Background Quality Report: Routine Quarterly Mental Health Minimum Dataset Reports – Provisional Q1 2011/12 summary statistics and related information
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Introduction

This document constitutes a background quality report for the publication of the first information from the Mental Health Minimum Dataset (MHMDS) since the data source changed format (version 3.5 to version 4) and the first official publication of data from the Community Mental Health Activity (Community MHA) Omnibus return. The publication consists of a number of indicators covering the Q1/Q2 period of 2010/11 (1st April to 30th September); MHMDS indicators include provisional data for the Q1 2011/12 period and community activity indicators include final data for the Q1 2011/12 period and provisional data for the Q2 2011/12 period.

Context

Background to this publication

MHMDS indicators

The MHMDS is returned quarterly by all NHS providers of adult secondary mental health services and has additionally included data from some independent sector providers since Q1 2010/11. It is received as record level anonymised data from patient administration systems, Care Programme Approach systems and Mental Health Act administration systems.

It contains records relating to all adults aged 18 or over (including elderly adults) who receive NHS funded specialist secondary mental health services and are, or are thought to be, suffering from a mental illness. Children and adolescents under the age of 18 should also be included where they are in receipt of care from a specialist adult secondary mental health service or an early intervention service.

Further information on the MHMDS can be found on the NHS Information Centre website at: www.ic.nhs.uk/services/mhmds/spec

Following recommendations from the Mental Health Information Review in 2008, version 4 of MHMDS was implemented in April 2011 to support the introduction of ‘Payment by Results’ and to better reflect the current configuration of mental health services. From Q1 2011 providers make their quarterly MHMDS submissions via the Bureau Service Portal on Open Exeter1 and a new system for processing the data has been implemented. Full details of the underlying methodology are provided in the MHMDS Version 4 User Guidance and Appendices.

The Information Standards Notice for MHMDS version 4 can be found on the Information Standards board website at:


This routine quarterly publication aims 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. The MHMDS reports include some indicators that are part of the DH’s performance framework for mental health trusts, but this publication only includes indicators 12

1 Further details on how to access the Open Exeter portal can be found here: http://www.ic.nhs.uk/services/mental-health/using-the-service/datasets-databases-and-data-collections/mental-health-minimum-dataset-mhmds/submissions-via-the-bureau-service-portal
and 13. This is because this is the first release of data from the new system and the system has not yet been fully assured.

The DH has revised the Indicator constructions since 2010/11 and details can be found here:


Community

The release also includes data from the Community Mental Health Activity (Community MHA) Omnibus return which is collected from commissioners and is published here for the first time. Information about community mental health teams has been collected by the Department of Health via the UNIFY2 system since 2003 as part of the Local Delivery Plan Returns (LDPr). Following a change in remit for the LDPr, the DH arranged for the NHS IC to collect and publish essential data on community activity. Five indicators are being collected quarterly via the NHS IC online Omnibus system, with a further three being collected during Quarter 4 only. More information about this collection can be found at:


It is possible that elements of this set of reports will be produced from MHMDS version 4 in future.

The remaining LDPr lines will continue to be collected by via UNIFY2 and published by the DH.

Purpose of this document

This paper aims to provide users with an evidence based assessment of the quality of the statistical output of the ‘Routine Quarterly Mental Health Minimum Dataset Reports – Provisional Q1 summary statistics and related information’ publication by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles² appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics³, particularly Principle 4, Practice 2 which states:

Ensure that official statistics are produced to a level of quality that meets users’ needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality.

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
Assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

For MHMDS, this publication covers the Q1 2011/12 reporting period and comprises a reduced set of reports which have been produced from the alpha release of the post-deadline MHMDS processing. These are considered to be experimental in nature and only Indicators 12 and 13 from the DH Service Performance Indicators are included. The publication also includes, for the first time, the Community Mental Health Activity Return submitted by commissioners. These are being published in part to respond to stakeholder (DH) needs but also because we felt that their inclusion in this release will be of wider use as some of these measures could potentially be produced from MHMDS in future. 2011/12 community information comprises final data from the Q1 reporting period and provisional data from the Q2 reporting period.

This report contains organisational statistics for the following indicators:

MHMDS (for mental health providers) – organisational level:

- **Indicator 12**: Data quality on ethnic group- The number of MHMDS records with a valid 2001 Census coding for ethnic category (excluding ‘not stated’ and ‘not known’) as a proportion (%) of the total number of MHMDS records for the quarter.
- **Indicator 13**: Data completeness of the MHMDS\(^4\) that applies to the following fields for all 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. These are expressed as a proportion (%) of the total number of MHMDS records for the quarter.

