

# Data Provision Notice

## Mental Health Services Data Set (MHSDS) v6.0

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## Background

The Health and Social Care Act 2012 (the Act) gives NHS England 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 publicly funded 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 (the Secretary of State) or under section 259(1)(b) of the 2012 Act. NHS England may also request bodies that do not fall into one of these categories to provide it with data to fulfil a direction.

The data, as specified by NHS England in this published Data Provision Notice (DPN), is required to support directions from NHS England. 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.

Therefore, organisations that are in scope of section 259(1)(a) are legally required, and organisations in scope of section 259(1)(b) are requested, pursuant to section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

The last Data Provision Notice (DPN), requiring submission of the Mental Health Services Data Set (MHSDS) v5.0, was published in September 2022. This version is published for the submission of the MHSDS v6.0 and to update the Form (described below).

## Purpose of the collection

The MHSDS is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for all patients who are in contact with mental health services.

It covers services located in England or located outside England but treating patients commissioned by an English Integrated Care System or NHS England specialised commissioner or an NHS-led Provider Collaborative.

As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care, for example: commissioning, service improvement and service design. It defines the data items, definitions and associated value sets extracted or derived from local information systems.

Previous development history of the DAPB0011 Information Standard can be found on the DAPB0011: Mental Health Services Data Set [webpage](#).

The MHSDS is used to inform service improvements and monitor service performance, clinical interventions, patient experience and treatment outcomes. In particular it has been designed to support the introduction of access and waiting time standard measurements supporting part of the Long-Term Plan for Mental Health for the NHS in England and policy commitments related to putting mental health on a par with physical health.

NHS England publishes aggregate data from MHSDS on a monthly, quarterly and annual basis.

The latest Information Standard release and associated documentation can be found on the DAPB0011: Mental Health Services Data Set [webpage](#).

## Benefits of the collection

All patients should enjoy equitable access to good quality, effective services that are appropriate to their needs. MHSDS data collected for secondary uses is used by various secondary use functions such as:

- commissioning
- clinical audit
- research
- service planning
- inspection and regulation
- monitoring government policies and legislation
- local and national performance management and benchmarking to support these objectives.

Reporting routinely includes the monitoring of:

- equality of access to mental health services for all patients
- compliance with standards set by the National Institute for Health and Care Excellence (NICE)
- outcomes
- patient experience of mental health services including waiting times
- provision of services as commissioned.

## Legal basis for the collection, analysis, publication and dissemination

### Collection and analysis

NHS England has been directed under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the Directions is published here: [Mental health services Directions 2020 - NHS England](#). This information is required by NHS England under section 259(1)(a) and (b) 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 England 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 England's duty under section 259(8).

Analysis and linkage is carried out in order to investigate the relationship between care in mental health services and other healthcare activity, such as referrals to other NHS services, for example community or mental health support for people known to maternity services.

Where it is lawful to do so, the data held in the MHSDS may be linked to other data for which NHS England is the Controller; linkage is provided by the master person service ID. More information about the data sets and collections that NHS England hold and that may be used for linkage can be found on the [NHS England website](#).

Where it is lawful to do so, the MHSDS data may also be linked to external data sources.

For reporting purposes, anonymous MHSDS data is uploaded onto the NHS England central reporting system.

## Dissemination

Extracts of the submitted data are returned back to the care providers via the SDCS Cloud Portal, to allow the local monitoring of service provision, assist with allocating payments and to help submitters to improve data quality.

MHSDS data is disseminated to other organisations such as commissioners following application through the Data Access Request Service (DARS) with previous oversight by the Independent Group Advising on the Release of Data (IGARD). However, IGARD ceased to exist on 31 January 2023 when NHS Digital merged with NHS England. NHS England has established [interim arrangements](#) to seek and receive independent advice.

## Publication

In accordance with section 260(1) of the Health and Social Care Act 2012, aggregated data will be published on the NHS England website to provide effective monitoring of service standards, including efficiency, equity and effectiveness of service, by policy makers.

The latest publications using MHSDS data can be found on the NHS England [mental health data hub](#).

