

Mental Health Services Data Set v6.0

Implementation Guidance



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Data Alliance Partnership Board (DAPB)

This information standard (DAPB0011) has been approved for publication by NHS England 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 Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Technical Output Specification
- Implementation Guidance

An Information Standards Notice (DAPB0011 Amd 37/2022) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England 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.

Update February 2024

A minor editorial correction has been made to [section 2.4 Related documents](#), to ensure that the difference between the Technical Output Specification (TOS) and Enhanced Technical Output Specification (ETOS) is clear.



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Document management

Revision History

Version	Date	Summary of Changes
0.1	01/08/2022	Document created
0.2	04/05/2023	First draft for DSAS comments
1.0	05/07/2023	Final publication and formatting checks
1.1	17/11/2023	Correction to descriptions of TOS and eTOS

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Amy Wilson	Data Set Development Lead	01/08/2022	0.1
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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.

Document Control:

The controlled copy of this document is maintained in the corporate network. Any copies of this document 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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1. Introduction

1.1. Purpose of document

The purpose of this document is to support mental health service providers in their preparations for the implementation of the Mental Health Services Data Set (MHSDS) v6.0 which is mandated for local collection from 1 April 2024.

This document is not exhaustive but aims to make users aware of guidance available, drawing attention to essential steps and help services assess their state of readiness. 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 (for new providers) and reviewed as a result of the uplift to the Mental Health Services Data Set v6.0 (for existing submitters).

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 required 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 v6.0 Information Standards Notice (ISN). This document should be read in conjunction with the following documents:

- MHSDS v6.0 Requirements Specification
- MHSDS v6.0 Change Specification
- MHSDS v6.0 Technical Output Specification
- NHS Data Model and Dictionary Change Request

Please see section 2.4 of this document for a full list and descriptions of each related document listed above and where they can be found.

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.
- Detailed commentary on the data submission framework (i.e., how data is submitted by data providers to the data landing platform). Further information about this is available from the [SDCS Cloud Web page](#).
- 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 aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for 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.

An ongoing requirement exists to update the Mental Health Services Data Set (MHSDS) 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:

- Removal of data items and tables that are no longer required within the data set including the Pilot Currency table and Pilot Medication Prescription table* and the Care Cluster tables.
- Addition of new data tables to capture ward details, staff activity details and service details so that this information is only flowed as one record per service, rather than being connected to a patient
- Addition of a new Self-Directed Digital Intervention table to identify where services are supporting patients to use these interventions as part of their care.
- Addition of a new Clinically Ready for Discharge table which has replaced the former Mental Health Delayed Discharge table. This is to record mental health delayed discharges under the new term and definition 'clinically ready for discharge'.
- Addition of the new Presenting Complaint table which has replaced the 'MHS603 Provisional Diagnosis' table to carry details of primary and any secondary presenting complaint recorded for a patient by the service that the patient was referred or admitted to.
- Addition of a new eMED3 Fit Note table to enable recording of the issuing of digital eMED3 fit notes by mental health services
- Addition of new data items and relocation of data items based on feedback and consultation
- Change to mandation status for the MHS104 Referral to Treatment (RTT) table, the MHS701 and MHS702 Care Programme Approach (CPA) tables and the MHS515 Restrictive Intervention Type table
- Updates to names and definitions to align with other data sets and wider NHS Data Model and Dictionary developments, including minor changes to national code lists

*The Pilot MHS107 Medication Prescription table has been removed, and linkage of Electronic Prescribing and Medicines Administration (EPMA) data to MHSDS data will be carried out following data submission using the NHS Number.

For further information on the changes, refer to the detail within the Change Specification.

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 England.

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 England 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 England must publish a procedure for notifying persons of requirements imposed, and requests made.

In respect of section 254, NHS England has received Direction 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 Directions are published on the [‘NHS England Directions’ webpage](#).

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

2.2. Information Standards Notice (ISN) 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 web pages](#).

This Information Standard amendment has been put through rigorous assurance prior to approval by the Data Alliance Partnership Board (DAPB). The resulting Standard has been assigned Release Number Amd 37/2022 and retaining standard number DAPB0011. The ISN formally requires care providers to submit data as per the HSCA.

The Information Standard including latest amendments can be found on the [DAPB0011 MHSDS ISN webpage](#).

More information on the stages of information standard development is available on the [NHS England information standards and data collections \(including extractions\) web page](#).

