

Care and Treatment Reviews

Reporting in the Mental Health Services Data Set (MHSDS)

1. Introduction

This booklet has been written to help health and social care providers ensure that Care and Treatment Reviews (CTRs) are included in reporting to the Mental Health Services Data Set (MHSDS).

Care and Treatment Reviews are part of NHS England's commitment to transforming services for people with learning disabilities, autism or both. They are for people whose behaviour is seen as challenging and/or for people with a mental health condition. CTRs are undertaken for people who have been, or may be about to be admitted to a specialist mental health / learning disability hospital in the NHS or independent sector.

It is really important that CTR information is captured in MHSDS as this enables NHS England to monitor whether the care and treatment of patients is being reviewed in line with national guidance. More information on CTRs can be found on the NHS England website: www.england.nhs.uk/ctr

It is mandatory for all providers of NHS-funded specialist secondary mental health services to submit data about these services to the MHSDS. This applies to both NHS and independent providers. The requirement to submit data to MHSDS included a requirement to submit data on CTRs for people with a learning disability and/or autism as from 1 April 2017¹.

2. CTRs and Care Programme Approach (CPA) reviews

A CTR is different from a Care Programme Approach (CPA) review. See Appendix A for more details.

¹ Changes in Version 2.0 of the MHSDS include data collection on CTRs. From 1 April 2017 providers of mental health, learning disabilities and autism spectrum disorder services should have started submitting CTR data to the MHSDS.

3. Which patients should have CTRs?

CTR should be undertaken for people of all ages with learning disabilities, autism, or both who are facing potential admission to, or are patients in, any specialist learning disability or mental health hospital and who are the commissioning responsibility of NHS England or the Clinical Commissioning Groups (CCGs). NHS England's CTR policy provides more detail on patients who are in scope of the CTR policy and any exceptions to this: <https://www.england.nhs.uk/publication/care-and-treatment-reviews-policy-and-guidance/>

CTR for children and young people are called Care, Education and Treatment Reviews (CETRs) to more accurately reflect the significant role that education plays in the lives of children and young people. **References to CTRs in this document include CETRs.**

4. Reporting CTRs to the Mental Health Services Data Set (MHSDS)

Details on all patient CTRs (and CETRs) should be captured in MHSDS as this enables NHS England to monitor whether the care and treatment of patients is being reviewed in line with national guidance. Providers are therefore required to submit patient CTR data to MHSDS.

An Information Standards Notice (ISN) has already been issued for the MHSDS (DCB0011), which mandates monthly submission from all services that give care to in-scope² adult and child and adolescent mental health, learning disability or autism patients. Full guidance on data requirements and how to submit can be found at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/how-do-i-submit-data-to-the-mental-health-services-data-set>

CTR data should be included in MHSDS submissions using the MHS202 Care Activity table (linked to MHS201 Care contact). Where a CTR has taken place this should be recorded using the Coded Procedure and Procedure Status (SNOMED CT) data item. The national codes in the table below should be used to record the type of CTR (i.e. inpatient, community or post admission).

² For further information on the scope of MHSDS please see the latest MHSDS Requirements Specification at <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0011-mental-health-services-data-set>.

Organisations whose local systems are not fully SNOMED CT compliant should still submit this data to MHSDS by undertaking manual mapping of data to SNOMED CT terms. For more guidance on the use of SNOMED CT in MHSDS, including additional links to national SNOMED guidance, please see the MHSDS User Guidance at the above link.

Note that a CTR is different from a Care Programme Approach (CPA) review which is recorded in Table MHS702 (Care Activity).

MHSDS Table	MHSDS Data Item Name	National code	Notes
MHS202 Care Activity	Coded Procedure and Procedure Status (SNOMED CT)	1060741000000104	SNOMED ³ code for Inpatient Care and Treatment Review (procedure). Defined as a CTR taking place at any point <u>more than four weeks after the date of admission (or two weeks after the date of admission for children/ young people under 18 years).</u>
MHS202 Care Activity	Coded Procedure and Procedure Status (SNOMED CT)	1060751000000101	SNOMED code for Community Care and Treatment Review (procedure). Defined as a CTR taking place in the community where a person is facing potential admission to a specialist learning disability or mental health inpatient setting. Where the patient is subsequently admitted to hospital, a Community Care and Treatment Review is defined as one which is undertaken <u>up to two weeks before the inpatient admission.</u>
MHS202 Care Activity	Coded Procedure and Procedure Status (SNOMED CT)	1060761000000103	SNOMED code for Post admission Care and Treatment Review (procedure). Defined as a CTR taking place <u>up to four weeks after the date of</u>

³ SNOMED indicates Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)

			<u>admission (or up to two weeks after the date of admission for children/ young people under the age of 18 years).</u>
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5. Publication of CTR Data

Publication of CTR data is included in the NHS Digital monthly Learning Disability Services Statistics and will develop over time as reporting improves: <https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics>

Current reporting by NHS Digital includes which providers have submitted CTR data to MHSDS and the number and type of CTRs reported in the month for each.

Appendix A: CTRs and Care Programme Approach (CPA) reviews

A Care Programme Approach (CPA) review is a formal review which is used for people either who have been sectioned under the Mental Health Act (which means they are automatically reviewed under this approach) or it is a review used for people who haven't been sectioned but have significant mental health needs, or complex needs which require a high level of support. CPA reviews usually take place every 6 months and are organised by a care co-ordinator. The CPA review usually lasts about an hour, is led by the Responsible Clinician (RC) with the patient invited to attend. Membership of the review is usually the multi-disciplinary team (MDT) who work with the person so are likely to include professionals like physiotherapists, occupational therapists and nursing staff.

With a CTR, whilst the focus is still very much on the person it is not chaired by the RC, it is instead organised and chaired by the commissioner who is responsible either for placing the person in patient care, or who is the responsible commissioner covering the geographical locality where the person lives. At a CTR there is also the addition of external experts – clinical expert and expert by experience – who bring additional external challenge to the review. Unlike the CPA process a CTR does not focus on using reports drafted by the MDT to shape the review. Instead there is an opportunity to access all records relevant to the person and their review to fully understand the person and their needs and identify blockages to moving on with their life. It also lasts for up to a day to ensure that full consideration can be given to the person's needs, and allow for time to be spent with the person as well as their carers and family.

In practice, CTRs inform the CPA review but should be recorded separately in MHSDS.