



Health & Social Care
Information Centre

Consultation on Adult Mental Health Statistics

Report on responses to the consultation

Published 24 November 2015



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Author:	Community and Mental Health Team, Health and Social Care Information Centre
Responsible statistician:	Tony Childs, Programme Manager (Maternity, Children and Community)
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Introduction

Purpose of the consultation

This consultation invited responses on potential changes to statistics published from the Mental Health and Learning Disabilities Dataset (MHLDDS), following the expected publication of the Information Standards Notice announcing the change of the MHLDDS to the Mental Health Services Dataset (MHSDS).

For operational reasons there may be a delay between the implementation of MHSDS and establishing a full set of monthly reports, so we were also interested to know which existing measures should be considered a priority.

Changes to the structure of the dataset from a person-based dataset to a referral-based dataset provide the opportunity to review the content and format of our existing publications. We were therefore seeking information about which measures and which elements of our existing publications were most useful to users.

We want to ensure that the statistics produced from the dataset continue to be relevant and meaningful to the people who use them, and that we are meeting users' information and data needs in the best and most cost-effective way.

This report summarises the results of the consultation and presents our response with proposals for developing reporting from the MHSDS in 2016.

Background Information

In line with the European Statistical System (ESS) dimension 'Assessment of user needs and perceptions', we launched a public consultation which opened on 1 July 2015 and closed on 30 September 2015. The consultation was released alongside the Monthly MHLDS Reports on the Health and Social Care Information Centre (HSCIC) website and also highlighted in both regular and ad hoc communications with users of our statistics.

The consultation consisted of an online questionnaire (also available in downloadable format for printing), and we welcomed written responses on any matters relevant to the consultation as part of the exercise. We received feedback via the formal consultation but also by email and as part of our routine engagement with users of our statistics. We have included feedback received by these various routes in this report to show the range of views informing the development of statistics on adult mental health services from MHS DS.

The public consultation, including the full list of questions, can be found at:
<http://www.hscic.gov.uk/article/6545/Consultation-on-Adult-Mental-Health-Statistics>

The consultation sought views on a proposed change from MHLDDS to MHSDS and to user's views on the granularity and format of future data releases. It asked for responses regarding:

- Current use of Monthly and Annual publications and any proposed changes
- Use of Monthly Special features
- Future MHSDS monthly and Annual publications including new measures to be used

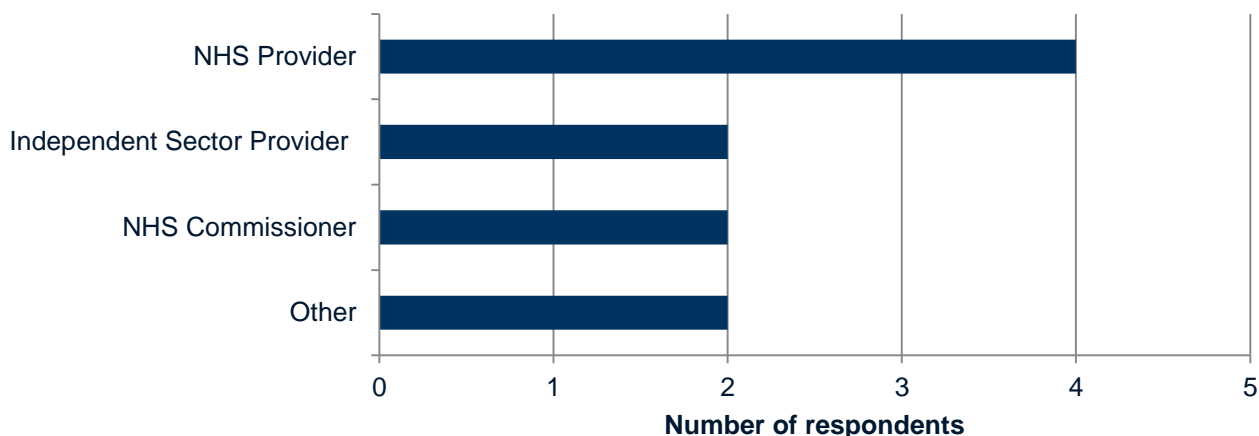
We also asked a series of questions about the respondent's organisation and role in order to better understand our user base and the opinions in different sectors.

