

Do I need to submit data?

**Out of Area Placement (OAPs) collection –
Providers and placements in scope along with
definitions**

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The purpose of this document is to help you decide whether your organisation is in scope to submit data for this collection; and if so, what type of placements should be submitted.

Definitions

Out of Area Placement – this is when a patient with assessed acute mental health needs who requires non-specialised inpatient care (Sub-ICB commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- a) are not run by the patient's home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP);
- b) are not intended to admit people living in the catchment of the person's local community mental health team (CMHT);
- c) are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning¹.

The full definition has been published here:

<https://www.gov.uk/government/publications/oaps-in-mental-health-services-for-adults-in-acute-inpatient-care/out-of-area-placements-in-mental-health-services-for-adults-in-acute-inpatient-care>

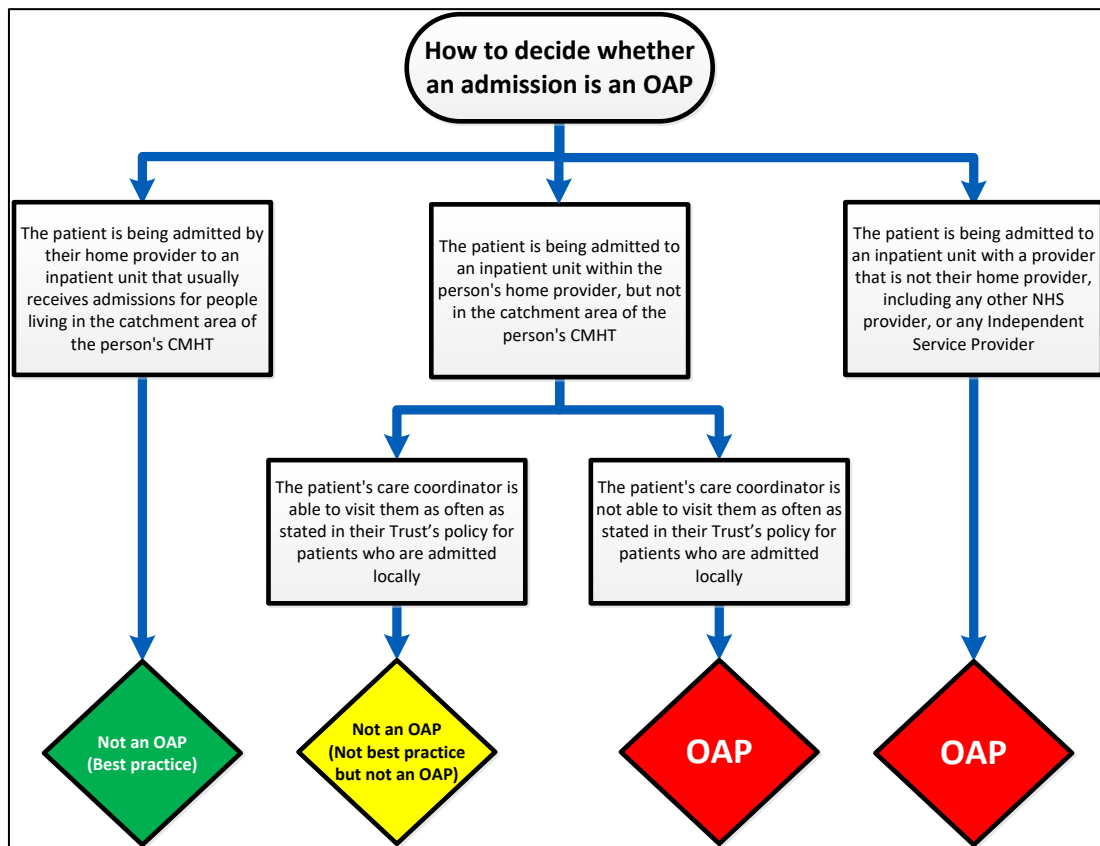
Given the varying sizes and geographical footprints of mental health providers, the definition necessarily allows sending providers (see *Further definitions*) to use their local knowledge to determine whether a placement is out of area – you should use the principles in the definition to help you exercise your judgement based on your knowledge of local geography, providers, CMHT catchment areas and the circumstances of the individual.

OAPs decision tree

The decision tree has been developed to help sending providers determine whether an admission is an OAP. This decision tree is deliberately simple to cover standard scenarios. While it is not possible to set a definition that covers every possible scenario, we have included a number of more complex scenarios based on queries we have received in Annex A to support you in determining whether a placement should be recorded as out of area.