2.3. Related standards

Reference	Title
DAPB1069	Community Services Data Set (CSDS)
DCB1513	Maternity Services Data Set (MSDS)
DCB2007	Assuring Transformation
DCB1605	Accessible Information
ISB0149	NHS Number
SCCI0034	SNOMED CT

Reference	Title
SCCI0021	International Statistical Classification of Diseases and Health Related Problems (ICD10) 5th Edition
DAPB0092	Commissioning Data Sets (CDS)
DAPB0090	Health and Social Care Organisation Reference Data
DCB2094	Sexual Orientation Monitoring
DAPB0092-2062	Commissioning Data Sets (CDS) Version 6.2.3: Emergency Care Data Set (ECDS)
DCB3017	Overseas Visitor Charging Category (OVCC)
DAPB1520	Improving Access to Psychological Therapies Data Set
DCB0095	Consultant-led referral to treatment (RTT) waiting times
DAPB4011	eMED3 (fit notes) in Secondary Care
DCB0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems

Further details regarding the above standards can be found on the [Standards and Collections webpage](#). This webpage also contains a list of all current DAPB, DCB and Information Standards Board (ISB) standards and collections.

2.4. Related documents

A comprehensive set of documentation has been developed by the NHS England Data Set Development Service (DSDS) for the MHSDS Information Standard. These documents are arranged across two areas of the NHS England website as follows:

- [DAPB0011 MHSDS ISN webpage](#): Contains Information Standard documentation which defines the standard and remain static.
- [MHSDS Specifications and Guidance webpage](#): Contains supporting technical documentation as well as organisational assessment and planning tools. These documents and tools are continually reviewed by DSDS and updated where necessary.

A breakdown of the individual products can be found below:

Document/Product	Description	Publication Status
DAPB Information Standard Documentation		
<i>Information Standards Notice</i>	Notification of publication of a new or amended standard.	Published on DAPB approved standards and collections web page

<i>Implementation Guidance (THIS DOCUMENT)</i>	A document containing guidance to support care providers and their system suppliers with the implementation of the data set, including organisational guidance around data set users and information governance, and a step-by-step implementation plan.	Published on DAPB approved standards and collections web page
<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 DAPB approved standards and collections web page
<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 DAPB approved standards and collections web page
<i>Technical Output Specification (TOS)</i>	<p>Specification for the output data set required of providers which is part of the ISN and published on the DAPB website.</p> <p>The <i>Technical Output Specification</i> is further enhanced with technical information in the form of the <i>Enhanced Technical Output Specification (ETOS)</i> (please see below).</p>	Published on DAPB approved standards and collections web page
<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 DAPB approved standards and collections web page
Technical Documentation		
<i>Enhanced Technical Output Specification (ETOS)</i>	<p>The ETOS contains all of the information included in the <i>Technical Output Specification</i>, which will remain static as part of this Information Standard release. The eTOS also includes additional information relating to the validations carried out at the data landing platform and the derived data items that are included in the provider and commissioner extracts. The validations and derivations are not controlled through the DAPB process and can therefore be subject to change.</p> <p>Additional information to support the Technical Output Specification is included within the ETOS. This includes things such as the validations which are undertaken upon submission.</p> <p>To be referred to alongside the <i>Data Model</i>.</p>	Published on MHSDS web page

<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 web page
<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 web page
Organisational assessment and planning tools		
<i>Implementation Guidance</i> <i>(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 DAPB approved standards and collections web page
<i>System Conformance Checklist</i>	This is a worksheet tool for service providers to assess how well their local IT systems 'map' to the technical output specification.	Published on MHSDS web page

3. Organisational guidance

The updated MHSDS Information Standard must be used across the range of service providers and organisations that provide specialist secondary mental health and/or learning disabilities and/or autism services. 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.

This section provides guidance on the implementation considerations for organisations seeking to implement the MHSDS within their services.

3.1. Resources/costs

Providers of mental health services have a routine 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. 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 on the procurement of systems, however further advice is available by contacting NHS England 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 and any system changes required. 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 these resources 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 England [Looking after information](#) web page for an overview of information published by NHS England.

- The [NHS Confidentiality Code of Practice](#) (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](#) (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 \(2013\) \(Caldicott 2\)](#):

“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.”

