Annex F1: Activity and performance technical definitions

V1.2

Publishing Approval Reference 001300

This publication can be made available in a number of other formats on request. Please call 0300 311 22 33 or email england.contactus@nhs.net

Contents

Executive Summary

The purpose of this technical definitions document is to describe the indicators set out in Annex F Activity and Performance Operational Planning Submission Guidance.   It sets out definitions, monitoring, accountability and planning requirements for each measure.

For any technical queries, please direct these to:

england.nhs-planning@nhs.net

Alternatively, please visit the planning workspace on FutureNHS for additional guidance and to raise any questions via our forum.

For any queries regarding SDCS, please contact data.collections@nhs.net

Errata

Please note that this document has been revised as follows:

Version	Issued	Amendments
1.0	03/02/2020	Initial version
1.1	06/02/2020	Amendments made to correct the accountability section for measure E.M.25: Reducing length of stay for patients in hospital for 21 days and over and E.B.25 Hospital Handover Delays. Amendments were also made to the planning requirements section for E.M.22: Average number of G&A beds open per day (specific acute)
1.2	25/02/2020	Amendments made to measure E.B.26 to reflect the requirement to collect all diagnostic tests. Amendmdnet made to Measure E.M.8 and E.M.9 to more clearly identify requirements for outpatient attendances without diagnostic tests Addition of treatment function code reference table and SUS methodology in Appendix A.

E.A.3: IAPT Roll-Out

DEFINITIONS

Detailed Descriptor: This indicator tracks our ambition to expand access to Psychological Therapies (IAPT) services.

The Mental Health Five Year Forward View Implementation Plan set out the ambition to increase access to integrated evidence-based psychological therapies by at least 600,000 additional adults with anxiety and depression each year by 2020/21, taking the total number of patients treated each year to 1.5m. As part of the NHS Long Term Plan, by 2023/24, access to IAPT services will be further expanded to cover a total of 1.9m adults and older adults each year. The primary purpose of this indicator is to measure improvements in access to psychological therapy services via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.):

Numerator: Number of people receiving psychological therapies.

Denominator: Prevalence of common mental health disorders based on the 2000 APMS

The prevalence data is pre-populated in the planning template and will be used to calculate an IAPT access rate based on the inputted activity plans.

Data definition

Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

MONITORING

Monitoring Data Source: IAPT data set

Monitoring Data Source URL: IAPT Data Set, NHS Digital

Monitoring Frequency: Quarterly

ACCOUNTABILITY

What success looks like, Direction, Milestones:

The NHS Long Term Plan Mental Health Implementation Plan set out a national trajectory to expand access to 1.9m people by 2023/24.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
IAPT Access (All ages)	A total of 1.3m adults and older adults accessing treatment *[FYFVMH commitment]*	A total of 1.5m adults and older adults accessing treatment *[FYFVMH commitment]*	A total of 1.6m adults and older adults accessing treatment *[An additional 129,000 accessing treatment above FYFVMH ambitions]*	A total of 1.8m adults and older adults accessing treatment *[An additional 258,000 accessing treatment above FYFVMH ambitions]*	A total of 1.9m adults and older adults accessing treatment *[An additional 380,000 accessing treatment above FYFVMH ambitions]*

At the end of the FYFV MH period we expect 1.5m patients to be receiving treatment each year. Through the NHS Long Term Plan ambition this rises to 1.6m in 2021/22, 1.8m in 2022/23 and 1.9m in 2023/24. NHS England and NHS Improvement has made available an apportioning tool[1] to support STPs in their NHS Long Term Plan implementation planning, which apportions the total national access trajectories to numbers of people accessing services at STP level. For the purposes of this indicator and planning exercise, that activity is presented in terms of total patient number accessing services in each financial year.

Progress and planning for the FYFV MH IAPT ambition has previously been expressed in terms of the access rate achieved against the local prevalence. The expectation remains that IAPT services will achieve a minimum of 22% access rate at the end of 2019/20. In addition, it is expected that STPs/CCGs will have in place a strategy to increase access further towards addressing 25% of prevalence by the end of 2020/21. But, as it is here, from 2021/22 onwards the access target will be defined in terms of the number of patients entering treatment.

Outside of this planning process assurance of the FYFV MH ambition for 2019/20 and 2020/21 will continue to be based on a quarterly "run rate" requirement, which is expected to increase throughout the year in a linear way with the standard increasing each quarter (e.g. for 2019/20: Q1 – 4.94%; Q2 5.13%; Q3 – 5.31%). The move to tracking patient numbers rather than an access rate in later years will require a revised approach, which ensures that total patient numbers are delivered each year. To support this transition the apportioning tool converts the FYFV MH access rate ambition and approach to tracking progress into the annual patient numbers expected locally up to 2020/21.

NHS England and NHS Improvement will expect STPs to commission services with this change in approach in mind and all areas will continue to maintain the existing IAPT referral to treatment time and recovery standards, and the existing requirement to commission IAPT-Long Term Conditions (IAPT-LTC) services, including co-location of therapists in primary care.

In order to meet the access ambition, the IAPT workforce will need to expand. Health Education England has provided training places to support this expansion. If

commissioners were unable to take up their allocation of these training places in 2018/19 they will need to plan to use additional places in 2019/20 and 2020/21 if they are to meet the ambition of having 25% of people with depression or anxiety disorders accessing treatment by 2020/21.

Rationale: This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. Around one in six adults in England have a common mental health disorder, such as depression or anxiety. Collecting this indicator will demonstrate the extent to which this need is being met.

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

The IAPT Data Handbook explains the function of effective data collection and reporting in IAPT services.

E.A.S.1: Estimated diagnosis rate for people with dementia

DEFINITIONS

Detailed descriptor: Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Lines within indicator (Units)

Numerator: Number of people aged 65 or over diagnosed with dementia.

Denominator: Estimated prevalence of dementia based on GP registered populations.

Data definition

Numerator: Number of people, aged 65 and over, with a diagnosis of dementia recorded in primary care as counted within the Quality and Outcomes Framework (QOF) dementia registers. This figure will be published monthly. The end of year assessment will be against the figure published in April 2021 on data from March 2021.

Denominator: Estimated prevalence of dementia in people aged 65 or over in the local population. The estimated prevalence for the CCG as calculated from the number of patients registered for General Medical Services on the National Health Application and Infrastructure Services (NHAIS) system (also known as 'Exeter') multiplied by dementia prevalence rates from the second cohort Cognitive Function and Ageing Study (CFAS II):

Estimated dementia prevalence rates (CFAS II)

Age Group	Females	Males
65-69	1.8%	1.2%
70-74	2.5%	3.0%
75-79	6.2%	5.2%
80-84	9.5%	10.6%
85-89	18.1%	12.8%
90+	35.0%	17.1%

The prevalence estimate for a CCG will be the sum of prevalence estimates in the 12 age and gender specific groups given in the table. The same six age groups are used for each gender and are five-year age bands from age 65 to 89 and one an age group,

per gender, for people aged 90 and above. The prevalence estimate for an age and gender specific group is calculated by multiplying the prevalence rate given in the table by the matching age and gender specific population count for the CCG.

The population used in the final assessment will be the number of patients registered at a GP practice as at 1 April 2021.

MONITORING

Monitoring frequency: Monthly

Monitoring data source:

- [Quality and Outcomes Framework](#)
- [NHS Digital - Recorded dementia diagnosis](#)
- [Cognitive Function and Ageing Study](#) (CFAS II) second cohort

Monthly monitoring will be based on the monthly dementia diagnosis rate publication which will use as the relevant population, the number of patients registered at a GP practice on the first date of the following month.

ACCOUNTABILITY

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Rationale: A timely diagnosis enables people living with dementia, and their carers/families to access treatment, care and support, and to plan in advance in order to cope with the impact of the disease. A timely diagnosis enables primary and secondary health and care services to anticipate needs, and working together with people living with dementia, plan and deliver personalised care plans and integrated services, thereby improving outcomes.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans monthly for 2021/20 submitted via SDCS.

E.A.S.2: IAPT recovery rate

DEFINITIONS

Detailed descriptor: The primary purpose of this indicator is to measure the maintenance of recovery rates at or above the 50% standard during 2020/21 via the national IAPT programme for people with depression and/or anxiety disorders. The effectiveness of local IAPT services is measured using this indicator and **E.A.3** which is focused on access to services as a proportion of local prevalence.

E.A.S.2 measures the proportion of people who complete treatment who are moving to recovery.

The current measure of recovery based on "caseness" has been a useful measure of patient outcome and has helped to inform service development. This measure will continue in 2020/21.

However, using this methodology means borderline cases that only show a very small change will be counted if they move across the threshold whereas more severe cases that show significant improvement but do not pass the cut-off will be excluded. More statistically robust indices of improvement i.e. reliable recovery and reliable improvement are reported in routine IAPT publications which provide a fairer assessment of the benefits of being seen in an IAPT service.

NHS England and NHS Improvement will continue to monitor progress against reliable change/improvement in shadow form with a view to assessing whether to set a standard for these measures.

Further detail is available in the [guide to measuring improvement and recovery](#) (2014).

Lines within indicator (Units)

The number of people who are moving to recovery.

Numerator: The number of people who have finished treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness" and at final session did not).

Denominator: (The number of people who have finished treatment within the reporting quarter, having attended at least two treatment contacts and coded as discharged) minus (The number of people who have finished treatment not at clinical caseness at initial assessment).

Data definition
Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

Definition of a 'case': A patient suffering from depression and/or anxiety disorders, as determined by scores on the Patient Health Questionnaire (PHQ 9) for depression and/or the Patient Health Questionnaire (GAD7) for anxiety disorders, or other anxiety disorder specific measure as appropriate for the patient's diagnosis.

Finished treatment: This is a count of all those who have left treatment within the reporting quarter having attended at least two treatment contacts, for any reason including: planned completion; deceased; dropped out (unscheduled discontinuation); referred to another service or unknown.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: IAPT Data Set, NHS Digital

ACCOUNTABILITY

What success looks like, direction, milestones

Maintenance of at least 50% recovery rates is expected from those that achieved the standard at the end of 2019/20. Improvement is anticipated from areas where a rate of less than 50% was achieved with the expectation they will achieve at least 50% in each quarter of 2020/21.

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Rationale

This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. Around one in six adults in England have a common mental health disorder, such as depression or anxiety. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

The IAPT Data Handbook explains the function of effective data collection and reporting in IAPT.