Community (for commissioners) – organisational and SHA level:

- **Question 1**: Number of home treatment episodes;
- **Question 2**: Number of assessments made by Crisis Resolution teams;
- **Question 3**: Number of patients receiving home treatment;
- **Question 6**: 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));
- **Question 10**: Number of people receiving Assertive Outreach services (total number of patients in the caseload at a point in time).

The community information includes an appendix detailing terminology used and indicator construction.

Both returns are mandatory but it was accepted that not all organisations were able to submit MHMDS Q1 data in the submission window using new arrangements. The ISN for the data set change was issued in April and for many organisations this was too late to be able to update local systems. Furthermore, some organisations were prevented by performance issues from making as

\(^4\) See [http://www.ic.nhs.uk/services/mhmds/dq](http://www.ic.nhs.uk/services/mhmds/dq)
many test submissions as they would normally make and in several cases organisations held back from making data refinements in order to allow other users on to the system. For this reason this first set of reports are not considered of a suitable quality or coverage for performance management purposes.

More comprehensive organisational level data quality ‘VODIM’ reports, which provide counts of valid records for a selection of data items in the MHMDS by organisation, are not included here but will be with the next release.

‘Breach’ reasons (explanations provided by submitting organisations in response to Omnibus collection system validation routine flags) are published for community activity data alongside this release.

**Accuracy and reliability**

*This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.*

**Accuracy**

**MHMDS**

These results are experimental in nature and it is particularly important to note their provisional status. In order to meet a December publication date there was minimal scope to investigate data quality but the methodology will be reviewed before the next release. There may be differences between this provisional national extract and the extracts produced, once assurance of the new system is complete.

**Community**

The community activity data is part of an established collection and it is expected that the data is representative.

**Reliability/Known data quality issues**

**MHMDS**

**Coverage**

At the deadline for the Q1 primary submission, 60 organisations had submitted data, including one Independent Sector Provider. Although organisational change means that the list of organisations submitting MHMDS fluctuates, there is evidence that the submission was incomplete as 71 organisations (including 3 Independent Sector Providers) made a MHMDS submission in Q4 2010/11.

**Volume of Records - Processing**

A significant difference between volumes of records received was observed between the Q4 2010/11 and the Q1 2011/12 reporting periods. Around half (50 per cent) of the organisations who returned data in both periods (and 39 per cent overall) had a greater than 20 per cent change in the number of records submitted. This is thought to be due to the change in processing methodology (particularly that the ‘assembler’ is no longer in use) and may actually be due to processing improvements correcting suspected issues in the previous version. The new processing system has not yet however been fully quality assured; in order to understand whether the cause of the disparity in record
numbers is the change in processing generally or whether organisations have specific issues we will be carrying out more detailed checks before the Q2 publication.

Completeness of records

Data quality for key demographic aspects of the data appears to be good for returning organisations. Ninety nine per cent of records had a valid NHS number and 99 per cent had a valid postcode. Initial assurance suggests this latter figure could be an overestimate due to a processing issue. Less than one per cent of records had an invalid gender, and 80 per cent had a valid marital status. Further assurance of the system is required before such figures can be confirmed in the next release.

In terms of geographical information, 96 percent of records had complete information for LSOA, County, Local Authority District or Electoral Ward of Usual Address (considered separately; these 96% may not refer to the same component of records in each case).

Community Data

This publication is accompanied by two spreadsheets containing a lists of ‘breach reasons’ (text provided by submitting organisations in response to the Omnibus collection system flagging up validation errors) for the community activity returns. These reasons include explanations and additional information and should be considered alongside the data, particularly when examining results at an organisational level. Some of the breach reasons exceeded the Omnibus field length and we did not receive the full comment. This will be addressed in the next publication.

Timeliness and punctuality

*Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.*

The window for submission was left open for longer (until the 19th October) than usual to allow the maximum number of organisations to submit Q1 data as major changes to IT systems were necessary in order to process the data according to the new version 4 specification. Although organisations were not mandated to supply all new data items, they did have to make their submissions in the new version 4 format. The publication was therefore delayed as a result and this release is intended to provide an early view of data from this system which has not yet been assured.

The closing date for community activity data was 11th November for Q1 refresh and Q2 primary.

Accessibility and clarity

*Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.*

Accessibility

Alongside this data quality statement, an Executive summary of the results included in this publication is accessible via the NHS IC internet as a PDF document together with supporting Excel files containing reference tables for Q1 provisional DH performance indicators from the MHMDS, and Q1 final and Q2 provisional information from the Community Activity Return.