- [Guide to the General Data Protection Regulation \(GDPR\)](#)

“The guide to the General Data Protection Regulation contains:

- *information about consent*
- *an explanation of rights under GDPR*
- *descriptions of special category and criminal offence data*
- *guidance on protecting children’s data”*
- NHS England has also published [A Guide to Confidentiality in Health and Social Care \(2013\)](#) which provides good practice advice and guidance for healthcare staff.

All data providers must ensure compliance with the transparency/fair processing requirement of the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679 (GDPR). To meet these requirements, data providers must make available information and guidance to patients and/or their legal guardians regarding the processing of their data (or their child’s data where applicable) for secondary uses purposes (such as service development analysis and national statistical research).

Information must be provided in a concise, transparent, intelligible and easily accessible form and should include details such as an understanding of the data in question, what it will be used for and the patient’s rights. This should be in the form of **transparency/fair processing wording**. Further details can be found on the [ICO GDPR webpages](#).

As a result of new data being included in the MHSDS for the first time, existing users should review their transparency wording as part of a wider Data Protection Impact Assessment (DPIA).

NHS England is also required to provide a [Transparency notice](#).

Data providers should note that the transparency requirements under GDPR replace the prior requirement to provide ‘fair processing’ or ‘privacy’ information.

3.2.1. Patient opportunity to object to data sharing as applied to MHSDS

NHS England is not reliant on “[section 251 support](#)” when mandated to collect data via Directions from the Department of Health and Social Care 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 to flow data from provider to NHS England is not required; however, providers are required to inform patients that their information will be used to support secondary uses and should highlight the national data opt-out process as part of their transparency information.

The National data opt-out is a process which allows patients to opt-out of sharing their information for research or planning purposes once it is held by NHS England. This process replaces the previous ‘type 2’ opt-out which required NHS England to refrain from sharing a patient’s confidential patient information for purposes beyond their direct care. Further information about patient opt-outs is available on the [National data opt-out programme](#) web pages which include resources for health and care staff to use when informing patients.

Other potentially identifiable information

The MHSDS also flows data about staff members and, introduced in MHSDS v4.0, family members or carers.

GDPR allows naming of health and social care professionals (and other persons) if the inclusion has been assessed that it is reasonable to disclose without that individual’s consent taking into account the relevant circumstances, including:

- the type of information that you would disclose
- any duty of confidentiality you owe to the other individual
- any steps you have taken to seek consent from the other individual
- whether the other individual is capable of giving consent
- any express refusal of consent by the other individual

No identifiers flow for family members or carers. However due to the nature of the relationship with the patient, there is risk that they could be identified where certain SNOMED CT codes are flowed to indicate that specific interventions have taken place with a family member or carer in support of the care of the patient (hence flowed as part of the patient record), but not in the presence of the patient.

Both staff members, and family members or carers, should be notified by the provider where their data will flow as part of MHSDS.

3.2.2. Compliance against statutory requirements

The specification and guidance for implementing this data set have been designed to support organisations in adhering to their statutory responsibilities relating to Information Governance, [Data Protection Act 2018](#), the [Freedom of Information Act 2000](#) and GDPR 2018. 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.

The primary purpose of the MHSDS v6.0 standard is for secondary uses only and will therefore have no direct impact on Clinical Safety. As such it is not in scope of [DCB0129](#) -

Clinical Risk Management: its Application in the Manufacture of Health IT Systems.

Consequently, a Clinical Safety Case Report is not required to support this standard.

However, implementation of this standard may require the flow of SNOMED CT clinical findings of Child Sexual Exploitation and Child Sexual Abuse, and the modification to the health IT system from which the collection/extraction is made. The safety implications of any such flows and modifications must be considered by the manufacturer and all other parties involved under DCB0129 and the health organisation under DCB0160. Further detail can be found within the 'Related Standards' section. 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 is a secondary uses data set and does not mandate local 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 national and regional departments, care providers, commissioners) and the Department of Health and Social Care (DHSC) 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

NHS England is committed to supporting providers in improving their local data quality at various stages of the data set life cycle, including:

- before submissions are made, the technical specifications and guidance documents should be read which will help providers to construct their file and understand DQ rules. Additional questions can be made via enquiries: enquiries@nhsdigital.nhs.uk
- at the point of submission, via immediate data quality reports
- following submission, via additional data quality and consistency reports, including those published as part of monthly reporting. Data quality is a consideration as part of the mandated requirements for providers and as such they should review the Data Quality Feedback section within the Requirements Specification.

