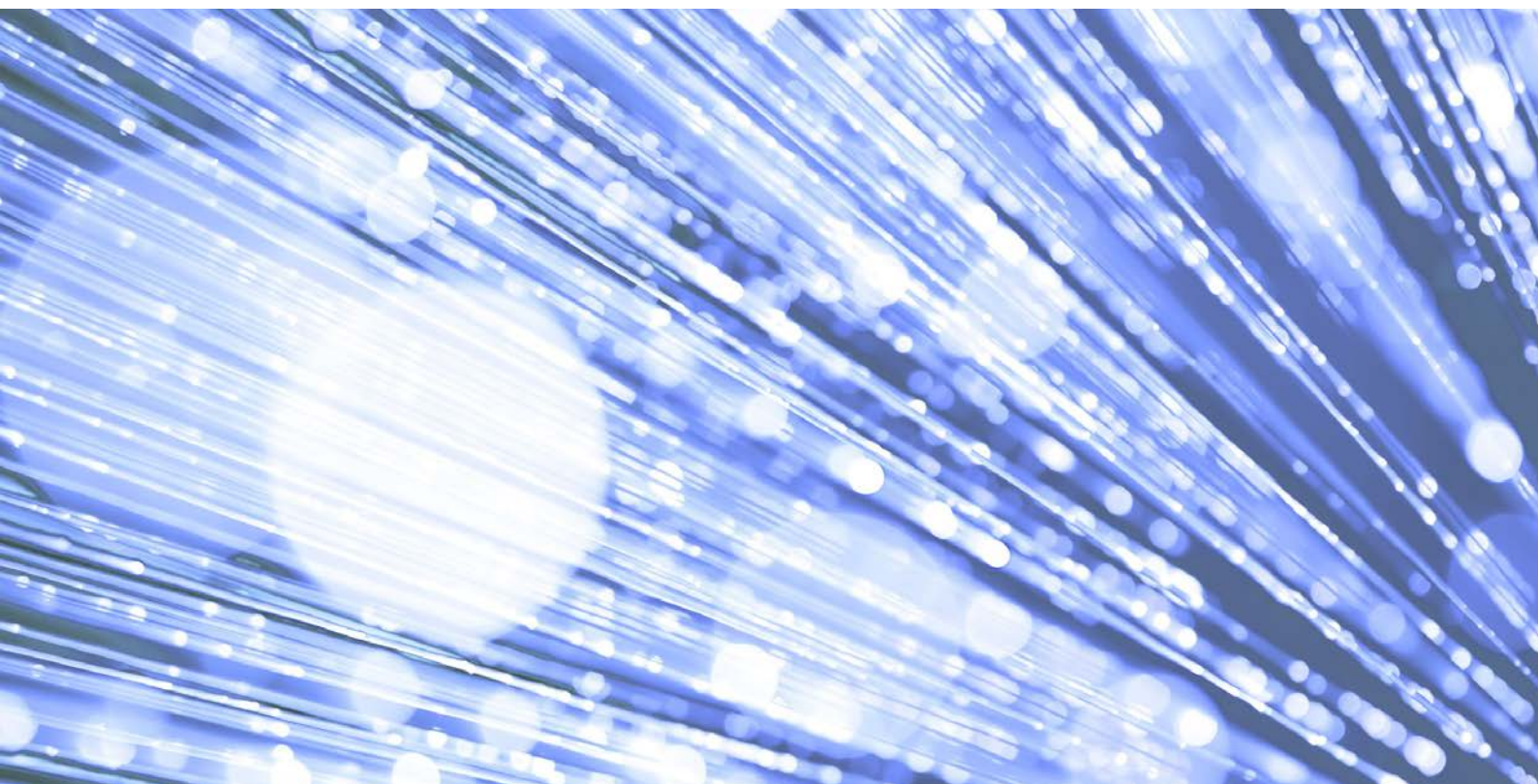


Mental Health Services Data Set v3.0 Implementation Guidance

Published 28 September 2017



Information and technology
for better health and care

Data Coordination Board

This information standard (DCB0011) has been approved for publication by the Department of Health under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Data Set Specification
- Implementation Guidance.

An Information Standards Notice (DCB0011 Amd 82/2016) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Glossary of Terms

A full Glossary of Terms for the MHSDS Information Standard can be found within the MHSDS Requirements Specification.

Contents

1	Introduction	5
1.1	Purpose of Document	5
1.2	Scope of Document	5
1.3	Out of Scope of Implementation Guidance	5
2	Background	7
2.1	Legal Basis	7
2.2	Information Standards Notice Process	8
2.3	Related Standards	8
2.4	Related Documents	9
3	Organisational Guidance	11
3.1	Resources/Costs	11
3.2	Information Governance	12
3.3	Data Quality	14
3.4	Skill Mix Changes and Training	16
3.5	Step-by-Step Implementation Guide	17
4	Human Behavioural Guidance	23
4.1	Data Users	23
5	Technical Guidance	25
6	Maintenance	26
6.1	Implementation Strategy	26
6.2	Data Set Maintenance	26
6.3	Data Set Requirements	27
6.4	High-Level Data Set Change Requests Summary	27
6.5	Data Coordination Board (DCB)	27
6.6	Information Standards Notice (ISN)	27
7	Risk/Issues	28
8	Implementation Support	29
8.1	Support	29
8.2	Mental health news and service updates	29
8.3	Additional Sources of Information	29
8.4	Disclaimer	30
9	Endnotes	31

1 Introduction

1.1 Purpose of Document

The following guidance is intended to support the implementation of the Mental Health Services Data Set (MHSDS) v3.0 which is mandated for collection from 1st April 2018, for existing users of MHSDS v2.0 and new users. Implementation completion dates are available in the *Requirements Specification*.

This document aims to ensure new users are able to implement the full MHSDS and current users are able to implement the changes required to flow MHSDS v3.0 by:

- providing guidance not available elsewhere, including a step-by-step guidance to key implementation activities found in section 3.5 for both new and existing users.
- signposting additional detailed guidance such as the Technical Output Specification and the User Guidance found on the NHS Digital [MHSDS web pages](#)¹ (section 2.4 Related documents) and,
- signposting further sources of information that relate to the implementation of the MHSDS and of v3.0 of the MHSDS (section 8 Implementation support).

This document also includes information on a variety of topics that impact implementation of the data set such as information governance, training and ongoing maintenance. All aspects of this Implementation Guidance should be considered during initial set up and reviewed as a result of uplift to the MHSDS to v3.0.