## Persons consulted

Following receipt of a direction to establish a system to collect Mental Health Services Data, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- Meetings with NHS England mental health programme and policy leads
- 1:1 consultation meetings between mental health service providers / NHS England
- MHSDS v6.0 Expert Reference Group (ERG)
- Consultation meetings with internal teams
- Provider and supplier consultation webinars
- Online public consultation questionnaires
- The Data Alliance Partnership Board (DAPB)
- Registered stakeholders of the MHSDS newsletter, including care providers, system suppliers and commissioners

The Data Alliance Partnership Board (DAPB) has been established as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed and priorities assigned

The MHSDS is uplifted on a regular basis to include changes in support of policy or legislation and local practice changes. This process involves extensive consultation with representatives of care provider organisations, including informatics staff and clinicians, system suppliers and various other stakeholders.

## Scope of the collection

**a. 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 England duty under section 259(8) on the following persons:

Service providers and organisations in England that provide specialist secondary mental health and/or learning disabilities and/or autism services including:

- NHS mental health trusts
- NHS learning disability trusts
- NHS acute trusts\*<sup>1</sup>
- NHS care trusts
- NHS community health trusts\*<sup>1</sup>
- Independent sector healthcare providers offering a service model that includes NHS funded patients
- Community services offering secondary care to children\*<sup>1</sup>
- Voluntary sector health care providers offering a service model funded by the NHS
- Any qualified provider offering mental health services that are funded by the NHS

\*<sup>1</sup>Where there is a direct provision of specialist secondary mental health, learning disabilities or autism services.

**b. Under section 259(1)(b) of the 2012 Act**, the following non health or care public body providers on whom this Notice is served are requested to provide data:

- Independent sector healthcare providers offering a service model for non-NHS funded patient
- Voluntary sector health care providers offering a service model for non-NHS funded patient
- Any qualified provider offering mental health services offering a service model for non-NHS funded patient

It is a mandatory requirement for services to submit data where the care for the patient is wholly or partially funded by the NHS. Where care is wholly funded by another means then data submission for that patient is optional.

- If the care for the patient is wholly funded by the NHS – data submission for that patient is mandatory.
- If the care for the patient is partially funded by the NHS – data submission for that patient is mandatory.
- If the care for the patient is wholly funded by any means that is not NHS – data submission is optional.

Where the patient is attending a service located outside England, but commissioned by an English Integrated Care Board, NHS England specialised commissioner or an NHS-led provider collaborative, data submission is optional but may be a requirement of the commissioning arrangements.

Please see the *Requirements Specification* for the full scope of the MHSDS. This document is available from the [DAB0011: Mental Health Services Data Set webpage](#).

## Form, Manner and Timing of the collection

Under section 259(5) of the 2012 Act, the public bodies organisation types detailed in item a. above must comply with the requirements as to Form, Manner and Timing specified.

The non-public bodies detailed in item b. above are requested to provide the information in accordance with the Form, Manner and Timing requirements specified.

The requirement relates to the extraction and submission of patient identifiable data.

Full details of the data to be submitted to the MHSDS can be found in the *MHSDS 6.0 Enhanced Technical Output Specification*, which is available from the [MHSDS Tools and Guidance](#) webpage.

## Manner of the collection

Providers of mental health services **MUST** create a data submission file as set out in the *Technical Output Specification*. Therefore, providers of mental health services **MUST** be able to:

- Collate and extract data from local IT systems as per the *Technical Output Specification*.
- Structure the data and create a data submission file using the Intermediate Database (IDB) as per the *Technical Output Specification*.
- Apply the basic validation rules and ensure that the submission file conforms to these, as per the *Enhanced Technical Output Specification*.
- Ensure the data submission file only contains data that relates to the specified monthly reporting period and relates to one provider organisation.
- Ensure the data submission file contains data relating to all mental health services covered by the one provider organisation.
- Submit data submission files via the specified MHSDS data landing platform as per the data submission protocol highlighted in the *Technical Output Specification*.

The *Enhanced Technical Output Specification* is available from the MHSDS [Tools and Guidance](#) webpage.

## Period of the collection

This DPN supersedes the September 2022 version developed to require flow of the existing MHSDS v5.0.

