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NHS

Quarterly mental health community teams activity return: outcome of consultation

April 2021

Summary

In 2019, NHS England sought views from data producers and users on proposals to retire the Quarterly Mental Health Community Teams Activity (MHpc) return. This document summarises the responses received and sets out next steps. These are to:

- end the MHpc return after quarter 3 (Q3) 2019/20
- stop collecting the number of inpatient admissions gate-kept by crisis resolution home treatment (CRHT) teams in England from 2020/21
- stop collecting the number of patients on the care programme approach (CPA) followed up within seven days of discharge from psychiatric inpatient care via the aggregate data collection, and instead publish Mental Health Services Data Set (MHSDS) data on adult patients (not just those on CPA) followed up within 72 hours of discharge from mental health inpatient care from 2020/21.

Background

NHS England and NHS Improvement collect and publish official statistics on NHS activity in England through the MHpc return. This aggregate collection is collected and published at provider and commissioner level.

It was set up as a temporary solution in March 2010 while steps were taken to derive equivalent information via the MHSDS and is currently suspended until further notice to release capacity across the NHS to support the response to the coronavirus illness (COVID-19).

The MHSDS is a robust and superior source for collecting data about the care of patients discharged from mental health inpatient care. It is a patient-level, secondary uses dataset which delivers comprehensive, nationally consistent information for children, young people and adults who are in contact with mental health services. The MHSDS supports a much richer level of data and analysis than the MHpc because it:

- is collected and available at patient level
- covers a wide range of dimensions, including demographic information such as GP registered practice, patient postcode, ethnicity, gender and age. The dimensions include many of the nine protected characteristics used in equality and health inequalities analyses.

For these reasons, the MHpc return represents duplication of data collection that puts undue burden on NHS data providers and is potentially confusing for users.

Responses and next steps

Overall support for the proposals

We received 24 responses to the consultation; 23 from NHS providers and one from a patient. Twenty-one supported the proposals in full, two in part and one not at all. As well as referring to the potential reduction in burden, those supporting the proposals also said the changes would reduce the risk of confusion from having different data sources giving inconsistent information.

Ending the Quarterly Mental Health Community Teams Activity (MHpc) return

As reported above, 21 of the 24 respondents supported the proposals in full. They welcomed the removal of a duplicate return and believe that the data can be sourced through the MHSDS.

The two respondents who supported the proposals in part generally agreed with the points raised in the consultation document: that there are better sources of information and therefore the return offers little value and places unnecessary burden on the NHS. However, both referred to issues using the MHSDS to replicate the Commissioning for Quality and Innovation (CQUIN) information available to the NHS on the Future NHS collaboration platform. To help generate the CQUIN information from the MHSDS, descriptions and SQL code for the measures are available to NHS users on Future NHS here. In addition, MHSDS meta-data can be found here.

The respondent who did not support the proposals cited that ending the MHpc collection will impact on those patients not known to mental health services before

their admission. This response appears to be based on a misunderstanding of the information collected via the MHSDS. All episodes of inpatient care from a mental health provider should be captured in the MHSDS, including those for individuals previously unknown to services.

In light of the broad support for the proposal to end the MHpc, we will end the collection and publication of this data after Q3 2019/20. We will ensure that the concerns relating to difficulties replicating the CQUIN results produced from the MHSDS data are fed back to relevant colleagues.

Given the collection and publication of MHpc were suspended for Q4 2019/20 and Q1 2020/21, our decision to end the collection means that the Q3 2019/20 data published on 14 February 2020 and available here will be the last publication.

The retirement of the MHpc return will have the following impact on the measures included in the return:

Stop collecting the number of inpatient admissions gate-kept by crisis resolution home treatment (CRHT) teams in England

NHS England and NHS Improvement will stop collecting inpatient admissions gate-kept by CRHT teams as we do not believe that the measure is useful. The rigour with which it is applied locally varies significantly, and anecdote from local crisis teams and bed managers does not match the reported 97%+ in every provider.