¹ The care coordinator should be able to visit the person as regularly as stated in their Trust's policy.

Figure A: OAPs decision tree



Further definitions

Sending provider – the provider that has taken the decision to place a patient outside of their usual Community and Mental Health Team (CMHT) network of local services for acute mental health service provision.

Receiving provider – the provider that is receiving the patient from another health care provider.

Home provider - if the person is already known to mental health services, the home provider is that which **usually** provides their care. If the person is not known to services, the home provider is that with a catchment area that includes the patient's GP practice. In both cases, it is likely that the provider will also be that which is most local to where the patient lives.

Note: For the majority of cases, the home provider will also be the sending provider.

Trust code – a unique three digit [ODS](#) code for group of hospitals.

Hospital/site code – a unique five digit [ODS](#) code for group of hospitals.

An out of area placement may be appropriate when:

- The person becomes acutely unwell when they are away from home (in such circumstances, the admitting provider should work with the person's home team to facilitate repatriation to local services as soon as this is safe and clinically appropriate).
- There are safeguarding reasons such as gang related issues, violence and domestic abuse.
- The person is a member of the local service's staff or has had contact with the service in the course of their employment.
- There are offending restrictions.
- The decision to treat out of area is the individual's choice e.g. where a patient is not from the local area but wants to be near their family and networks.

This list is not exhaustive. There are other reasons why treatment in an out-of-area unit may be appropriate. In these cases discharge and/or return to an appropriate local unit should be facilitated at the earliest point.

An OAP will be inappropriate if the reason is non-availability of a local bed.

Note: details of **all OAPs** should be submitted, **regardless** of whether they might be considered appropriate or inappropriate. This is identified in the *Referred Out of Area Reason* data field from submissions.

Providers in scope

1. Which organisations need to complete the monthly return?

Any Mental Health provider in England that provides local acute mental health services and has responsibility for deciding when adults require acute inpatient admission is in scope and should complete a return each month. This includes Mental Health Foundation Trusts, Mental Health Non Foundation Trusts and some Independent Sector providers. If you have not sent anyone out of area in a particular month, you will need to complete a nil return.

Foundation or NHS Trusts that do not provide mental health services are not in scope. Independent Sector Providers who do not place patients (i.e. only ever receive patients from other providers) are not in scope.

Only sending providers need to complete the monthly return. However the sending provider will need to confirm some details with the receiving provider, for example:

- 5 digit ODS code and postcode of receiving provider
- Average cost per bed day
- Discharge date

2. What if we receive patients but don't send them out of area?

You don't need to submit any data.

3. What if we ordinarily send patients, but don't send any in a month?

You'll still need to complete a monthly nil return for new placements and update any active placements with a discharge date if any of these have finished in the submission month.

There is a Submission Confirmation section in the online data submission tool – you'll need to select the applicable month, and tick to confirm the number of admissions and discharges for that month. A nil return will show as 0. If the table shows n/a then you have not submitted any information for that month, so your return still needs to be completed.

4. Do providers outside of England need to submit data?

No. This collection is only for providers in England only. If you are a provider in England and have sent a patient out of area to a provider that is in Wales or Scotland, this should still be recorded.

5. Our organisation is not an acute mental health inpatient provider, but we assist in finding OAPs for patients and then review them periodically. Do we need to submit data?

No, you are not in scope.

6. Are community health services in scope?

Only providers that provide local acute mental health services and have responsibility for deciding when adults require acute inpatient admission are in scope.

Placements in scope

7. Which bed types are in scope?

Only OAPs that involve placing a patient for **non-specialised** (Sub-ICB commissioned) inpatient acute mental health care, need to be submitted. This means that OAPs that require the following bed types need to be recorded:

Figure B: Bed types in scope

Bed Type	Definition
Acute adult mental health care	<p>An acute bed for adults of working age (18–65) for males or females.</p> <p>Patients may be informal or subject to the Mental Health Act. These wards are now expected to meet the single sex accommodation standards.</p> <p>Acute inpatient wards provide care with intensive medical and nursing support for patients in periods of acute psychiatric illness.</p>
Acute older adult mental health care (organic and functional)	<p>Older adult beds are provided for the psychiatric care of patients aged 65 years and older. Beds can typically be provided for 2 main types of care; 1. Organic mental illness which is a dysfunction of the brain associated with decreased mental function 2. Functional mental illness which covers a range of psychiatric illness including; psychosis, affective and behavioural disorders. Patients on Older Adult mental health wards often exhibit complex co-morbidities including enhanced levels of physical frailty. Patients typically stay longer on Older Adult wards than on General Psychiatric wards given their poor state of physical and mental health and need for ongoing care and support.</p>
Psychiatric Intensive Care Unit (acute mental health care)	<p>A PICU is a type of psychiatric inpatient ward. These wards are secure, meaning that they are locked and entry and exit of patients is controlled. Staffing levels are usually higher than on an acute inpatient ward, usually multi-disciplinary and sometimes with 1:1 nursing staffing ratios. They usually receive patients who cannot be managed on the acute inpatient wards due to the level of risk the patient poses to themselves or to others. In some cases patients may also be referred from prisons or rehabilitation wards. Patients will usually be detained under the Mental Health Act.</p>

Therefore, the following bed types are out of scope of this collection:

- Eating Disorders
- Mother and baby
- Learning Disabilities
- Low secure/locked rehabilitation
- High dependency rehabilitation
- Long term complex rehabilitation/ Continuing Care
- Low secure
- Medium secure
- High secure
- Neuro-psychiatry / Acquired Brain Injury
- General CAMHS inpatient - Child (including High Dependency)
- General CAMHS inpatient - Adolescent (including High Dependency)
- Eating Disorders inpatient –Adolescent (above 12 years)
- Eating Disorders inpatient - Child (12 years and under)
- Low Secure Mental Illness
- Medium Secure Mental Illness
- Child MH inpatient services for the Deaf
- Learning Disabilities/ Autistic Spectrum Disorder inpatient
- Low Secure Learning Disabilities
- Medium Secure Learning Disabilities
- Severe Obsessive Compulsive Disorder and Body Dysmorphic Disorder - Adolescent

8. What is the difference between Out of Area Placements and Out of Area Treatments?

The term “Out of Area Placement” (OAP) replaces the term Out of Area Treatment (OAT) in MHSDS v2.0. Out of Area Treatment is a retired term in NHS Data Model and Dictionary, as it is associated with non-contract activity. Out of Area Placements are also referred to as Out of Area Admissions in NICE guidance:

<https://www.nice.org.uk/guidance/ng53>

9. Are private patients included?

Yes, including those private patients seen in an NHS healthcare setting.

10. What age range is covered in the scope of the collection?

This collection is focussed on all adults (including older adults), defined as anyone who is 18 years +. Child and Adolescent Mental Health Services (CAMHs) are specialised commissioned services so do not come within the scope of this collection.

11. How does the responsible commissioner guidance (the “Who pays” document) fit in with this?

The responsible commissioner guidance should not take precedence over the principle that the person shouldn't be dislocated from their usual network of care.

12. We have a number of beds that are paid for as a block purchase to complement our current bed stock. Whilst these beds are ‘out of area’, they are part of our standard bed complement, should we include patients on these beds?

In line with the definition, this would be considered an OAP, regardless of the distance travelled, because you are placing the patient away from their usual network of services and/or their home provider.

Annex A – Scenarios Matrix

The scenarios outlined below are based on queries NHS Digital (now NHS England) has received from providers when determining whether an episode of care should be recorded as an OAP. For the more complex scenarios, an element of judgment will be required based on an understanding of local arrangements and individual circumstances.

Scenario	Is it an OAP? Yes/No. Reasoning
<p>1. Patient is placed for adult acute inpatient mental health treatment in a unit which is not run by their home/usual provider.</p>	<p>Yes. If a patient is placed in a unit run by any provider other than their usual or home provider it is always an OAP, so long as the treatment is for one of the three bed types in scope covered in Figure B.</p> <p>This is the case regardless of the distance these units are from the patient’s home; whether the admitting unit is run by an NHS provider or an independent provider; whether the person was already being cared for as an inpatient, within a community setting, or was unknown to services prior to the decision to admit.</p>
<p>2. Patient is placed for adult acute inpatient mental health treatment within their home provider but in a unit that is does not form part of their usual local network of services.</p>	<p>This scenario is particularly relevant to those Mental Health providers with large geographical footprints. Whether this is an OAP depends on the disruption caused to the patient’s care resulting from the location of the unit.</p> <p>Yes. The placement would be considered an OAP if the location of the unit prevents the patient's care coordinator from visiting them as often as stated in their Trust’s policy for patients who are admitted locally, even if the unit is run by the person’s home provider.</p> <p>No. While it is not best practice to admit someone outside of their usual local network of services, it should not be recorded as an OAP if a patient's care coordinator is still able to visit them as often as stated in their Trust’s policy for patients who are admitted locally.</p>

