HoNOS-LD Ratings				
DQM37	Site Code of Treatment	The Organisation Code (Site code of treatment) is tested for a valid format and against the ODS tables	DQM9	Site Code of Treatment	MHS502WardStay	The Organisation Code (Site code of treatment) is tested for a valid format and against the ODS tables.
DQM38	NHS No Status Indicator	Each NHS No Status Indicator is tested against the list of valid NHS No Status Indicators				
DQM39	Delayed Discharge Indicator	Each Delayed Discharge Attributable To Indicator is tested against the list of valid Delayed Discharge Attributable To Indicators				
N/A	N/A	N/A	DQM11	Primary Reason for Referral (Mental Health)	MHS101Referral	Primary Reason for Referral (Mental Health) is tested against the Primary Reason for Referral (Mental Health) code.
N/A	N/A	N/A	DQM12	Care Professional Service or Team Type Association (Mental Health)	MHS006AssignedCareCoOrd	Care Professional Service or Team Type Association (Mental Health) is tested against the Care Professional Service or Team Type Association (Mental Health) code.

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