The IAPT Data Set includes detailed guidance on use of the technical specification and the central return process.

E.B.3: Incomplete RTT pathways performance

DEFINITIONS

Detailed descriptor: The percentage of referral to treatment (RTT) incomplete pathways (patients yet to start treatment) within 18 weeks.

Lines within indicator (Units)
Performance against the RTT operational standard. This is the percentage of incomplete RTT pathways (patients waiting to start treatment) of 18 weeks or less at the end of the reporting period.

Numerator: The number of incomplete RTT pathways of 18 weeks or less at the end of the reporting period.

Denominator: The total number of incomplete RTT pathways at the end of the reporting period (often referred to as the size of the RTT waiting list).

Data definition
A calculation of the percentage within 18 weeks for incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

Rationale: To support patients' right to start consultant-led non-emergency treatment within a maximum of 18 weeks from referral.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG and provider plans, monthly for 2020/21 via SDCS.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.B.4: Diagnostic Test Waiting Times

DEFINITIONS

Detailed descriptor: The percentage of patients waiting six weeks or more for a diagnostic test.

Lines within indicator (Units)
The percentage of patients waiting six weeks or more for a diagnostic test (included in the Diagnostics Waiting Times and Activity Data Return's fifteen key diagnostic tests) at the end of the period.

Data definition: The number of patients waiting six weeks or more for a diagnostic test (fifteen key tests) based on monthly diagnostics data provided by NHS and independent sector organisations and reviewed and validated by NHS commissioners as a percentage of the total number of patients waiting at the end of the period.

Full definitions can be found on the Monthly Diagnostic Waiting Times and Activity Return webpage.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: Monthly Diagnostics Waiting Times and Activity Return - DM01.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

Rationale: Prompt access to diagnostic tests is a key supporting measure to the delivery of the NHS Constitution referral to treatment (RTT) maximum waiting time standards. Early diagnosis is also important for patients and central to improving outcomes, e.g. early diagnosis of cancer improves survival rates.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and provider plans, monthly for 2020/21 via SDCS.

E.B.5: A&E waiting times – total time in the A&E department

DEFINITION

Detailed descriptor: Percentage of patients who spent 4 hours or less in A&E.

1. Total number of A&E attendances.

2. Number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.

3. Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge – This element will be auto calculated in the template.

Data definition: Full definitions can be found in the A&E attendances and emergency admissions monthly return definitions document.

A&E means a Type 1, Type 2, Type 3, Type 4 department or urgent care centre that averages more than 200 attendances per month. This average should be calculated over a quarter.

Types of A&E service are:

- Type 1 A&E department = A consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

- Type 2 A&E department = A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

- Type 3 A&E department/Type 4 A&E department/Urgent Care Centre = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment-based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services) or a dedicated primary care service (such as GP

practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

Potential patients must be aware of A&E departments and perceive the service as an urgent and emergency care service. As a result, for a department to be classified under the above A&E nomenclature it must average over 200 attendances per month.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Monthly A&E Attendances and Emergency Admissions collection (MSitAE).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly 2020/21 via SDCS.

E.B.6-7: Cancer two week waits

DEFINITIONS

Detailed Descriptor: Two week wait (urgent referral) services (including cancer).

Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer (**E.B.6**) and percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (**E.B.7**).

Lines Within Indicator (Units)
E.B.6: All cancer two week wait

Numerator: Patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within 14 calendar days within the given month/quarter.

Denominator: All patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within the given month/quarter.

E.B.7: Two week wait for breast symptoms (where cancer was not initially suspected)

Numerator: Patients urgently referred for evaluation/investigation of "breast symptoms" by a primary or secondary care professional during a period (excluding those referred urgently for suspected breast cancer) who were first seen within 14 calendar days during the given month/quarter.

Denominator: All patients urgently referred for evaluation/investigation of "breast symptoms" by a primary or secondary care professional within a given month/quarter, (excluding those referred urgently for suspected breast cancer) who were first seen within the given month/quarter.

All referrals to a breast clinical team (excluding those for suspected cancer and those to family history clinics) should be included within the dataset supplied for **E.B.7**.

Data definition: Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in the relevant information standard - Amd 89/2016.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016, is available in the NHS Data Dictionary.

MONITORING

Monitoring frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

E.B.8-11: Cancer 31 day waits

DEFINITIONS

Detailed descriptor: Cancer 31 day waits.

Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (**E.B.8**)

Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (**E.B.9**), an Anti-Cancer Drug Regimen (**E.B.10**) or a Radiotherapy Treatment Course (**E.B.11**)

Lines within indicator (Units)

E.B.8: Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')

Numerator: Number of patients receiving first definitive treatment for cancer within 31 days of receiving a diagnosis (decision to treat) within a given period for all cancers (ICD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

E.B.9: 31-day standard for subsequent cancer treatments-surgery

Numerator: Number of patients receiving subsequent treatment of surgery within a maximum waiting time of 31-days during a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving subsequent treatment of surgery during a given month/quarter, including patients with recurrent cancer.

Scope: Those treatments classified as "Surgery" within the National Cancer Waiting Times Monitoring Dataset (NCWTMDS).

E.B.10: 31-day standard for subsequent cancer treatments - anti cancer drug regimens

Numerator: Number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a maximum waiting time of 31-days within a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a given month/quarter, including patients with recurrent cancer.

Scope: Using the definitions published in the NCWTMDS "Anti-Cancer Drug Regimens" includes: Cytotoxic Chemotherapy, Immunotherapy, Hormone Therapy - plus other specified and unspecified drug treatments.

E.B.11: 31-day standard for subsequent cancer treatments – radiotherapy

Numerator: Number of patients receiving subsequent/adjuvant radiotherapy treatment within a maximum waiting time of 31-days within a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving subsequent/adjuvant radiotherapy treatment within a given month/quarter, including patients with recurrent cancer.

Scope: Using the definitions published in the NCWTMDS "Radiotherapy Treatments" includes: Teletherapy (beam radiation), Brachytherapy, Chemo radiotherapy and Proton Therapy.

Data Definition: Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 89/2016.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016, is available in the NHS Data Dictionary.

MONITORING

Monitoring frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

E.B.12-14: Cancer 62 day waits

DEFINITIONS

Detailed descriptor: E.B.12: Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.

E.B.13: Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.

E.B.14: Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.

Lines within indicator (Units)
E.B.12: All cancer two-month urgent referral to first treatment wait

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

E.B.13: 62-day wait for first treatment following referral from an NHS cancer screening service

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following referral from an NHS Cancer Screening Service within a given month/quarter (CD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer following referral from an NHS Cancer Screening Service within a given month/quarter (ICD-10 C00 to C97 and D05).

E.B.14: 62-day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.

Denominator: Total number of patients receiving first definitive treatment for cancer following a consultant decision to upgrade their priority status within a given period.

Scope: Patients included in this indicator will not have been referred urgently for suspected cancer by their GP or referred with suspected cancer from an NHS Cancer Screening Service with suspected cancer (routine referrals from these services where cancer was not initially suspected may be upgraded).

Data definition: Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 89/2016.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016 is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

E.B.18: Number of 52+ Week RTT waits

DEFINITIONS

Detailed descriptor: The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 52 weeks or more.

Lines Within Indicator (Units)
The number of incomplete RTT pathways (patients waiting to start treatment) of 52 weeks or more at the end of the reporting period.

Data definition: The number of 52+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.B.22: Ambulances – count of incidents by category

DEFINITIONS

Detailed descriptor: Incidents comprise not only calls that receive a face-to-face response from the ambulance service at the scene of the incident, but also calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient.

Lines within indicator (Units)
C1 incidents (A8) The count of incidents coded as C1 that received a response on scene.
C1T incidents (A9) The count of C1 incidents where any patients were transported by an ambulance service emergency vehicle.
Do not include incidents where an ambulance clinician on scene determines that no conveyance is necessary, or incidents with non-emergency conveyance. This is a subset of C1 incidents.
C2 incidents (A10) The count of incidents coded as C2 that received a response on scene.
C3 incidents (A11) The count of incidents coded as C3 that received a response on scene.
C4 incidents (A12) The count of incidents coded as C4 that received a response on scene.
All incidents (A7) The count of all incidents. This includes C1-C4 plus incidents referred from HCPs and incidents that do not result in face to face contact.

Data definition: Reference codes A7-A12 correspond with NHS England and NHS Improvement's ambulance quality indicator guidance.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: NHS England and NHS Improvement ambulance quality indicators. Further information on data available to support this metric can be found on the ambulance quality indicators landing page.

ACCOUNTABILITY

What success looks like, direction, milestones
Ambulance trusts should evidence realistic levels of activity growth.

Timeframe/Baseline: Ongoing**.**

Rationale: A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme for publication in NHS England and NHS Improvement's ambulance quality indicators.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly for 2020/21 via SDCS.

E.B.23: Ambulances – response times by category

DEFINITIONS

Detailed descriptor: The response times of ambulances to category 1-4 incidents, recorded using mean and 90th centile, as collected via the monthly Ambulance Quality Indicators return.

Lines within indicator (Units)
The following lines are required:
Total response time (A24, A27, A30, A33, A36) The total response time aggregated across all incidents in the period (recorded in seconds).
Mean response time (C1, C1T and C2 only – A25, A28, A31) Across all incidents in the period, the mean average response time (recorded in seconds).
90th centile response time (A26, A29, A32, A35, A38) Across all incidents in the period, the 90th centile response time (recorded in seconds).

Data definition: Reference codes A24-A38 correspond with NHS England and NHS Improvement's ambulance quality indicator guidance.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: NHS England and NHS Improvement ambulance quality indicators. Further information on data available to support this metric can be found on the ambulance quality indicators landing page.

ACCOUNTABILITY

What success looks like, direction, milestones
The constitutional standards for the Ambulance Response Programme are:
Category 1: 7 minutes (mean), 15 minutes (90th centile).
Category 2: 18 minutes (mean), 40 minutes (90th centile).
Category 3: 120 minutes (90th centile).
Category 4: 180 minutes (90th centile).

Timeframe/Baseline: Ongoing.

Rationale: A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme for publication in NHS England and NHS Improvement's ambulance quality indicators.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly for 2020/21 via SDCS.

E.B.24: Ambulances – incident closure

DEFINITIONS

Detailed descriptor: The number of incidents closed by outcome, as collected via the monthly Ambulance Quality Indicators return.