Users should make use of this document when preparing a high level picture of how their organisation intends to tackle this implementation to meet the anticipated timescales.

1.2 Scope of Document

This document provides guidance on how to implement the MHSDS data set, either as a new user or a current user looking to make changes resulting from the release of the MHSDS v3.0 Information Standards Notice (ISN). This document should be read in conjunction with the following documents:

- MHSDS v3.0 Requirements Specification
- MHSDS v3.0 Change Specification
- MHSDS v3.0 Technical Output Specification
- MHSDS v3.0 User Guidance
- MHSDS v3.0 Technical Guidance
- NHS Data Model and Dictionary Change Request

1.3 Out of Scope of Implementation Guidance

The following areas are out of scope of this document:

- Detailed background and justification for the development of the Information Standard.

- Data submission framework (i.e. how data is submitted by data providers to the Bureau Service Portal). Further information about this is available from the *Technical Guidance*.
- Restating information already accessible from the *Technical Output Specification*.
- Detailed submission guidance relating to new or amended data items to aid interpretation and implementation within submission extracts. This information is available in the *User Guidance*.

2 Background

The MHSDS is a patient level, output based, secondary uses data set which seeks to deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets extracted or derived from local information systems.

An ongoing requirement exists to update the MHSDS in order to ensure the data set remains 'fit for purpose'.

The changes included in this release relate to new government policy initiatives, resolution of issues within the current data collection, and inclusion of other key stakeholder requirements as follows:

- Changes to the data set to enable reporting on access and waiting times for various identified mental health and autism spectrum disorder pathways
- Enhanced data collection in support of the transition between children and young people's and adult mental health services
- Enhanced data collection for patients with a learning disability supported in the community
- Enhanced data collection in support of timely diagnosis of autism spectrum disorder
- Inclusion of specialised commissioning activities to reduce duplication with other data flows such as the distinct specialised commissioning mental health data collection
- Inclusion of Individual Placement and Support service type
- Change to support understanding of delayed transfers of care
- Minor maintenance changes to respond to issues raised by the NHS Data Model and Dictionary
- Operationalisation of fundamental standards:
 - [DCB2094](#)² Sexual Orientation Monitoring (SOM)
 - [SCCI0090](#)³ Health and Social Care Organisational Reference Data Set (ODS)
- Further development of the data set in support of the [SCCI0034](#)⁴ SNOMED CT standard

2.1 Legal Basis

The Health and Social Care Act 2012 (HSCA) makes two specific provisions with regard to the flow of data through NHS Digital.

1. Section 254 - In order to establish and operate a system for the collection or analysis of information, the Secretary of State, or devolved authority, must provide to NHS Digital a description of the requirement in the form of a Direction.
2. Section 259 – In order to require and request the provision of information from any health or social care body; or any person (other than a public body) who provides

health services, or adult social care in England, NHS Digital must publish a procedure for notifying persons of requirements imposed, and requests made.

In respect of section 254, NHS Digital has received [Direction](#)⁵ from NHS England to establish and operate a system for the collection and analysis of mental health data that relates to patients in receipt of secondary mental health care. The full scope of the requirement can be found in the MHSDS Requirements Specification.

In respect of section 259, NHS Digital has produced a section 259 Notification which is published on the NHS Digital [Data Provision Notices webpages](#)⁶.

2.2 Information Standards Notice Process

All approved new data standards, and changes to existing standards, are communicated to the providers and system suppliers through the publication of an ISN. These notices are published and available to view on the [ISN webpages](#)⁷.

This Information Standard amendment has been put through rigorous assurance prior to approval by the Data Coordination Board (DCB). The resulting Standard has been assigned Release Number Amd 82/2016 and retaining standard number DCB0011. The ISN formally requires care providers to submit data as per the HSCA.

The ISN does not directly place any requirement on system suppliers to accommodate the MHSDS within their systems. It is the service providers who must ensure that they have a system or systems to deliver the requirements specified in the standard. The IT Suppliers need to be aware of these requirements so that they can respond to the service providers they support. The contractual agreement between data providers and system suppliers will dictate whether system suppliers have to abide by the ISN and at what cost.

The Information Standard including latest amendments can be found on the MHSDS [ISN webpage](#)⁸.

More information on the stages of information standard development is available on the [NHS Digital website](#)⁹.

2.3 Related Standards

Reference	Title
SCCI1069	Community Services Data Set (CSDS) ¹⁰
ISB1513	Maternity Services Data Set (MSDS) ¹¹
SCCI2007	Assuring Transformation ¹²
DCB1605	Accessible Information ¹³
ISB 0149-02	NHS Number for Secondary Care ¹⁴
ISB 0149-01	NHS Number for General Practice ¹⁵
SCCI0034	SNOMED CT ¹⁶
SCCI0021	International Classification of Diseases ¹⁷
ISB 0092	Commissioning Data Sets (CDS) ¹⁸
SCCI0090	Health and Social Care Organisation Reference Data ¹⁹
DCB2094	Sexual Orientation Monitoring ²⁰
SCCI0092-2062	Emergency Care Data Set ²¹

ISB 1553	Read Clinical Terms Version 2 (Deprecated)²²
ISB 1552	Read Clinical Terms Version 3 (Deprecated)²³

2.4 Related Documents

A comprehensive set of documentation has been developed by the NHS Digital Community and Mental Health Team (CMHT) for the MHSDS Information Standard. A breakdown of the individual products can be found below:

Document/Product	Description	Publication Status
DCB Information Standard Documentation		
<i>Information Standards Notice</i>	Notification of publication of a new or amended standard.	Published on ISN webpage
<i>Change Specification</i>	Outlines a list of changes made to the MHSDS information standard. For example, the addition of new data items or tables, the renaming of data items/tables to conform to NHS Data Model and Dictionary and the deletion of other items.	Published on ISN webpage
<i>Requirements Specification</i>	<ul style="list-style-type: none"> • Outlines the scope of the Information Standard and how it should be implemented. • Gives an overview of the requirements for both care providers and system suppliers, and associated conformance criteria (the tests that can be measured to assess whether the standard is being used correctly). • Includes key dates including implementation completion dates for both care providers and systems. 	Published on ISN webpage
<i>Data Set Specification</i>	Specification for the output data set required of providers which is part of the ISN and published on the DCB website.	Published on ISN webpage
<i>NHS Data Model and Dictionary Change Request</i>	Provides a detailed technical specification of all changes made to the NHS Data Model and Dictionary as a result of the changes to this information standard.	Published on ISN webpage
Technical Documentation		
<i>Technical Output Specification (TOS)</i>	This is the specification that fully defines each data item within the data set. This document splits the data set into a number of groups (tables), each containing data items and values. The 'Change Control' tab within this document defines the individual changes made to tables and data items as part of the <i>Change Specification</i> . To be referred to alongside the data model.	Published on MHSDS webpage
<i>Data Model</i>	The data model provides a pictorial representation of the output data set. The data model clearly defines the referential integrity that will be enforced when the submission file is validated.	Published on MHSDS webpage

