

Data Provision Notice

Children and Young People with an Eating Disorder, Referral to Treatment Times (CYP ED)

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Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre, now known as NHS Digital and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been Directed to establish an information system by the Secretary of State for Health and Social Care or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

The data was previously collected into Unify 2 under the commencement order from NHS England but is now being collected under a Secretary of State for Health and Social Care direction for NHS Digital to migrate and continue to collect the data.

Purpose of the Collection

The purpose of the Children and Young People with an Eating Disorder, Referral to Treatment Times (CYP ED) collection is to measure the waiting time to start of treatment, and to count those still awaiting treatment, so that colleagues can understand whether commissioners and providers are supplying services to allow compliance with the aspirations set out in the 'Mental Health Services: achieving better access by 2020' document published by the Department of Health and Social Care:

[Mental health services: achieving better access by 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020)

In time, the intention is that the Mental Health Services Data Set (MHSDS) should be used to report against these standards, but at present the use of MHSDS is being hampered by the correct application of SNOMED CT by providers and a misinterpretation of the guidance. This is being addressed by NHS Digital through several data quality improvement initiatives.

The data collected is published by NHS England - [Statistics » Children and Young People with an Eating Disorder Waiting Times \(england.nhs.uk\)](https://statistics.nhs.uk/statistics-children-and-young-people-with-an-eating-disorder-waiting-times)

Benefits of the Collection

The continued collection of this information will allow monitoring of progress towards achieving the standard and will in turn act to improve care of patients.

Legal basis for the collection, analysis, publication and dissemination

NHS Digital has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the migration and continued operation for the collection and analysis of the information specified for this service. A copy of the Direction is published here: [The migration and continued operation of the Unify2 collections through Strategic Data Collections Service Direction 2017 - NHS Digital](#)

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8).

Persons consulted

Following receipt of a direction to establish a system to collect Children and Young People with an Eating Disorder, Referral to Treatment Times (CYP ED), NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- NHS England
- Data providers - consulted regarding the use of the Strategic Data Collections Service (SDCS) platform.

NHS England has also consulted providers regarding changes to the Unify platform as part of ongoing work with NHS Digital.

Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- Acute and Mental Health NHS organisations

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below:

Form of the collection

Patient level data is not collected. Data is at aggregate level data and is collected on a Provider Commissioner (Prov Comm) basis with trusts submitting their data broken down by commissioner. Commissioners are asked to review and sign-off the provider supplied information. The data items to be submitted are for the number of

patients on CYP ED pathways (complete and incomplete) broken down by length of period from referral to treatment (weeks):

- Length of completed CYP ED care pathways (routine cases) broken down by time band
- Length of incomplete CYP ED care pathways (routine cases) broken down by time band
- Length of completed CYP ED care pathways (urgent cases) broken down by time band
- Length of incomplete CYP ED care pathways (urgent cases) broken down by time band.

Manner of the collection

This data will now be collected via the NHS Digital web-based system, Strategic Data Collection Service (SDCS), instead of Unify 2.

The pro forma template should be completed by the submitting organisation and uploaded to NHS Digital via the SDCS online data collection platform.

Further information is available here: [Strategic Data Collection Service \(SDCS\) - NHS Digital](#)

Period of the collection

This is an existing data collection which is conducted quarterly, e.g. 2017/18 Q3 data will be collected in late January 2018, 2017/18, Q4 data will be collected in late April 2018.

Publication is on the second Thursday of month following data collection, e.g., 2017/18 Q3 data will be published in February 2018.

The data collection will end when the quality of data submitted by providers, in relation to SNOMED CT, is sufficient to allow the key CYP ED measures to be accurately reported.

Data quality

Providers submit their data, and it is expected that the returns from providers are validated internally, signed off and provide an accurate reflection of the situation in that organisation.

The data collection is intended to monitor the standard relating to the period waited for patients to start NICE-approved treatment. Because there is no collection of information about the treatment supplied, it is only possible to measure the waiting time element of the standard using this data collection.

To date, there has been no revisions policy, meaning that if an error is detected after the period reported there is no mechanism by which the data can be revised. This has been considered acceptable given the status of this collection as an interim solution pending adoption of MHSDS, and this continues to apply.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In seeking to minimise the burden it imposes on others, in line with sections 253 (2a) and 265(3) of the Health and Social Care Act 2012, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assurance is carried out by the Data Standards and Assurance Service (DSAS) which assures burden assessment evidence provided as part of the overarching Data Alliance Partnership Board (DAPB) process. The DAPB, acting under authority of the Secretary of State, oversees the assurance and approval of information standards, data collections and data extractions for the health and social care system in England.

Assessed costs

There are no changes to this data collection which require a re-assessment of the burden. The associated burden is:

Burden on providers	£164,107	Year 2 and subsequent annual costs
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For further information

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