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Announcement of methodological change:

Routine Quarterly Mental Health Minimum Dataset (MHMDS) Reports

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Contents

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Routine Quarterly Mental Health Minimum Dataset (MHMDS) Reports

Introduction

This paper announces and describes changes to our routine MHMDS reporting, for which we published quarterly releases up until the end of the 2012/13 reporting year. From 2013/14 onwards we will publish data on a monthly basis to reflect an increased frequency of data collection. The quarterly publication series has been discontinued but in designing the monthly series we ensured that the publication will address user needs and remain fit for purpose. It includes a wealth of new information and will present data in new formats to maximise usability.

Background

The publication 'Routine Quarterly MHMDS Reports', was based on the MHMDS dataset version 4.0 and the Community Mental Health Activity (CMHA) returns. The final release in this series was published on the 26th June 2013 and was based on information collected for the quarter 4 2012/13 reporting period. It comprised the latest information from this dataset and was intended to provide the Department of Health (DH), mental health services, commissioners and members of the public with information about NHS funded specialist mental health services for adults in England. It included some experimental analyses which extended the scope of the publication and demonstrated the capability of this data source to reproduce measures produced from other data sources which had been considered for cessation in order to reduce the burden of duplicate data collections on the NHS. The release also included statistics from the CMHA returns, which was used for monitoring performance against existing standards on Early Intervention, Crisis Resolution/Home Treatment, Assertive Outreach and Care Programme Approach (CPA) 7-day follow up.

The MHMDS is a mandatory return about all people using, and activity in, NHS funded specialist mental health services for adults in England. It covers hospital care and services delivered in the community, including services delivered by NHS and independent sector hospitals. It mainly contains records relating to adults aged 18 or over (including elderly adults) but also includes records relating to children and adolescents who also access these services. The CMHA collection was a mandatory return for all commissioners of NHS specialist mental health care.

A new version of the MHMDS was mandated in April 2013. MHMDS Version 4.1 has become the data source for routine reporting on specialist mental health services for adults in England. Data are now collected on a monthly basis to support the needs of commissioner and provider reporting including Payment by Results (PbR) and the requirement for an increased frequency of reporting.

In view of these changes, and in the light of results from public and stakeholder consultation[1], we are redesigning this publication in order to continue to best meet the needs of all our users. Further

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[1] Responses to a consultation on the MHMDS: http://www.hscic.gov.uk/consultations

developments will be made in future MHMDS versions. We will regularly review our MHMDS statistics to ensure that they remain relevant and a useful source of MHMDS information, and continue to welcome feedback on this publication at any time via: enquiries@hscic.nhs.uk

Changes

The changes fall into five categories:

1. Data source;
2. Frequency of reporting'
3. Changes to elements of the publication;
4. Changes to methods used in analysis;
5. Name change.

Data source

From the 2013/14 reporting period onwards, our Monthly MHMDS reports publication will be based on MHMDS version 4.1, which has more detailed data on commissioners responsible for services (including historical data), to provide more accurate information to support the implementation of Mental Health PbR. Since the CMHA returns were discontinued from April 2013, related information will instead be derived from the MHMDS and will continue to be published in this release.

Frequency of reporting

Collection of and reporting on MHMDS data from April 2013 will be on a monthly rather than a quarterly basis.

See 'Consultation on statistics produced from the mental health minimum dataset (MHMDS):
http://www.hscic.gov.uk/article/2787/Closed-consultations

Changes to elements of the publication

The following table compares the products included in the quarterly MHMDS publication and the new monthly publication. Additional detail is provided in Appendix 1 of this paper.

