

# The Starting Point

**What wellbeing and mental health intelligence already exists?**

**Presented by**

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# How we get to Intelligence

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- Data
  - Information
  - Intelligence
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# Data

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# MHMDs

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- Flowed since 2003; data reliable from 2006
  - Clinical as well as administrative data
  - NHS and Independent Sector providers
  - Will support PbR
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# MHMDS content

Master Patient Index	Inpatient Episode	Secondary Diagnosis	Mental Health Act Event Episode
Psychosis Service	Ward Stay within Hospital Provider Spell	CPA Episode	Supervised Community Treatment
Employment Status	Delayed Discharge	Crisis Plan	Supervised Community Treatment Recalls
Accommodation Status	Clinical Team	Mental Health Clustering Tool	Intervention (Read)
Referral	Staff Details	Payment by Results Care Cluster	Electro-Convulsive Therapy
Mental Health Team Episode	Care Co-ordinator Assignment	HoNOS (Working Age Adult)	Leave of Absence
NHS Day Care Episode	Responsible Clinician Assignment	HoNOS 65+ (Older Persons)	Absence Without Leave
Consultant Outpatient Episode	Health Care Professional Contact	HONOS-CA (Child and Adolescent)	Home Leave
Acute Home-based Care Episode	NHS Day Care Facility Attendance	HoNOS Secure	Self Harm
Mental Health NHS Care Home Stay Episode (NHSCAREHOMEEP)	Review	Patient Health Questionnaire	Use of Restraint
Hospital Provider Spell	Primary Diagnosis	Social Service Statutory Assessment	Assaults on Patient
			Periods of Seclusion

# How much?

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- Quarterly
    - C. 1 million care spells
      - 5.5 million episodes
      - 8 million events.
  - Annual (reconciled)
    - C. 1.7 million care spells with
      - 11 million episodes
      - 28-30 million events
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# IAPT

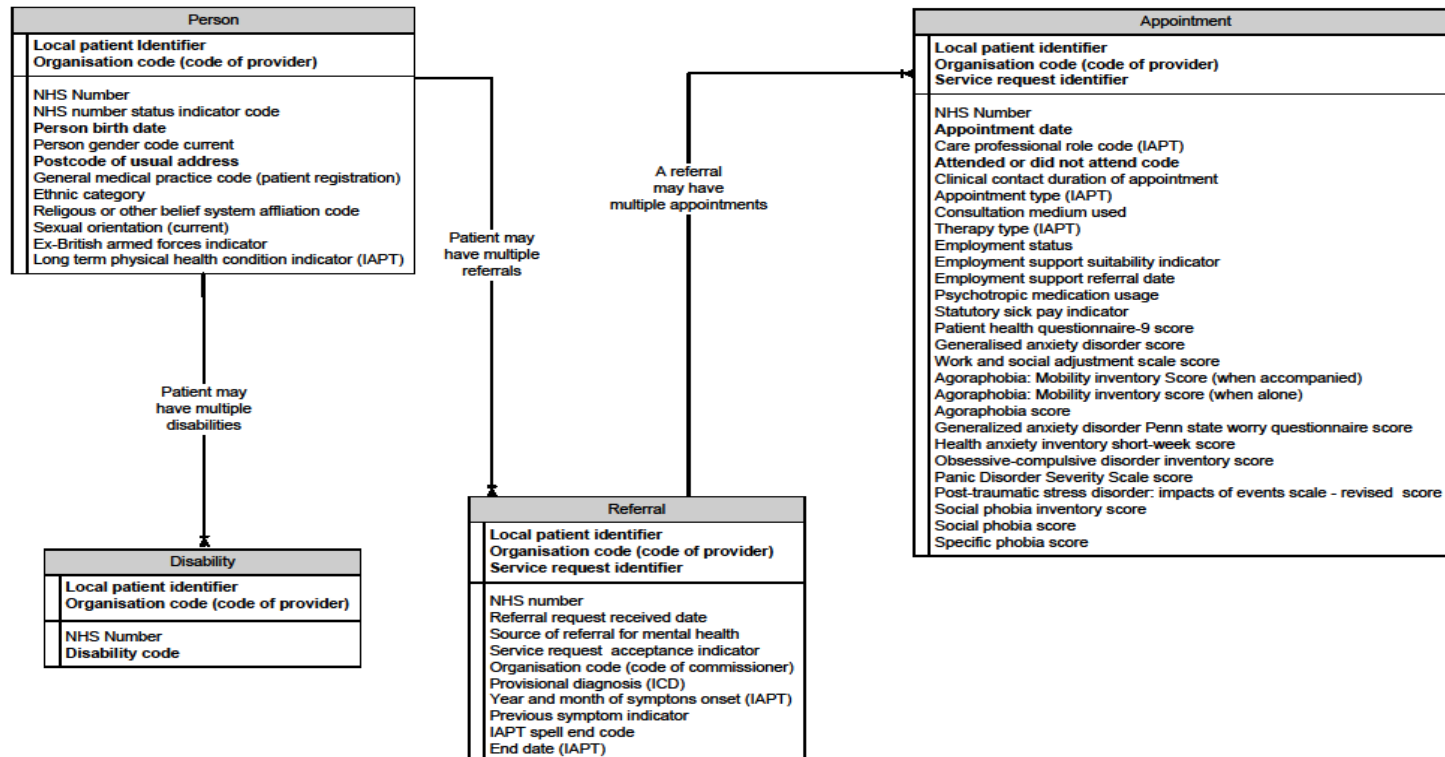
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- Flowed since 2012
  - Outcome-based data
  - Strong links with NICE guidance
  - NHS and Independent Sector providers
  - Plans to support PbR
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# Data Set