Lines within indicator (Units)
Incidents with no face-to-face response (A17) Count of all incidents not receiving a face-to-face response (hear and treat).
Incidents with no transport (A55) Count of incidents with face-to-face response, but no patients transported (see and treat).
Incidents with transport to ED (A53) Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified.
Incidents with transport not to ED (A54) Count of incidents with any patients transported to any facility other than an Emergency Department.

Data definition: Reference codes A17-A55 correspond with NHS England and NHS Improvement's ambulance quality indicator guidance on the AQI landing page below, which includes details of what counts as an Emergency Department.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: NHS England and NHS Improvement ambulance quality indicators. Further information on data available to support this metric can be found on the ambulance quality indicators landing page.

ACCOUNTABILITY

What success looks like, direction, milestones
A reduction in the volume of incidents requiring conveyance to ED and an associated increase in hear and treat and see and treat.

Timeframe/Baseline: Ongoing.

Rationale: A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme for publication in NHS England and NHS Improvement's ambulance quality indicators.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly 2020/21 via SDCS.

E.B.25: Hospital Handover Delays

DEFINITIONS

Detailed Descriptor:

Commissioners and providers should work together to agree improvement plans to reduce the number of hospital handover breaches. Plans should be developed which clearly sets out how handover delays will be reduced and what key actions will be taken to ensure patients arriving to Emergency Departments by ambulance will be handed over within 30 minutes of the ambulance's arrival.

Where hospital handover delays require significant improvement, a phased approach may be necessary with plans that clearly set out how continued improvements will be made to reduce hospital handover delays. These plans will need to be assured by the region.

Plans should be developed that eliminate over 60 minutes delays by March 2021.

Lines Within Indicator (Units):

The lines within the indicator will use the same definitions as set out in the Daily Situation Report (SITREP), which can be found at:

https://improvement.nhs.uk/resources/how-to-complete-daily-sitreps/

The specific lines for collection are:

Patients arriving by ambulance: Count all accident, emergency and urgent patients if destined for A&E (type 1, 2 or 3). This includes GP urgent patients brought by ambulance to A&E. Do not count non-emergency patients or patients being transported between locations/trusts/hospitals (e.g. for outpatient clinics or tertiary care).

Ambulance handover delays: The start time of the handover is defined as the ambulance's time of arrival at the A&E department. The end time of the handover is defined as the time of handover of the patient to the care of A&E staff. Do not count the time required for crews to complete record forms, clean or restock vehicles or have a break.

This time includes the 15 minutes allowed under sitrep guidance if an ambulance is unable to unload a patient immediately on arrival at A&E because the A&E department is full.

- **15 to 30 minutes**: Report the number of handover delays longer than 15 minutes, up to and including 29 minutes 59 seconds for patients arriving according to the definition above.

- **30 to 60 minutes**: Report the number of handover delays longer than 30 minutes, up to and including 59 minutes 59 seconds for patients arriving according to the definition above.

- **Over 60 minutes**: Report the number of handover delays longer than 60 minutes for patients arriving according to the definition above.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: SITREP data

ACCOUNTABILITY

What success looks like, Direction, Milestones:

Timeframe/Baseline: To reduce hospital handover delays so that each month in 20/21 is an improvement on the corresponding month in 19/20.

Rationale:

Hospital handover delays result in:

• increased risk to patients on site due to delays in diagnosis and treatment;
• increased risk in the community because fewer ambulances are available to respond;
• the ability to respond to a serious or major incident being seriously compromised; and
• reduced ambulance response performance due to time wasted queuing.

There are 4 key principles that local systems should note:

The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.

Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).

Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate. As part of the national programme of work, the UEC ambition is to eliminate 'Corridor Care'.

The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider plans, monthly 2020/21 via SDCS.

Plans should show the agreed reduction in hospital handover delays, by month, with each month in 20/21 being an improvement on the corresponding month in 19/20.

FURTHER INFORMATION

A national Hospital Handover programme was established in March 2018, agreeing a collaborative approach to addressing handover delays in the most challenged acute trusts. Working with regional leads, acute trusts and their ambulance services, a set of improvement plans will be agreed to reduce the length and quantity of hospital handover delays.

The updated guidance 'Addressing hospital handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents and separates them into actions to be embedded as part of normal working practice. It also sets out what actions should be taken should ambulances begin to queue. This summary is not exhaustive and Local Delivery Boards should refer to more detailed guidance from NHS Improvement and the Royal College of Emergency Medicine.

.

E.B.26: Diagnostic Test Activity

DEFINITIONS

Detailed descriptor: The number of diagnostic tests or procedures carried out for which the patient had waited on a waiting list.

Lines within indicator (Units)

The number of diagnostic tests or procedures (included in the Diagnostics Waiting Times and Activity Data Return) carried out during the month for which the patient had waited on a waiting list.

Plans are required for the following key tests:

E.B.26a – Magnetic resonance Imaging
E.B.26b – Computed Tomography
E.B.26c – Non-Obstetric Ultrasound
E.B.26d - Colonoscopy
E.B.26e – Flexi Sigmoidoscopy
E.B.26f - Gastroscopy

Data definition: The number of diagnostic tests for the specified test group carried out during the month, based on monthly diagnostics data provided by NHS and independent sector organisations and reviewed and validated by NHS commissioners, for which the patient had appeared on a waiting list.

Full definitions can be found on the Monthly Diagnostic Waiting Times and Activity Return webpage.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: Monthly Diagnostics Waiting Times and Activity Return - DM01.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider and Commissioner plans, monthly 2020/21 via SDCS.

E.B.27: Cancer 28 day waits (faster diagnosis standard)

DEFINITIONS

Detailed descriptor: Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat if made before a communication of diagnosis within 28 days following:

- an urgent referral for suspected cancer by their GP (GMP, GDP or Optometrist);
- an urgent referral for breast symptoms where cancer was not initially suspected by a primary or secondary care professional; or
- an urgent referral from an NHS Cancer Screening Service.

Lines within indicator (Units)

Numerator: Number of patients receiving communication of diagnosis for cancer or ruling out of cancer, or a decision to treat if made before a communication of diagnosis, within 28-days following an urgent referral for suspected cancer, an urgent referral for breast symptoms where cancer was not initially suspected or an urgent referral from an NHS Cancer Screening Service, within a given month/quarter.

Denominator: Total number of patients receiving communication of diagnosis for cancer or ruling out of cancer, or a decision to treat if made before a communication of diagnosis, following an urgent referral for suspected cancer, an urgent referral for breast symptoms where cancer was not initially suspected or an urgent referral from an NHS Cancer Screening Service, within a given month/quarter.

Data definition

Numerator: Details are defined above.

Denominator: Details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 89/2016 and successive revisions.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016 and successive revisions is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing from April 2020 reporting period

Rationale

CANCER FASTER DIAGNOSIS PATHWAY END DATE in April 2020 reporting period to be the start of performance management

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider and Commissioner plans, monthly 2020/21 via SDCS.

E.D.17: Extended Access Appointment Utilisation

DEFINITIONS

Detailed Descriptor: Extended access appointment utilisation rate is the number of booked appointments minus the 'did not attend' appointments (DNA) divided by the number of available appointments.

Seven-day extended access Monday to Friday each day of the week (including bank holidays) should include: any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.

The extended access services are mainly provided via the Alternative Provider Medical Services (APMS) contracts which are delivered on top of, and in addition to, services provided by general practice.

Lines within indicator (Units)
Data to assess the Extended Access Appointment Utilisation is taken from CCGs responses to the GPFV Monitoring Survey.

Numerator: Data is sourced from the CCG section of the GPFV Monitoring Survey.

For each day of the reporting month, please provide the total number of extended access appointments made available to patients, the total number of appointments booked and the total number of DNAs.

This question asks for each day of the reporting month, the total number of appointments booked (numerator a) and the total number of did not attends appointments (numerator b). **A combined figure (numerator a – numerator b) is the only information required in the plan.**

Denominator: Data is sourced from the CCG section of the GPFV Monitoring Survey.

This question asks for each day of the reporting month, the total number of extended access appointments made available to patients (denominator).

Calculation:
The extended access appointment utilisation rate is calculated as follows:

$$\frac{\text{Number of booked extended access appointments (numerator a)} - \text{did not attends (DNAs) (numerator b)}}{\text{Total number of extended access appointments available}}$$

Data definition: CCGs must continue to provide extended access to general practice services, including at evenings and weekends, for 100% of their population.

MONITORING

Monitoring frequency: Quarterly - one month of reporting data is collected each quarter (for example, June, September, December and March).

Monitoring data source: Data is sourced from the GPFV Monitoring Survey

ACCOUNTABILITY

What success looks like, direction, milestones
CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if service went live in in 2017/18) and at least 85% if the service has been live before 2017/18.

Timeframe/Baseline: Monitoring data first collected May 2018 through the GPFV Monitoring Survey.

Rationale: The Government's mandate to NHS England for 2018-19 gives NHS England and NHS Improvement a goal, by 2020, "to improve access to primary care, ensuring 100% of the population has access to weekend/evening routine GP appointments.

Objective six of the mandate states that, "We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends.

The Government's 2019-29 Accountability Framework with NHS England and NHS Improvement[1] Objective 1 is to ensure the effective delivery of the NHS Long Term Plan.

The NHS Long Term Plan[2] strengthens the commitment to improve access to primary care services. This includes ensuring access to routine GP appointments is available at weekend and evenings, including peak times of demand, bank holidays and across Easter, Christmas and New Year periods. CCGs must ensure compliance with the extended access utilisation core requirement.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2020/21.

---

[1] The Government's 2019-20 Accountability Framework with NHS England and NHS Improvement, Dept of Health & Social Care (2019)
[2] The NHS Long-Term Plan NHS (2019) https://www.longtermplan.nhs.uk/online-version/

E.D.18: Proportion of the population that the urgent care system 111 can directly book appointments into the contracted extended access services.

DEFINITIONS

Detailed descriptor: Proportion of the CCG population[3] that the urgent care system 111 can directly book appointments into the contracted extended access services.

All CCGs should develop plans to maximise benefits of integration of service delivery at scale between extended access and urgent care to ensure a seamless service for patients that also delivers VFM and efficiencies. Effective access to extended access for the wider system is a key deliverable. The delivery of 100% 111 direct booking system into extended access services for the whole population covered is by 31 March 2020.

Lines within indicator (Units)
Data to assess access to the wider system is taken from CCGs responses to the GPFV Monitoring Survey.

