Changes to Reporting Delayed Transfers of Care in Unify and Mental Health Services Data Set

Guidance to Providers

Overview

Delayed transfers of care (DTOCs) for mental health beds should currently be submitted by providers to both the Unify collection (run by NHS England) and the Mental Health Services Data Set (MHSDS) collection (run by NHS Digital). On 1st April 2017 MHSDS version 2 goes live which contains new reason codes for delays and a new attribution code for ‘Housing’. This will affect providers’ data submissions for April’s data onwards. The long-term plan is that eventually mental health delays can stop being submitted to Unify and will only need to be submitted to the MHSDS. This will result in at least a 20% reduction in the overall level of delays recorded in Unify, as this collection currently includes physical as well as mental health.

The reason for moving mental health delays from the scope of the Unify collection and solely to the MHSDS for official reporting is to ensure the data collected is more specific to mental health, with the reason codes allowing a better insight into why delays are occurring. The burden on providers will also be reduced once mental health delays no longer need to be submitted to two collections. However, before mental health delays can stop being recorded in Unify a period of dual running will take place, in which time providers should carry on submitting DTOCs for patients in mental health beds to both Unify and MHSDS. Although the majority of NHS trusts that provide mental health and learning disability inpatient services are submitting to MHSDS, approximately 30% of these are not submitting information about DTOCs, so submission rates and coverage will need to increase before mental health delays can stop being submitted to Unify.

This document provides guidance for providers with mental health beds to assist the continued submissions to both Unify and MHSDS once MHSDS v2 goes live on 1st April 2017 (and there are changes to reason codes).

Timeline

Currently – Providers submit mental health delays to both the Unify and MHSDS (v1.1) collections.

April 2017 – MHSDS v2 goes live for data collection. Providers continue to submit April 2017 data onwards to both Unify and MHSDS. A period of monitoring (by NHS England and NHS Digital analysts) of data quality and coverage of MHSDS v2 data commences.

April 2018 - MHSDS v3 due to go live with further improvements – details to be confirmed.

Future - Providers can stop submitting mental health delays to Unify once data quality at desired level. Official statistics for mental health delays should then be sourced from MHSDS.

Specific Guidance and Mapping

Some providers have raised issues with submitting delays to two different collections with different sets of reason codes. The following table provides a direct mapping from the MHSDS v2 reason codes to the Unify reason codes, to assist providers reallocating these delays without the need for further clinical input or changes to source data collection systems. For guidance on using the new categories within MHSDS submissions, please see the MHSDS v2.0 User Guidance available at<https://digital.nhs.uk/mhsds/spec>.

Since the long-term view is for mental health delays to only be recorded in MHSDS, the advice to providers is to assign delays to reason codes in MHSDS and then use the table to map them to a reason code in Unify. The table also contains an attribution column which shows to which organisation (NHS, social care or both) a delay may be attributed to for each reason code. Where providers are using the new attribution of ‘Housing’ in MHSDS v2, please use the NHS attribution code in the Unify collect as a default, this is so no delays are lost in the mapping process.

A new ‘Other’ reason code will be added to the Unify system for April’s collection onwards. This is because there are some reason codes in MHSDS v2 that do not easily map to any of the current Unify collection codes. The ‘Other’ code is being added so that no delays are lost in the mapping process. It is important that the overall time series for number of delays is consistent.This new category is strictly only to be used for delays as specified in the table.

The same process will still apply for providers to decide with the relevant local authority which organisation the delay should be attributable to, and provider/local authority combinations should continue to be submitted to the Unify collection as usual. MHSDS v2 still will not have the functionality to attribute a social care delay to a specific local authority, but this requirement has been raised for consideration in MHSDS v3, due April 2018, and would require implementation before mental health delays can stop being collected in Unify. MHSDS v2 can still record a delay as being attributable to social care without a specific local authority.

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| **MHSDS v2 Reason Code** | **Unify Reason Code** | **Possible Attributions in Unify collection** |
| A2 | Awaiting care coordinator allocation | O | Other | NHS |
| B1 | Awaiting public funding | B | Public funding | NHS/ social care/ both |
| C1 | Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc.) | C | Further non acute NHS care (including intermediate care, rehabilitation etc.) | NHS |
| D1 | Awaiting Care Home Without Nursing placement or availability | Di | Care home placement - residential home | NHS/ social care |
| D2 | Awaiting Care Home With Nursing placement or availability | Dii | Care home placement - nursing home | NHS/ social care/ both |
| E1 | Awaiting care package in own home | E | Care package in own home | NHS/ social care/ both |
| F2 | Awaiting community equipment, telecare and/or adaptations | F | Community equipment/adaptions | NHS/ social care/ both |
| G2 | Patient or Family choice (reason not stated by patient or family) | G | Patient or Family Choice | NHS/ social care |
| G3 | Patient or Family choice - Non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc.) |
| G4 | Patient or Family choice - Care Home Without Nursing placement |
| G5 | Patient or Family choice - Care Home With Nursing placement |
| G6 | Patient or Family choice - Care package in own home |
| G7 | Patient or Family choice - Community equipment, telecare and/or adaptations |
| G8 | Patient or Family Choice - general needs housing/private landlord acceptance as patient NOT covered by Housing Act/Care Act |
| G9 | Patient or Family choice - Supported accommodation |
| G10 | Patient or Family choice - Emergency accommodation from the Local Authority under the Housing Act |
| G11 | Patient or Family choice - Child or young person awaiting social care or family placement |
| G12 | Patient or Family choice - Ministry of Justice agreement/permission of proposed placement |
| H1 | Disputes | H | Disputes | NHS/ social care |
| I2 | Housing - Awaiting availability of general needs housing/private landlord accommodation acceptance as patient NOT covered by Housing Act and/or Care Act | I | Housing - patients not covered by Care Act | NHS/ social careNHSNHS/ social careSocial care |
| I3 | Housing - Single homeless patients or asylum seekers NOT covered by Care Act |
| J2 | Housing - Awaiting supported accommodation |
| K2 | Housing - Awaiting emergency accommodation from the Local Authority under the Housing Act |
| L1 | Child or young person awaiting social care or family placement | O | Other | NHS/ social care |
| M1 | Awaiting Ministry of Justice agreement/permission of proposed placement | O | Other | NHS |
| N1 | Awaiting outcome of legal requirements (mental capacity/mental health legislation) | O | Other | NHS/ social care |

Note: Please use ‘NHS’ as the default attribution category in Unify when mapping the new ‘Housing’ attribution category from MHSDS v2.

Note: Please use ‘NHS’ as the default attribution category when mapping the MHSDS v2delay M1 (MoJ delay) to the Unify collection. In MHSDS v2 please follow guidance to not attribute this delay.