As an output data set, the MHSDS does not pose any requirement for the modelling and design of local systems and, subsequently, 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.

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.

The care provider should also apply data quality requirements as outlined within the NHS Data Security and Protection Toolkit. Full details are available on the [Data Security and Protection Toolkit web page](#).

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 this 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 should 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 should 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 which processes and systems are underdeveloped or in their infancy, or which 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 available from the [Submitting Mental Health Services Data Set \(MHSDS\)](#) webpage. 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 at the data landing platform to implement improvement actions.

In particular, providers should reference the validation and inclusion rules detailed within the *Enhanced Technical Output Specification* to understand the requirements of when each data item must be reported according to the relevant reporting period.

Please note that any delay in data submission 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 data landing platform, and prior to associated reporting.

3.3.5. Utilisation of data quality feedback

The validations applied to data submission files at the data landing platform, which are described in the *Enhanced 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 following the initial submission.

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 intended to facilitate and assist with this activity.

3.3.6. Local data validation

The validations, which are described in the *Enhanced Technical Output Specification*, only relate to the structure and validity of the submitted data. On submission it will be impossible to identify whether data is accurate, complete and representative of local activity, which should be assessed via local data quality measures.

3.4. Skill mix changes and training

Care provider and system supplier organisations will benefit from developing a local implementation strategy. The strategy should include the identification of skills gaps which might impact on the implementation and maintenance of the MHSDS extract within the organisation. Staff that are impacted by this will typically 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
- Understanding of the latest MHSDS Information Standard and changes from the previous version
- 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 data landing platform including uploading and accessing extracts and data quality reports
- Analysis of data quality reports.

Soft skills:

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

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, for example SNOMED CT

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 or existing 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 bidirectional 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 England 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 England queries mailbox:
enquiries@nhsdigital.nhs.uk
- written guidance referenced elsewhere in this document and other documents on the MHSDS [webpages](#)

3.5. Step-by-step implementation guide

3.5.1. First time submitters – Implementing the MHSDS

The table below provides a high-level summary of essential steps for implementing the MHSDS within your organisation.

Activity	Step	Description
Background, Objectives and Scope	Understand the background and the scope of the Information Standard	Establish whether the MHSDS implementation applies to your organisation. 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.
	Consider using the MHSDS <i>Conformance Checklist</i>	The MHSDS <i>Conformance Checklist</i> may be used to record your baseline position and monitor progress. These documents can be found on the MHSDS webpages.
Communications	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 ‘3.10 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> <p>Maintain ongoing stakeholder engagement.</p>
	Keep up to date with news and updates	<p>Attend any of the regular stakeholders’ events which may have relevance to your organisation.</p> <p>Ensure you subscribe to receive our regular Mental Health Information Update and other important emails by requesting to join our mailing list via the central enquiries@nhsdigital.nhs.uk mailbox (including ‘FAO DSDS - MHSDS’ within the subject line).</p> <p>You can also subscribe yourself here.</p>
Information Requirements	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.	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.

Activity	Step	Description
		<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>
	<p>Prioritise approach to meeting information requirements.</p>	<p>Prioritise your approach to implementing the MHSDS and achieving full coverage of the information requirements. This should involve agreeing how implementation might be phased, for example by identifying those services that are well placed to collect MHSDS as 'early adopters'.</p> <p>You may choose to prioritise:</p> <ul style="list-style-type: none"> • by data items (e.g., all mandatory data across all systems in all services first) • by service (e.g., starting with largest services) • by system (e.g., all data from a particular clinical support system first).
<p>Information Governance</p>	<p>Ensure the organisation complies with Information Governance requirements.</p>	<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 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. • Review the Information Governance guidelines outlined on the NHS England webpages here. <p>The <i>User Guidance</i> may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate.</p>
<p>Submission Process</p>	<p>Understand the end-to-end submission process</p>	<p>Review the SDCS Cloud web page to fully understand the data submission process.</p>

