Mental Health Services Dataset (MHSDS)

Guidance for IPS Service Providers

2023

IPS GROW

Contents

Introduction

This guidance has been developed by IPS Grow, a programme commissioned by NHS England to support the growth of IPS. IPS Grow is led by Social Finance in partnership with a consortium of IPS experts.

How should I use this document?

In this document we provide information on how to submit your data to the Mental Health Services Dataset, and signpost to further resources which will help you get a more detailed understanding of what to do at each step.

What is the MHSDS?

The Mental Health Services Dataset (MHSDS) is a national-level dataset which records information on people in contact with mental health, learning disabilities and autism spectrum disorder services. That includes IPS services.

The submitted data is analysed and used to create reports about service access and quality which are then shared with the submitting service provider and their stakeholders.

Submitting data to the MHSDS is <u>mandatory</u> for all organisations receiving funding from the NHS.

Why is it important for IPS services to submit to the MHSDS?

NHS England is currently investing in the world's largest scale-up of IPS services. The MHSDS is the primary data source for NHS England to monitor the progress of the IPS scale-up. It is therefore crucial that you are able to submit your data to the MHSDS, so that NHS England can continue to track the success of IPS.

How do I submit data to the MHSDS?

At present, the only way to submit MHSDS data is via the Strategic Data Collection Service (SDCS) in the cloud. This means that you will require IT support to submit your data.

In addition to this technical skills requirement, you will also need access to data that can be hard to come by and consistently track outside of a clinical setting (e.g. NHS number). Therefore, we recommend that you flow your data through a Trust. Our regional leads can help you initiate a relationship with the relevant people to get the ball rolling.

When submitting data to the MHSDS, we recommend that you refer to the MHSDS user guidance, which is available [here](#). This provides an overview of the scope of the dataset, including the types of activity and data items that need to be submitted to the MHSDS.

If your service is part of a Mental Health Trust, then it is likely that they are already submitting data to the MHSDS on your behalf. You can check if this is the case by getting in touch with your IT contact at the Trust or looking at your numbers on the IPS dashboard for MHSDS data on the NHS Collaboration platform.

If you are happy with the accuracy of the numbers on the dashboard, then there are no further steps you need to take. If you see data on the dashboard but are unsure of the accuracy, we recommend that you refer to the data quality section of this document.

If you don't see any data for your service, then please consult NHS Digital's guidance for submitting data to the MHSDS, available [here](#). This contains a step-by-step guide from registration to successful submission of the MHSDS, including information on when and how to submit data, data quality and validation reports when submitting data, and how organisations can submit data on behalf of other providers.

Mental Health Trusts

If you are delivering IPS within a Mental Health Trust, the infrastructure for data submission should already be in place. You should contact your IT team to ensure that they are capturing IPS and your specific service data independently of the other services delivered in the Trust.

Independent providers delivering for Mental Health Trusts

If you are an independent provider sitting inside a Mental Health Trust and have access to an Electronic Patient Record (e.g. RiO), the process will be similar to that of a service that is part of the Trust, but you will have to take a few extra administrative steps to ensure that the data is attributed to your independent service rather than the Trust on the MHSDS. The steps to do this are outlined in [NHS Digital's guidance for submitting data to the MHSDS](#).

Independent providers without access to a Mental Health Trust

If you do not have access to a Mental Health Trust, you have two options: establish a relationship with a Trust or submit your data independently. As noted above, we strongly encourage you to establish a relationship with a Trust and our regional leads can help you initiate this.

When do I submit data to the MHSDS?

Submissions to the MHSDS are monthly, with two main 'windows' in which to submit:

- Provisional
- Performance

Since April 2020, NHS Digital has implemented a Multiple Submission Window Model (MSWM) for MHSDS, which allows providers to retrospectively submit data for a specific reporting period once the initial provisional and performance submission windows have closed.

For more information on the Multiple Submission Window Model, please see the guidance published here: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/multiple-submission-window-model-for-mhsds

Data quality feedback will be given once the submission has been processed. If the file you submitted does not comply with the data standards outlined in the data requirements, your submission will not be counted.

Data Requirements

To avoid having your submission rejected, you should ensure that the person submitting the data has familiarised themselves with the data requirements. You should also ensure that you have understood how the data you are submitting links to referrals, access numbers and other outcomes. This will be the focus of the next section.