Summary of Results to Consultation Questionnaire

Responses and respondents

We received a total of 15 responses to the public consultation questionnaire. Not all questions were answered by all respondents and full number of responses to each question is provided in the Appendix to this report.

Number of respondents by organisation type

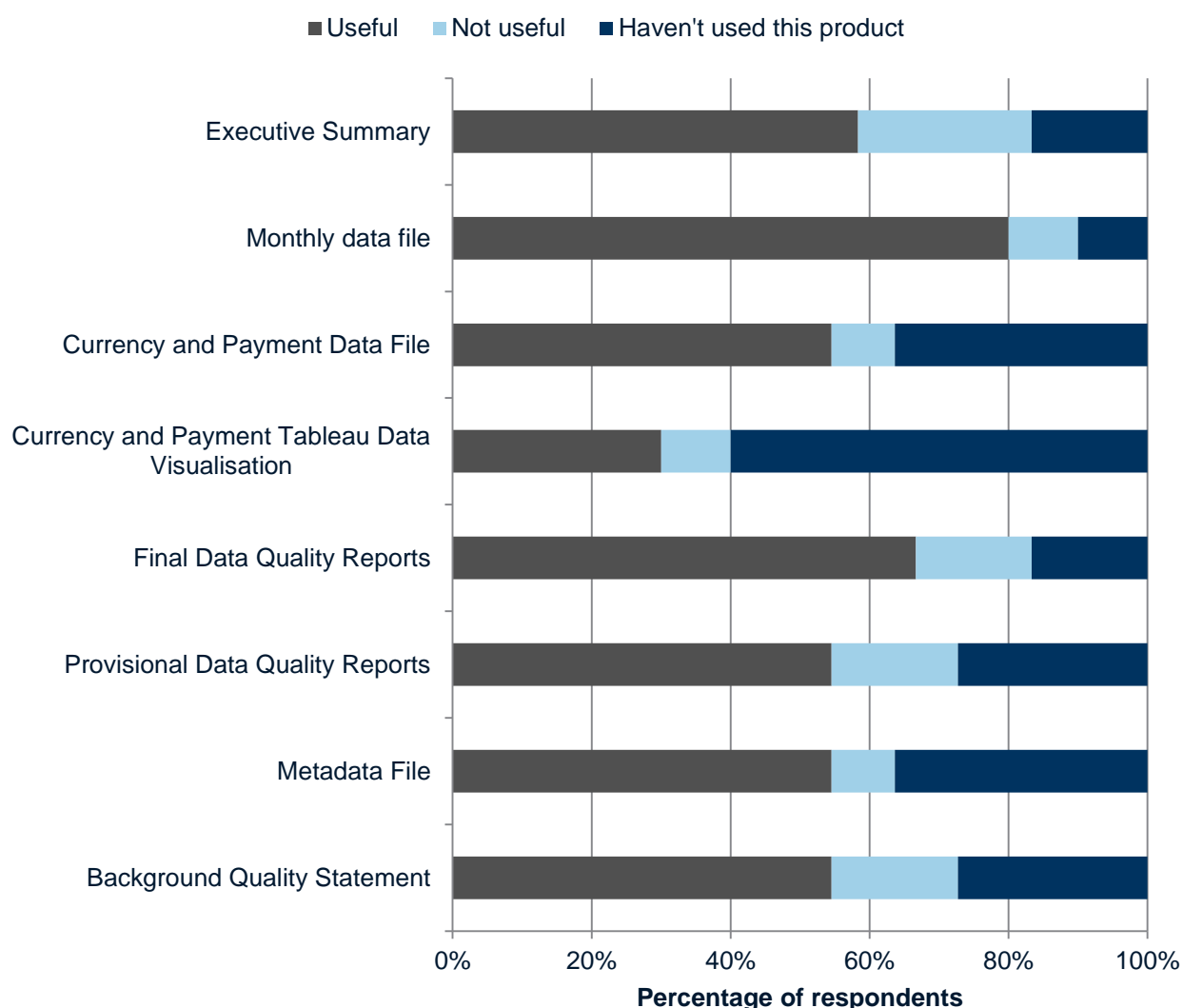


There were a total of 10 respondents who completed the question about their primary role and of these 6 worked in Data Analysis, one working in Management and one in IT. The other two respondents were Policy and a representative.