<i>Technical Guidance</i>	This document includes: <ul style="list-style-type: none"> • Overview of the end-to-end data flow and processing • advice about populating the Intermediate Database IDB tool used to import data, and • further explanation of the data submission processes and the submission windows. 	Published on MHSDS webpage
<i>User Guidance</i>	Guidance for care providers and system suppliers about the structure and content of the data set, including guidance about how to map/submit each individual data item.	Published on MHSDS webpage
Organisational assessment and planning tools		
<i>Implementation Guidance (THIS DOCUMENT)</i>	A document containing guidance to support care providers and system suppliers with the implementation of the data set, including organisational guidance around data set users and information governance.	Published on DCB webpage
<i>Implementation Planning Template</i>	You can use this planning template to plan your organisation's activity for implementing the MHSDS data set. The resulting plan should give a high level picture of how your organisation intends to tackle this implementation within the anticipated timescales.	Published on MHSDS webpage
<i>Readiness Assessment Tool</i>	You can use this readiness assessment tool to measure your organisation's MHSDS data set implementation progress. This spans a baseline assessment, regular reviews and a final review to report successful implementation.	Published on MHSDS webpage
<i>System Conformance Checklist</i>	This is a worksheet tool for service providers to assess how well their local IT systems 'map' to the data set specification.	Published on MHSDS webpage

The above documents are provided on either NHS Digital's ISN or MHSDS webpages:

<http://www.content.digital.nhs.uk/isce/publication/DCB0011>

<http://www.content.digital.nhs.uk/mhsds/spec>

3 Organisational Guidance

The updated MHSDS Information Standard may be used across the range of service providers and organisations that provide specialist secondary mental health and/or learning disabilities and/or autism spectrum disorder services, irrespective of funding arrangements, including:

- NHS Mental Health Trusts
- NHS Learning Disabilities Trusts
- NHS Acute Trusts
- NHS Care Trusts
- Independent sector providers offering a service model that includes NHS funded and non - NHS funded patients
- Any qualified provider offering specialist secondary adult mental health, learning disabilities or autism spectrum disorder services
- Community services offering secondary care to children.

Where a service is wholly or partially made up of NHS funded patients, data set submission is mandatory for those NHS funded patients. Inclusion of non-NHS funded patients within the submission is optional. Where the service is wholly made up of non-NHS funded patients, data set submission is optional.

Health and care organisations and System Suppliers should be aware of the requirements and conformance criteria specified for the standard. These are outlined in the *Requirements Specification* document.

3.1 Resources/Costs

Providers of mental health services will have a requirement to collect data for both clinical and patient administration primary purposes. The MHSDS is designed to build on this requirement by gathering this information and using it for a number of secondary purposes, including national reporting and dissemination to commissioners. As such, funding is not available for sites to:

- procure or install data collection systems.
- train staff in order to facilitate data collection.
- undertake additional activities required to facilitate data extract submission.

It is not within the scope of this document to provide advice with regard to the procurement of systems however staff at NHS Digital are available to help where a requirement exists, and can be contacted via the enquiries@nhsdigital.nhs.uk email address.

Providers should however expect some resource to be required in order to uplift data collection to enable extraction of the required data items. This is likely to be the case whether the provider is new to the data set or making amendments following publication of the ISN, and should be provided for as part of the contract between commissioner and provider.

3.2 Information Governance

All data providers should be aware of their legal and professional obligations with regard to information governance as it applies to the mandated MHSDS standard. The NHS and government publish a significant amount of guidance that can assist data providers to comply with their obligations. Some of this information is signposted below. Please also see the NHS Digital [Information Governance](#)²⁴ web page for an overview of information published by NHS Digital.

- [The NHS Confidentiality Code of Practice](#)²⁵ (2003)

“This document is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients’ consent to the use of their health records.”

- [Report of the Review of Patient Identifiable Information](#)²⁶ (1997) (Caldicott Report)

“A review commissioned in 1997 by the Chief Medical Officer of England which highlighted six key principles and made 16 specific recommendations regarding the transfer of patient-identifiable information from NHS organisations to other NHS and non-NHS organisations.”

- [The Information Governance Review](#)²⁷ (2013) (Caldicott 2):

“The guidance in this report is intended to help health and social care professionals and staff in sharing information appropriately in their day-to-day activities. There will however, always be exceptional and difficult circumstances where solutions are not obvious. In these situations, professionals and staff should seek advice from Caldicott Guardians or their professional bodies, and use their judgement to act in the best interests of their patients and clients.”

- NHS Digital has also published [A Guide to Confidentiality in Health and Social Care](#)²⁸ (2013) which provides good practice advice and guidance for healthcare staff.

All data providers must ensure compliance with the fair processing requirement of the Data Protection Act 1998 and the General Data Protection Regulation (EU) 2016/679 (GDPR) which will replace the DPA from 25th May 2018. To meet these requirements, data providers must make available information and guidance to patients and/or their legal guardians to inform them that their data (or their child’s data where applicable) will be used for secondary uses purposes (such as service development analysis and national statistical research). This should be in the form of a [Fair Processing Notice \(FPN\) or Privacy Notice](#)²⁹. As a result of new data being included in the MHSDS for the first time, existing users should review their fair processing practices as part of a wider Privacy Impact Assessment.

NHS Digital has provided an [IG and Consent Guidance](#)³⁰ document which contains useful information about the MHSDS which services may choose to include within their local patient information leaflets.

NHS Digital is also required to provide fair processing information. This information can currently be found on the corporate ‘How we look after information’ web page and associated [MHMDS overview page](#)³¹. The MHMDS overview page is due to be uplifted to reflect the MHSDS; and the corporate FPN is due to be uplifted in light of the GDPR. These uplifts will be clearly communicated when they become available.