MHSDS v5.0 will be collected locally until March 2024 and MHSDS v6.0 will be collected locally from April 2024.

Central data submission to SDCS Cloud will commence as per the MHSDS [submission timetable](#).

MHSDS operates on a monthly submission cycle with a multiple submission window, which enables the resubmission of data throughout the financial year.

## Data quality

NHS England is committed to supporting providers at the point of submission to investigate any unexpected variations in data in order to improve data quality. Also following submission, NHS England will work with providers where there are concerns with data quality to improve future submissions. Feedback from providers is published to inform other users about the cause and impact of known data quality issues.

Responsibilities, and associated conformance criteria, with regard to data quality are detailed within the *Requirements Specification* available from the [DAPB0011: Mental Health Services Data Set webpage](#).

As per the *Requirements Specification*, providers of Mental Health Services MUST review the *Technical Output Specification* to understand the data quality rules that will be applied to each data group on submission to the portal. Data quality issues will be highlighted in a data quality report made available to the providers for them to take further action before the submission window closes.

Providers of Mental Health Services SHOULD make every effort to resolve inherent systemic errors and address recurring data quality issues within the submission window.

As an output data set, the MHSDS does not mandate design of local systems or specific local data quality measures. However, the data set developers have outlined recommendations for consideration by data providers to ensure good data quality in respect of the extracted submission. These recommendations can be found in the *Implementation Guidance* available from the [DAPB0011: Mental Health Services Data Set webpage](#).

Provider level data quality reports, which provide data validation of some key data items in the MHSDS, are available as part of the monthly MHSDS publication.

A cross-arm's length body mental health data quality group will support mental health services in improving the completeness and quality of submissions. For example: through improved guidance, user groups, direct contact with providers in order to support services that are trying to submit but currently don't; and prioritising data quality initiatives, such as improving the completeness of inequality data.

## Further Information and Support

A comprehensive set of documentation, including all documents referenced in this Data Provision Notice, has been produced by the developers for the MHSDS Information Standard. These documents are arranged across two areas of the NHS England website as follows:

- [DAPB0011: Mental Health Services Data Set webpage](#) contains DAPB Information Standard documentation which define the standard and remain static.
- [MHSDS Tools and Guidance](#) webpage contains supporting technical documentation as well as organisational assessment and planning tools. These documents and tools are continually reviewed by the developers and updated where necessary.

Please see section 2.4 of the [Implementation Guidance](#) for a full list and descriptions of each related document and where they can be found.

For specific enquiries relating to the MHSDS please contact NHS England via email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) (please include 'FAO MHSDS' in subject line).

## Burden of the collection

### Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory obligation to keep collections under review on an ongoing basis. As such, the MHSDS is reviewed on a regular basis to ensure it:

- remains fit for purpose
- maintains alignment with clinical practice and coding
- responds to policy requirements
- matches the NHS Data Model and Dictionary
- is corrected in light of issues highlighted by stakeholders.

A new Data Provision Notice may be issued following any amendments to the data set resulting from this review.

In discharging its duty to seek to minimise the burden it imposes on others, NHS England has sought to minimise the burden on care providers by using a relational data set structure which closely resembles how the data is locally captured. Allowing a choice of terminology and classification scheme (e.g. SNOMED CT) has minimised the burden of mapping to a single mandated scheme.

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 England 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) who assure 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 development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

A full burden assessment has been carried out for the v6.0 release based on 18 responses. The outcome of this assessment is a burden of £6.5m ongoing costs, £1m of which is thought to be setup costs. The latest burden assessment also includes local authority figures as well as Commissioning Support Units.

### Assessed costs

The associated burden of the data collection is:

Data Provider costs (Set-Up)	£1m	Includes the costs of implementing the changes to the data collection within the data provider organisation.
Data Provider costs (Ongoing)	£5.5m	Includes the costs of providing data for 12 monthly reporting periods.

Other costs of the data collection	Not Assessed for v6.0	Includes NHS England costs, which cover ISN development and all ongoing support for the release.
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This is the existing associated burden, and the figures are subject to change should any further burden assessments take place.