Scenario	Is it an OAP? Yes/No. Reasoning
<p>3. Patient is discharged to their home abode (i.e. discharged from treatment).</p>	<p>The act of discharging a patient from treatment back to their home ends the episode of care. The discharge itself is not an OAP.</p> <p>Whether the episode of care they are discharged from was an OAP, depends on where the individual was admitted:</p> <p>Yes. If discharged home from a unit which was not within their home provider or did not form part of the individual's usual local network of services.</p> <p>No. If discharged home from a unit which was within their home provider or formed part of the individual's usual local network of services.</p>
<p>4. The patient has been receiving care out of area but is returned to their home provider/usual network of services for further equivalent or treatment.</p>	<p>Once the person is returned to their home provider/usual network of services, the OAP episode ends.</p> <p>However, the initial care provided out of area must be recorded as an OAP on CAP. The date on which the patient returns to their home provider/usual network, should be entered as the discharge date in the OAP record, ending the OAP episode, even though the individual may still be receiving treatment in their home provider/usual network.</p>
<p>5. A patient is referred to another provider to receive specialist treatment.</p>	<p>No. The scope for this collection only covers adult and older adult (organic and functional) acute and psychiatric intensive care unit (PICU) beds – all of which are Sub-ICB commissioned). No specialised services should be included. If an individual requires specialist treatment that your Trust is not commissioned to provide, then this would not be covered by the scope of this collection.</p>

Scenario	Is it an OAP? Yes/No. Reasoning
<p>6. Patient is in England on holiday from abroad, including from Wales, Scotland, or Northern Ireland.</p>	<p>No – because they are not a resident of England.</p> <p>This is further explained in the full definition: https://www.gov.uk/government/publications/oaps-in-mental-health-services-for-adults-in-acute-inpatient-care/out-of-area-placements-in-mental-health-services-for-adults-in-acute-inpatient-care</p>
<p>7. A patient is known to services and lives in Harrow, but is being treated in a unit in Ealing. Both Harrow and Ealing fall in the catchment area of the same mental health provider.</p>	<p>Yes/No.</p> <p>See OAPs decision tree in Figure A. If a patient is admitted within the same provider and their care coordinator is still able to visit them as often as stated in their Trust’s policy for patients admitted locally, then this is not an OAP.</p> <p>However, it is best practice to place someone within a unit that forms part of their usual local network of services i.e. it is located in the same catchment area as their CMHT, as it is more likely that this will help them to maintain contact with family, carers and friends, and to feel as familiar as possible with the local environment.</p>
<p>8. We offer Mental Health Services to both Sandwell & Wolverhampton patients, but we have separate commissioners. Would a Wolverhampton patient being placed on one of our Sandwell</p>	<p>No. This placement would not an OAP, but equally it would not be best practice. Ideally a patient would be placed as close to their home as possible, but if the unit is within the same provider and the patient’s care coordinator is able to visit them as often as stated in their Trust’s policy for patients admitted locally, then this is not an OAP.</p>

Scenario	Is it an OAP? Yes/No. Reasoning
wards be classed as OAP – even though the service is being offered by the same provider and the travelling distance between the sites is less than 10 miles?	
<p>9. Patient is admitted to a unit in a different area in England from where they are registered with a GP.</p> <p>This may occur because they:</p> <ul style="list-style-type: none"> • Commute a distance and so have a GP at work for convenience. • Are a student but have retained their 'home' GP. • Are visiting another locality. 	<p>Yes, if it is for one of the three bed types in scope.</p> <p>The sending provider when entering the information into CAP, must select the correct <i>Referred Out Of Area Reason</i> for each of these examples.</p> <ul style="list-style-type: none"> • Commuting = Patient choice • Student, visiting another locality = Admitted while away from home. <p>These are examples of appropriate OAPs.</p>
<p>10. A patient whose home address is in Salford Sub-ICB, presents at a Manchester A&E and is admitted to a MMHSCT bed.</p>	<p>Yes – the placement should be recorded as out of area, even though it is an appropriate admission. The individual's home provider should enter the information into CAP which relies on them being made aware of the situation by the receiving provider. When the home provider is entering the information they must select the correct '<i>Referred Out Of Area Reason</i>', which is '<i>Admitted away from home</i>'. This item enables the distinction to be made between appropriate and inappropriate out of area placements.</p>