3.2.1 Consent and Opt-Out

NHS Digital is exempt from “[section 251 support](#)³²” when mandated to collect data via Directions from NHS England or the Department of Health and when acting as data controller. This is set out in sections 254 and 255 of the Health and Social Care Act 2012. As a result explicit consent is not required; however, providers are required to inform patients that their information will be used to support secondary uses, and to act on any objections raised in line with their local policy.

Where a patient explicitly objects to their data being used for secondary purposes, the provider has the option of not flowing the records for this patient, as directed by their local Caldicott Guardian. Further information can be found on the NHS Digital ‘[How we look after information](#)³³’ web pages. In particular, further information about patient opt-outs is available on the “[Your personal information choices](#)³⁴” webpage.

Information about the application of patient opt-outs during the data dissemination process can be found on the “[Information on type 2 opt-outs](#)³⁵” webpage.

Following the [Government Response](#)³⁶ to the National Data Guardian (NDG) [Review of data security and consent](#)³⁷, published in July 2016, NHS Digital are developing a [national data opt-out](#)³⁸. Organisations should maintain awareness of the progress of this programme as it may impact the required approach to opt-out during the lifetime of the MHSDS standard.

3.2.2 Compliance Against Statutory Requirements

The specification and guidance for implementing this data set has been designed to support organisations in adhering to their statutory responsibilities relating to Information Governance, Data Protection Act 1998, the GDPR and the Freedom of Information Act 2000. It is the responsibility of the providing organisation to ensure that these statutory responsibilities are adhered to.

3.2.3 Potential Safety/Confidentiality/Risk Considerations

The MHSDS utilises information already collected in potentially a variety of disparate provider systems and collated in a non-clinical setting for secondary uses purposes.

As the primary purpose of the MHSDS standard is for secondary uses only, there will therefore be no direct impact on Clinical Safety and as such the standard is not in scope of [SCCI0129 - Clinical Risk Management: its Application in the Manufacture of Health IT Systems](#)³⁹. Consequently, a Clinical Safety Case Report is not required to support this standard.

However, implementation of this standard may require modification to the health IT system from which the collection/extraction is made. The safety implications of any such modifications must be considered by the manufacturer and all other parties involved under SCCI0129 and the health organisation under [SCCI0160 - Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems](#)⁴⁰. It is expected that manufacturers and organisations will take ownership of this risk and make the necessary additions to their respective Clinical Safety Case Reports.

As with all secondary use data sets there is a small underlying risk that the capture of additional information may be time consuming thus potentially impacting upon patient care. To mitigate this risk every effort has been taken to ensure that all changes to the MHSDS are already routinely captured for primary use purposes.

Whilst MHSDS does not mandate data collection, care providers should be aware that there may be a small risk with regard to some patients who may withdraw from treatment due to data collection, such as those within the paranoid cluster of illnesses. Data collection may also cause patients to conceal pertinent information due to their personal circumstances, such as criminal convictions or substance misuse. The clinical practice of care professionals should take this risk into consideration and, where appropriate, assist with mitigation.

Stakeholders including the NHS (NHS England, care providers, commissioners) and the Department of Health (DH) are actively encouraged to raise any potential safety risks or adverse incidents during Definitional Testing and Consultation exercises throughout the development of each release of this standard. To date no significant issues relating to safety or potential adverse incidents have been identified.

Any concerns, potential safety risks identified or adverse incidents resulting from the implementation of these changes to MHSDS should be reported immediately to the user's local service desk. This will then be escalated through the correct process.

3.3 Data Quality

As an output data set, the MHSDS does not mandate design of local systems or specific local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by data providers within their local governance arrangements to ensure good data quality in respect of the extracted submission.

3.3.1 Corporate Data Quality Framework

Each organisation will have its own corporate framework for managing data quality in respect to data collection, submission and publication. Such a framework is likely to involve a number of components such as leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the MHSDS, so that data quality relating to the data set is at the heart of the organisation's data quality framework.

3.3.2 Data Quality Risks

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks, which could be considered, are:

- Organisational - does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?
- Team - are all relevant staff aware of the purpose and importance of collecting data for the national data set? Are there sufficient resources available to continue data collection during staff absences?
- Individuals - do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data (especially where systems are upgraded)?

3.3.3 Organisational and Departmental Objectives

In any organisation, resources will be deployed towards organisational and departmental objectives. The organisation's performance management framework will identify the extent to which objectives are met, and, where necessary, revised.

Where the data set is used to monitor progress towards objectives, there will be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation's performance management framework (and therefore set local objectives) to ensure data is collected in a reliable and timely manner.

Some organisations will have well developed processes and systems that, with minimum effort, will accommodate the data set. Other organisations, for who processes and systems are underdeveloped or in their infancy, or who are new to submission of the MHSDS may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance.

The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

3.3.4 Timeliness

The data should be entered in local systems and submitted in a timely manner according to the prescribed submission window deadlines. This will ensure that the data set can deliver meaningful, relevant and timely reports for stakeholders. This should be followed by a review of data quality feedback provided at the point of submission from the Bureau Service Portal (BSP) to implement improvement actions.

In particular, providers should reference the validation and inclusion rules detailed within the *Technical Output Specification* to understand the requirements of when each data item must be reported according to the relevant reporting period. These inclusion rules also restrict the opportunity to correct errors in certain data items after the original reporting period, as necessary for national reporting purposes.

Any delays in data submissions may have adverse impact on data quality if insufficient time is allowed to make improvements following the production of the data quality report provided after each submission to the BSP.

3.3.5 Utilisation of Data Quality Feedback

The validations applied to data submission files at the BSP, which are described in the *Technical Output Specification*, are designed to report errors and inconsistencies within a single submission. The *Requirements Specification* includes a requirement to utilise these reports as early as possible within the submission window deadlines.

Additional data quality feedback is provided post-submission through individual Data Quality Notices which include further consistency checks across submissions. Nationally, data quality is reported on through the published Data Quality Reports which accompany each MHSDS publication.

Such data quality feedback is not designed to replace local data validation but is designed to assist with this activity.

3.3.6 Local Data Validation

The validations, which are described in the *Technical Output Specification*, only relate to the structure and validity of the submitted data. At the BSP it will be impossible to identify whether data is accurate and complete. For this, local data quality measures must be implemented.

3.4 Skill Mix Changes and Training

Care provider and system supplier organisations will benefit from developing a local implementation strategy that covers MHSDS. The strategy should ensure the identification of skills gaps which might impact on the implementation and maintenance of the MHSDS extract within the organisation. Staff affected will include clinicians, administration personnel, informatics personnel and IT services.