Data is sourced from the CCG section of the GPFV Monitoring Survey. This question asks the proportion of the weighted population covered by extended access services:

For which proportion of the weighted population covered by extended access services can the urgent care system (e.g. 111) book directly into the contracted extended access services?

Numerator: Proportion of weighted population in a CCG that the urgent care system (NHS 111) can directly book appointments for in the contracted extended access.

Denominator: Total CCG weighted population (see footnote 3).

---

[3] The CCG weighted population is taken from the 'NHS Payments to General Practice - England' series published by NHS Digital at https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/england-2018-19. This is an annual publication and was last published 19 September 2019.

The GPFV Monitoring Survey uses the CCG weighted population in the calculation and this is consistent with funding allocation, which is based on a per head of weighted population. See the further information for the methodology and links to publications.

Calculation:
The proportion of the CCG population that the urgent care system 111 can directly book appointments into the contracted extended access services is calculated as follows:

$$\frac{\text{Weighted population of the CCG that can be directed via 111 to an extended access appointment (numerator)}}{\text{Weighted population of the CGG (denominator)}}$$

Data Definition: CCGs must continue to provide extended access to general practice services, including at evenings and weekends, for 100% of their population. Extended access information reported by all CCGs in England in relation to contracts and population that benefits from extended access appointments

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: Data is sourced from the CCG section of the GPFV Monitoring Survey

ACCOUNTABILITY

What success looks like, direction, milestones:
CCGs should by March 2020 be able to direct appointments via 111 to an extended access service when that clinical path is identified for 100% of its population.

Timeframe/Baseline: Monitoring data first collected August 2017 through the GPFV Monitoring Survey.

Rationale: The Government's mandate to NHS England for 2018-19 gives NHS England a goal, by 2020, "to improve access to primary care, ensuring 100% of the population has access to weekend/evening routine GP appointments.

Objective six of the mandate states that, "We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends

The Government's 2019-20 Accountability Framework with NHS England and NHS Improvement[4] Objective 1 is to ensure the effective delivery of the NHS Long Term Plan.

The NHS Long Term Plan[5] strengthens the commitment to improve access to primary care services. This includes ensuring access to routine GP appointments is available at weekend and evenings, including peak times of demand, bank holidays and across Easter, Christmas and New Year periods.

---

[4] The Government's 2019-20 Accountability Framework with NHS England and NHS Improvement, Dept of Health & Social Care (2019)
[5] The NHS Long-Term Plan NHS (2019) https://www.longtermplan.nhs.uk/online-version/

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans quarterly for 2020/21.

FURTHER INFORMATION
The CCG weighted population is taken from the 'NHS Payments to General Practice - England' series published by NHS Digital.

NHS Digital extract the data from National Health Applications and Infrastructure Services (NHAIS) and NHS England and NHS Improvement's Integrated Single Finance Environment (ISFE).

Methodology[6]
The number of weighted patients is as calculated by the Global Sum process.
Global Sum Payments are a contribution towards the contractor's costs in delivering essential and additional services, including its staff costs. See part 1 section 2 of the GMS SFE 2013 and para 3 of the General Medical Services Statement of Financial Entitlement (Amendment) Directions 2017. Appendix A of the SFE shows how Global Sum is calculated:

https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013

Global Sum allocates money in accordance with perceived need. Figures are calculated quarterly, paid on a monthly basis and may change from one quarter to the next according to patient turnover and demographics.

Global Sum is the main payment to practices and is based upon each practice's registered patient list which is adjusted according to the Carr-Hill Formula to take into consideration differences in the age and sex of the patients as well as any in nursing or residential care, additional patient need due to medical conditions, patient turnover and unavoidable costs based upon rurality and staff market forces for the area. **This adjusted count is the "weighted patient count."**

This is an annual publication and the last publication was 19 September 2019.

---

[6] NHS Payments to General Practice, England, 2016/17: Annex 1 Tables and Charts provides details of definitions and methodology. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/nhs-payments-to-general-practice-england-2016-17#resources

E.D.19: Appointments in General Practice

DEFINITIONS

Detailed descriptor: Estimated number of General Practice appointments.

Lines within indicator (Units): Estimated total number of appointments

Data Definition:
Each appointment in the dataset has an "appointment status". Many of the appointments with status of "available" are thought to be spurious and represent time reserved for breaks, training, admin etc. It is not currently possible to distinguish this time from potentially patient facing slots that go unused. For this reason, only appointments with a status of "Booked, Attended or Did Not Attend" are included in this total. Cancelled appointments are typically reallocated to other patients and so are not included in the total to avoid double counting. The total represents the number of appointments that took place rather than those that were offered.

Currently not all GP Practices are included in the GP appointments data. An estimate of the total number of appointments is calculated by dividing the reported number of appointments by the proportion of the GP registered population that are registered in included practices.

MONITORING

Monitoring Frequency: Monthly
Monitoring Data Source: Appointments in General Practice collection published by NHS Digital. The data can be found here along with the data quality note.

ACCOUNTABILITY

What success looks like, direction, milestones:
There are currently no set targets for number of GP appointments offered.

Rationale:

In response to a request from the Secretary of State to support General Practice with more accurate information, NHS Digital have been working with professional representatives, system suppliers and NHS England and NHS Improvement to collect and collate data from the appointment systems held in General Practice. The aim of the publication is to inform users about activity and usage of GP appointments historically and how primary care is impacted by seasonal pressures, such as winter.

Work is currently underway to increase the quality and completeness of this data. As the data becomes more reliable it will become more useful for planning and management information purposes. While there are currently no set targets around numbers of GP appointments there is significant political interest in this area and it would be wise to prepare for the possibility that targets will be introduced in the future.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans monthly for 2020/21.

E.H.1-3: IAPT waiting times

DEFINITIONS

Detailed descriptor: The primary purpose of these indicators is to measure waiting times from referral to treatment in improving access to psychological therapies (IAPT) services for people with depression and/or anxiety disorders.

For planning purposes, the indicator is focused on measuring waits for those finishing a course of treatment i.e. two or more treatment sessions and coded as discharged but also requires local monitoring of all referral to treatment starts.

Additionally, in order to guard against perverse incentives, we will monitor patterns of treatment across the pathway as follows:

- The proportion of people having a course of treatment and those having a single therapy session.
- The average waiting time between first and second treatment sessions
- Average number of treatment sessions.
- The case mix of patients being seen within services i.e. by diagnosis and severity/complexity.

Monitoring at least the above are important in terms of quality assurance but in particular work on reducing waiting lists has highlighted the high number of patients with excess waits for continuation of treatment following their first treatment appointment. Such long waits are not good practice and are known to impact on recovery rates and patient experience.

Please note that measures E.H.1 A1 and E.H.2 A2 must be used as per the definitions for the National Quality Requirements on IAPT waiting times set out in Schedule 4B of the NHS Standard Contract.

Lines within indicator (Units)

E.H.1_A1: The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

- **Numerator:** The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral.
- **Denominator:** The number of ended referrals that finish a course of treatment in the reporting period.

E.H.2_A2: The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

- **Numerator:** The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral.
- **Denominator:** The number of ended referrals who finish a course of treatment in the reporting period.

Supporting IAPT metrics (Not collected as part of the planning round)

E.H.1_B1: The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.

- **Numerator:** The number of people who had their first treatment appointment within 6 weeks of referral in the reporting period.
- **Denominator:** The number of people who had their first treatment appointment in the reporting period.

E.H.2_B2: The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.

- **Numerator:** The number of people who had their first treatment appointment within 18 weeks of referral in the reporting period.
- **Denominator:** The number of people who had their first treatment appointment in the reporting period.

E.H.3_C1: Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment.

E.H.3_C2: Average number of treatment sessions

E.H.3_C3: The proportion of people that waited less than 28 days from their first treatment appointment to their second treatment appointment.

- **Numerator:** The number of people who had their second treatment appointment within 28 days of their first treatment appointment in the reporting period.
- **Denominator:** The number of people who had their second treatment appointment in the reporting period.

E.H.3_C4: The proportion of people that waited less than 90 days from their first treatment appointment to their second treatment appointment.

- **Numerator:** The number of people who had their second treatment appointment within 90 days of their first treatment appointment in the reporting period.
- **Denominator:** The number of people who had their second treatment appointment in the reporting period.

Data definitions

Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

Referral date: The date a referral for assessment or treatment is received at the IAPT service or appointment processing agency such as single point of access or triage service.

Treatment session: This is coded as Appointment Type 02 – Treatment, 03 - Assessment and Treatment, and 05 - Review and Treatment in the IAPT data standard.

Finished course of treatment: This is a count of all those who have left treatment having attended at least two treatment contacts, for any reason including:

- planned completion
- deceased
- dropped out (unscheduled discontinuation)
- referred to another service
- unknown

MONITORING

Monitoring frequency: Quarterly**.**

Monitoring Data Source: IAPT Data Set, NHS Digital.

ACCOUNTABILITY

What success looks like, direction, milestones
NHS England and NHS Improvement has committed that "75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral
(E.H.1_ A1), and 95% will be treated within 18 weeks of referral (E.H.2_A2)."

Maintenance of at least the standards for those CCGS achieving these at the end of 2019/20 is expected. Improvement is anticipated from areas which are not achieving the standards with the expectation that they will achieve the standard in 2019/20 and maintain it throughout the NHS Long Term Plan up to 2023/24.

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Rationale
"Achieving Better Access to Mental Health Services by 2020" has identified three key areas where additional investment will be made to implement Mental Health access and/or waiting time standards. This includes a specific waiting time standard for adult IAPT services to ensure timely access to evidence based psychological therapies for people with depression and anxiety disorders.

In order to guard against perverse incentives NHS England and NHS Improvement will monitor patterns of treatment across the pathway using **E.H.3_C1, E.H.3_C2** and **E.H.3_C3**.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2020/21 for via SDCS.

FURTHER INFORMATION
The IAPT Data Set contains detailed guidance on use of the technical specification and the central return process.

NHS England and NHS Improvement has published guidance for how new access and waiting time standards for mental health services were introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

E.H.4: First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral

DEFINITIONS

Detailed descriptor: From 2020/21 onwards, more than 60% of people experiencing first episode psychosis will be treated with a NICE recommended package of care within two weeks of referral. Both the maximum waiting time from referral to treatment **and** delivery of NICE recommended care must be met for the standard to have been fully achieved.

Lines within indicator (Units)

The proportion of people experiencing first episode psychosis or with an ARMS (at risk mental state) with a maximum wait of two weeks from referral to the start of treatment.

