

Quarterly Mental Health Community Teams Activity Return Statistics Consultation



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1. Quarterly Mental Health Community Teams Activity Return Consultation

Introduction

NHS England and NHS Improvement is seeking views from data providers, users and other interested parties on the proposal to end the Quarterly Mental Health Community Teams Activity return (MHpc).

Background

NHS England and NHS Improvement currently collects and publishes official statistics on the number of patients on the Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient care, and the number of inpatient admissions gate kept by Crisis Resolution Home Treatment (CRHT) teams in England, through the MHpc. It is an aggregate data collection collected via NHS Digital's Strategic Data Collection System (SDCS), and published at provider and commissioner level.

This data collection was set up as a temporary solution in March 2010 whilst steps were taken to produce equivalent information via the Mental Health Services Data Set (MHSDS).

The MHSDS is an alternative source for the information contained in the MHpc data return. The MHSDS is a patient-level, secondary uses data set which delivers comprehensive, nationally consistent information for children, young people and adults who are in contact with Mental Health Services. As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care. NHS Digital produces statistical releases that make available the MHSDS data.

The MHSDS provides much more detailed information than the MHpc collection because:

- Data is collected and available at patient level.
- Data 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" that are used in equality and health inequalities analyses.

For these reasons, the MHpc return represents duplication of data collection, resulting both in undue burden to NHS data providers and potential confusion for users, when a superior data source is available.

Proposed Changes

The recommendations are:

- End the Quarterly Mental Health Community Teams Activity return (MHpc).
- Stop collecting the number of inpatient admissions gate kept by Crisis Resolution Home Treatment (CRHT) teams in England. It is felt by NHS England and NHS Improvement that this is no longer a meaningful measure (see annex A) and so would not be replaced.
- Stop collecting the number of patients on the Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient care via the aggregate data collection, and instead publish MHSDS data on adult patients (not just those on CPA) followed up within 72 hours of discharge from psychiatric inpatient care (see annex A).

Summary of proposals

If the proposals outlined in section 1.3 were implemented, it would generate the following outcomes.

- The Quarterly Mental Health Community Teams Activity return (MHpc) would be discontinued as soon as possible for data providers, with an associated data collection burden reduction.
- MHSDS data on adult patients followed up within 72 hours of discharge from psychiatric inpatient care will be made available via NHS Digital's routine monthly publication from the MHSDS.

Consultation Process

Responses to this consultation should be sent via the online survey by Friday 27 March 2020. If you have any questions about the consultation, please email england.nhsdata@nhs.net.

The responses will be analysed to inform the future collection and publication of the Quarterly Mental Health Community Teams Activity return.

We will publish a response document in April 2020 which will summarise responses to the consultation and decisions made based on this. Please note that individual responses may be published unless anonymity is requested.

If you have any other general feedback about the Quarterly Mental Health Community Teams Activity publication, please email england.nhsdata@nhs.net.

Further Information

Full details of published Quarterly Mental Health Community Teams Activity data are available at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

Patient and public involvement

The Quarterly Mental Health Community Teams Activity publication is an NHS England and NHS Improvement official statistics release and available in accessible form at <https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>. As official statistics, they are subject to the UK Statistics Code of Practice (available at <https://www.statisticsauthority.gov.uk/osr/code-of-practice/>). This code requires NHS England and NHS Improvement to consult users of the statistics (including patients and the public) before making changes to official statistics. This consultation aims to meet that requirement.

The proposals in this consultation will not have a direct impact on patients or the wider public. As discussed in the consultation, plans are in place to source and publish relevant data that would be lost from MHpc from other sources. This publication would be directly accessible by any interested party. The most direct relevance will be to NHS data providers and data users both within the NHS and in wider sectors such as research groups or academia. However, NHS England and NHS Improvement also welcomes direct feedback from patients and the public on the proposals in this consultation.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this is a Performance Analysis Team – Elective, Activity and Planning consultation.

2. Annex A: Mental Health Community Teams Activity Return

The number of inpatient admissions gate kept by Crisis Resolution Home Treatment (CRHT) teams in England

1. Based on informal consultation with local services over a number of years, NHS England and NHS Improvement do not believe that the gatekeeping measure is useful, as the accompanying rigour with which it is applied locally varies significantly, and anecdote from local crisis teams and bed managers do not match the reported 97%+ in every single provider.
2. We do not propose replicating the Gatekeeping measure in NHS Digital's monthly statistical release from the MHSDS if the aggregate collection is switched off. Instead NHSE/I will develop an indicator in the Acute Mental Health care data quality dashboard to help measure meaningful contact with CRHTs prior to admission. This will initially be made available on the Future Collaborations Platform to the same timescales as the NHS Digital monthly publication.

The proportion of patients under adult mental illness specialties on the Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric inpatient care

1. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) have presented compelling evidence over the last few years that there is an increased risk of dying by suicide on days 2-3 following discharge from hospital. In response, NHS England and NHS Improvement introduced a national Commissioning for Quality and Innovation (CQUIN) indicator for 2019/20 to incentivise NHS providers to follow up all adults (not just those on the CPA) within 72hrs of discharge from psychiatric inpatient care where they met specific criteria, summarised as being those discharged directly into the community or into non-psychiatric inpatient care (e.g. general acute).
2. The CQUIN applies to all CCG-commissioned inpatient beds – General adult acute / older adult acute / PICU / Rehabilitation. This is because CQUIN is an incentive aimed at CCG-commissioned services only and targeting this cohort allowed for clear and measurable identification of people who would require a CCG-commissioned follow up after leaving hospital. As such, people discharged from specialised commissioned inpatient mental health services

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and people discharged to Health and Justice services or prison settings are out of the CQUIN's scope.