A machine readable file containing the data used to create the analysis for the results from the Community Activity Return is published alongside the main publication document. Its reuse is subject to conditions outlined here:
Providers and commissioners will be able to obtain a record level data extract for their patients from the Open Exeter Bureau Service Portal once assurance of the system is complete. Providers already have access to the system, but commissioners will need to register to open an account.

Information for commissioners on gaining access to the system to download extracts:


Breach reasons for validation failures generated in the collection of the community activity data via the Omnibus system are published in addition.

**Clarity**

The indicators are presented in two MS Excel files, each with a contents sheet and a broad definition of each indicator. Terminology is defined where appropriate.

Full details of the way that MHMDS returns are processed, which will be of use to analysts and other users of these data, are available on the NHS IC website:

http://www.ic.nhs.uk/services/mhmds/spec

**Coherence and comparability**

*Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.*

**Coherence**

Indicators 12 and 13 were derived from the MHMDS.

The community activity indicators published here were derived exclusively from the Omnibus collection, and details of guidance issued to submitting organisations can be found here:


Other community activity indicators are collected by DH using the UNIFY system.

**Comparability**

The MHMDS is only source of data for mental health and community services. The scope of this publication for MHMDS is much reduced compared to normal and only includes two indicators. Since the construction of many indicators has been revised by the DH, data from Q1 2011/12 for affected indicators should not be compared to earlier data.

Further caution should be exercised in view of the change to the processing system for MHMDS. Large changes in volumes of records (see Data Quality section) from submitting organisations were noted and, without further quality assurance work (due to be carried out before publication of Q2 results), it is not possible to estimate the extent of the effect that the system has had on data quality. It is thought that the data quality has been much improved but full assurance (working in conjunction
This release includes statistics on community activity for the first time and as such, there is no comparable data. It is anticipated that similar areas will be covered by future iterations of the MHMDS and we will continue to report on develops as they occur.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

A limited set of MHMDS indicators has been published in order to provide an early look at version 4 data in December 2011. Full investigation of data quality issues was not possible during this timeframe and since the new system has not yet been fully assured we cannot provide explanations for changes observed between the current and previous reporting periods. The quick turnaround and the system status at the time of publication meant that we were not in a position to provide a full set of reports.

We are not including a ‘data.gov’ file containing underlying data because the fitness for purpose of version 4 MHMDS data has not yet been proved; we are publishing these data in order to report on the progress of the implementation of the new system and to meet users’ expectations for a Q1 release of MHMDS indicator data in as timely a fashion as possible. These data are experimental and cover a limited number of organisations and it should be noted that failure to submit data was not considered to be the fault of the Trusts who were unable to do this as the timeframe between the issue of the ISN for the data set change notification and the closing date of the collection window was too short for many to be able to implement local changes to their system.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses, and their views on the statistical products.

The purpose of the routine quarterly MHMDS reports is to provide Department of Health (DH), Mental Health services, commissioners and members of the public with information about NHS funded specialist mental health services for adults. This publication is driven by the need to ensure the continuing flow of data from the MHMDS even though the major changes to the dataset in version 4 required the implementation of a new system for processing the data.

Community indicators being published in part to respond to stakeholder (DH) needs but also because we feel their inclusion in this release will be of wider use as some of these measures could potentially be produced from MHMDS in future. These statistics are also likely to be used by front line organisations who are involved with commissioning to support the NHS.

Over the course of the year we will be working with DH to agree what additional measures, previously produced from other data sources, should be produced from MHMDS, and how. We will also be consulting with users to find out what additional analyses should be produced from the MHMDS version 4 to support users’ evolving needs.

We expect to be launching the consultation in February 2012 and if you would like to contribute, please email us with your contact details to enquiries@ic.nhs.uk, with ‘MHMDS Statistics Consultation’ in the subject line.
Performance, Cost and Respondent Burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

The MHMDS has been identified as the data source to replace others in the Zero Based Return programme designed to reduce burden on the NHS. New analyses in the scope of this will be included in this publication over the forthcoming year, starting with the community activity data. These will be parallel produced from their original source and MHMDS as this becomes possible through development of the MHMDS.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

- Organisations may provide a refresh of their data during the data collection window for the subsequent reporting period should they wish; this will be published as finalised data with the next release.
- All publications are subject to a standard NHS IC risk assessment prior to issue. Disclosure control is implemented where deemed necessary.

Please see links below to relevant NHS IC policies.

Statistical Governance Policy

Freedom of Information Process

Data Access and Information Sharing Policy
Click here to go to policy

Data Protection Charter