- **Numerator:** The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.
- **Denominator:** The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period.

Note that performance against the NICE concordance element of the standard is measured via The National Clinical Audit of Psychosis. All providers will be expected to take part in this audit and services will receive a level 1-4 for their performance.

Data definition

The relevant data items and the permissible values for each data item are defined in the Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: Mental Health Service Dataset

ACCOUNTABILITY

What success looks like, direction, milestones:

The measure of success is that more than 60% of people experiencing a first episode of psychosis or with an ARMS commence a NICE recommended care package of care within two weeks of referral during 2020/21 and that all services achieve a minimum of level 2 NICE concordance and 60% of services achieve a level 2 NICE concordance (monitored via a separate planning metric).

The table below outlines an indicative trajectory for delivery of these objectives:

2019/20	2020/21	2021/22	2022/23	2023/24
Achieve 56% EIP Access Standard and 50% Level 3 NICE concordance	Achieve 60% EIP Access Standard and 60% Level 3 NICE concordance	Maintain 60% EIP Access Standard and 70% Level 3 NICE concordance	Maintain 60% EIP Access Standard and 80% Level 3 NICE concordance	Maintain 60% EIP Access Standard and 95% Level 3 NICE concordance

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Note that the baseline data provided is sourced from the SDCS collection that has now been retired, with November 2019 being the last month that the collection was run alongside the MHSDS. Any local impacts of the change in data source should be considered when planning trajectories.

Rationale

The NHS Mandate set out the requirement for NHS England and NHS Improvement to work with the Department of Health and other stakeholders to develop a range of costed options in order to implement mental health access standards starting from April 2015. Achieving Better Access to Mental Health Services by 2020 stated that for early intervention services this would mean that more than 50% of people experiencing a first episode of psychosis would be treated with a NICE recommended care package within two weeks of referral from 1 April 2016 rising to 60% by 2020/21.

The NHS Long Term Plan and the Mental Health Implementation Plan 2019/20-2023/24 reconfirms commitment for the EIP standard and outlines expectation that by 2023/24, 95% of services are graded at level 3 by year end for NICE-concordance and that 60% of people experiencing a first episode of psychosis would commence a NICE-recommended package of care within two weeks.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21.

FURTHER INFORMATION

NHS England published Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance in April 2016. This guidance is intended to provide support to local commissioners and providers in implementing the access and waiting time standard for EIP services.

E.H.9: Improve access to Children and Young People's Mental Health Services (CYPMH)

DEFINITIONS

Detailed Descriptor

This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people (CYP) aged under 18.

Data from the strategic data collection service (SDCS), published by NHS Digital on 18 July 2019 showed that close to 380,000 children and young people were treated through NHS commissioned community services in 2018/19. This means that nationally the Five Year Forward View for Mental Health (FYFVMH) objective that NHS funded services would treat an additional 70,000 under 18-year olds annually by 2020/21 has already been met. However, there is still considerable unmet need and local variation therefore significant further expansion will be required to meet the 2023/24 NHS Long Term Plan target to increase access to an additional 345,000 under 25-year olds. As the access rate has already met it must be maintained going forward, demonstrated through submissions to the Mental Health Services Dataset (MHSDS).

CCGs should increase activity to the level required to meet their share of the national trajectory or continue to increase access if they are already meeting the minimum access ambitions. All areas are expected to continue to invest in CYP MH community services year on year to build on the significant progress already being achieved to deliver timely, high-quality services across the whole pathway, and this investment will continue to be monitored through the MHSDS.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.)

Numerator: Number of CYP aged under 18 receiving treatment by NHS funded community mental health services (rolling 12 months)

Denominator: Prevalence of CYP with a diagnosable mental health condition based on 2004 estimates.

The prevalence data is pre-populated in the planning template and cannot be updated in CCG submissions. The prevalence includes any updates made as part of

submissions to previous planning processes. It will be used to calculate CYP access rate based on the inputted activity plans.

Data definition

For the purposes of this planning process the definition of this indicator continues largely in line with previous years in the FYFVMH and the 2019/20 planning process, except for a change to 12-month rolling reporting described below.

12-month rolling data by quarter

Activity trajectories should be provided as a rolling 12-month period up to the end of the specified quarter. For example, 2020/21 Q1 activity will relate to access between the start of July 1st, 2019 up to June 30th, 2020.

In 2019/20 operational planning, the CYP access metric was defined as activity delivered in the specified quarters and was expected to reflect the seasonal variation. However, around a third of CCGs planned flat CYP access trajectories across the year, with their annual access figure divided evenly across the four quarters. The lack of alignment between plans and actual activity for planning and monitoring purposes may have contributed to a number of CCGs being behind the access trajectories.

The change to 12-month rolling data has been made as we expect that CCGs will be able to more accurately plan activity delivered in each quarter. The Q4 access figure will reflect planned activity across the whole of 2020/21. We would expect CCGs to be able to use the baseline data provided, combined with local intelligence, to plan trajectories as 12-month rolling activity by quarter.

Age cohort

The age is defined as that at the first contact i.e. the start of treatment. Only those who start treatment before their 18th birthday (i.e. up to the age of 17 and 364 days) count in the metric. The second contact can be after the 18th birthday.

Treatment and access definition

Please note that metrics to measure the wider NHS Long Term Plan CYP access commitments are currently being developed and future metrics will be set out in due course, this new metric will be expressed as an absolute number rather than as a rate. (See "Accountability" section for more information).

Treatment, as it is currently defined, constitutes two or more contacts. Those could be face to face, therapeutic non-face to face contacts[7] or indirect contacts such as a consultation between professionals or professional and carer that support the treatment of an individual child or young person. The individual is counted in the reporting period in which their second contact occurred.

---

[7] A therapeutic non-face to face contact, for example delivered by on line counselling service, is a therapeutic message that is informed and consistent with a mode of counselling/intervention, is directly related to the identified/coded problem and is intended to change behaviour. All three elements have to be present

Counting access for individuals

The "individual" should be counted once in every year they receive two relevant care contacts (i.e. received treatment). For example, if a patient received one contact in Q1 2019/20 and one in Q4 2019/20 then they should only be included in the Q4 2019/20 count. This also means that an individual can be counted in more than one year. For example, if a person received two contacts in Q1 2018/19 and another two in Q4 2019/20 they should be included in both the Q1 2018/19 count and the Q4 2019/20 count. If treatment occurs around the end of a year, for example an individual has one contact in Q4 2018/19 and one in Q1 2019/20 for the same issue, they should only be counted once in Q1 2019/20.

Digital therapies

Digital therapeutic services commissioned as part of the local care pathway should be recorded in table MHS201 of the MHSDS as "other" in the consultation medium field.

MONITORING

Monitoring Data Source

Mental Health Services Dataset

Monitoring Frequency

Quarterly 12-month rolling data will be used for this planning exercise, but monthly data is available from NHS Digital and will be used to monitor progress.

ACCOUNTABILITY

What success looks like, Direction, Milestones

The NHS Long Term Plan set out expansions to Children and Young People's Mental Health Services (CYPMHS) that will ensure delivery of the FYFVMH commitment to provide access to 70,000 additional CYP each year by 2020/21 and an additional 345,000 per year CYP aged 0-25 by 2023/24. This metric measures progress for those aged under 18 as set out in the FYFVMH.

The table below shows the national trajectory towards the NHS Long Term Plan access ambition set out in the MH Implementation Plan and includes the final two years of the FYFVMH.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Children and Young People's (CYP) Access*	63,000 additional CYP aged under 18* accessing NHS-funded services *[FYFVMH commitment]*	70,000 additional CYP aged under 18* accessing NHS-funded services *[FYFVMH commitment]*	70,000 additional CYP aged under 18* accessing NHS-funded services *[FYFVMH commitment]*	70,000 additional CYP aged under 18* accessing NHS-funded services *[FYFVMH commitment]*	70,000 additional CYP aged under 18* accessing NHS-funded services *[FYFVMH commitment]*

N/A	73,000 additional CYP aged 0-25 accessing NHS-funded services *[NHS Long Term Plan commitment]*	164,000 additional CYP aged 0-25 accessing NHS-funded services *[NHS Long Term Plan commitment]*	254,000 additional CYP aged 0-25 accessing NHS-funded services *[NHS Long Term Plan commitment]*	345,000 additional CYP aged 0-25 accessing NHS-funded services *[NHS Long Term Plan commitment]*

Indicators to support implementation of the full NHS Long Term Plan CYP 0-25 MH access ambition are currently under development, this will be expressed as absolute numbers rather than an access rate. The outcomes of the access metric development work, together with the results of the young adults (18-25) baseline validation exercise currently underway, will be shared in due course to support areas to monitor the NHS Long Term Plan access trajectory, which sets out that 73,000 additional children and young people aged 0-25 will be accessing treatment in 2020/21. It is anticipated that indicative ICS-level trajectories will be shared in 2020/21.

The full NHS Long Term Plan commitment for CYP aged 0-25 will be met by continued expansion of CYPMHS, the roll-out of MHSTs, all adult programme expansion working together to deliver a comprehensive offer for 0-25 year-olds. The numbers CCGs/STPs need to achieve in future years will therefore be a significant increase on 2019/20 and the numbers in the apportioning tool, both of which relate to 0-18 age range.

Future indicators, including outcome measures for measurable change and movement towards goals, draw on data fields within the MHSDS. It is therefore extremely important that MHSDS becomes the complete reliable source of data for CYPMH activity and outcomes across all NHS funded services.

Rationale

Early intervention, quick access to good quality care for children and young people remains a priority for the NHS. Demand continues to rise year on year, so areas need to maintain a focus on reducing waiting rimes, tackling inequalities in access and providing support to people who are waiting for care.

Timeframe/Baseline

Due to the MHSDS data quality issues the following CCG baseline data is provided in the planning template;

- 2018/19 data from the SDCS collection
- MHSDS data for Q1 and Q2 of 2019/20

2020/21 CCG trajectories should continue to evidence progress and increases in CYPMH access rates when compared to the 2018/19 SDCS validation exercise data.

The MHSDS is the main, mandated national data set through which performance will be reported. Therefore, the most up to date 12-month rolling rate as reported in MHSDS is also shared to support CCGs to set out their plans as reported from that dataset. CCGs should ensure there is a continued focus on improving CYP MHSDS data.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, 12-month rolling activity by quarter for 2020/21 submitted via SDCS.