Activity	Step	Description
	Ensure compliance with technical requirements to enable data submission	<p>Look more closely at the technical requirements needed to get ready for data submission and ensure sufficient time is allowed to take action where required.</p> <p>These requirements, such as ensuring your organisation has a registered Organisation Data Service (ODS) code and Senior Information Risk Owner (SIRO), are further described in the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS).</p>
	Obtain login credentials for the data landing platform	<p>Undertake the authorisation process to enable members of staff to be authorised to access the data landing platform to upload submission files.</p> <p>Detailed instructions are available on the SDCS Cloud web page.</p>
	Obtain a copy of the latest Intermediate Database (IDB)	<p>Obtain a copy of the IDB which defines the exact structure and content of the submission file, details can be found within the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS).</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>Please refer to the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS) for further support on the submission process and the IDB which defines the exact structure and content of the submission file.</p>
	Fully understand the validation reporting provided by the data landing platform	<p>The <i>Enhanced Technical Output Specification</i> defines the reports that will be returned to data providers 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>
	Understand the pre and post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Enhanced 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. <i>XML Schemas</i> are also provided which show the structure of</p>

Activity	Step	Description
		<p>these extracts. The IDB and XML Schemas can be found on the NHS England, Technology Reference data Update Distribution (TRUD) pages, for which you need to create an account and log in.</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 in order to explain any changes to data submitted or with respect to identified data quality issues.</p>
Share your implementation experience	Get in touch with the team	<p>The DSDS welcome any feedback you may have on the submission process and data set design. You can contact us via the central enquiries@nhsdigital.nhs.net mailbox (including 'FAO DSDS - MHSDDS' within the subject line).</p> <p>Future requirements for the data set design can be viewed in the <i>MHSDDS Change Requests</i> document available from the MHSDDS Specifications and Guidance Page.</p>

3.5.2. Existing users – implementing v6.0 changes

The table below provides a high-level summary of essential steps for implementing the changes to the MHSDDS within your organisation.

Activity	Step	Description
Background, Objectives and Scope	Understand the background 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.
	Consider using the MHSDDS Conformance Checklist	The MHSDDS Conformance Checklist may be used to record your baseline position and monitor progress. This document can be found on the MHSDDS webpages.
Communications	Stakeholders	<p>Continue to ensure that stakeholders are aware of the requirements. In particular:</p> <p>Read section '3.10 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> <p>Maintain ongoing stakeholder engagement.</p>

Activity	Step	Description
	Keep up to date with news and updates	<p>Attend any of the regular stakeholders' events which may have relevance to your organisation.</p> <p>Ensure you have subscribed to receive our regular Mental Health Information Updates and other important emails by requesting to join our mailing list via the central enquiries@nhsdigital.nhs.net mailbox (including 'FAO DSDS - MHSDS' within the subject line).</p> <p>You can also subscribe yourself here.</p>
Information Requirements	Understand how the 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 v6.0 the MHSDS, either directly or with local transformation.</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>
	Prioritise approach to meeting information requirements.	Prioritise your approach to implementing the MHSDS changes and achieving full coverage of the new/amended information requirements.
Information Governance	Ensure the organisation continues to comply 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 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. • Review the Information Governance guidelines outlined on the NHS England webpages here. <p>The <i>User Guidance</i> may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate.</p>

Activity	Step	Description
Submission Process	Understand the end-to-end submission process	Review the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS) to fully understand the data submission process.
	Obtain a copy of the latest Intermediate Database (IDB)	Obtain a copy of the amended IDB which defines the exact structure and content of the submission file. Further details can be found within the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS) .
	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>Please refer to the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS) which 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 validation reporting provided by the data landing platform	<p>The <i>Enhanced Technical Output Specification</i> defines the reports that will be returned to data providers 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 how any issues be fixed for later submissions.</p>
	Understand the amended pre- and post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Enhanced Technical Output Specification</i> defines the content of the extract files for providers and commissioners and all the derived data items that will be generated by the post-deadline processing. The <i>XML Schemas</i> are also provided which show the structure of these extracts. The IDB and XML Schemas can be found on the NHS England Technology Reference data Update Distribution (TRUD) portal, for which you need to log in (and create an account if needed). A detailed description of how to use the Intermediate Database (IDB) for data submission, can be found within the Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set (MHSDS)..</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 in order to explain any changes to data</p>

Activity	Step	Description
		submitted or with respect to identified data quality issues.
Share your implementation experience	Get in touch with the team	<p>The DSDS welcome any feedback you may have on the submission process and data set design. You can contact us via the central enquiries@nhsdigital.nhs.net mailbox (including 'FAO DSDS - MHSDS' within the subject line).</p> <p>Future requirements for the data set design can be viewed in the <i>MHSDS Change Requests</i> document available from the MHSDS Specifications and Guidance Page.</p>

3.5.3. Impact of v6.0 changes on existing users

The impact of the MHSDS v6.0 changes will vary depending on the relevance of each change to individual providers. However, the changes to data groups and items, included in this release require amendments to the MHSDS IDB. This means that all existing providers will be required to submit using a new MHSDS v6.0 IDB in line with the data submission process. There is no facility for dual running versions and submissions made using the MHSDS v5.0 IDB will be rejected.