Element	Included in retired quarterly publication?	Included in forthcoming monthly publication?	Details
Executive Summary	Yes	Yes	This element will continue to report on the most useful measures of activity and people accessing specialist mental health services as headline figures. It will introduce new national measures and time series graphics.
Background data quality report	Yes	Yes	This element will continue to provide an evidence based assessment of the statistical quality of the publication by reporting against appropriate ESS quality dimensions and principles[2] in order to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics[3] The background data quality report will include a summary of generic data quality issues and will provide context for the data quality measures included in each release (see below). It will provide guidance on assessing the quality of each individual submission in the release by using these measures. Information submitted by individual providers in relation to local data quality issues formerly included in the 'Reliability and known data quality issues' section under the ESS 'Accuracy' dimension will instead be included on the introductory worksheet of in the provider level data quality report.
Summary statistics	Yes	No	The summary statistics will no longer be produced as performance indicators as the NHS Performance Framework has been discontinued. The numerators and denominators for the majority of indicators will be available at organisation level in the monthly data file, and some will additionally be presented at national level in the Executive Summary. Figures will now be based on final data for the month only (rather than final data plus provisional data for the subsequent reporting period).
Experimental analysis	Yes	No	Most of the experimental lines which were published as experimental analysis will be included in the monthly data file and will still be labelled as 'experimental' as we continue to develop our methodologies. The remaining measures could potentially be produced in future if required although changes to the configuration of local services mean that the functions of individual teams are no longer so clearly defined. Figures will be based on final data for the month only.
Provider level data quality measures	Yes	Yes	As before these measures will assess the degree of completion of key fields within the MHMDS at provider level for final data for the month as well as provisional data for the subsequent month. Additional measures on data consistency (mental health care episode duplication, unclosed care spells and comparisons of care spell volumes) have been added together with information on validation rules used to create the measures.
Community Mental Health Activity	Yes	No	This element was based on a separate aggregate collection known as the Community Mental Health Activity (CMHA) return. It provided analysis at Primary Care Trust (PCT) level and reported on activity of community mental health care teams e.g. Crisis Resolution/Home Treatment, Early Intervention and Assertive Outreach. The collection has been discontinued but some related measures will be included in the monthly data file. The remaining measures could potentially be produced in future if required, although changes to the configuration of local services mean that the functions of individual teams are no longer so clearly defined.

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[2] The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.
[3] UKSA Code of Practice for Statistics: http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html

Monthly data file	No	Yes	This is a machine readable data set consisting of underlying data from the MHMDS which will be included in this publication for the first time. It will contain data at provider and CCG level to reflect the new NHS structure (rows with small numbers will be combined where there is a risk of disclosure due to small numbers). This new file will include
Machine readable dataset definitions			This element will contain a list of names and descriptions of the measures included in the monthly data file (and will be entitled 'Monthly data file definitions'. See Appendix 1 for more details.

Changes to methods used in analysis

Although measures similar to those produced in the quarterly reports will be included in the new monthly release, the method for producing these measures will be amended slightly to support more flexible reporting (i.e. they can be used for monthly, quarterly or annual reporting) and greater transparency. We have also made improvements to the methodology in order to respond to user feedback on the accuracy of previous measures and the ease with which they could be replicated from record level MHMDS.

Improvements made are:

- When producing measures where numerators count events happening within 12 months (e.g. PI4 and PI5 of the summary statistics in Appendix 2), the current methodology counts back to the start of the reporting period which ended 12 months before the current reporting period. Therefore for care spells which ended before the end of the reporting period, the reference period is not 12 months. The new methodology will be based on snapshot counts at the end of each reporting period and therefore will give a consistent historical period closer to 12 months on which to base these measures.
- Numerator records for PI4 and PI5 now need no longer be within the same spell of care as the denominator records but could be from a previous spell for the same patient in the same provider.
- For measure PI4, all variants of Health of the National Outcome Scales (HoNOS) and the Mental Health Clustering Tool (MHCT) will be used for the numerator measure. Previously MHCT assessments were not included in the numerator measure.
- For measure PI7, only overnight Absent without Leave (AWOL) episodes will be used for consistency with notifications made by providers to the Care Quality Commission (CQC).

See appendix 2 for summary of changes to measures.

Note that as with quarterly submissions from version 4.0, monthly data will be reconciled at the end of the reporting year to produce a year to date file for annual reporting (e.g. for production of our annual Mental Health Bulletin).

Name change

This publication will now be entitled 'Monthly MHMDS Reports'.

Rationale for changes

Data source

As above, switching to version 4.1 of MHMDS supports the needs of PbR and the requirement for timely information to be made available from MHMDS.

The CMHA collection has been discontinued from April 2013 as a result of Recommendation 98 of the Fundamental Review of Returns. A public consultation was held as part of the Review and we have also liaised with our major stakeholders (DH, NHS Trust Development Authority and NHS England) in order to seek agreement and to minimise the impact on our users.

Frequency of reporting

The increased frequency of reporting will enable this collection and publication to support the implementation of PbR, and to provide timely data for providers and to support commissioning needs and the requirements of Clinical Commissioning Groups (CCGs).