3. Full CQUIN payment will be achieved by a provider if they follow up 80%+ of individuals in scope within 72hrs during **Quarters 3 and 4 of 2019/20** (Q1 and 2 were set as a preparatory period).
4. The 72hr follow-up CQUIN is being measured through the MHSDS and requires timely submission of information and correct use of the bed-type field for providers to receive recognition that the follow-up has taken place. In this way, the CQUIN has not only provided an incentive to deliver timely follow up but has also successfully driven a significant improvement in the use of valid bed types in the MHSDS. This allows for more sophisticated analyses across a whole range of measures (e.g. delayed transfers of care, length of stay and admissions can now all be viewed by bed type where providers are using this correctly).
5. The 7-day follow up measure has remained in the NHS Standard Contract as the official national standard (measured through the aggregate data collection) while the CQUIN is being implemented and MHSDS data quality is being improved.
6. We are now proposing that the national 7-day follow up standard (measured through the aggregate data collection) is replaced with the new 72hr measure (measured via MHSDS) in the NHS Standard Contract. However, as mentioned above, the CQUIN only covers CCG-commissioned beds (acute, PICU and Rehab), whereas the 7-day measure applies to all inpatient mental health settings (but is only for adults on the CPA). As such, we will consider how and when the scope of a new standard should be extended to cover all mental health bed types in the future.

Current performance against the 72 hour follow up CQUIN

1. Based on the most recently available month's data (July 2019), current national performance against the 72hr CQUIN measure is 66.6%. Performance has increased by over seven percentage points between May and July, and we expect that it will increase further towards the 80% upper payment threshold as we move into Quarters 3 and 4 (the period associated with payment). For more information follow the link to the Mental Health CQUIN dashboard [here](#).

3. Annex B: Mental Health Community Teams Activity Return Data, quarter ending September 2019

The main findings for 2019-20 Quarter 2 were:

- 94.5% of patients under adult mental illness specialties on the Care Programme Approach (CPA) were followed up within 7 days of discharge from psychiatric inpatient care in the quarter.
- 98.2% of admissions to psychiatric inpatient wards were gate kept by Crisis Resolution Home Treatment (CRHT) teams in the quarter.

Care Programme Approach (CPA) and gate keeping by Crisis Resolution Home Treatment (CRHT) teams timeseries.

Period	Number of patients on the CPA who were followed up within 7 days after discharge from psychiatric inpatient care (QA)	Total number of patients on the CPA discharged from psychiatric inpatient care (QA)	Proportion of patients on the CPA who were followed up within 7 days after discharge from psychiatric inpatient care (QA)	Number of admissions to acute wards that were gate kept by the CRHT teams (QA)	Total number of admissions to acute wards (QA)	Proportion of admissions to acute wards that were gate kept by the CRHT teams (QA)
Q1 2016-17	15,582	16,197	96.2%	16,519	16,837	98.1%
Q2 2016-17	15,914	16,441	96.8%	16,446	16,713	98.4%
Q3 2016-17	15,179	15,687	96.8%	15,853	16,067	98.7%
Q4 2016-17	15,857	16,373	96.8%	16,146	16,348	98.8%
Q1 2017-18	15,824	16,372	96.7%	16,543	16,763	98.7%
Q2 2017-18	15,814	16,347	96.7%	16,506	16,734	98.6%
Q3 2017-18	16,017	16,790	95.4%	15,992	16,231	98.5%
Q4 2017-18	15,965	16,718	95.5%	15,676	15,879	98.7%
Q1 2018-19	16,624	17,364	95.7%	16,413	16,728	98.1%
Q2 2018-19	16,586	17,343	95.6%	16,002	16,258	98.4%
Q3 2018-19	16,104	16,860	95.5%	15,567	15,916	97.8%
Q4 2018-19	15,470	16,150	95.8%	15,642	15,943	98.1%
Q1 2019-20	16,159	17,000	95.1%	16,430	16,731	98.2%
Q2 2019-20	16,540	17,496	94.5%	16,108	16,399	98.2%

4. Annex C: Consultation Questions

1. What is your name?
2. To enable NHS England and NHS Improvement to interpret your response it would help us to understand why you are responding. Please can you tell us in what capacity you are completing or responding to this consultation (for example, NHS organisation (please state), patient, academic...)?
3. Do you support our proposals (the proposed changes in section 1.3 of the consultation document either in whole or in part?)
 - Yes, in whole
 - Yes, in part
 - No
4. If answered 'Yes, in part' or 'No' to question 3, please indicate which of the proposals you do or do not support, and the reasons or comments. For example, detail of how you use the information and the potential impact if it were not available.

Proposal	Support? (Yes, No)	Reasons (free text)
Termination of the Quarterly Mental Health Community Teams Activity return		
Make MHSDS data available via NHS Digital's regular publication		

5. Do you have any further suggestions or proposals for consideration, including any comments about the impact on equality or health inequalities?
6. If you are happy for us to get in contact with you to discuss your response in greater detail, please provide your email address.