The data set is an output based specification for data submission. Consequently, 'in scope' services will normally collect information locally using an electronic system, whether this is a commercial or a bespoke system. To ensure systems are used in the correct manner, system suppliers and/or care providers will need to provide guidance for staff on how to use the local system.

Training that might need to be considered includes:

Technical skills:

- Data input training
- Using new technologies such as hand held devices
- Using new applications
- Uploading data from remote devices to provider network / system
- Collation of data from clinical system(s)
- Validation of extract
- Rectification of poor data quality
- Compilation of the submission in the IDB
- Usage of the BSP including uploading and accessing extracts and data quality reports
- Analysis of BSP provided data quality reports.

Soft skills:

- Interpersonal and communication skills in asking sensitive questions on areas such as mental health
- Collaboration between clinical and informatics staff to identify and resolve errors in data entry and address systemic data quality issues
- Information governance.

Clinicians: A local implementation strategy may require additional skills and training for clinicians in using new functions and modules within an existing or new IT system.

Administration Personnel: A local implementation strategy may require additional skills and training for administration personnel in using new functions and modules within an

existing or new IT system. Additionally, administration personnel may be responsible for transcribing data to a new IT system.

Informatics and IT Support Services: From an IT or Information Management Service perspective, skills may be required in

- configuring local systems to capture information using SNOMED CT as required
- developing and maintaining a local data warehouse
- creating a submission file from a spectrum of local IT systems
- creating uni- or bi-directional interfaces between electronic systems.

Information Governance: The MHSDS facilitates the flow of patient confidential data. All organisations involved in the collection and dissemination of data that will ultimately form part of the MHSDS must ensure that staff involved in data handling in any respect are fully conversant with the organisational information governance responsibilities. For further information regarding the information governance responsibilities of care provider organisations with respect to patient confidential data, please see section 3.2 Information Governance.

NHS Digital does not offer explicit training in any of these areas; however we are able to help users through:

- leading regular events to help familiarise users with the data set
- response to queries sent to the NHS Digital queries mailbox
- written guidance referenced elsewhere in this document and other documents
- one to one meetings to discuss specific issues
- other means appropriate to the organisations and issues involved.

3.5 Step-by-Step Implementation Guide

3.5.1 New Users – Implementing the MHSDS

The table below provides a high-level summary of essential steps for implementing the MHSDS within your organisation. Please also see the *Implementation Planning Template* tool which contains more detailed planning guidance and a template to monitor progress.

Step	Description
Understand the background to the project, and the scope of the Information Standard	Review this <i>Implementation Guidance</i> along with the <i>Requirements Specification</i> to fully understand the background, objectives and scope to this Information Standard.
Identify and engage with key stakeholders	<p>Identify the key stakeholders for your MHSDS implementation and ensure they are aware of the requirement. In particular:</p> <p>Read section '3.4 Skills Mix Changes and Training' to fully understand what local support may be required for different stakeholder groups.</p> <p>Inform local commissioners of progress with implementation and discuss plans for utilising the commissioner extracts made available post-submission.</p> <p>Ensure relevant systems suppliers and involved stakeholders are aware of the requirements for mental health systems as per the <i>Requirements Specification</i>.</p>

Understand how the data is grouped within the data set	Review the <i>Data Model</i> and the <i>Technical Output Specification</i> to understand at a higher level how the data items are grouped, and how those groups relate to each other.
Decide whether and how data items will be collected – Data Mapping.	<p>Look more closely at each individual data item in the <i>Technical Output Specification</i> and check whether local systems record the data in a way that means it can be submitted within the MHSDS, either directly or with local transformation.</p> <p>Read the <i>User Guidance</i> for further guidance on interpretation and data mapping.</p> <p>The <i>System Conformance Checklist</i> can be used to mark off each data item and record progress towards mapping each data item.</p>
Ensure the organisation complies with Information Governance requirements.	<p>The <i>Implementation Guidance</i> signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data. Caldicott Guardians and the mental health, learning disabilities and autism spectrum disorder services lead(s) MUST:</p> <ul style="list-style-type: none"> • Review the Information Governance Guidelines signposted within the <i>Implementation Guidance</i> to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items. • Review management of the consent issues and put in place local processes. <p>The <i>User Guidance</i> may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate. For example, please see section 5.5.7 for local information governance and mapping guidance for the Offence History Indication Code item.</p>
Understand submission process	Review the <i>Technical Guidance</i> to fully understand the data submission process.
Ensure compliance with technical requirements to enable data submission	<p>Look more closely at the technical requirements for obtaining a BSP login credential to ensure necessary registrations and access are in place, allowing sufficient time to take action where required.</p> <p>Such requirements include Organisation Data Service (ODS) registration and access to a secure N3 / Health and Social Care Network (HSCN) connection. Detailed guidance and links for each step are available in the <i>Technical Guidance</i>.</p>
Obtain BSP login credentials	<p>Undertake the authorisation process to enable members of staff to be authorised to access the BSP to upload submission files.</p> <p>Detailed instructions are available in the <i>Technical Guidance</i>.</p>
Construct data submission file	<p>Use local processes and technologies to generate the IDB submission file.</p> <p>The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources.</p> <p>The <i>Technical Guidance</i> provides further support on the submission process and the IDB which defines the exact structure and content of the submission file.</p>
Fully understand the	The <i>Technical Output Specification</i> defines the reports that will be

validation reporting provided by the BSP	<p>returned to data providers by the BSP and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned.</p> <p>Review this specification to ensure a thorough understanding of the errors and warnings that may be produced and also how they can be fixed for later submissions.</p>
Fully understand the post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Technical Output Specification</i> defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing.</p> <p>Data providers and commissioners will need to consider how they may use the extract files. Data providers therefore should remain in contact with local commissioners such as to explain any changes to data submitted or with respect to identified data quality issues.</p>
Keep up to date with news and updates	<p>Subscribe to the Mental Health Information Update⁴¹ and attend any of the regular stakeholders' events which may have relevance to your organisation.</p>

3.5.2 New users without an HSCN connection

New users will need to obtain an HSCN connection before they can gain access to the BSP as described in the *Technical Guidance*. This can prove complicated and costly, especially for small organisations.

A range of options exist for achieving HSCN connection, each with differing costs associated. HSCN information and contact details (enquiries@nhsdigital.nhs.uk FAO "HSCN") can be found on the [HSCN webpages](#)⁴².