Users expressed a wish to have more frequent updates of MHMDS information, particularly since the current quarterly frequency of reporting is not sufficient for local needs, especially to support PbR. This coupled with data quality issues which are yet to be resolved means that local parallel data flows between providers and commissioners are still being used in preference to MHMDS for management and other purposes. Timeliness of data provision was a recurrent theme in user comments in our MHMDS consultation.

A reconciled year to date version of record level MHMDS will be produced to support the production of other statistics and standard data extracts for customers.

Changes to elements of the publication

In line with Principle 1 of the Code of Practice for Official Statistics, our primary reason for changing the products included in this release is to ensure that it continues to meet user needs. We have extensively engaged with our data users (Protocol 1 of The Code) by seeking feedback via our publications, provider and commissioner events and communications and public consultation (held during 2012).

The Executive Summary and Provider level data quality measures will now be produced automatically from our database using SQL RDL reports to improve timeliness and effectiveness of production. Whilst there is more automation, the most important parts of these products including UKSA obligations. Headline figures will be retained and additional summary measures and new time series reporting will be included in the Executive Summary.

Consultation identified the need for downloadable underlying data (and this is required to meet with the Government's Transparency Agenda) together with more transparency around how our measures are produced. Starting with 2012/13 quarterly data we have now published more detailed information about constructions and definitions and are hoping to work more closely with expert user groups on new analyses. The new metadata file describes exactly how the measures in the monthly data file have been produced with the aim of making it easy for users who hold record level data (e.g. providers and commissioners) to reproduce our analyses.

Whilst the excel spreadsheet products (summary statistics, experimental analysis and community mental health activity) will no longer be included in this release, it will still be possible to calculate the majority of measures using the monthly data file. The NHS Performance Framework has been discontinued although the constituent measures are still considered valuable. Official indicators in the new Frameworks e.g. Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)[4], NHS Outcomes Framework[5] and Adult Social Care Outcomes Framework (ASCOF)[6] will be published in the relevant official releases.

A full list of changes to measures previously included in this publication is provided in Appendix 2 of this document.

Following the dissolution of PCTs, data at sub national level will be provided at new NHS geographies. As this is a new presentation of new data, we believe it is best to provide monthly analyses at the most relevant NHS geographies. This also meets a user need for reporting at CCG level identified in our consultation. New measures have been added in response to user reporting requirements and these may be expanded in response to user feedback as new measures are developed and assured.

On-going engagement with data users will continue to ensure the dataset remains fit for purpose. Regular maintenance updates are planned based on requirements identified.

Changes to methods used in analysis

As stated above, the method for producing these measures will be amended slightly to support more flexible reporting (i.e. they can be used for monthly, quarterly or annual reporting) and greater transparency. The version 4.1 submission process includes changes to the validation and diagnostic reports made available to providers. Providers are encouraged to use all these reports to ensure that their submission accurately reflects local activity and caseload.

Name change

The name change to 'Monthly MHMDS Reports' is to simplify and in order to reflect that this publication is based on a new data source collected on a different reporting basis.

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[4] Clinical Commissioning Group Outcomes Indicator Set: http://www.hscic.gov.uk/ccgois
[5] NHS Outcomes Framework: Scroll down in left panel to 'NHS Outcomes Framework' link here: https://indicators.ic.nhs.uk/webview/
[6] Measures from the ASCOF – latest information available here: http://www.hscic.gov.uk/pubs/adusoccareof1213prov

Further details and assessment of impact to data users

Under the European Statistical System (ESS) dimension 'Trade Offs between output quality components' we are required to assess the extent to which different aspects of quality within the release will be balanced against each other'. The new format of this publication meets user needs of an increased frequency and greater wealth of available information from the MHMDS and supports reporting for PbR at new NHS geographies. Benefits to users include publication of underlying data and improved data quality measures, as well as a visual representation of the national picture on a monthly basis, with some time series.

The aggregate underlying data provides a much greater scope of analysis including initial metrics on patient pathways and will support a variety of local uses as well as meeting our obligations under the Code of Practice for National Statistics and the Transparency Agenda. It will provide a greater amount of basic information from MHMDS than has ever been produced before, including numerators and denominators for established indicator measures (as previously published in the quarterly reports).