Use of current monthly publications

We asked all respondents how useful they products produced as part of our monthly publication. The results are presented here.

Usage of current monthly products (n = 10 – 12)



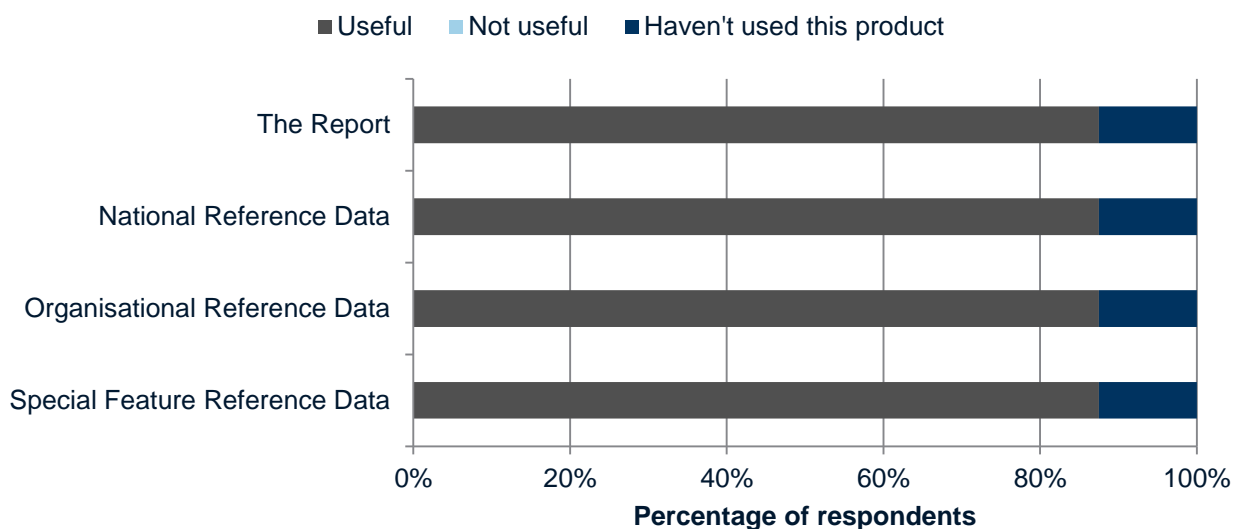
We also received feedback on how we could improve the monthly products we provide. Respondents suggested that they would like machine readable files for the Data Quality Reports and Metadata file in order to support production of their own analysis. The files were used by providers for benchmarking with the Executive Summary providing 'a good overview of the data collection which could easily be used as a point of reference for internal reports and benchmarking.'

Other suggestions included breakdowns of activity measures by ethnicity.

Use of the annual Mental Health Bulletin

When asked about how useful respondents found our annual publication, the overall feedback was positive, as the figures below suggest.

Usage of current annual products (n = 8)