## Data set submitted by provider to SSD

Submitted as Microsoft Access Intermediate database (IDB)  
Version 14





# Information

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# Warnings

Warning Statement	Construction
X patients were aged under 16 at the start of the reporting period	x = number of rows in record.csv where Date of Birth > Reporting Period Start Date minus 16 years
X patients had overlapping referrals open during the reporting period	Referrals are treated as overlapping where the Start Date of one is <= End Date of an earlier one.
X patients had more than one distinct referral during the reporting period	Referrals are treated as distinct where the Start Date of one is greater than the End Date of an earlier one by at least 2 days.
X patients had a referral open during the reporting period but no other event or episode data	x= number of rows in record csv with no entries for same PTID in Episode or EVENT csvs, except for a Episode Type REF.
X patients had event or episode data but no referral during the reporting period	x= number of PTID in MPI table with Events or Episodes that meet data inclusion rules BUT NO Episode Type REFER that meets data inclusion rules.
x patients had activity after the Date of Discharge from Mental Health Service	x= number of PTID in MPI table who had a DISHDATE (Table 5) AND one or more Episode End Date or Event Date (any EPITYPE or EVENTTYPE) greater than the DISCHDATE
x patients had overlapping MHA Event Episode during the reporting period	Episodes are treated as overlapping where the Start Date of one is < End Date of an earlier one or the Start Date and End Date of the one Event are the same as another one (in effect duplicated).
X patients had overlapping ward stays open during the reporting period	Ward stays treated as overlapping where the Start Date of one is < End Date of an earlier one.
X patients had overlapping episodes of acute home based care during the reporting period	Episodes of acute homebased care are treated as overlapping where the Start Date of one is < End Date of an earlier one.
X patients had ward stays but no hospital provider spell during the reporting period	
X patients had hospital provider spells but no ward stays during the reporting period	

# Warnings cont.

Warning Statement	Construction
X patients had overlapping hospital provider spells open during the reporting period	Hospital providers spells are treated as overlapping where the Start Date of one is < End Date of an earlier one.
X patients had overlapping mental health care cluster open during the reporting period	PBR Clusters are treated as overlapping where the Start Date of one is < End Date of an earlier one.
X unique staff IDs did not have an entry in the STAFF table	X distinct Unique Staff IDs from 12 - INPATEP 17 - CCASS 18 - RCASS 19 - HCPCONT 21 - REV did not have an entry in STAFF table
X unique Team IDs did not have matching entry in the CLINTEAM Table	X Unique Team IDS in 6 - TEAMEP 19 - HCPCONT 21 - REV did not have an entry in CLINTEAM Table
The following tables were empty and this suggests vital information is missing (any of): 3 - EMP 4 - ACCOMM 6 - TEAMEP 11 - PROVSPELL 13 - WARDSTAYS 15 -CLINTEAM 16 -STAFF 17 - CCASS 18 - RCASS 19 - HCPCONT 21 - REV 22 - PRIMDIAG 24 - CPAEP 26 - MHCT 27 - CLUSTER 28 - HONOS 34 - MHAEVENT 35 - SCT 36 - SCTRECALL 40 - AWOL 46 - COMMHIST	There are no events of the following types in this file: 3 - EMP 4 - ACCOMM 19 - HCPCONT 21 - REV 22 - PRIMDIAG 26 - MHCT 28 - HONOS  There are no episodes of the following types in this file: 6 - TEAMEP 11 - PROVSPELL 13 - WARDSTAYS 17 - CCASS 18 - RCASS 24 - CPAEP 27 - CLUSTER 34 - MHAEVENT 35 - SCT 36 - SCTRECALL 40 - AWOL 46 - COMMHIST