The new format of this publication balances the need for increased frequency of reporting and scope of analysis with HSCIC resources and production time. As well as continuing to produce the majority of measures included in the previous version of this publication in the monthly data file, we are producing a large number of new measures in response to user feedback.

The slight change in the methodology used to produce monthly analysis will make the measures more flexible and, because most MH service users are in contact with services for more than a month, will make only a slight difference to coverage. This revised method will also be easier for providers and commissioners to replicate from their data so that comparisons to locally held data can be made.

Appendix 1: Content of publication

Product	Description	Measures
Executive Summary	Summary of key information in release with national time series and visual representations	Key facts: End of month counts of: • MM1 People in contact with services at the end of reporting period, of which: ○ MM07 People with an open hospital spell • MM8 People subject to the Mental Health Act at end of reporting period, of which: ○ MM9 People subject to detention at the end of the reporting period; ○ MM10 People subject to Community Treatment Order (CTO) at the end of the reporting period. In month activity counts • MM23 New care spells beginning in the reporting period • MM26 Admissions to hospital during the reporting period Calculated measures • MM15 Proportion of people aged 18-69 on CPA in settled accommodation at the end of the reporting period • MM18 Proportion of people aged 18-69 in employment at the end of the reporting period • MM31 Proportion of people discharged from hospital who were followed up within 7 days (within the reporting period) Figures and charts Figure showing up to 12 months of data for counts of: • People subject to the Mental Health Act at end of reporting period, of which: ○ People detained in hospital ○ People subject to a Community Treatment Order (CTO) Summary statistics from the MHMDS – table showing up to 6 months of data for: Counts of people: • People in contact with services at the end of the reporting period • People with an open hospital spell at the end of the reporting period • People subject to the Mental Health Act at the end of the reporting period, of which: ○ People detained in hospital ○ People subject to a Community Treatment Order (CTO)_ Counts of activity: • New care spells beginning in the reporting period • Admissions to hospital during the reporting period • Calculated measures • Proportion of people aged 18-69 on CPA in settled accommodation at the end of the reporting period • Proportion of people aged 18-69 in employment at the end of the reporting period • Proportion of people who were discharged from hospital who were followed up within 7 days (within the reporting period)
Provider level data quality measures	Validation of key data items in MHMDS and new data consistency measures. Produced on a monthly basis as final data for the current reporting month and as provisional data for the next reporting month	England and provider level data quality measures (counts and percentages): • The proportion of records which have 'valid', 'other', 'default', 'invalid' and 'missing' values for the following fields: ○ DQM 1 NHS number ○ DQM 2 Postcode ○ DQM 3 Birthdate ○ DQM 4 Person Gender Current ○ DQM 5 Person Marital Status ○ DQM 7 Organisation Code (Code of Commissioner)_ ○ DQM 8 General Medical Practice Code (Patient Registration) ○ DQM 9 NHS Occupation Code (Care Co-ordinator)

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- DQM 10 Legal Status Classification Code
- DQM 11 Primary Diagnosis
- DQM 12 HONOS
- DQM 13 HONOS 65
- DQM 14 Mental Health Team Type
- DQM 15 Main Specialty Code (Mental Health)
- DQM 16 Admission Method
- DQM 17 Ward Security Level
- DQM 18 Mental Health Clustering Tool Assessment Reason
- DQM 19 PbR Care Cluster
- DQM 32 MHCT Assessment Tool

Data Consistency Measures:

- Provider level measures to show the degree of episode duplication at the end of the reporting period (episode counts at the end of the reporting period, mental health care spells with an associated open episode at the end of the reporting period, and the difference (numbers and per cent) between the two):
  - DCM 1 Mental Health Act episodes
  - DCM2 Care Programme Approach episodes
  - DCM 3 Payment by Results Care Cluster episodes
  - DCM 4 Community Treatment Order episodes
  - DCM 5 Hospital Provider Spell episodes
  - DCM 6 Ward Stay episodes

- DCM 7 Provider level time series analysis of spell volumes (using the latest good data the 4 most recent reporting periods)

- DCM 8: Provider level measures showing the proportion of records with potentially inactive spells (number of open spells at the end of the reporting period, number of open spells with no referral at the end of the reporting period and the difference (percentage)

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<td>Monthly data file</td>
<td>CCG and provider level end of month people counts and in month activity counts</td>
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End of month counts of people:

- MM1 People in contact with services at the end of the Reporting Period (RP)
- MM2 People on CPA at the end of the RP
- MM3 People on CPA aged 18-69 at the end of the RP
- MM4 People on CPA with HoNOS recorded at the end of the RP
- MM5 People on CPA for 12 months at the end of the RP
- MM6 People on CPA for 12 months with review at the end of the RP
- MM7 People with an open hospital spell at the end of the RP
- MM8 People subject to the Mental Health Act at the end of the RP
- MM9 People subject to detention at the end of the RP
- MM10 People subject to CTO at the end of the RP
- MM11 People being treated by Early Intervention teams at the end of the RP
- MM12 People being treated by Assertive Outreach teams at the end of the RP
- MM13 People with accommodation status recorded at the end of the RP
- MM14 People aged 18-69 on CPA at the end of the RP, in settled accommodation
- MM16 People with employment status recorded at the end of the RP
- MM17 People aged 18-69 on CPA at the end of the RP, in employment
- MM18 Proportion of people aged 18-69 on CPA in employment at the end of the RP
- MM19 People with a crisis plan in place at the end of the RP
- MM20 People in contact with services at the end of the RP with a diagnosis recorded
- MM21 People assigned to cluster at the end of the RP

In month activity counts:

- MM22 Adult Mental Health Spell days in RP
- MM23 Adult Mental Health Spells starting in RP
- MM24 Bed days in RP
- MM25 Bed days less leave in RP
- MM26 Admissions to hospital in RP
- MM27 Detentions on admission to hospital in RP
- MM28 Discharges from hospital in RP
- MM29 Discharges from hospital, net, in RP
- MM30 Discharges from hospital, net, followed up within 7 days in RP
- MM31 Proportion of discharges from hospital followed up
- MM32 Contacts and daycare attendances in RP
- MM33 Attended contacts and daycare attendances in RP
- MM34 Days of delayed discharge in RP
- MM35 MHCT assessments in RP
- MM36 MHCT assessments new referral in RP

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		• MM37 Clusters started in RP • MM38 Clusters ended in RP • MM39 AWOL episodes in RP • MM40 Under 16 bed days in RP • MM41 Days on cluster 00 in RP • MM42 Days on cluster 01 in RP • MM43 Days on cluster 02 in RP • MM44 Days on cluster 03 in RP • MM45 Days on cluster 04 in RP • MM46 Days on cluster 05 in RP • MM47 Days on cluster 06 in RP • MM48 Days on cluster 07 in RP • MM49 Days on cluster 08 in RP • MM50 Days on cluster 10 in RP • MM51 Days on cluster 11 in RP • MM52 Days on cluster 12 in RP • MM53 Days on cluster 13 in RP • MM54 Days on cluster 14 in RP • MM55 Days on cluster 15 in RP • MM56 Days on cluster 16 in RP • MM57 Days on cluster 17 in RP • MM58 Days on cluster 18 in RP • MM59 Days on cluster 19 in RP • MM60 Days on cluster 20 in RP • MM61 Days on cluster 21 in RP
Monthly data file metadata	User information for the monthly data file	Provides: • A description of each measure • The method used for producing the measure for regional monthly MHMDS • Notes on the history and use of each measure • The method used to produce derivations to support production of the measures to help users to replicate our analyses