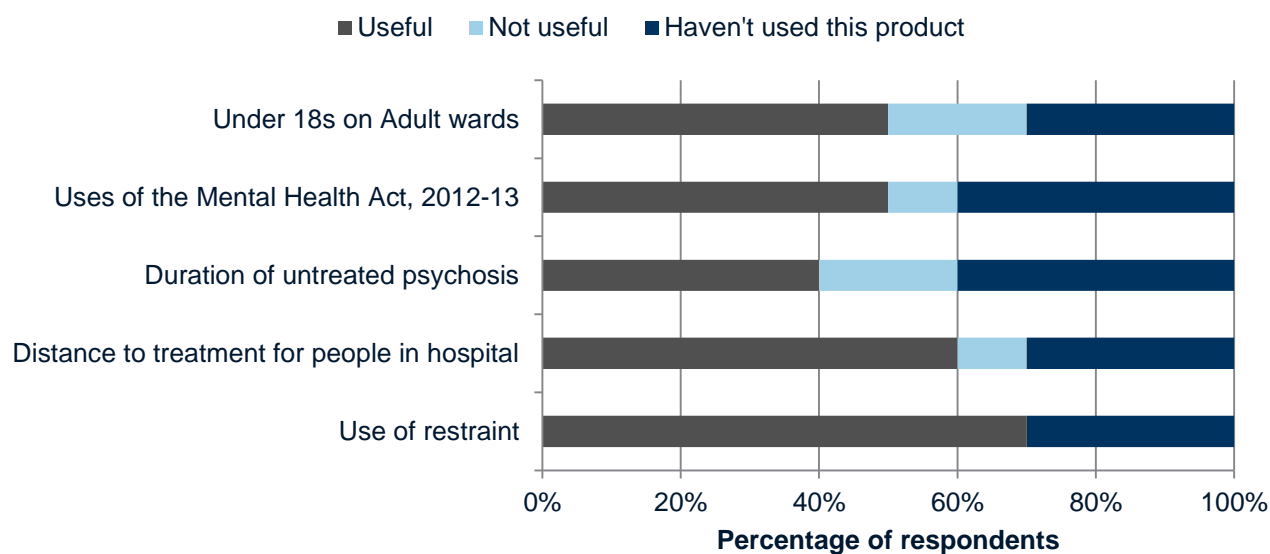
Use of monthly Special Features

Alongside our monthly publication, we occasionally produce a Special Feature and these have included reports on:

- Under 18s on Adult wards
- Uses of the Mental health Act 2012/13
- Duration of untreated psychosis
- Distance to treatment for people in hospital
- Use of restraint

Around a third of respondents stated they hadn't used these products previously. Excluding these who hadn't used the product previously there was generally a positive response. For the Use of Restraint Special Feature (excluding those who hadn't used the product) there was a 100% feedback that the respondents found the Special Feature 'Useful'.

Usage of current Special Features (n = 10)



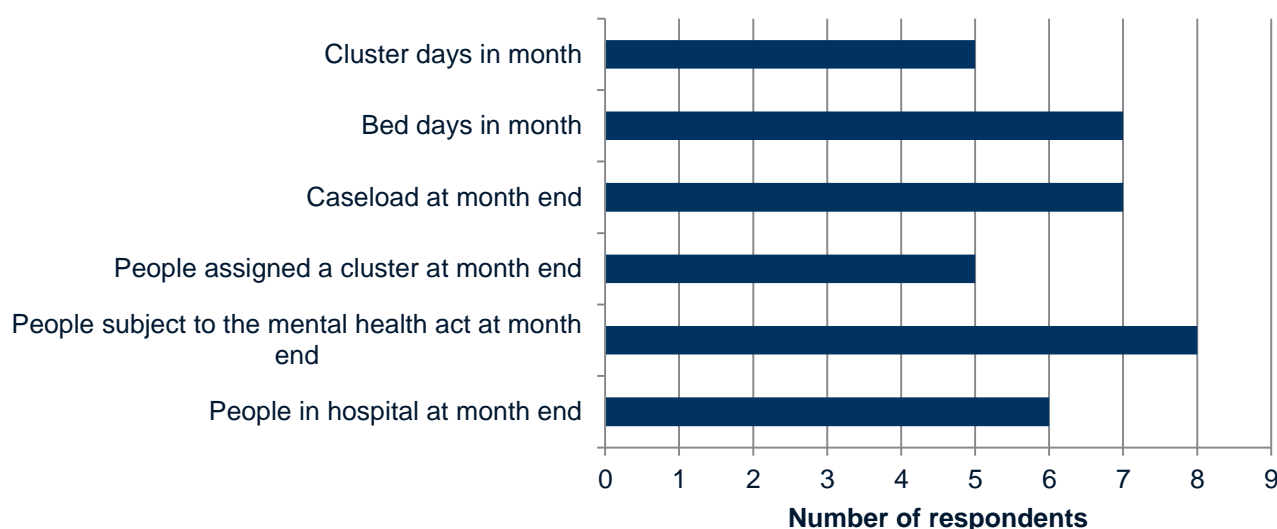
One respondent described these as 'a way for non-specialists to take in new information more easily'. Respondents found the variety of demographic break downs useful for commissioning and for local needs assessments. Respondents suggested a variety of topics for future Special Features (including some that would require data not included in the dataset), such as Monitor reports / KPIs, prone restraints, mental health and physical co-morbidities.

Suggested measures for the upcoming MHSDS

Monthly analysis of MHSDS

Initially, we may have to produce a limited number of measures as we manage the implementation of the new dataset which will require every measure we produce to be rebuilt using different logic. From initial discussions with some of our users we had suggested some key measures and asked for help in prioritising them. We also provided the opportunity to suggest some alternative priority measures.