We do not propose immediately replicating the gatekeeping measure in NHS Digital's monthly statistical release from the MHSDS when the aggregate collection is stopped. Instead we will explore developing an alternative indicator(s) which can be tested via the acute mental healthcare data quality dashboard to help measure meaningful contact with CRHTs before admission. This dashboard is available on the Future NHS collaboration platform to the same timescales as the NHS Digital monthly publication.

Stop collecting the number of patients on the care programme approach (CPA) followed up within seven days of discharge from psychiatric inpatient care via the aggregate data collection

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) has presented compelling evidence over the last few years for an increased risk of dying by suicide on days 2 to 3 following discharge from hospital. In its latest report, of the 2,178 suicides within three months of discharge from inpatient care between 2007 and 2017, 16% occurred within the first week of leaving hospital, with the highest number on the third day (21%).

In response, we introduced a national CQUIN indicator for 2019/20 to incentivise NHS providers to follow-up all adults (not just those on the CPA) within 72 hours of discharge from mental health inpatient care either directly into the community or into non-psychiatric inpatient care (eg general acute).

The CQUIN is an incentive aimed at CCG-commissioned services only and applied to all CCG-commissioned inpatient beds – general adult acute/older adult acute/ PICU/rehabilitation. As such, it provided the evidence required that a new 72-hour follow-up standard can be met across all discharges from CCG-commissioned inpatient beds. Further work is required to consider how and when the scope of a new standard should be extended to cover all mental health bed types, including people discharged from specialised commissioned inpatient mental health services and to Health and Justice services or prison settings.

The seven-day follow-up measure remained as the official national standard (measured through the aggregate data collection) in the NHS Standard Contract while the CQUIN was being implemented and MHSDS data quality improved. However, the success of the CQUIN led to the new 72-hour measure (measured via MHSDS) replacing the seven-day follow-up standard (measured through the aggregate data collection) from Q4 2019/20 (that is the Q4 data collected in April and published in May). Extension of the measure to all bed types in the coming years is being considered.

Publication of 72-hour follow-up

The 72-hour follow-up standard is now included in Schedule 4A of the NHS Standard Contract 2020/21, which came into effect from 1 April 2020. The national ambition in the first year of the new standard (2020/21) is for all mental health trusts to ensure 80% of patients discharged from inpatient settings are followed up within 72 hours. The standard is intended to bring focus not just to the timeliness of follow-up, but also to the quality of pre and post-discharge care and safety planning and support.

The standard means that **wherever possible** a face-to-face follow-up appointment should be completed within a maximum of 72 hours of a patient being discharged from a CCG-commissioned mental health inpatient service. **Where assessed to be clinically appropriate,** trusts may contact the person by telephone or other suitable technology, as long as this facilitates direct contact with them. This does not replace the need to undertake a face-to-face contact, which should be arranged at the earliest opportunity.

It should also be noted that this is a maximum follow-up standard, and services are expected to consider where patients require more intensive support earlier than the

72-hour maximum. The standard in 2020/21 applies only to discharges from CCG-commissioned inpatient mental health services; however, the principle of early follow-up should apply to discharges from all settings. We will explore options for formally extending this standard to discharges from NHS England-commissioned specialised mental health inpatient services in future years.

The standard is being measured in the MHSDS as a patient-level collection on a monthly basis, providing much richer and more accurate data than the previous aggregate collection for the seven-day follow-up standard. Data for all providers can be found in the acute mental health dashboard on the Future NHS collaboration platform, which can be accessed by NHS staff using this link. We will work with NHS Digital to include reports in monthly public reports as soon as possible.

The data requires timely submission of information and correct use of the bed-type field for providers to be recognised as having undertaken the follow-up.

Further information on the 72-hour follow-up standard, including FAQs, is available at this link.

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