FURTHER INFORMATION

The Mental Health Implementation Plan provides further detail around CYPMH commitments set out in the NHS Long Term Plan, including CYP access. It can be found here: https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24

E.H.10 – E.H.11: waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

DEFINITIONS

Detailed descriptor: More than 1.6 million people in the UK are estimated to be directly affected by eating disorders, with Anorexia Nervosa having the highest mortality amongst psychiatric disorders. Research shows that areas with dedicated community eating disorder services (CEDS) had better identification from primary care; lower rates of admissions with non-ED generic CAMHS admitting 2.5 times those from the community ED service.

Family-based therapies conducted on an outpatient basis are effective and have excellent long-term outcomes (NICE 2004). The relapse rates for those who have responded well to outpatient family therapy are significantly lower than that following inpatient care and there is some evidence that long-term inpatient admission may have a negative impact on outcome, as well as being costlier.

It is on this basis that the Autumn Statement, 2014 announced the provision of additional funding of £30 million/year for five years, to support the training and recruitment of new staff in addition to those already within services, to ensure children and young people with an eating disorder get expert help early, enabling them to be treated in their community with effective evidence-based treatment. As need continues to rise, the £30m increased to £41m in 2019/20 and will increase further to £52m from 2020/21 over the course of the NHS Long Term Plan. This is in addition to local investment in services.

The two waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within:

- One week for urgent cases (**E.H.11**).
- Four weeks for every other case (**E.H.10**).

Lines within indicator (Units)
E.H.10: The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months).

Numerator: The number of CYP with ED (routine cases) referred with a suspected ED that start treatment within four weeks of referral in the reporting period (rolling 12 months).

Denominator: The number of CYP with a suspected ED (routine cases) that start treatment in the reporting period (rolling 12 months).

E.H.11: The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment (rolling 12 months).

Numerator: The number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within one week of referral in the reporting period (rolling 12 months).

Denominator：The number of CYP with a suspected ED (urgent cases) that start treatment in the reporting period (rolling 12 months).

Data definition

The relevant data items and the permissible values for each data item are defined in the Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

The figure presented for each quarter is a rolling 12 month figure up to and including the relevant quarter.

MONITORING

Monitoring frequency: Quarterly (rolling 12 months).

Monitoring Data Source: CYP Eating Disorder Collection, SDCS.

ACCOUNTABILITY

What success looks like, direction, milestones
The expectation is CYP Eating Disorder services will achieve, by 2020 (then maintained throughout the NHS Long Term Plan), a minimum of 95% of referrals waiting less than:

- One week for urgent referrals.
- Four weeks for routine cases.

Due to the low volumes of referrals for these services the performance of individual clinical commissioning groups will be assessed over a rolling six-month period.

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Rationale
This indicator focuses on improved access to evidence-based community eating disorder services for children and young people, in order to address enduring unmet

need. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

NHS England and Improvement has also published Access and Waiting Time Standard for Children and Young People with an Eating Disorder – Commissioning Guide. This guidance is intended to provide support to local commissioners and providers in implementing the access and waiting time standard for Eating Disorder services.

Technical guidance for reporting against the indicator is published in Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

Eating disorder: recognition and treatment guidance has also been published to identify NICE recommended interventions.

E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days

DEFINITIONS

Detailed Descriptor

The number of bed days for inappropriate Out of Area Placements (OAPs) in mental health services for adults in non-specialist acute inpatient care expected by quarter four of each financial year.

Out of Area Placements are associated with poor patient experience, poor clinical outcomes and high financial cost. The practice can lead to people being separated from their friends, families and support networks, disrupting the continuity of their care and potentially impeding recovery. Out of Area Placements (OAPs) are often a symptom of widespread problems in the functioning of the whole mental health system, and may indicate:

- Insufficient community alternatives to admission placing avoidable demand on mental health providers' in-patient capacity.
- Insufficient in-patient capacity to meet unavoidable in-hospital demand.
- Lack of swift access to appropriate level of support, resulting in avoidable deterioration of people's mental health.
- Lack of strong discharge management and suitable housing and social care support, preventing people being discharged from hospital when they are clinically well enough, leading to bottlenecks in acute care services.

The Five Year Forward View for Mental Health sets out the need to significantly reduce the use of Out of Area Placements (OAPs) with the aim of eliminating inappropriate OAPs for adults requiring non-specialist acute inpatient care by 2020/21 and that commitment is reflected in the NHS Long Term Plan.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.)

E.H.12a: Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider.

E.H.12b: Number of inappropriate OAP bed days for adults by quarter that are 'external' to the sending provider.

Data definition

Note: for many providers the E.H.12a and E.H.12b numbers will be identical.

Defining OAPs

An OAP occurs when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG commissioned) is admitted to a unit that does not form part of the usual local network of services.

The national definition, published by DH in 2016, focuses on continuity of care. Due to the significant variations in Trust geographies and the need for some flexibility in relation to local decisions on service models, the approach to defining an out of area placement necessarily requires local and clinical interpretation, supported by a set of key principles. A placement is likely to be considered to be out of area if:

- Clinical continuity cannot be ensured by the sending provider, e.g. the person is placed at a different provider that does not form part of an integrated care pathway with the person's "home" CMHT, so the person's care coordinator cannot be actively engaged throughout the course of the inpatient admission to plan for and support discharge.
- The person is dislocated from their usual support network of family and friends and cannot easily be visited.
- There are associated costs being paid by the sending provider.

N.B. an OAP can also occasionally occur *within* a "home" provider spanning a very large geography where the same dislocation from the "home" CMHT takes place, where clinical continuity cannot be ensured and where dislocation from friends and family occurs. This does not mean that the admitting unit necessarily needs to be geographically closest to the patient, but rather it means that the location of the admission should not negatively impact the individual's experience, quality or continuity of care.

We have worked with providers to develop **4 continuity principles** (see annex), which support providers/STPs in determining what does and does not constitute an out of area placement. Where providers are working across large geographies or where they have deemed it necessary to formally subcontract additional **local** bed capacity, it may be that these placements are not considered out of area if there is **full local assurance** that the continuity principles are consistently met.

The initial priority for all areas is to eliminate **external** out of area placements by 2021 – i.e. when people are admitted to another provider due to lack of local capacity – as they have a more detrimental impact in terms of patient experience, outcomes and cost; and represent 90% of all OAP activity. However, areas should continue to report their inappropriate internal placements through the national data collection and to implement plans to reduce this type of activity.

There are some circumstances in which an out of area placement may be appropriate. An out of area placement may be appropriate when:

- The person becomes acutely unwell when they are away from home (in such circumstances, the admitting provider should work with the person's home team to facilitate repatriation to local services as soon as this is safe and clinically appropriate).

- There are safeguarding reasons such as gang related issues, violence and domestic abuse.
- The person is a member of the local service's staff or has had contact with the service in the course of their employment.
- There are offending restrictions.
- The decision to treat out of area is the individual's choice e.g. where a patient is not from the local area but wants to be near their family and networks.

This list is not exhaustive. There are other reasons why treatment in an out-of-area unit may be appropriate. In these cases, discharge and/or return to an appropriate local unit should be facilitated at the earliest point where this is in the individual's best interests.

An OAP is inappropriate if the reason is non-availability of a local bed.

MONITORING

Monitoring Data Source

NHS Digital – Mental health OAPs collection

https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services

Monitoring Frequency

Quarterly for the purposes of this planning exercise (quarter four being the key milestone)

Monthly data is also available

ACCOUNTABILITY

What success looks like, Direction, Milestones

The Five Year Forward View for Mental Health sets out the aim of eliminating inappropriate OAPs for adults requiring non-specialist acute inpatient care by 2020/21. Local level trajectories should be developed up until the end of Q 4 2020/21, taking into account both current performance and the need to achieve and maintain the 2020/21 ambition.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
Eliminating adult acute out of area placements (OAPs)	Deliver against STP-level plans to reduce all inappropriate adult acute OAPs by 2020/21 *[FYFVMH commitment]*	Eliminate inappropriate adult acute OAPs *[FYFVMH commitment]*	Maintain ambition to eliminate all inappropriate adult acute OAPs	Maintain ambition to eliminate all inappropriate adult acute OAPs	Maintain ambition to eliminate all inappropriate adult acute OAPs

Timeframe/Baseline

The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Rationale

From recent data on OAPs, it is estimated that around **8,000 adults** who need acute inpatient care were sent out of area last year. This translates to **around 240,000 out of area bed days**, at a cost to the mental health system of over **£100 million**, funds which could be better spent on local service provision.

From this evidence, there are strong human, clinical and financial arguments for ensuring that people receive high quality acute care in the least restrictive setting and as close to home as possible.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider and STP level plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

Annex A: Principles of Continuity

Principles of continuity	
1.	Clear shared pathway protocols between units/organisations – particularly around admissions and discharge.
2.	An expectation that a person's care coordinator: Visits as regularly as they would if the patient was in their most local unit and Retains their critical role in supporting discharge/transition.
3.	Robust information sharing, including the ability to: Identify cross-system capacity and Access full clinical records with appropriate IG in place where necessary.
4.	Support for people to retain regular contact with their families, carers and support networks e.g. this might be achieved with optional use of technology, transport provision etc.

E.H.13: People with severe mental illness receiving a full annual physical health check and follow up interventions

Detailed Descriptor

In 2016, the [Five Year Forward View for Mental Health](#) (MHFYFV) set out NHS England's approach to reducing the stark levels of premature mortality for people living with severe mental illness (SMI) who die 15-20 years earlier than the rest of the population, largely due to preventable or treatable physical health problems.

In the MHFYFV NHS England committed to leading work to ensure "by 2020/21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year". This equates to a target of 60% of people on the SMI register receiving a full and comprehensive physical health check. This commitment was reiterated in the [Five Year Forward View Next Steps.](#)

This indicator measures the number of people and percentage of people on General Practice SMI registers who are receiving a comprehensive annual physical health check and follow-up care in either a primary or secondary care setting. This health check should include the follow elements:

1. a measurement of weight
2. a blood pressure and pulse check
3. a blood lipid including cholesterol test
4. a blood glucose test
5. an assessment of alcohol consumption
6. an assessment of smoking status
7. an assessment of nutritional status, diet and level of physical activity
8. an assessment of use of illicit substance/non-prescribed drugs
9. access to relevant national screenings
10. medicines reconciliation and review
11. general physical health enquiry including sexual health and oral health
12. indicated follow-up interventions

Physical health checks may be delivered in either a primary or secondary care setting. Monitoring this indicator is based on a subset of the elements of the health check listed above as set out the [technical collection guidance](#) for the physical health SMI Strategic Data Collection Service (SDCS) collection.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.)