IPS data in the MHSDS

MHSDS and IPS data

The MHSDS is a very large dataset that encompasses all activity related to mental health care provision in England. It was therefore not designed with employment services, and more specifically, IPS services in mind. This means that the data fields you'll have to submit will not correspond perfectly with how you are used to tracking cases.

One example is that there is no explicit data field for vocational profile or access. Rather you are asked to record 'contacts' you've had with your client. **This means that the first appointment the client attends once they have agreed to partake in an IPS service will count towards your access numbers (this may occur during the initial session, in which case it should be counted as the first appointment)**. Another example is that the MHSDS currently only records the latest employment status but does not track changes in employment. This means that 'Supported into Work' outcomes currently cannot be tracked via the MHSDS.

Submitting IPS referrals via the MHSDS

IPS referrals and activity will be identified by the Team Type code of **D05** (IPS) in the MHS102 Service Type Referred To table.

Where IPS teams are embedded in other teams (i.e. Early Intervention in Psychosis (EIP) teams or Community Mental Health teams (CMHTs)), referrals and activity will show for the host team. It is possible that your clinical systems team could configure a new team on the clinical system for the IPS team so that activity can be recorded independently of the host team.

If this is not possible or information governance does not permit this, the **772822000** SNOMED code can be used to identify the activity as from an IPS service. We cannot monitor as much of the service with this approach, so the former option is preferred.

Please see the [data requirements document](#) for more information about which tables and fields need to be submitted under both scenarios.

IPS referrals with both an IPS Team Type and relevant SNOMED code recorded will only be counted once in IPS access and reporting.

IPS Access definition

In the MHSDS, IPS access is calculated based on the first appointment the client attends once they have agreed to partake in an IPS service (this may occur during the initial session, in which case it should be counted as the first appointment).

An appointment is referred to as a "Care Contact" in all MHSDS guidance. Face-to face, video or telephone appointments count towards the access target, as well as talk type for a person unable to speak. Any other methods, such as email or SMS, do not count as access.

As per the MHSDS user guide (see page 50), any activities typically completed by administrative staff where the primary purpose of that activity is administrative in nature (i.e. arranging appointments, appointment reminders, notification of test results) via any consultation mechanism should not be flowed to the MHSDS. These activities should not be included in your MHSDS submission and are not in scope to be counted towards IPS access.

On the clinical system, the appointment will need to be recorded as a clinical contact rather than an administrative contact for it to flow into the MHSDS and be counted towards access.

Please note that not all clinical systems will allow you to indicate whether an activity is clinical or administrative. If this is the case for your clinical system, please get in touch with your local data team to understand how data is extracted from the clinical system into MHSDS (given that only clinical contacts should flow into MHSDS) and therefore what flags should be used to ensure the correct information flows.

IPS access is defined as referrals which have had at least one care contact with IPS services where the below criteria are met:

1. The contact was either "Attended on Time" or "Attended Late but still seen" (recorded via the AttendOrDNA field in the MHS201 Care Contact table)

2. The consultation medium was either: face to face, telephone, Talk type for a person unable to speak, video consultation (recorded via the ConsMechanismMH field in the MHS201 Care Contact table)

The AttendOrDNA and ConsMechanismMH fields are non-mandatory fields in the MHSDS - therefore please take special care and ensure that these fields are completed accurately in your MHSDS submission.

For more information on which tables and fields need to be completed in order for a referral to be counted as having accessed IPS services, please see the data requirements document.

The document also details which fields are used as part of wider reporting in the IPS dashboard. Whilst these are not required for a referral to be flagged as having accessed IPS services, any missing fields will affect the calculation of important indicators.

For example, service discharge date is not a mandatory field, but is used to determine outcome and employment measures and so should be completed. Similarly, EthnicCategory is not a mandatory field, but allows us to understand more about who is accessing IPS services and supports work to reduce health inequalities.

Please note that the above access definition outlines how the MHSDS calculates access to IPS services. If a service is required to follow a different definition of access (i.e. if a different definition is used in its contract), this should be treated as a separate data point and a system will need to be in place to track both to ensure accuracy.

Clarifications to some common queries are listed below:

- Retention referrals should flow to MHSDS even if they are seen by a separate retention team (they are still a part of the IPS service).
- Carryover caseloads from one financial year to the next will be pulled through as access once a care contact is recorded in the new financial year.
- Re-referrals will count as new access if the case was previously closed to the team.