For further details about obtaining and using the MHSDS v6.0 IDB, please see our [web pages](#).

3.5.4. Change to submission method

A multiple submission window model for the Mental Health Services Data Set (MHSDS) has been available to providers since 1 April 2020. This will enable providers to resubmit data for each full financial year, rather than by the previous primary and refresh methods of submissions.

Full details can be found via the [Multiple Submission Window Model](#) web pages.

3.5.5. Further guidance

Detailed submission guidance to support the major changes included in MHSDS v6.0 can be found in the *User Guidance*, *Technical Output Specification* and the [SDCS Cloud web page](#). 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 v6.0 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 data landing platform. 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 technical output specification, for submission to the data landing platform.

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 one or more Patient Administrative 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 services including NHS and Independent Sector healthcare providers
- Commissioners including ICBs and Specialised Commissioners

At a national level:

- NHS England
- Department of Health and Social Care (DHSC)
- Department for Education (DfE)
- Care Quality Commission (CQC)
- Commercial companies (where approved through the [Data Access Request Service](#))
- Research organisations including Universities

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

- Clinical service managers
- Performance analysts
- Finance staff
- Commissioners
- Mental health professionals
- Learning Disability professionals
- Autism professionals
- Researchers

Analysis carried out by NHS England can be found on the [Mental Health Data Hub](#), which is a collection of interactive dashboards, NHS England publications and links to other useful mental health data resources for England.

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.

Users should also review:

- [NHS Data Model and Dictionary](#)
- [SNOMED CT web pages](#)
- [SDCS Cloud Web page](#)
- [Multiple Window Submission Model \(MWSM\) for MHSDS](#)
- [Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set \(MHSDS\)](#)

6. Maintenance

6.1. Implementation strategy

NHS England has an agreement with the Mental Health Data and Information Programme Board (MHDIPB) to consider the implementation of 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 ISNs, are continually monitored by the Data Set Development Service (DSDS). Where changes are identified, the risk and benefits in relation to timescales will be assessed to prioritise the requirement into a planned and potentially annual release.

This annual update strategy will aid local planning and development by providing a consistent six-month window in order to make a limited set of changes, making implementation deadlines more achievable. This strategy is dependent on appropriate requirements being received and subject to initial consultation with care providers, system suppliers and internal NHS England teams to determine their readiness and capacity for each annual change.

Any national measures using amended data will be experimental for an initial period, with remaining official measures being unaffected.

6.2. Data set maintenance

The MHSDS Information Standard will be formally maintained by NHS England in accordance with the Data Set Development Service maintenance procedures.

The data set is subject to ongoing maintenance to ensure it remains 'fit for purpose'. The data set maintenance process ensures the information standard continues to reflect changes to priorities, policy, practice and/or underlying classifications.

MHSDS users are integral to the maintenance strategy for MHSDS.

As such, the content of the data set is determined from consultation with various stakeholder groups. Stakeholders include various sections of Department of Health and Social Care policy (including the Office for Health Improvement and Disparities), NHS England policy and analytical colleagues, 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.

Changes currently under consideration are logged and recorded on the MHSDS Requirements Tracker which covers:

- Management of requirements from users and stakeholders.
- Elaboration of data requirements through engagement with senior stakeholders, including provision of support and guidance to external stakeholders in developing the data set changes to meet information/policy requirements

- Development of options papers when required to enable senior stakeholders and the Programme/Project Board to make informed design decisions
- Liaison with care provider and system supplier organisations to develop appropriate technical solutions. This may also involve the NHS England Data Liaison Service.
- Establishment and maintenance of data set specific Expert Reference Groups (ERGs), which consist of care provider and system supplier representatives
- 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 DAPB standard change acceptance
- Undertaking periodic reviews of the data set including data items, definitions and data values
- Horizon scanning for potential changes to policy that may impact the data sets
- 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* 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 England by the sponsor and users.