Options include:

- Collaborating with health and social care partners in the procurement of a shared network, see this link for more information about [HSCN procurement options](#)⁴³.
- Local trusts may be prepared to make a submission on behalf of another organisation, which can be facilitated through use of the Header Table included in the MHSDS. This is dependent on appropriate local information governance arrangements and data processing/sharing agreements being in place between the organisations.
- Some system suppliers offer a service to providers to submit on their behalf using the system supplier HSCN connection. This is also subject to appropriate local information governance arrangements.
- We also recommend you speak with your local commissioners regarding the options for making central data submissions. Commissioners may be able to provide advice on local collaborations and/or other HSCN options.

3.5.3 Existing Users – Implementing v3.0 changes

The table below provides a high-level summary of essential steps for implementing the MHSDS within your organisation. Please also see the *Implementation Planning Template* tool which contains more detailed planning guidance and a template to monitor progress.

Step	Description
Understand the background of the changes to the Information Standard	Review this <i>Implementation Guidance</i> along with the <i>Requirements Specification</i> and <i>Change Specification</i> to fully understand the background, objectives and scope of the amended Information Standard.
Identify and engage with key stakeholders	<p>Identify the key stakeholders for your implementation of the MHSDS changes and ensure they are aware of the requirement. In particular:</p> <p>Read section '3.4 Skills Mix Changes and Training' to fully understand what local support may be required for different stakeholder groups.</p> <p>Inform local commissioners of progress with implementation and review plans for utilising the commissioner extracts made available post-submission.</p> <p>Ensure relevant systems suppliers and involved stakeholders are aware of the requirements for mental health systems as per the <i>Requirements Specification</i>.</p>
Understand how the new or amended data is grouped within the data set	<p>Review the <i>Change Specification</i>, <i>Data Model</i> and the <i>Technical Output Specification</i> to understand how the new or amended data items are grouped, and how those groups relate to each other.</p> <p>The <i>Technical Output Specification's</i> Change Control tab contains detailed information about each change made.</p>
Decide whether and how new or amended data items will be collected – Data Mapping.	<p>Look more closely at each individual change to the <i>Technical Output Specification</i> and check whether local systems record the data in a way that means it can be submitted within v3.0 of the MHSDS.</p> <p>Read the <i>User Guidance</i> for further guidance on interpretation and data mapping for the changes.</p> <p>The <i>System Conformance Checklist</i> can be used to mark off each data item and record progress towards mapping each data item.</p>
Ensure the organisation continues to comply with Information Governance requirements.	<p>Changes introduced in v3.0 have no national IG implication as they do not change or add to any patient identifiable information collected in the data set; neither have any high-level collection/processing principles changed. However provider and system supplier organisations should be aware of the sensitive nature of this data set, and review local information governance requirements accordingly when any change to the MHSDS standard is mandated.</p> <p>The <i>Implementation Guidance</i> signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data.</p> <p>The <i>User Guidance</i> may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate. For example, please see section 5.5.7 for local information governance and mapping guidance for the Offence History Indication Code item.</p>
Understand changes to the submission process	<p>Review the <i>Technical Guidance</i>, particularly section "2.1 Changes in MHSDS submission process", to fully understand any changes to the data submission process.</p> <p>There have been no changes to the submission process for MHSDS v3.0.</p>

Construct data submission file	<p>Use local processes and technologies to generate the new IDB submission file.</p> <p>The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources.</p> <p>The <i>Technical Guidance</i> provides further support on the submission process and the new IDB which defines the exact structure and content of the submission file.</p>
Fully understand the validation reporting provided by the BSP	<p>The <i>Technical Output Specification</i> defines the reports that will be returned to data providers by the BSP and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned.</p> <p>Review this specification to ensure a thorough understanding of the errors and warnings that may be produced for the new or amended data items and also how any issues can be fixed for later submissions.</p>
Fully understand the amended post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Technical Output Specification</i> defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing.</p> <p>Data providers and commissioners will need to consider how they may use the amended extract files. Data providers therefore should remain in contact with local commissioners such as to explain any changes to data submitted or with respect to identified data quality issues.</p>
Keep up to date with news and updates	<p>Ensure subscriptions to the Mental Health Information Update⁴⁴ are up to date for involved staff and attend any of the regular stakeholders' events which may have relevance to your organisation.</p>

3.5.4 Impact of v3.0 changes on existing users

The impact of the MHSDS v3.0 changes will vary depending on the relevance of each change to individual providers.

3.5.4.1 Backward Compatibility

Due to the structural changes introduced in MHSDS v3.0, this version will not be 'backward compatible' with previous versions of the MHSDS. Providers will not be able to submit all of MHSDS v2.0 data "as is" using the MHSDS v3.0 IDB.

For example, the Religious or Other Belief System Affiliation Group Code will no longer flow in the MHS001MPI table. The information now flows as a SNOMED CT code in the new MHS011 Social and Personal Circumstances table.

3.5.4.2 Change to IDB

The changes included in this release require amendments to the MHSDS IDB. This means that all existing providers will be required to submit in a new MHSDS v3.0 IDB in line with the data submission timetable. There is no facility for dual running versions and submissions made using the MHSDS v2.0 IDB will be rejected.

For further details about obtaining and using the MHSDS v3.0 IDB, please see the *Technical Guidance*.

3.5.5 Further Guidance

Detailed submission guidance to support the major changes included in MHSDS v3.0 can be found in the *User Guidance*. Where wider guidance exists (such as where applicable across multiple data items), this will usually be contained in a standalone appendix within the User Guidance.

4 Human Behavioural Guidance

The following section describes how the changes to the data set should be used by clinical and operational staff and providers. Providers should meet the compliance requirements for their IT system or systems to implement the MHSDS v3.0 changes. This section also explains where data, in relation to the data set, can be found in the care pathway.

- **Clinical and Administrative Staff:** will be responsible for capturing information as part of the on-going care of the patient i.e. for primary use purposes and will be responsible for capturing information such as demographics and details of contacts/activities.
- **MHSDS Informatics Staff:** will be responsible for the collation of information, which may come from a range of disparate systems, into a single data extract which can be loaded into the MHSDS Intermediate Database and subsequently submitted to the Bureau Service Portal (BSP). This will include ensuring completeness and data quality of the information within the data set.
- **MHSDS systems:** should be implemented by providers ensuring that data items can be captured electronically and output produced or derived to nationally agreed standards to allow extraction and/or derivation to produce the MHSDS.