A note on MHSDS version updates

The fluidity of the MHSDS is one of the reasons why we recommend that you work towards integration with a Mental Health Trust. The dataset is updated every year, which means that there may be changes to your submission every year. Trust IT teams are generally aware of these changes and plan for them ahead of time. This will make your transition to a new version of MHSDS much simpler and more seamless.

A note for independent providers

For information on which tables and data items need to be submitted to the MHSDS in order for your activity to be included in reporting on IPS services, please consult the data requirements document here.

As an independent organisation you will likely, at least initially, not have access to a clinical system such as RiO. There are two ways you can go about submitting data to the MHSDS:

1. **Gain access to the clinical system and have the Trust submit data on your behalf.**
2. **Get your own SDCS cloud access and submit data independently.**

Both of these options have advantages and drawbacks.

Gaining access to a Trust's clinical system can be challenging, especially if there are no existing relationships, but once you have access you will have access to data that is hard to obtain as an independent organisation (e.g. NHS numbers, GP codes). If you decide to submit data independently, you will not have to deal with contracts and data sharing agreements with your Trust, but you will need to find IT resources who can transform your local data collection system into the correct database tables and formats for submission to the MHSDS.

IPS Grow would encourage you to seek access to your Mental Health Trust's clinical system. This is because we are working towards fully integrating IPS within clinical settings. In the long-term we expect all services to be integrated into their Mental Health Trust's clinical setting, so we encourage you to start this process now. If you are having trouble gaining access, please contact your IPS Grow regional lead for support and advice.

If you are still unable to gain access to your Mental Health Trust's clinical system after this, you will need to find your own IT resource and get in touch with NHS Digital's Data Liaison team at dataliaison@nhs.net, who will offer recommendations on how to proceed when submitting independently. While we take note of the steps you need to take if you want to submit independently, this document primarily focuses on the steps you need to take to submit as part of a Trust.

Data quality

 The final point to consider is data quality. Even after getting their data flowing, providers often still find discrepancies between their internal dashboard and the MHSDS returns.

 The MHSDS provides an IPS specific dashboard where services can check their submissions and compare to their local systems. If you are submitting data to the MHSDS, you can access the **MHSDS Dashboard for IPS** on the NHS Collaboration Platform. If you don't have an account yet, you can request access by emailing IPSWorkspace@future.nhs.uk.

 Some services have raised that there are discrepancies between their local dashboards, IPS Grow dashboards and the MHSDS dashboard. Through conversations with providers, we found that there are two main sources for such data discrepancies:

- **Data tracking issues in the clinical system**
- **Lack of clarity around definitions of access and outcomes in the MHSDS**

 The former point may require you to work with your IT team to ensure that there is a mutual understanding of which data points need to be tracked and how. The latter can be resolved by adjusting the way you enter your data into the system based on definitions within the MHSDS. Please see the data requirements document for more information on the required fields and tables for this.

Mapping IPS from MHSDS data

NHSE has made the underlying SQL code for the IPS dashboard publicly available via GitHub here. This shows how figures in the IPS dashboard have been calculated from the underlying MHSDS tables.

Data tracking issues in the clinical system

As new services integrate into the clinical system, miscommunications can occur on both ends, which can lead to discrepancies in the MHSDS submissions. This issue can occur both for services delivering as part of a Trust, as well as for independent providers.

For example, a provider was working with the IT team to set up their own form on the clinical system to track their referrals. The form had a lot of useful fields for Employment Specialists, but the key field – the patient code – was not made mandatory in the form. Without that code, the local system could not match referrals to the correct team, which meant that any time the code was not entered, the referral was not counted on the MHSDS.

To ensure that this does not happen in your service, we encourage you to proactively engage with your IT team about how your data is handled and processed. Above we provided you with guidelines on which codes you need to enter to ensure that referrals, access and outcomes are attributed to your service. See the data requirements document.

Unfortunately, we cannot give you concrete guidelines on how to avoid data quality issues, because there are many different clinical systems and many different ways to set up an IPS service within that system. However, we can provide you with some tips for steps you can take to improve data quality that should help regardless of which system you are using.