Measures respondents would like to see for the upcoming MHSDS (n = 5 – 8)

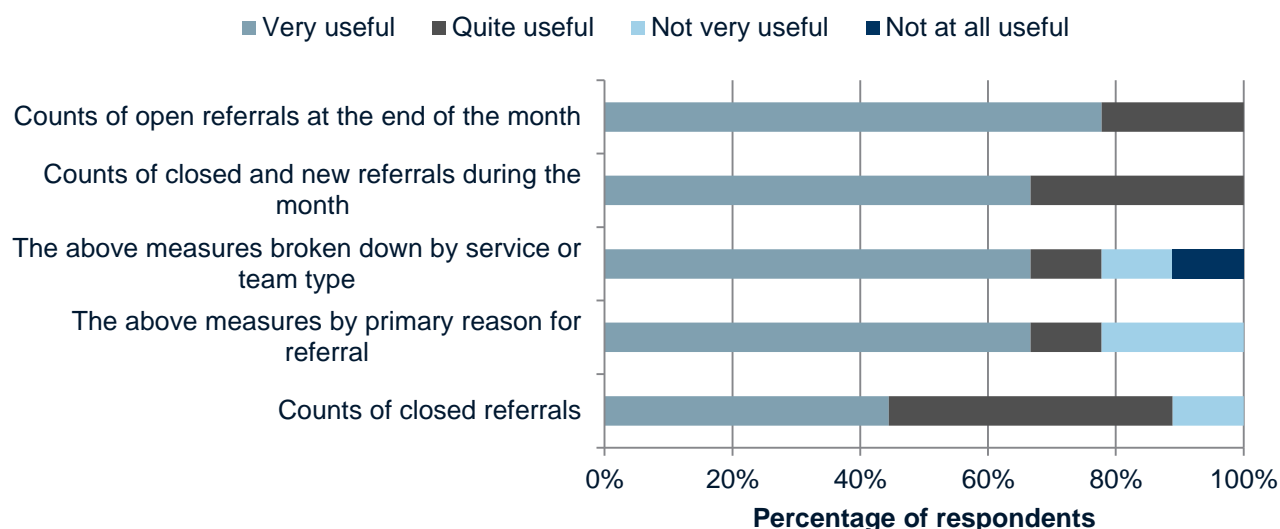


Respondents suggested these additional / alternative priorities, many of which are currently part of our monthly release:

- Monitor KPIs
- Admissions to hospital
- Attended contacts and day care attendances
- Discharges and delayed discharges
- EIP waiting times
- CPA analysis
- 7 day follow up
- Gate keeping
- Work related stress
- GP intervention
- OH Provision

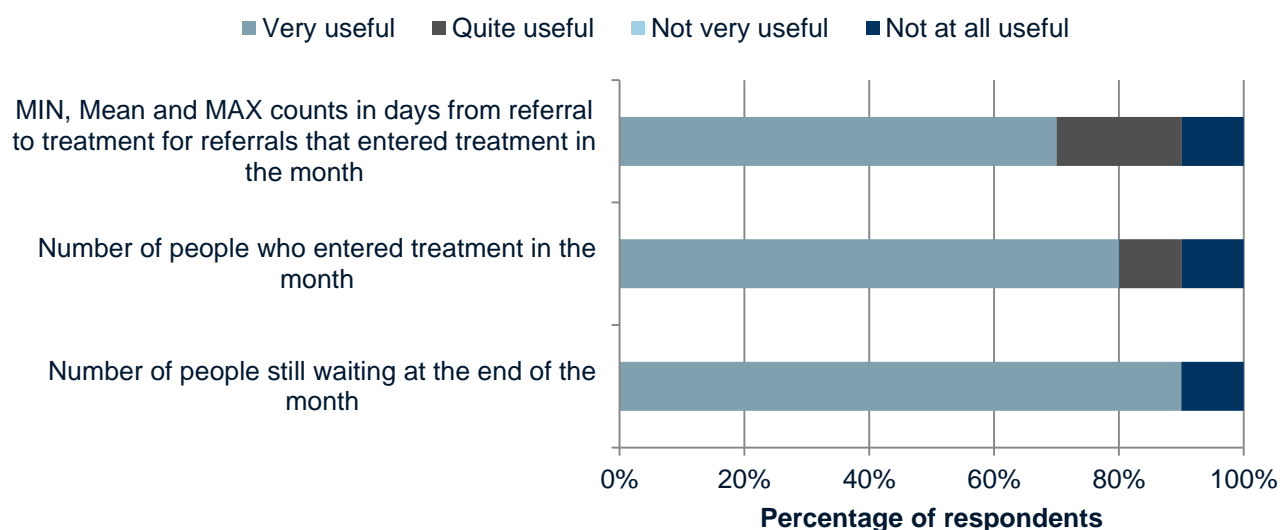
With the new referral based structure, and the new data items, we will be able to produce new analysis along referral pathways for separate services. The person and Mental Health Care Spell based structure of the MHLDDS could not support such analysis. Respondents were asked to rate how useful some of the proposed new measures would be. Several of them requested further information about the impact of a change to a referral based dataset.