Scenario	Is it an OAP? Yes/No. Reasoning
<p>11. A homeless patient, unknown to mental health services but registered with a GP in Salford Sub-ICB, is admitted to a Manchester MHSCT Trust bed, i.e. the GP is in a different catchment area.</p>	<p>Referencing the ‘<i>Who Pays</i>’ document, this is an OAP that should be submitted by the MH Trust responsible for Salford.</p> <p>Whether the OAP is appropriate will be determined by the <i>Referred Out Of Area Reason</i> that is selected when completed in CAP.</p>
<p>12. A homeless patient who is not registered with a GP who presents in a Manchester A&E and is admitted to a Manchester MHSCT Trust bed.</p>	<p>Referencing the ‘<i>Who Pays</i>’ document, this would not be an OAP.</p> <p>No – as there is no identifiable area from which the individual can be linked to, it is not possible to determine whether out of area.</p>
<p>13. Patient has no fixed abode and is not registered with a GP. They are sent for treatment in an area different from where they were initially admitted. They know no one there.</p>	<p>Yes, this should be recorded as an OAP if the treatment is for one of the three defined bed types, and we assume that where they are initially admitted is their “home area” and then placed out of area. Commissioner responsibility would sit with the Sub-ICB responsible for commissioning the provider in the area where the patient was initially admitted.</p>

Scenario	Is it an OAP? Yes/No. Reasoning
<p>14. A patient with no fixed abode and previously unknown to mental health services is transferred for treatment in an area different from where they were initially admitted in order to enable them to be closer to their main support network, e.g. family/friends.</p>	<p>Yes – this is an appropriate OAP and the <i>Referred Out Of Area Reason</i> should be recorded as <i>Patient Choice</i>.</p> <p>We assume that where they are initially admitted is their “home area” and then placed out of area.</p>
<p>15. A patient whose home address is in Bury Sub-ICB, but who is registered with a Manchester GP who Manchester MHSC place in a Manchester MHSC bed.</p>	<p>Yes/No</p> <p>Whether this is an OAP depends on what would be considered to be the individual’s normal network of care (e.g. which Community Mental Health Team the person is known to/services they are already engaged with).</p> <p>If they usually received mental health care from Manchester MHSC services this is not an OAP.</p> <p>If they are usually cared for by other Mental Health services local to Bury, then this is an OAP, because it will disrupt the continuity of their care. Bury would need to submit the record as the sending provider. The responsible commissioner guidance (<i>Who Pays</i> document) should not take precedence over the principle that the person shouldn’t be dislocated from their normal network of care.</p> <p>If the patient is unknown to mental health services then this is not an OAP.</p>

Scenario	Is it an OAP? Yes/No. Reasoning
<p>16. An unplanned admission of a patient who has a GP in another area. For example, a resident in England visiting another part of England, or a student away from 'home'.</p>	<p>Yes. This admission would be an appropriate OAP if it is for adult mental health inpatient care for one of the three bed types that are in scope:</p> <ul style="list-style-type: none"> • Acute adult mental health care • Acute older adult mental health care (organic and functional) • Psychiatric Intensive Care Unit (acute mental health care) <p>Definitions of each bed type are covered in Figure B.</p> <p>However, this admission needs to be entered into CAP as an OAP by the home provider, not the receiving provider. The receiving provider will need to contact the patient's GP, and then their relevant local mental health provider so they can submit the information as an OAP sent from them, entering the relevant reason for the placement: "Admitted while away from home". This will ensure it is captured as an appropriate OAP.</p>
<p>17. A provider in England sends a patient across the border to a provider in Wales/Scotland.</p>	<p>Yes, if someone is sent to a unit run by a different provider it is an OAP.</p>
<p>18. How should patients who change their address during an inpatient stay be handled? E.g. A patient with a Manchester address is placed in a bed in Newcastle, and during their stay they change their address to a Newcastle address.</p>	<p>It depends on whether the patient's usual network of services and home provider have changed as a result of the address change.</p> <p>If they have changed, then this is not an OAP. If they have remained the same then this is an OAP. If they change whilst the patient is on placement, then the date change should be used as the discharge date for the OAP. When the sending provider is entering the information they must select the correct <i>Referred Out Of Area Reason</i>, which is <i>Patient Choice</i>.</p>