Tips on Data Quality

Below we offer a few suggestions for steps to take to improve your data quality on the MHSDS. Please note that even after you follow all of these steps you may still uncover differences in the reported data against your internal data. If you still have issues with data quality after following this guidance, we encourage you to share your experience with NHSE through england.mhanalytics@nhs.net, and on the NHS Collaboration Platform, so that we can update this document with more tips as we learn where providers experience issues.

Get in touch with your IT team and make sure you understand all the requirements for your data to flow into the MHSDS. *Your IT team does not understand your service as well as you do, so it is important that you represent it and are able to clarify any questions.*

With your IT team, assess what fields in the clinical system your Employment Specialist must complete for the referral to be attributed to your service. *If you are not set up as an IPS team on the system, then referrals may not actually be attributed to you in the MHSDS submission. To avoid this, make sure your IT team set your team up on the system and informs you about all the steps you need to follow when entering data, so that it is attributed to you.*

With your IT team, assess how the data fields in your clinical system map onto the MHSDS. *Make sure you understand what the system records as the first contact with the client. This is particularly important, because the first care contact date from the care contact table in the MHSDS is used to define Access. If your engagements do not match with the access numbers in the dashboard, you may want to investigate this link. Refer to the data requirements document for more information on the MHSDS fields and tables that are used to derive the figures in the dashboard.*

Keep your team in the loop about changes to the data entry process recommended by your IT team. *Small entry errors, like omitting Client IDs within a form can mean that the client is not recorded in the MHSDS. It is key to understand what the data entry requirements are, and ideally ask your IT team to make those fields mandatory in the system to avoid losing important data.*

Annex: Case studies

In this section we offer two examples of how services handled their data flow into the MHSDS. While you may strictly identify as one type of service, **we would recommend that you read both case studies**, especially if you are an independent provider.

The first example will help you understand the process of gaining access to the Trust's system and the order of the necessary administrative processes to accomplish this. The second example will give more insight into ways to integrate into a clinical system as an IPS service.

While the latter will vary between services, we strongly encourage you to plan this part thoroughly with your IT team using the data requirements document, the Mental Health Trust case study on pages 14-15 and the data quality section on pages 11-12.

Example 1: Southdown (Independent Organisation)

Southdown is an independent service providing IPS to referrals from their local Trust.

Initially, Southdown did not have access to a clinical system and they were collecting data independently. This made MHSDS submissions a big challenge as they did not have the right technical resources in place and did not have access to all the data points required for submission to the MHSDS.

They initiated a relationship with the Trust (from which they had been receiving referrals for years) to access the clinical system and be able to deliver IPS within the clinical setting. In order to formalise the relationship, they had to set up:

- an honorary contract,
- a data depositor agreement, which enabled them to add their data as an independent provider to the clinical system;

Once they were in clinical system, the Trust's IT team set up them up as a **discrete team** so they would be able to trace back referrals, contacts and other relevant events to their team in the system. This meant that any time one of the Employment Specialists made an entry into the system, it was attributed to the IPS team.

Once they were successfully integrated into the Trust's system, the next step was to ensure that the data they were entering into the clinical system could be traced back to their service within the MHSDS, not just the clinical system. For this they had to:

- **request an ODS code using this form** – This code is added under Organisation Identifier (Code of Provider) M000080 in the header table for every entry into the MHSDS; it is what links your work with clients back to your service
- **register their own Senior Information Risk Officer (SIRO)** using this form as their relationship to the Trust is as a data depositor and the data is still owned by Southdown, not the Trust – the SIRO is also responsible for all other data procedures (e.g. Data Protection Impact Assessments (DPIAs), Information Governance (IG) communications, etc.)
- **ensure that IT attributes referrals to Southdown to IPS in the team type table** using the code D05 for Service or Team Type Referred To.

Once all these points were implemented, Southdown was able to start flowing data to the MHSDS via the Trust. Since they are integrated into the system, they do not have to participate in the process as this is done on their behalf every week.

Example 2: Mental Health Trust

This IPS service is being delivered as part of an NHS Foundation Trust. This means that the service has access to the clinical system (in their case RiO) and even has its own form on the system entirely dedicated to IPS.

As part of the service integration into the Trust, the service manager collaborated with the IT team to match IPS activity to SNOMED-CT. This helped them translate IPS activity such as 'Vocational Profile started' into 'Care Contacts' as listed in the Care Contact table MHS201. It was crucial to get this right because IPS access is calculated based on the first appointment (known as 'care contact' in MHSDS) the client attends once they have agreed to partake in an IPS service.