Appendix 2: Changes to measures used in publication

Summary statistics

	Name of measure in Routine quarterly MHMDS reports	Status	Related measure(s) in Monthly MHMDS reports	Change	Where presented in new reports (i.e. product name)
PI1	Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation *(in quarter measure)*	Continued	Proportion of people aged 18-89 on CPA in settled accommodation MM15 People aged 18-69 on CPA at the end of the reporting period, in settled accommodation MM05 People on CPA at the end of the reporting period	A new method for calculating the numerator and denominator lines based on an end of reporting period snapshot count	Executive Summary Monthly data file Monthly data file
PI2	Proportion of adults on Care Programme Approach receiving secondary mental health services in employment *(in quarter measure)*	Continued	Proportion of people aged 18-69 in employment MM18 People aged 18-69 on CPA at the end of the RP, in employment MM05 People on CPA at the end of the reporting period	A new method for calculating the numerator and denominator lines based on an end of reporting period snapshot count	Executive Summary Monthly data file Monthly data file
PI4	The proportion of those on Care Programme Approach who have had a HoNOS assessment in the last 12 months *(based on in quarter denominator)*	Discontinued but can be can be calculated using numerator and denominator	M07 People on CPA with HoNOS recorded at the end of the RP MM05 People on CPA at the end of the reporting period	A new method for calculating the numerator and denominator lines based on an end of reporting period snapshot count	Monthly data file Monthly data file
PI5	The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months (based on in quarter denominator)	Discontinued but can be can be calculated using numerator and denominator	MM41 People on CPA for 12 months with review at the end of the RP MM40 People on CPA for 12 months at the end of the RP	A new method for calculating the numerator and denominator lines based on an end of reporting period snapshot count	Monthly data file Monthly data file
PI7	The total number of instances of AWOL involving patient detained under the MH Act during the reporting period	Discontinued – numerator only available	MM42 AWOL episodes in RP	No changes to numerator	Monthly data file
PI8	The number of new cases of psychosis served by early	Discontinued – but see related measure MM12	MM12 Number of people being treated by Early Intervention		Monthly data file

	intervention teams (Number of people with newly diagnosed cases of first episode psychosis receiving early intervention in psychosis services. (Cases included are those which have been taken on by early intervention teams for treatment and support. Patients who are being monitored for a limited period as suspected cases should be excluded). (in quarter measure)		teams at the end of the reporting period		
PI10	The number of admissions to adult facilities of patients who are under 16 years of age *(The number of bed days for patients under 16 on adult wards during the reporting period)*	Continued	Under 16 bed days in reporting period	No change to method	Monthly data file
PI12	Data quality on ethnic group	Continued	Provider level counts for DQM6	No change to method	Provider level data quality measures
PI13	Completeness of the MHMDS that applies to the following fields records in each reporting period: - Date of birth - Patient's current gender - Patient's marital status - Postcode of patient's normal residence - Organisation code of patient's registered General Medical Practice - Organisation code of commissioner	Continued	Provider level percentages for DQM3, DQM4, DQM5, DQM2, DQM8 and DQM7	Changes to rules for validating Organisation code of commissioner	Provider level data quality measures

Experimental Analyses

	Name of measure in Routine quarterly MHMDS reports	Status	Related measure(s) in Monthly MHMDS reports	Change	Where presented in new reports (i.e. product name)
Line 1b	Year to date, number of new cases of psychosis served by Early Intervention teams by PCT of commissioner	Discontinued – but see related measure MM12	MM12 Number of people being treated by Early Intervention teams at the end of the reporting period	Reported by CCG rather than PCT	
Line 2a	Total early Intervention (EI) patients being treated by EI teams (All patients receiving EI treatment at a point in time) by provider	Continued	MM12 People being treated by Early Intervention teams at the end of the reporting period	No change to method	Monthly data file
Line 2b	Total early Intervention (EI) patients being treated by EI teams (All patients receiving EI treatment at a point in time) by PCT of commissioner	Continued	MM12 People being treated by Early Intervention teams at the end of the reporting period	Reported by CCG rather than PCT	Monthly data file
Line 3a	Total number of people receiving Assertive Outreach Services (Total patients on the caseload as a point in time) by provider	Continued	MM13 People being treated by Assertive Outreach teams at the end of the reporting period	No change to method	Monthly data file
Line 3b	Total number of people receiving Assertive Outreach Services (Total patients on the caseload as a point in time) by PCT of commissioner	Continued	MM13 People being treated by Assertive Outreach teams at the end of the reporting period	Reported by CCG rather than PCT	Monthly data file
Line 4a	Proportion of patients 'in scope' for clustering and assigned to a cluster at the end of the reporting period by provider	Discontinued – numerator only available	MM22 People assigned to cluster at the end of the RP	No changes to numerator	Monthly data file
Line 4b	Proportion of patients 'in scope' for clustering and assigned to a cluster at the end of the reporting period by Clinical Commissioning Group (CCG)	Discontinued – numerator only available	MM22 People assigned to cluster at the end of the RP	Reported by CCG rather than PCT	Monthly data file
6a	Admissions to hospital (specialist mental health services) and detentions under the Mental Health Act on admission by provider	Continued	MM27 Admissions to hospital in reporting period MM28 Detentions on admission to hospital in reporting period	No changes to method	Monthly data file
6b	Admissions to hospital (specialist mental health services) and detentions under the Mental Health Act on admission by PCT of commissioner	Continued	MM27 Admissions to hospital in reporting period MM28 Detentions on admission to hospital in reporting period	Reported by CCG rather than PCT	Monthly data file