Numerator: The number of people on the General Practice SMI registers who have received a physical health assessment in the 12 months to the end of the period

Denominator: Total number of people on the General Practice SMI registers by quarter

Data definition

Numerator: The number of people on the General Practice SMI registers who have received a comprehensive physical health assessment in the 12 months to the end of the reporting period.

Denominator: The total number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission'.

Definition of receiving a physical health assessment: For the purpose of monitoring this indicator, a person is counted as having had a comprehensive physical health assessment if they have received the elements of the check outlined in the physical health SMI SDCS data collection technical guidance (i.e. all of the 6 component elements listed in Part 2 of the guidance) at any point in the 12 months to the end of the reporting period.

For guidance, planning templates for 2020/21 will include the total number of people on GP SMI registers taken from 2019/20 CCG operational plans and data taken from the SMI SDCS collection.

MONITORING

Monitoring Data Source

Severe Mental Illness Physical Health Checks collection

https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/

Monitoring Frequency

Quarterly using a rolling 12-month period

ACCOUNTABILITY

What success looks like, Direction, Milestones

The expectation for this indicator is that at least 60% of people on GP SMI registers will receive a full and comprehensive physical health check and the relevant follow-up interventions in any setting in 2019/20, which should then be maintained in 20/21 and beyond.

By 2023/24 a total of 390,000 people with SMI will receive a physical health check based upon the national trajectory set out in the table below.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
SMI physical health checks	A total of 280,000 people receiving physical health checks [FYFVMH commitment]	A total of 280,000 people receiving physical health checks [FYFVMH commitment]	A total of 302,000 people receiving physical health checks [An additional 22,000 above FYFVMH ambition]	A total of 346,000 people receiving physical health checks [An additional 66,000 above FYFVMH ambition]	A total of 390,000 people receiving physical health checks [An additional 110,000 above FYFVMH ambition]

Delivery of this ambition to increase access to physical health checks and follow up care is a fixed deliverable, building on FYFVMH expansions to date. These, along with other NHS Long Term Plan ambitions such as increased access to Individual Placement Support and continued improvement on delivery of the Early Intervention in Psychosis standard, must now be viewed as essential components of a comprehensive community-based offer within new service models.

For SMI physical health checks all areas are to enhance provision to better address physical health risks and needs for people with SMI including:

- Completion of recommended physical health assessments
- Follow-up delivery of, or referral to, appropriate NICE-recommended interventions
- Follow-up personalised care planning, engagement and psychosocial support.

NHS England and NHS Improvement has made available an apportioning tool to support CCGs in their NHS Long Term Plan implementation planning, which apportions the total number of people that should receive the relevant checks by CCG in order to meet the ambition.

Timeframe/Baseline

The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available data provided as an indicative baseline in the planning template

Rationale

People with SMI are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months. People with SMI are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as

an emergency, suggesting deficiencies in the primary physical healthcare they are receiving.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

Detailed guidance for the Severe Mental Illness Physical Health Checks collection is available on the NHS Digital website.

Detailed guidance on commissioning primary care services is available on the NHS England and Improvement website.

E.H.15: Number of women accessing specialist perinatal mental health services

DEFINITIONS

Detailed Descriptor

This metric is designed to demonstrate progress in increasing access to NHS funded specialist perinatal mental health community services.

Both the Five Year Forward View for Mental Health and the NHS Long Term Plan include explicit commitments to increase access to specialist perinatal mental health (PMH) support in all areas of England, enabling women to receive evidence-based treatment closer to home when they need it.

Delivery of these ambitions should mean that by 2023/24 66,000 women in total will be accessing specialist perinatal mental health care across England, with community services available from conception to 24 months after birth, and a range of evidence-based psychological therapies on offer.

To support the local planning process the access ambition is also expressed as an access rate based on the total number of live births (ONS 2016).

Continued improvements in the coverage and quality of Mental Health Services Dataset (MHSDS) submissions are key to ensuring that delivery of this ambition can be accurately tracked.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.)

Numerator: Number of women accessing specialist community PMH service in the reporting period, reported from the Mental Health Services Dataset (12-month rolling)

Denominator: Total number of live births for the baseline year (2016)

The number of live births is pre-populated in the planning template and will be used to calculate an access rate by quarter, based on the inputted activity plans, to support local planning.

Data definition

Access to specialist perinatal mental health services is defined as women who have had at least one attended contact (face to face or business skype contact, excludes telephone, SMS or email) with a specialist community perinatal mental health service, which is recorded in the Mental Health Services Dataset against team code C02.

The Mental Health Services Data Set includes detailed guidance on use of the technical specification and the central return process.

Planning activity trajectories

Activity trajectories should be provided as a rolling 12-month period up to the end of the specified quarter. For example, 2020/21 Q1 activity will relate to access between the 1st July 2019 to the end of June 2020.

The Q4 access figure will reflect planned activity across the whole of 2020/21 (April 1st, 2020 up to the end of March 2021). We would expect CCGs to be able to use the activity data provided combined with local intelligence, to plan trajectories as 12-month rolling activity by quarter.

MONITORING

Monitoring Data Source

Mental Health Services Data Set

Perinatal mental health data is extracted from the MHSDS by NHS England and NHS Improvement analysts to populate the mental health core data pack, which is available to all NHS employees via the FutureNHS Collaboration platform (registration required).

Monitoring Frequency

Perinatal mental health access data from the MHSDS is updated monthly with 12 month rolling totals.

ACCOUNTABILITY

What success looks like, Direction, Milestones

By 2023/24 at least 66,000 women with moderate to severe perinatal mental health difficulties will have access to evidence-based specialist perinatal mental health care when they need it (30,000 increase from FYFVMH, 24,000 increase from NHS Long Term Plan and best available baseline figure). The national access ambition figures have been derived using prevalence rates of moderate/severe mental health conditions in the perinatal period and 2016 ONS birth data.

The table below outlines a national trajectory towards the NHS Long Term Plan access ambition, which also includes the final two years of the FYFVMH. That is expressed both in terms of the number of women accessing services (which is how this metric is monitored) and that figure expressed as a minimum access rate which is intended to support CCGs in setting local trajectories

CCGs/STPs can use the lines within this indicator to calculate the minimum total number of women their specialist perinatal mental service needs to see each year to meet their indicative contribution to the national trajectory, year-on-year. NHS England and NHS Improvement has made available an apportioning tool to support STPs and CCGs in their NHS Long Term Plan implementation planning, which apportions the total access trajectories on the number of women accessing services at STP and CCG level.

The specialist PMH access ambition trajectories are fixed, and CCGs are therefore expected to set out how they will ensure services develop to meet these trajectories over the next five years.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Specialist Community Perinatal Access	At least 32,000 women in total accessing specialist perinatal mental health services *[20,000 additional access ambition in FYFVMH, and best available baseline figure]*	At least 47,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 5,000 increase from the Long-Term Plan, and best available baseline figure]*	At least 57,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 15,000 increase from the Long-Term Plan, and best available baseline figure]*	At least 66,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 24,000 increase from the Long-Term Plan, and best available baseline figure]*	At least 66,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 24,000 increase from the Long-Term Plan, and best available baseline figure]*
Trajectory expressed as indicative access rate against number of live births (%) for the purposes of local planning	At least 4.5	7.1	8.6	10	10

CCGs should continue to work with providers to improve the coverage and quality of Mental Health Services Dataset (MHSDS) submissions to ensure that delivery of plans can be accurately tracked.

Local areas should also seek to monitor equity of access at all levels, including routine data collection/reporting and ensure equalities impact assessments and local action plans are in place to support service development and improvement, ensuring that services reflect the populations they serve, and that there is equity of access across all groups of people and by geographical location.

NHS England and NHS Improvement regions can support quality improvement and outcome measurement – including supporting data sharing on access and outcomes (e.g. local KPIs and clinical outcome measures) to enable benchmarking and monitoring of equity and equality.

Timeframe/Baseline

The PMH access metric is not a cumulative metric. Each year it will be measured against the expected national trajectory for that period described as a total number of women accessing specialist perinatal mental health community services. CCGs are required to set trajectories to meet their indicative contribution to the national trajectory for each year of the NHS Long Term Plan.

Supporting information on CCG PMH service activity in Q1 and Q2 of 2019/20 has been provided from MHSDS data in the planning template to support trajectory planning. It is important to note when reviewing the MHSDS activity data that
CCGs with community services development fund (CSDF) wave two perinatal services that launched later in 2018 will not have a full 12 months of activity within the MHSDS activity data provided in the planning template (Q1 & Q2 2019/20). CCGs will need to account for this when establishing their trajectories for 2020/21 using local intelligence from wave 2 services alongside the MHSDS activity data provided.

This will only be a consideration for this year's planning process. From the end of 2019/20 onwards, all services will have submitted data to the MHSDS for at least 12 months.

Rationale

Up to 20% of women experience a mental illness during pregnancy or in the first year after delivering their baby. Women with a history of mental health illness are at significant risk of relapse during pregnancy, particularly if they stop taking their medication (often because they are unable to access expert mental health pharmacy or psychiatric advice). Suicide is a leading cause of maternal death. Mental health problems not only affect the health of women but can also have long-standing effects on children's emotional, social and cognitive development and comes with societal costs.

Specialist PMH services offer evidence-based psychiatric and psychological assessments and treatment for women with moderate/complex to severe mental health problems during the perinatal period. They can also provide pre-conception advice for women with a current or past severe mental illness who are planning a pregnancy. FYFV and NHS Long Term Plan access ambitions are in place to ensure that more women who require access to evidenced based specialist care are receiving it to achieve better outcomes for mothers, babies and families.

Measuring the number of women accessing specialist perinatal mental health services allows NHS England and NHS Improvement to establish if the number of women

accessing specialist care is increasing in line with the published FYFV and NHS Long Term Plan trajectories.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

The NHS Long Term Plan deliverables for perinatal mental health have both 'fixed' and 'flexible' elements. The access ambition has a fixed element with a metric attached which is described in the technical definition above. Flexible deliverables include those where the pace of delivery is to be determined locally, taking into account system maturity, priorities and needs.

All systems are expected to achieve the same end point by 2023/24 and to provide a local year-on-year phasing for delivery of the flexible PMH commitments in their 5-year plan.

This will be supported by regional monitoring and assurance.