How useful respondents found suggested new measures (n = 9)



Also, as part of the consultation we asked respondents questions about measures relating to the implementation of waiting times in Early Intervention in Psychosis (EIP) services, to be produced on a monthly basis. Our provisional suggestions were rated as follows:

How useful respondents found new suggested EIP measures (n = 10)



Respondents also suggested the following waiting time measures:

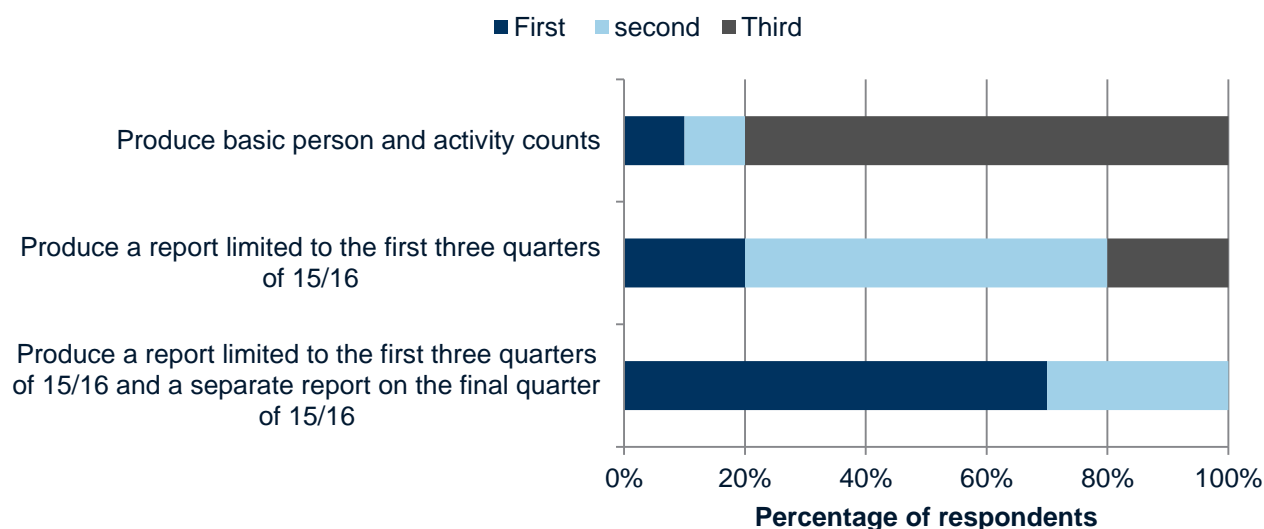
- Median days from referral to treatment for referrals that entered treatment in the month.
- Number of referrals which ended without receiving treatment
- Referrals with related DNAs
- Waiting times for patients with completed treatment

Annual MHSDS

The first annual Mental Health Bulletin following the implementation of the new dataset (2015/16) poses a particular challenge, as this annual report will cover both MHLDDS and three months of MHSDS submissions (Jan to March 2016). Due to the differences in structure and the disruption that may occur with the change in data standard, we will not be able to create an annual view of the data consistent with previous years. We suggested some options for producing an annual report, which respondents were asked to rank in order of preference.

The first choice was to produce a report limited to the first three quarters of 2015/16 and a separate report on the final quarter of 2015/16.