# Counts

Aggregate Count	Construction	
1. Records for x patients	X= number of unique PTIDs in record csv	
2. X rows in record csv (=1)	X= number of rows in record.csv	
3. X Episode Start Dates (=5-4)	X- number of Episode rows where STARTDATE or DISREADYSTARTDATE is present	
4. X Referral Request Received Date in episode csv	X- number of Episode rows where REFRECDATE is present	
5. X rows in episode csv (=3 +4)	X= number of rows in episode.csv	
6. X event dates (=6)	X- number of Event rows where EVENTDATE is present	
6. X rows in event csv (=5)	x= number of rows in event csv	
8. X events of each type	X = number of Events of each type): EMP ACCOM HPCON DAYAT REV PDIAG SDIAG MHCT HNS HNS65 HNSCA HNSSC	PHQ SSASS INTVN ECT SLFHM RSTRT ASSLT SCLSN
6. X episodes of each Type	X = number of Episodes of each type: REF TMEP DAYEP OPEP HBCAR CAREH PROSP INPAT WRDST	DDISC CCASS RCASS CPA CLUST MHA SCT RCALL LOA AWOL HOMEL COMMHIST

# Diagnostics

Report statement	Construction	
Proportion of records with valid coding		
x/y valid date of birth	where y = number of records in record csv *x records with Date of Birth in record.csv	
x/y valid gender	x records where value is 1 or 2	
x/y valid marital status	X records where value is S,M,D,W or P	
x/y valid organisation code GP practice	X records where code was not equal to V81999 or V81998 and could be matched to a GP Practice in the ODS GP Practice Codes table, which was still open at the end of the reporting period are classified as valid. Scottish GP Practices are not checked	
x/y valid postcode	*X records where Postcode present in record csv	
x/y valid organisation code of commissioner	New validation so no comparison with v3.5. The validation checks the code against the organisation data held in the MHMDS 'Common Reference Database' to ensure that the code exists and that its organisation type is either 4 (CCG or Welsh local health board), 5 (Care Trust) or 8 (NHS Support Agency). This file does not include organisations no longer open (they are in an ODS archive file) so organisations that have closed will not be categorised as valid.	
x/y valid ethnic code	X records where first char in value is A, B, C, D, E, F, G, H, J, K, L, M, N, P,R or S	
x/y valid NHS number	*x records where NHS number in record.csv	
	*validation has already been carried out so only valid items will be in the record csv	

# Diagnostics cont.

Report statement	Construction	
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x/y valid NHS number	*x records where NHS number in record.csv	
	*validation has already been carried out so only valid items will be in the record csv	

# Diagnostics cont.

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Conditional Data Quality	-
Checks for valid codes where activity occurred:	-
X/y Mental Health Act episodes with valid legal status code	y= rows in Episode csv where Episode Type=MHA and Legal Status Classification Code = 01-10, 12-20, 31,32, 34, 35 or 36
x/y Team episodes with valid Team Type	y= rows in Episode csv where Episode Type=MHA and Legal Status Classification Code = 01-10, 12-20, 31,32, 34, 35 or 36
x/y Referrals with valid Source of Referral	y= rows in Episode csv where Episode Type=REF and Source of Referral =A1-3,B1,B2,C1,D1,E1-5,F1-3,G1-4,B1,B2,C1,C2,D1,E1-5,F1-3,G1-4,H1,H2,I1,I2,J1-4,K1-5,L1,L2, or M1-6

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# Diagnostics cont.

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PbR Measures	
Number of Cluster episodes open at the end of the submission period by cluster by cluster	Number of rows in Episode table where Episode Type = CLUST and ENDDATE=NULL by value in MHD_PbR_Cluster field (those not in 01-21 and not NULL to be grouped as 'invalid' category)
Days on Cluster by Cluster	Calculated from Episode Type CLUST End Date - Start Date + 1 for each CLUST Episode. Where Start Date is < RP Start Date, use RP Start Date. Where End Date is NULL use RP End date. Group by value in MHD_PbR_Cluster field (those not in 01-21 and not NULL to be grouped as 'invalid' category)
Cluster started and ended by cluster	Number of Episode Type CLUST Start Dates where Start Date is => RP Start Date or =< RP End Date. Number of Episode Type CLUST End Dates where End Date is => RP Start Date or =< RP End Date. Group by value in MHD_PbR_Cluster field (those not in 01-21 and not NULL to be grouped as 'invalid' category)

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# Information

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- Up to 2012/13
    - 4 quarterly publications
    - 1 annual publication
    - Data included in ONS Neighbourhood Statistics
  - 2013/14 onwards
    - 12 monthly publications
    - 4 quarterly publications
    - 1 annual publication
    - At least quarterly publication of linkage report
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# Overview of quarterly publications

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- Mental Health Minimum Data Set (MHMDS)
  - 16 items
  - MHMDS plus Community MH activity – machine readable files

# What information is published?

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- Settled accommodation
  - Employment
  - HoNOS assessment for those on CPA
  - CPA review in last 12 months
  - AWOL
  - Ethnicity (DQ)
  - Completeness of key fields
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# What information is published?