4.1 Data Users

4.1.1 Primary Users

The MHSDS is not intended for primary data use. The MHSDS is not a specification for the standardisation of a patient care record, but it is based on clinical and operational information. Service Providers have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output a suitable data extract as per the data set specification, for submission to the BSP.

Providers should therefore look to re-use their clinical and operational systems to extract MHSDS data.

4.1.2 Secondary Users

As a secondary uses data set the MHSDS will be made up of existing data extracted from Patient Administration Systems (PAS) and clinical systems.

Information generated by this NHS Information Standard through individual record-level data extracts or published aggregate reports is likely to be used by the following organisations:

At a local level:

- Providers of mental health, learning disabilities and autism spectrum disorder services including Mental Health Trusts, Learning Disability Trusts, Acute Trusts, Care Trusts and Independent Sector
- Commissioners including CCGs and Specialist Commissioners.

At a national level:

- NHS England
- Department of Health
- Department for Education (DfE)
- Audit Commission
- Care Quality Commission (CQC)
- NHS Improvement
- NHS Digital
- commercial companies. Current users include Dr Foster
- universities.

The following practitioners are likely to analyse information captured through the amended MHSDS:

- managers
- performance analysts
- finance staff
- commissioners
- mental health professionals
- learning disability professionals
- autism spectrum disorder professionals
- researchers.

Analysis carried out by NHS Digital can be found on the [MHSDS web pages](#)⁴⁵.

5 Technical Guidance

Technical guidance in support of the MHSDS can be found in a number of supporting documents described at the beginning of this document, section 2.4 Related Documents, and will not be repeated here. Key documents include:

- [MHSDS v3.0 Technical Output Specification](#)
- [MHSDS v3.0 User Guidance](#)
- [MHSDS v3.0 Technical Guidance](#)

Users should also review:

- [NHS Data Model and Dictionary](#)⁴⁶
- [SNOMED CT web pages](#)⁴⁷

6 Maintenance

6.1 Implementation Strategy

NHS Digital has agreement with the Mental Health Data and Information Programme Board (MHDIPB) to implement a new version of the MHSDS every April following ISN publication which will normally be in August or September of the previous year*.

Relevant policy, practice and classifications, including NHS Data Model and Dictionary and Information Standards Notices (ISNs), are continually monitored by the CMHT. Where changes are identified, the risk and benefits in relation to timescales will be assessed to prioritise the requirement into a planned annual release.

This annual update strategy will aid local planning and development by providing a consistent 6* month window in order to make a limited set of changes, making implementation deadlines more achievable.

To facilitate this annual development cycle, the April Primary submission of each version will be dropped and the first submission of the new version will be April Refresh. Any national measures using amended data will be experimental for an initial period, with remaining official measures being unaffected.

*The CMHT are currently assessing opportunities to bring ISN publication forward to provide longer implementation periods for providers and suppliers.

6.2 Data Set Maintenance

MHSDS users are integral to the maintenance strategy for MHSDS.

The content of the data set is determined from consultation with various stakeholder groups. Stakeholders include various sections of Department of Health policy, NHS England, Care Quality Commission, service providers and commissioners. Other changes arise from service providers identifying issues in the current requirements which do not align with current practice, such as the need for permissible value amendments. Commissioners raise issues around the availability of data which will allow them to undertake their duties.

Changes identified are likely to require the inclusion of new data items, amendment of existing items or removal of no longer required items which in turn will require a change to provider extracts.

The scope of the maintenance process covers:

- Management of change requests from users and stakeholders. Changes currently under consideration can be found in the *MHSDS Change Requests* document (see section 6.4);
- Specification of changes to the data set in response to changes in policy, practice, coding and classifications;
- The process for authorisation and approval of changes to data set items, including obtaining DCB standard change acceptance;
- Undertaking periodic reviews of the data set including data items, definitions and data values;
- Updates to the *Implementation Guidance*;

- Ongoing updates to associated guidance documents outside the new version development cycle responding to changes in policy and practice; to clarify or improve pre-existing guidance; and amend identified errors. Documents affected include: *User Guidance*, *Technical Guidance* and the *Technical Output Specification* (provided this does not change the published standard).

6.3 Data Set Requirements

Requirements for future versions of the data set can be submitted to NHS Digital by the sponsor, stakeholders and users.

Requests can be submitted, describing any proposed changes to the MHSDS, to NHS Digital via enquiries@nhsdigital.nhs.uk (please include 'FAO MHSDS' in the subject line).

Each request should be supported by a valid business requirement i.e. what change is needed, justification (i.e. why is it needed) and also any associated timescales.

Any requirement requests will be considered and agreed by the Sponsor prior to submission to the DCB for formal assurance and the publication of an ISN. The ISN will inform the NHS and systems suppliers of the changes and timescales.

6.4 High-Level Data Set Change Requests Summary

The CMHT provides a high-level summary of the requested changes currently in development or under consideration for the MHSDS. This *MHSDS Change Requests* document is refreshed on a regular basis and can be found on the [Mental Health Support](#)⁴⁸ page.

6.5 Data Coordination Board (DCB)

Further acceptance of an NHS Information Standard Change submission by DCB will be required prior to publication and implementation of any data set change.

6.6 Information Standards Notice (ISN)

Any changes to this NHS Information Standard will be communicated to the relevant providers of services affected, and their associated system suppliers, via the publication of an ISN. This will outline any new or changed requirements and associated timescales for implementation.

7 Risk/Issues

The CMHT currently hold a list of known risks and issues which are assured by DCB. In the event that a technical risk or issue needs to be raised by a supplier or service provider, this should be communicated to NHS Digital by writing to enquiries@nhsdigital.nhs.uk. To help us redirect your questions to the most appropriate team and to speed up our response times, please include 'MHSDS Development' in your subject line.

8 Implementation Support

8.1 Support

For specific enquiries relating to the MHSDS Information Standard including scope, data items, definitions and data values, future requirements and changes, submission deadlines, analysis and reporting of MHSDS data please contact:

NHS Digital Community and Mental Health Team

Telephone: 0300 303 5678

Email: enquiries@nhsdigital.nhs.uk (please include 'FAO MHSDS' in subject line)

For enquiries relating to technical products including the MHSDS IDB, or data submissions using the BSP (on Open Exeter) please contact:

Open Exeter helpdesk:

Telephone: 01392 251289 / 0300 303 4034

Email: exeter.helpdesk@nhs.net (please include 'FAO MHSDS' in subject line)

8.2 Mental health news and service updates

The [Mental Health news and service updates page](#)⁴⁹ is intended as a portal to update stakeholders with regard to developments around the mental health data sets developed and analysed at NHS Digital, specifically MHSDS, IAPT and Learning Disabilities collections. The portal publishes monthly *Mental Health Information Updates*, which focus on the following areas:

- Maintenance of Data Set Standards
- Submission and data quality
- Publication news
- Events.