Once the service was set up in the clinical system, it was time to map the data points in the system to the MHSDS data requirements. To ensure that all relevant contacts are attributed to the IPS service rather than some other service within the Trust, the activity needs to have either a Team Type code of **D05** in the MHS102 Service or Team Type Referred To table, and / or a SNOMED code of **772822000** recorded in the MHS202 Care Activity table.

Once the national IPS code was mapped to every contact the IPS service had, the IT team was able to map this onto referrals in the Referral table (MHS101) – this means that they now also had the IPS national code attached for all relevant referrals. From there the team was able to map the Master Patient Index table (MHS001) and Employment Status table (MHS004) data along with other client data.

The illustration below may be helpful for your IT team. We recommend that you present it along with the data requirements document and the SQL code provided in the Data Quality section.
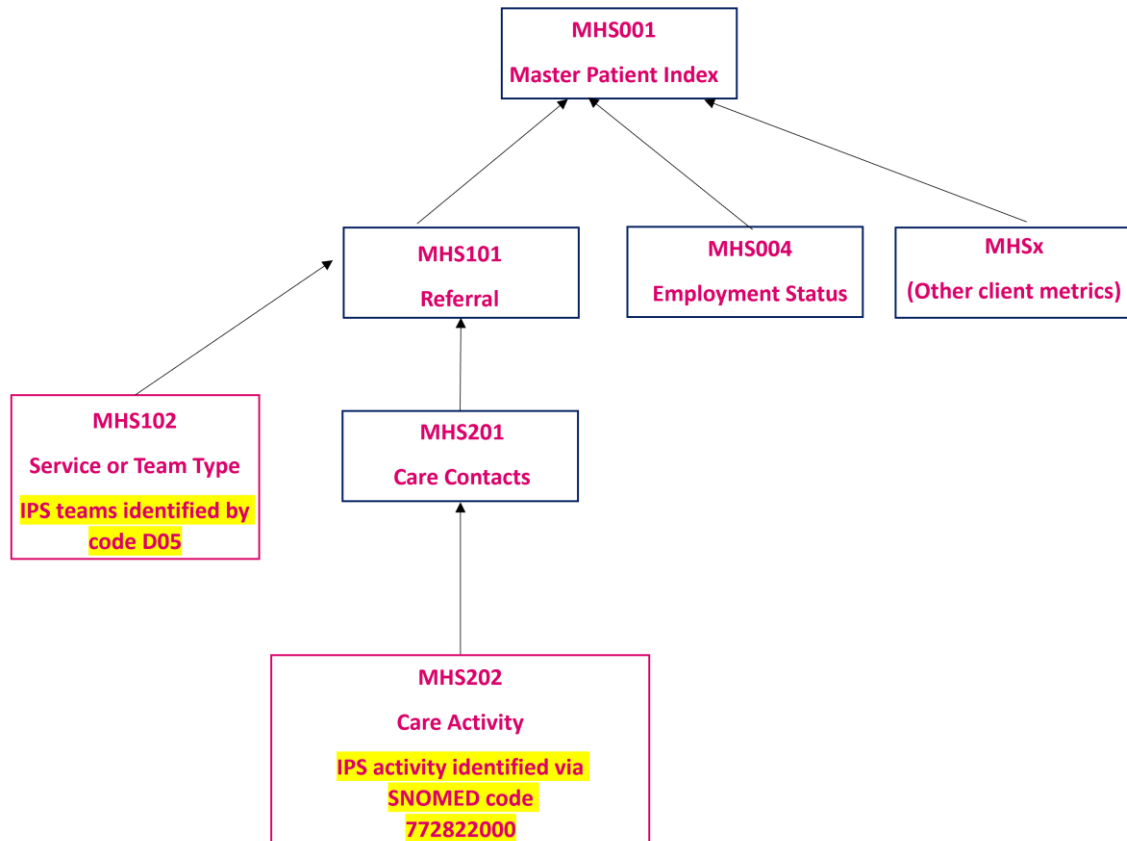
Once this was set up and the service was happy with the data appearing on the IPS Dashboard for MHSDS, there was nothing more the service needed to do. Since the service uses the same systems alongside other clinicians and services, their data is submitted automatically to the MHSDS as part of a larger submission.