Respondent's preference to the upcoming annual MHSDS (n = 10)



Other Feedback

In addition to formal feedback via the web based consultation, we have also discussed the coming changes at events and in our regular communications. Other organisations download our reports and present them through their own reporting tools and we have also received suggestions from these users about how our outputs could be improved. We have also monitored use of our published statistics using web usage statistics. In addition to this we have undertaken a number of workshop sessions and 'deep dives' to investigate data quality issues and approaches to analysing MHLDDS. We have also received information from the Mental Health Data and Information Board about future analysis requirements from the MHSDS to support the policy ambitions described in NHS England's Fiver Year Forward View¹.

Further comments on the proposed changes are noted below, together with web usage statistics, to provide a fuller picture of how our publications are used.

One analyst working within a Commissioning Support Unit (CSU) for a local group of 8 Clinical Commissioning Groups (CCGs) summarised the value of these reports in this way:

'The aggregated indicators that the HSCIC has developed are really excellent, and have a lot of useful information... it would be absolutely impossible for all this excellent work done by the HSCIC to be replicated locally in a CSU or in a group of CCGs.'

Our data files are used:

- to sense check their own information derived from MHLDDS
- as a general check of performance across a range of indicators to identify problem area
- to understand large variations in costs per cluster days across different CCGS
- to provide assurance that local providers are in line with others with respect to performance for certain indicators

A group of London trusts working collaboratively reported:

- using data quality reports/metadata file/background quality statements for monitoring data quality and benchmarking against other organisations
- using monthly data to help to identify outliers
- to help with data accuracy for CQC reports

Other feedback through events and ad hoc enquiries and customer work has highlighted requirements for:

- more information about the implications of the change to a referral based data structure in MHSDS
- limiting some existing monthly measures to adult mental health services only, now that the scope of the original MHMDS has expanded to include both learning disability and child and adolescent mental health services
- further calculations to be provided as part of our published outputs, since rounded figures will not support accurate calculations (eg percentage calculations)
- more breakdowns by service type which will be of more interest to local front line services

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

- reporting inpatient activity by more useful breakdowns
- more timely reports

In order to limit discrepancies between nationally reported currency and payment reports and local reporting the following issues have been highlighted:

- It would be helpful to remove the concept of 'in scope for payment by results' from national reporting as it is not easy to align this with local practice
- The concepts of 'expired' clusters and a default 'cluster 99' are important for local reporting, but not represented in national reports
- Reporting by CCG of GP practice, rather than the recorded Commissioner, causes discrepancies between national reports and data MHLDDS extracts downloaded from the Open Exeter system by commissioners and makes reconciliation of reports difficult

Expert users appreciate the flexibility that machine readable data files give them to tailor their own local reports, but less expert users would like to see more data visualised and in easily accessible formats.

Web usage statistics

These figures show the frequency with which elements of our monthly reports were downloaded in the 30 days following publication in the April, May and June 2015 publications.

Overall webpage views

Monthly product	April	May	June
Main Monthly publication page	807	744	651
Monthly flat file	345	338	331
Executive summary	158	129	112
Currency and payment data file	136	93	102
Data Quality note	116	108	102
Experimental data file	93	96	67
Data Quality report	41	33	41
Experimental Data file Further information	55	49	32
Press release	20	8	22

Our response to the consultation findings

Although the number of formal responses to the consultation was small, the responses were consistent with other intelligence about use of our statistics. These tell us that:

- The main users of our monthly reports at present are providers and commissioners who use them for contract monitoring and benchmarking purposes and data quality reports are an important part of this work
- Our current reports on adult mental health services are regularly downloaded by hundreds of users in the month following publication and we need to continue to meet these existing users' needs and in line with the Code of Practice for Official Statistics²
- We need to manage the expansion of the dataset to cover an even wider range of services carefully, so that as well as exploiting its potential (for example, for reporting on transitions between child and adult mental health services), we minimise the impact on existing users of adult mental health analysis.
- In order to increase the accessibility of our information we need to find other ways of presenting data to meet less technical users' needs and they would like clearer guidance about how to use our measures in practice
- There is a tension between the desire for even more timely information and the desire for greater levels of detail (demographic detail, analysis by different service and team type) that requires higher data volumes and larger reporting periods (eg quarterly and annual reporting)
- To meet these users' needs we need to maintain transparency, with clear explanations of the methods used and with data outputs that can be used flexibly to support local reporting
- Our initial thoughts on how to report waiting times are acceptable but these reports are likely to evolve once the data is flowing.