8.3 Additional Sources of Information

NHS Data Model and Dictionary

Full details of changes to data items, including definitions and associated value lists are available on the NHS Data Model and Dictionary website:

www.datadictionary.nhs.uk

Terminology and Classifications

<https://digital.nhs.uk/article/290/Terminology-and-Classifications>

Data Coordination Board (DCB)

DCB oversees the development, assurance and approval of information standards, data collections, and data extractions.

<http://www.content.digital.nhs.uk/isce>

Refocusing the Care Programme Approach

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647

CPA Abuse Question

<http://www.cpa.org.uk/sap/glossary/glossary.html>

NHS Occupation Code Manual

<http://content.digital.nhs.uk/article/2268/NHS-Occupation-Codes>

Health of the Nation Outcome Scales (HoNOS)

<http://www.rcpsych.ac.uk/quality/honos.aspx>

National Tariff Payment System

<https://www.england.nhs.uk/resources/pay-syst/>

Have you got a Learning Disability?

<http://www.improvinghealthandlives.org.uk/news.php?nid=2137>

Children and Young People's Mental Health

<https://www.minded.org.uk>

Mental Health Access and Waiting Times

<https://www.england.nhs.uk/mentalhealth/resources/access-waiting-time/>

8.4 Disclaimer

This document is intended to provide guidance for users in relation to the capture and submission of information for the Mental Health Services Data set (MHSDS). It is not intended to represent official policy or legislative guidance.

If you are concerned that any aspect of this guidance does not accurately reflect the intended purpose and/or official policy, legislative or practice guidance; please send details to NHS Digital at enquiries@nhsdigital.nhs.uk (including 'FAO MHSDS' within the subject line).

9 Endnotes

- ¹ <http://content.digital.nhs.uk/mhsds/spec>
- ² DCB2094 - <http://content.digital.nhs.uk/isce/publication/sexual-orientation-monitoring>
- ³ SCCI0090 - <http://content.digital.nhs.uk/isce/publication/scci0090>
- ⁴ SCCI0034 - <http://content.digital.nhs.uk/isce/publication/scci0034>
- ⁵
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/455853/Mental_Health_Services.pdf
- ⁶ <https://digital.nhs.uk/data-provision-notice>
- ⁷ <http://content.digital.nhs.uk/isce/publication/isn>
- ⁸ <http://content.digital.nhs.uk/isce/publication/dcb0011>
- ⁹ <http://content.digital.nhs.uk/isce>
- ¹⁰ <http://content.digital.nhs.uk/isce/publication/scci1069>
- ¹¹ <http://content.digital.nhs.uk/isce/publication/isb1513>
- ¹² <http://content.digital.nhs.uk/isce/publication/scci2007>
- ¹³ <http://content.digital.nhs.uk/isce/publication/accessible-information>
- ¹⁴ http://www.isb.nhs.uk/documents/isb-0149-02/amd-13-2011/index_html
- ¹⁵ http://www.isb.nhs.uk/documents/isb-0149-01/dscn-31-2008/index_html
- ¹⁶ <http://content.digital.nhs.uk/isce/publication/scci0034>
- ¹⁷ <http://www.content.digital.nhs.uk/isce/publication/scci0021>
- ¹⁸ <http://content.digital.nhs.uk/isce/publication/isb0092>
- ¹⁹ <http://content.digital.nhs.uk/isce/publication/scci0090>
- ²⁰ <http://content.digital.nhs.uk/isce/publication/sexual-orientation-monitoring>
- ²¹ <http://content.digital.nhs.uk/isce/publication/SCCI0092-2062>
- ²² <http://www.content.digital.nhs.uk/media/15868/1553disn/pdf/1553disn.pdf> - 3
- ²³ <http://www.content.digital.nhs.uk/media/15869/1552disn/pdf/1552disn.pdf>
- ²⁴ <https://digital.nhs.uk/information-governance>
- ²⁵ <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>
- ²⁶
- [http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsandStatistics/PublicationPolicyandGuidance/DH_4068403](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsandStatistics/Publications/PublicationPolicyandGuidance/DH_4068403)
- ²⁷ <https://www.gov.uk/government/publications/the-information-governance-review>
- ²⁸ <http://content.digital.nhs.uk/configuideorg>
- ²⁹ <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-1-fair-and-lawful/>
- ³⁰ <http://content.digital.nhs.uk/mhsds/spec>
- ³¹ <http://content.digital.nhs.uk/article/4967/Mental-Health-Minimum-Data-Set-MHMSD>
- ³² <http://www.legislation.gov.uk/ukpga/2006/41/section/251>
- ³³ <http://content.digital.nhs.uk/patientconf>
- ³⁴ <http://content.digital.nhs.uk/yourinfo>
- ³⁵ <http://content.digital.nhs.uk/article/7092/Information-on-type-2-opt-outs>
- ³⁶ <https://www.gov.uk/government/consultations/new-data-security-standards-for-health-and-social-care>
- ³⁷ <https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs>
- ³⁸ <https://digital.nhs.uk/national-data-opt-out>
- ³⁹ <http://content.digital.nhs.uk/isce/publication/scci0129>
- ⁴⁰ <http://content.digital.nhs.uk/isce/publication/scci0160>
- ⁴¹ <http://content.digital.nhs.uk/mental-health/whats-new>
- ⁴² <https://digital.nhs.uk/health-social-care-network>
- ⁴³ <https://digital.nhs.uk/health-social-care-network>
- ⁴⁴ <http://content.digital.nhs.uk/mental-health/whats-new>
- ⁴⁵ <http://content.digital.nhs.uk/mhsds>
- ⁴⁶ <http://www.datadictionary.nhs.uk/>
- ⁴⁷ <https://digital.nhs.uk/snomed-ct>
- ⁴⁸ <http://content.digital.nhs.uk/mentalhealth>
- ⁴⁹ <http://content.digital.nhs.uk/mental-health/whats-new>