Requests can be submitted, describing any proposed changes to the MHSDS, to NHS England via enquiries@nhsdigital.nhs.uk (please include 'FAO DSDS - 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 DAPB 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. Data Alliance Partnership Board (DAPB)

DAPB oversees the development, assurance and approval of information standards, data collections, and data extractions. Approval takes place under section 250 of the Health and Social Care Act 2012.

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

For more information, please visit [the NHS England information standards web page](#).

6.5. 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. Risks/issues

In the event that a service provider or system supplier needs to raise a technical risk or issue, please contact NHS England by writing to us at: enquiries@nhsdigital.nhs.uk. To help us redirect your questions to the most appropriate team and to speed up our response times, include 'DSDS - MHSDS' in your subject line.

8. Implementation support

8.1. Support

For specific enquiries relating to the MHSDS Information Standard please contact NHS England via the central customer service centre:

Telephone: 0300 303 5678

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

8.2. Mental health news and service updates

The Mental Health Information Update provides regular timely information to users relating to various aspects of the MHSDS. This newsletter is communicated on a monthly basis via our Mental Health contact list. The latest version of the newsletter can always be found published via the [Mental Health Data Hub](#).

To subscribe to our mailing list for this regular update and other important communications, please register through our [subscription page](#).

8.3. Additional sources of information

Mental Health Data Hub

The [Mental Health Data Hub](#) is a collection of interactive dashboards and useful links covering mental health data in England.

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](#).

Terminology and Classifications

- [SNOMED International](#)
- [UK National Release Centre](#) (part of NHS England).

Data Alliance Partnership Board (DAPB)

[DAPB](#) oversees the development, assurance and approval of information standards, data collections, and data extractions.

Data Security and Information Governance

NHS England offers [guidance on protecting data and handling information securely](#).

Our guidance is designed to help health and care organisations meet the standards required to handle care information.

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 England at enquiries@nhsdigital.nhs.uk (including 'FAO DSDS - MHSDS' within the subject line).

8.5. Additional information

8.5.1. List of useful resources

- [Report of the Review of Patient Identifiable Information](#)
- [The Information Governance Review](#)
- [Guide to the General Data Protection Regulation \(GDPR\)](#)
- [A Guide to Confidentiality in Health and Social Care](#)
- [ICO GDPR](#)
- [Transparency notice](#)
- [section 251 support](#)
- [National data opt-out programme](#)
- [Data Protection Act 2018](#)
- [Freedom of Information Act 2000](#)
- [DCB0129 - Clinical Risk Management: its Application in the Manufacture of Health IT Systems](#)
- [Submitting Mental Health Services Data Set \(MHSDS\) data](#)
- [Technology Reference data Update Distribution \(TRUD\)](#)
- [MHSDS Specifications and Guidance](#)
- [Step-by-Step Guide: from registration to successful submission of the Mental Health Services Data Set \(MHSDS\)](#)
- [Multiple Submission Window Model](#)
- [NHS England information standards](#)
- [Mental Health Data Hub](#)

- [Mental Health Data Hub – mental health information updates](#)
- [Programme bulletin subscription page](#)
- [NHS Data Model and Dictionary](#)
- [UK National Release Centre](#)
- [SNOMED International](#)
- [Data Alliance Partnership Board \(DAPB\)](#)

8.5.2. List of hyperlinks

- <https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud>
- <https://www.legislation.gov.uk/ukpga/2012/7/section/254/enacted>
- <https://www.legislation.gov.uk/ukpga/2012/7/section/259/enacted>
- <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions>
- <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/information-standards-notice>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0011-mental-health-services-data-set>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1069-community-services-data-set>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci1069-community-services-data-set>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1513-maternity-services-data-set>

- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb2007-assuring-transformation>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1605-accessible-information>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb-0149-nhs-number>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0034-snomed-ct>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0021-international-statistical-classification-of-diseases-and-health-related-problems-icd-10-5th-edition>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb0092-commissioning-data-sets>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0090-health-and-social-care-organisation-reference-data>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb2094-sexual-orientation-monitoring>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0092-2062-commissioning-data-sets-emergency-care-data-set>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb3017-overseas-visitor-charging-category-ovcc>
- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb-1520-improving-access-to-psychological-therapies-data-set>

- <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb-1520-improving-access-to-psychological-therapies-data-set>
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