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- New cases of Psychosis
  - Total EI patients
  - People receiving Assertive Outreach
  - Proportion in scope for clustering who have been assigned to clusters
  - Proportion in scope etc by CCG
  - Rate of detention on admission
  - Inpatient discharges followed up in 7 days
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# What information is published?

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- YTD, Home Treatment episodes
  - YTD, assessments by CR teams
  - YTD, patients receiving Home Treatment
  - Total EI patients treated by EI teams
  - Patients receiving AO services
  
  - Plus data quality reports
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# Monthly people counts 13/14

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End of month counts of people	
People in contact with services	People with an open hospital spell
People on CPA	People subject to the Mental Health Act
People on CPA for 12 months	People being treated by Early Intervention teams
People on CPA aged 18-69	People being treated by Assertive Outreach teams
People on CPA with HoNOS recorded	People with a crisis plan in place
People on CPA for 12 months with review	People with a diagnosis recorded
People with accommodation status recorded	People assigned to cluster
People aged 18-69 on CPA in settled accommodation	
People with employment status recorded	
People aged 18-69 on CPA in employment	

# In month activity counts 13/14

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In month activity counts	
Spell days	Bed days less leave
Spells starting	Under 16 bed days
Admissions to hospital	Contacts and daycare attendances
Detentions on admission to hospital	Attended contacts and daycare attendances
Discharges from hospital	MHCT assessments
Discharges from hospital, net	MHCT assessments new referral
Discharges from hospital, net, followed up within 7 days	Clusters started
Days of delayed discharge	Clusters ended
AWOL episodes	Days on cluster 01
Bed days	Days on cluster 02 etc

# IAPT

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- Current reporting at provider level (plus data quality) Improving Access to Psychological Therapies (IAPT)
    - 12 items
  - Number of analyses increasing with each publication
    - <http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/nhs-specialist-mental-health-services/routine-quarterly-improving-access-to-psychological-therapies-dataset-reports-final-q1-summary-statistics-and-related-information-england-experimental-statistics>
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# IAPT quarterly publications

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Number of new service requests that began in the quarter

Number of new service requests who have waited more than 28 days for first treatment

Number of new service requests broken down by age bands, gender, ethnicity, disability, provisional diagnosis

Number of days from service request to first assessment for new referrals

Number of days from service request to first treatment

Breakdown of all appointments by attendance code

Number of service requests which began and ended in the quarter

Number of service requests which closed in the quarter which had at least 2 attended appointments

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# CAMHS

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- Due to flow in 2013/14
  - Publications being developed
  - Data warehouse available
  - Plans to support PbR
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# CAMHS content

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- Master Patient Index
  - Accommodation
  - Living with
  - Mental Health Act inc. Community Treatment Orders
  - Medication
  - Referral
  - Service Type
  - Referral Status
  - Encounters
  - CPA
  - CAMHS team
  - Outcomes
  - Interventions
  - Hospital Spells
  - Diagnoses
  - Experience of Service
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# Other sources (HSCIC)

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- Quality and Outcomes Framework (QOF)
  - Health Survey for England
  - Adult Psychiatric Morbidity Survey
  - Use of Mental Health Act
  - Use of Guardianship
  - Deprivation of Liberty Safeguards
  - Hospital Episode Statistics
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# Intelligence?

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# What do we know?

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- Hospital services: mental health service users have around double the attendance rate of general population
  - Mortality rate three times as high among mental health service users than in general population
  - Number of Mental Health detentions and Community Treatment Order rises
    - 8,700 people taken to police custody suites under s136 - approximately one in three of reported Section 136 place of safety orders.
    - 14,900 orders people taken to hospital place of safety, total number of Section 136 place of safety orders was at least 23,600
    - 82% of s136 do not result in formal detention
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- Anti-depressant prescriptions account for largest annual rise in items dispensed in the community
  - Prescribing of antipsychotic drugs for dementia patients shows sharp decline
  - Use of deprivation of liberty safeguards shows 59 per cent increase since introduction
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# Press coverage

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- Psychiatrists call for action over premature deaths of mentally ill (HSCIC, Independent, 19/6)
  - Use of physical restraint on mental health patients at 'disturbing levels' (MIND, Guardian, 19/6)
  - 20% of people in the UK face mental illness (ONS, Express, 20/6)
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# Nerd's Nirvana

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- Agree organisational roles
  - Stop just re-presenting data
  - Start asking so what
  - Then ... we have intelligence
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