² UK Statistics Authority Code of Practice for Official Statistics

Next steps

Following publication of this report we will develop a plan for phased implementation of reporting from MHS DS, informed by feedback we have received, summarised above. The first publication in March 2016 will be on January 2016 provisional data. A Methodological Change paper will be published early in the New Year describing changes to measures in the existing monthly reports that feature in the new MHS DS reports. Where possible we will endeavour to create analysis that support like for like comparisons with analysis from MHLDDS, including highlighting caseload that is attributable to the expansion in the scope of the dataset.

We will also work closely with colleagues responsible for analysis of Child and Adolescent Mental Health and Learning Disability services data within the MHSDS to ensure that approaches are consistent where appropriate.

Our first monthly reports from MHSDS are likely to include a reduced set of measures but the selection will be informed by this consultation. Our first release will also include some waiting times measures. These are likely to be classified as experimental analysis until the new data flow is established and agreement on methods is reached, but we will ensure there are a variety of ways to engage with these developments.

Whilst we will retain existing valued products (machine readable data files) in our monthly release we will also investigate the feasibility of presenting analysis through other routes and at different frequencies to support a wider range of users' needs.

Appendix

Number of responses received for each question.

Question number	Question	Number of responses
1	How many of our monthly reports have you used in the last three months?	11
2	If you haven't used any of the monthly reports, are there any particular reasons why?	2
3	How useful did you find the following products from our monthly report?	12
4	Is there anything in particular the monthly reports do well? (Please reference the products from question 3 to which your comments relate)	8
5	How could we improve the monthly reports to better meet your needs? (Please reference the products from question 3 to which your comments relate)	8
6	In the last twelve months how many times have you referred to one of our Annual Mental Health bulletins?	6
7	If you haven't used any of the Annual Mental Health bulletins, are there any particular reasons why?	2
8	How useful did you find the following products from our Annual Mental Health bulletin?	8
9	Is there anything in particular the bulletins do well? (Please reference the products from question 8 to which your comments relate)	3
10	How could we improve the bulletins to better meet your needs? (Please reference the products from question 8 to which your comments relate)	3
11	We've recently published a number of Special Features alongside our monthly publications. If you have used any of these Special Features reports, please tell us how useful were they?	10
12	Do you have any comments about our Special Features reports?	5
13	Do you think Special Features reports are a good way of introducing new analysis?	4
14	Is there a particular topic you would like to see a Special Feature on in future?	5
15	Initially, we may have to produce a limited number of measures as we manage the implementation of the new data set structure. From initial discussions with some of our users we have developed a list of potential measures to be prioritised. Please select from the list of measures below all those that you think should be prioritised.	8
16	With the new referral based structure, and the new data items, we will be able to produce new analysis. How useful do you think the following measures will be if we added them to our monthly report?	9
17	Are there any other measures you would like to see in our new monthly reports?	3
18	To support the implementation of waiting times in Early Intervention in Psychosis (EIP) services, we will be producing a number of measures every month. How useful do you think the following measures will be if we added them to our monthly report?	10
19	Are there any other measures you would like to see in our waiting times analysis?	4
20	We plan to group referrals based on the service or team type, and ward information for inpatients. Do you agree with this approach?	9
21	Are there any other broad categories of service you would like to see in our usual activity and caseload based analysis?	2
22	Do you have any other comments on this approach?	2
23	The first Annual Mental Health Bulletin following the implementation of the new dataset (2015/16) poses a particular challenge, as this annual report will cover both MHLDDS and three months of MHSDS. Due to the differences in structure we will not be able to produce a consistent annual analysis. We have a number of options open to us. Please rank the options below according to your preference:	10

Consultation on Adult Mental Health statistics

Question number	Question	Number of responses
24	Would the implementation of any of these options have a significant impact on your work?	5
25	Are you responding to this survey on behalf of yourself or an organisation or group?	11
26	If you are responding on behalf of an organisation or group, what is its name?	6
27	What is your email address?	9
28	Please choose the category that best describes the type of organisation you work for:	10
29	What is the primary reason for your interest in these statistics?	8
30	Does your organisation currently submit MHLDDS?	10
31	Please choose the category below that best describes your role:	10

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Responsible Statistician

Tony Childs, Programme Manager (Maternity, Children and Community)

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

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