Line 6 DQ issues	Checks to highlight inconsistencies in Mental Health Act Event episode data: Duplicate episodes at end of reporting period (quarter) Comparison of open episodes between final data for previous quarter and final data for current quarter (end of previous RP vs start of current RP)	Continued Discontinued	Duplicate episodes at end of reporting period (month) Comparison of open spells with open spells with no associated referral	New methodology – see Appendix 1 for details	Provider level data quality measures
7a	Discharges from hospital receiving follow up (by phone or face to face contact) within seven days of discharge from psychiatric in-patient care during the reference period) by provider	Continued	MM30 Discharges from hospital, net, in reporting period MM31 Discharges from hospital, net, followed up within 7 days in RP		Monthly data file
7b	Discharges from hospital receiving follow up (by phone or face to face contact) within seven days of discharge from psychiatric in-patient care during the reference period) by PCT of commissioner	Continued	MM30 Discharges from hospital, net, in reporting period MM31 Discharges from hospital, net, followed up within 7 days in RP	Reported by CCG rather than PCT	Monthly data file

Data quality measures (VODIM)

Name of measure in Routine quarterly MHMDS reports	Status	Related measure(s) in Monthly MHMDS reports	Change	Where presented in new reports (i.e. product name)	Name of measure in Routine quarterly MHMDS reports
VODIM 1	DQM1 – DQM19: All England counts for validation measures – Valid; Other; Default; Invalid; Missing.	Continued	DQM1 – DQM19: All England counts for validation measures – Valid; Other; Default; Invalid; Missing.	No change to method	Provider level data quality measures
VODIM 2	DQM1 – DQM19: All England percentages for validation measures - Valid; Other; Default; Invalid; Missing.	Continued	DQM1 – DQM19: All England percentages for validation measures – Valid; Other; Default; Invalid; Missing.	No change to method	Provider level data quality measures
VODIM 3	DQM1 – DQM19: Organisation level counts for validation measures - Valid; Other; Default; Invalid; Missing.	Continued	DQM1 – DQM19: Provider level counts for validation measures - Valid; Other; Default; Invalid; Missing.	No change to method	Provider level data quality measures
VODIM 4	DQM1 – DQM19: Organisation level percentages for validation measures - Valid; Other; Default; Invalid; Missing.	Continued	DQM1 – DQM19: Provider level percentages for validation measures - Valid; Other; Default; Invalid; Missing.	No change to method	Provider level data quality measures

Community Mental Health Activity Indicators

	Name of measure			Changes from previous publication and notes /equivalent measure	Proposed location/format/equivalent in new publication
Question 1	Year to date, number of Home Treatment Episodes carried out by Crisis Resolution/Home Treatment teams by SHA and by PCT Also available by PCT in machine readable dataset	Discontinued			Could potentially be produced in the future subject to demand and development of analysis method
Question 2	Year to date, number of assessments made by Crisis Resolution teams Also available by PCT in machine readable dataset	Discontinued			Could potentially be produced in the future subject to demand and development of analysis method
Question 3	Year to date, number of patients receiving home treatment episodes by Crisis Resolution/Home Treatment teams Also available by PCT in machine readable dataset	Discontinued			Could potentially be produced in the future subject to demand and development of analysis method
Q6	Total Early Intervention (EI) patients being treated by EI teams (All patients receiving EI treatment at a point in time (All patients being treated will normally be engaged with services over three years)) Also available by PCT in machine readable dataset	Continued	MM12 People being treated by Early Intervention teams at the end of the reporting period	Organisation code of commissioner is now based on CCG rather than PCT	Monthly data file
Q10	Number of patients receiving assertive outreach services (Total patients on the caseload at a point in time) Also available by PCT in machine readable dataset	Continued	MM13 People being treated by Assertive Outreach teams at the end of the reporting period	Organisation code of commissioner is now based on CCG rather than PCT	Monthly data file

Note that some of the community mental health activity measures were published for quarter 4 of each reporting year only with additional demographic breakdowns (gender and ethnicity). These can still potentially be produced (e.g. for custom data extracts) but will not be included in the release due to disclosure risks associated with adding these fields to the monthly data file.