

Announcement of methodological changes to the Compendium emergency readmissions indicators

Background

The emergency readmission indicators were last published in October 2022 using methodologies aligned across Compendium, Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) and NHS Outcomes Framework (NHSOF) indicators.

All the Emergency Readmissions indicators use Hospital Episode Statistics (HES) data as their primary data source. Mental health providers have historically submitted to both HES and to the Mental Health Services Data Set (MHSDS). To reduce the burden on these providers it was decided that while they are mandated to submit to MHSDS they are not also required to submit the same activity to HES. Some providers who previously submitted to HES have now stopped doing so. As a result, the statistics published in this series are impacted, particularly the trend data, by the change in the overall casemix. Therefore, the specification has been modified so that the following are excluded:

- Providers that have submitted activity to the Mental Health Services Dataset (MHSDS) and are no longer submitting data to HES.
- Mental health activity from all providers based on Mental Health Services Treatment Function Codes¹.

The purpose of this document is to describe how these changes will impact the results of these indicators from the next Compendium publication onwards.

Methodological change

From the October 2023 publication onwards, the methodology used within the Compendium emergency readmissions indicators will include the changes described below. Full details of the updated methodology will be available in October 2023 when the next publication occurs. The indicator specification documents will be available to download from the Compendium dataset pages located here: <https://digital.nhs.uk/data-and-information/publications/statistical/compendium-emergency-readmissions>.

HES Activity Excluded

HES activity for the whole period is excluded based on the two criteria below:

- Providers that have submitted activity to the Mental Health Services Dataset (MHSDS) and are no longer submitting data to HES.

A list of providers submitting to MHSDS for a particular financial year is available from the “Mental Health Services Data Set (MHSDS) submission update” page². “Table 1a: Organisations in scope for MHSDS” from the final Submissions report for

¹ A list of codes is available in the Mental Health Services section of the Treatment Function Codes listed in the NHS Data Dictionary here: www.datadictionary.nhs.uk/supporting_information/main_specialty_and_treatment_function_codes_table.html

² Available here: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/mental-health-services-data-set-mhsds-submission-update>.

the financial year in question shows the organisations that have submitted to MHSDS.

A list of the providers submitting to HES each year can be found in the Hospital Admitted Patient Care Activity page³. The “Hospital Providers” tab within the “Hospital Admitted Patient Care Activity, yyyy-yy: Hospital providers” file for the financial year in question shows the organisations that have submitted to HES.

Appendix A shows the NHS providers that would have been excluded for 2021/22 using this approach.

- All Continuous Inpatient (CIP) spells that have mental health activity based on the Mental Health Services Treatment Function Codes listed in Appendix B¹.

Impact

The impact of this change is small. The following analysis is based on data for discharges in the period April 2013 to March 2022:

- At the national level, as expected, the numerator and denominator values decreased, with the change being greater in earlier years. The numerator decreases 19,606 (3.0%) and denominator 102,913 (2.0%) for 2013/14 and decreases 7,738 (1.0%) and 40,446 (0.8%) respectively for 2021/22.

The indicator values also decreased with the change being greater in earlier years. In 2013/14 the indicator value decreases by 0.13% because of the change and decreases by 0.03% by 2021/22.

- The change at the national level is mirrored sub-nationally, for example, within the Indices of Multiple Deprivation (IMD) breakdowns. The numerator and denominator values decreased, with the change being greater in earlier years and as the level of deprivation increases. For the most deprived IMD the numerator decreases, by 6,905 (3.8%) and denominator 33,566 (2.6%) for 2013/14 and decreases 2,447 (1.3%) and 12,084 (1.0%) respectively for 2021/22. For the least deprived IMD the numerator decreases, by 1,785 (2.0%) and denominator 10,530 (1.3%) for 2013/14 and decreases 944 (0.8%) and 4,955 (0.6%) respectively for 2021/22.

The indicator values also decreased with the change being greater in earlier years and as the level of deprivation increases. For the most deprived IMD the indicator value decreases by 0.14% for 2013/14 and decreases by 0.001% for 2021/22. For the least deprived IMD the indicator value decreases by 0.096% for 2013/14 and decreases by 0.035% for 2021/22.

- The average provider indicator value in 2013/14 drops by 0.31% and in 2021/22 the drop is less at 0.02%. As expected, the providers with the lowest volumes see the biggest changes in their indicator values with 18 showing a change of more than $\pm 1\%$ in 2021/22. These providers have numerators in the range 1 to 603 (an average of 149) and denominators 1 to 3,457 (an average of 1,346) whereas, for the full sample, numerators were in the range 1 to 25,738 (an average of 1,924) and denominators 1 to 165,795 (an average of 13,684).

³ Available here: <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity>

Timing

The first publication to be affected by this change will be the October 2023 release, which covers discharges in the period 2015/16 to 2022/23. All trend data will be refreshed using this new methodology.

Further information

Questions and feedback on the publication are welcomed and should be sent to enquiries@nhsdigital.nhs.uk or alternatively call 0300 303 5678.

Appendix A: Excluded NHS Providers (to 2021/22)

Code	Name
RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST
RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
RY6	LEEDS COMMUNITY HEALTHCARE NHS TRUST
RP7	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST
RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST
RYV	CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST
RT2	PENNINE CARE NHS FOUNDATION TRUST
RV5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
RXT	BIRMINGHAM & SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST
TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST
RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST
RWV	DEVON PARTNERSHIP NHS TRUST
RW4	MERSEY CARE NHS FOUNDATION TRUST
RMY	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST
RKL	WEST LONDON NHS TRUST
RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST
TAJ	BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST
RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST

Appendix B: Mental Health Services Treatment Function Codes

Code	Treatment Function Name
656	CLINICAL PSYCHOLOGY
700	LEARNING DISABILITY
710	ADULT MENTAL ILLNESS
711	CHILD and ADOLESCENT PSYCHIATRY
712	FORENSIC PSYCHIATRY
713	PSYCHOTHERAPY
715	OLD AGE PSYCHIATRY
720	EATING DISORDERS
721	ADDICTION SERVICES
722	LIAISON PSYCHIATRY
723	PSYCHIATRIC INTENSIVE CARE
724	PERINATAL PSYCHIATRY
725	MENTAL HEALTH RECOVERY AND REHABILITATION SERVICE
726	MENTAL HEALTH DUAL DIAGNOSIS SERVICE
727	DEMENTIA ASSESSMENT SERVICE
730	NEUROPSYCHIATRY SERVICE