Flexible elements of the NHS Long Term Plan for perinatal mental health (community) are listed below:

- Care provided by specialist perinatal mental health services will be available from preconception to 24 months after birth (previously 12 months post birth)
- Expanding access to evidence-based psychological therapies within specialist perinatal mental health services.
- Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required.
- Developing and implementing maternity outreach clinics that will seek to integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

E.H.17: Number of people accessing Individual Placement and Support

DEFINITIONS

Detailed Descriptor

IPS (Individual Placement and Support) is a model of employment support integrated within community mental health teams which helps people with severe mental health conditions into employment.

Doubling of access to Individual Placement and Support (IPS) services by 2020/21 is a headline ambition set out in the *Five Year Forward View for Mental Health* and associated *Implementation Plan.* 2016/17 access to IPS services across England was found to be approximately 10,000 people, which NHS England and NHS Improvement are looking to double to 20,000 by 2020/21.

The NHS Long Term Plan commits to increasing access further to IPS, by supporting an additional 35,000 people with severe mental illnesses where this is a personal goal to find and retain employment by 2023/24, a total of 55,000 people per year.

To track our NHS Long Term Plan commitments, we are looking to track access to IPS services via the MHSDS. We will include referrals that have received one contact or more with an IPS team.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.)

Numerator: Number of people accessing IPS services.

Data definition

A person is counted as having accessed an IPS service if they have had an attended, face to face contact.

MONITORING

Monitoring Data Source:

Quarterly monitoring template with eventual move to the MHSDS

Information on access to IPS services will be shared with NHS England and NHS Improvement and teams directly.

Monitoring Frequency:

Quarterly and in future monthly when moved to MHSDS

ACCOUNTABILITY

What success looks like, Direction, Milestones

By 2020/21, 20,000 people should be accessing IPS nationally. The trajectory set out below shows the increase on baseline needed each year to ensure 55,000 people a year are accessing IPS by 2023/24, as outlined in the NHS Long Term Plan.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Individual Placement and Support (IPS)	16,000 total people accessing IPS [60% Increase in access as per FYFVMH]	20,000 total people accessing IPS [100% increase in access as per FYFVMH]	32,000 total people accessing IPS	44,000 total people accessing IPS	55,000 total people accessing IPS

Timeframe/Baseline

The starting point for 2020/21 trajectories is the expected end of year position for 2019/20.

An indicative baseline of actual activity across 2018/19 is provided for a small proportion of wave one sites that were implemented and submitting through the quarterly monitoring template throughout 2018/19. For all other STPs planned activity from their transformation bids is provided as a 2018/19 baseline.

Data for quarter one and two of 2019/20 is provided for all STPS from the submissions made via the quarterly monitoring template.

Rationale

People with severe mental health problems have low rates of employment (8% vs 75% in the general population). Individual Placement and Support (IPS) is an employment support intervention involving intensive, individual support, a rapid job search followed by placement in paid employment, and in-work support for both the employee and their new employer. It is the best evidence-based way to help people in this group get and keep a paid job. Finding and keeping a job brings many benefits for people with severe and enduring mental illness, including: financial independence, improved self-esteem, greater well-being, greater social contact and independence, and reduced use of community mental health services. Despite good evidence for the effectiveness of the IPS model, it has not been widely implemented in UK mental health services.

2016/17 access to IPS services across England was found to be approximately 10,000 people, which NHS England and NHS Improvement are looking to double to 20,000 by 2020/21.
The NHS *Long Term Plan* commits to further increasing access to IPS, by supporting an additional 35,000 people with severe mental illnesses where this is a personal goal to find and retain employment by 2023/24, a total of 55,000 people per year. This

investment will support people to get back into or gain access to employment. It will improve outcomes and recovery for people, meaning they spend less time in hospital and live healthier, happier lives. By 2028/29, we aim to extend this to 50% of the eligible population to benefit up to 115,000 people.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

E.H.21: IAPT in-treatment pathway waits

DEFINITIONS

Detailed descriptor:

The primary purpose of this indicator is to measure the number of people who have waited more than 90 days between first and second appointments.

There should be no in-treatment pathway waits (where the person has an early appointment but is then put on an 'internal' waiting list before a full course of treatment starts). There should be appropriate measures taken to reduce the numbers of people who have waited over 90 days for a second appointment.

If the proportion of referrals waiting over 90 days is above 10% we would expect this to be addressed quickly with appropriate actions taken.

Lines within indicator (Units)

Numerator: Number of people who waited over 90 days between first and second treatment appointment

Denominator: Number of people who had a second treatment appointment

Data definition

Numerator: Number of people who waited over 90 days between first and second treatment appointment (where the second treatment appointment occurred within the month) in the reporting period. (NHS Digital Column - FirstToSecondTreatmentOver90days)

Denominator: Number of people who had a second treatment appointment in the reporting period. (NHS Digital column - Second Treatment)

Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Treatment session: This is coded as Appointment Type 02 – Treatment, 03 - Assessment and Treatment, and 05 - Review and Treatment in the IAPT data standard.

Attended Session: This is coded as Attended or Did Not Attend Code 05 - Attended on time or, if late, before the relevant professional was ready to see the patient, 06 - Arrived late, after the relevant professional was ready to see the patient but was seen.

MONITORING

Monitoring frequency: Monthly

Monitoring Data Source: IAPT Data Set, NHS Digital.

ACCOUNTABILITY

Timeframe/Baseline: The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available provided as an indicative baseline in the planning template

Rationale
Long waits at any part of the pathway are associated with poorer outcomes and poorer patient experience.

Monitoring the above are important in terms of quality assurance but in particular work on reducing waiting lists has highlighted the high number of patients with excess waits for continuation of treatment following their first treatment appointment. Such long waits are not good practice and are known to impact on recovery rates and patient experience.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2020/21 submitted via SDCS.

E.H.22: Mental Health Services Dataset - Data Quality Maturity Index Score

Detailed Descriptor:

The Data Quality Maturity Index (DQMI) is a monthly publication intended to raise the profile and significance of data quality in the NHS. The DQMI provides data submitters with timely and transparent information about their data quality. This includes an overall percentage score, which summarises the quality of the data that providers have submitted to the Mental Health Services Data Set (MHSDS).

The DQMI is included in:
- the CCG IAF for 2018/19 and NHS Oversight Framework in 2019/20
- the 2019/20 CQUIN scheme on mental health data quality (CCG5: slides 19 and 20)
- the Model Hospital tool.

The first publication focused on the quality of a set of core data items identified by a National Information Board (NIB) working group as being important to commissioners and regulators. Subsequent and future versions of the DQMI have been, and will be, refined based on stakeholder feedback, and further DQMIs will be developed to include additional data items and datasets submitted nationally by providers.

Lines within indicator (Units)

Numerator only: Mental Health Services Dataset DQMI score achieved in the relevant time period

Data definition

The DQMI score is a data quality value index based on the completeness, validity, default values and coverage of core data items within the MHSDS. These include NHS number, date of birth, gender, postcode, speciality and consultant. For a full list, please refer to p.9 of the Data Quality Maturity Index Methodology document, published here.

The MHSDS DQMI score is defined as the mean of all the data item scores (for percentage valid & complete), multiplied by a coverage score for the MHSDS. More detail can be found on p.17 of the Data Quality Maturity Index Methodology document, published here. The score is calculated and published monthly by NHS Digital.

The DQMI score is calculated at provider level.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: DQMI MHSDS monthly Data Quality Reports in combination with MHSDS DQMI score, found here.

ACCOUNTABILITY

What success looks like, Direction, Milestones

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 set out the trajectory shown below for MHSDS DQMI scores at provider level with the expectation that all providers would achieve an MHSDS DQMI score of 95% in 2020/21.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
MHSDS Data Quality Maturity Index Scores	All providers to be achieving Data Quality Maturity Index (DQMI) scores above 90%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%

Timeframe/Baseline

The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date information currently available provided as an indicative baseline in the planning template

Rationale

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 set out the importance of improved data quality, with the MHSDS DQMI being a key measure of progress. Mental health data quality will be improved substantially over the coming years to support improvements in mental health services and monitoring of commitments set out in the NHS Long Term Plan. The coverage, consistency, quality and breadth of data submitted nationally should be on par with physical health to accurately reflect local service activity. This will enable comprehensive analysis and monitoring to support improvements in patient care and choice.

PLANNING REQUIREMENTS
Are plans required and if so, at what frequency?

Yes, provider level plans, monthly for 2020/21 submitted via SDCS.

E.H.23: Availability of IAPT - Long Term Condition pathways

Detailed descriptor

NHS England and NHS Improvement has a commitment to increase access to psychological therapies, with a focus on people living with long-term physical health conditions (e.g. diabetes, chronic obstructive pulmonary disease, cardiovascular disease, cancer). This metric demonstrates that within IAPT services, integrated IAPT-Long Term Condition (LTC) pathways have been commissioned.

For the 2020/21 planning round this metric has been defined simply as reporting whether a Long-Term Condition pathway has been implemented. It will be monitored through the IAPT dataset by a Long-Term Condition indicator that will be introduced in version 2.0 of the IAPT dataset, implemented in April 2020. That indicator will allow IAPT service activity delivered through these pathways to be identified. Reporting of consistent and realistic activity will be used to identify that a Long-Term Condition pathway has been implemented.

While these integrated pathways are a focus of the growth in activity within IAPT services there is not a specific requirement for the levels of activity to be delivered through them. That means CCGs do not need to reach a specific number of appointments in relation to a baseline of activity.

In future years, as implementation of the pathways and V2.0 of the dataset becomes more established, the reporting and planning requirements for these services will be refined to provide further detail. That is likely to include identifying the number of conditions for which IAPT Long Term Condition pathways have been implemented.

Lines within indicator (Units)

Numerator only: Implementation of a Long-Term Condition pathway

Data definition

Implementation

This metric should reflect whether an IAPT-Long Term Condition pathway has been implemented, with 1 showing a pathway has been implemented and 0 showing it hasn't yet been

To meet the requirements of an IAPT-Long Term Condition pathway all the following must apply;

a. integrated into physical health pathways;
b. co-located with physical health colleagues;
c. with treatment delivered by IAPT staff who have attended the IAPT-LTC/MUS top-up training.

Implementation of these pathways will be identified through consistent and realistic submissions of Long-Term Condition pathway activity to the IAPT dataset.

IAPT data definitions - Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

IAPT-LTC indicator- The IAPT Long Term Condition Service Indicator will be added in version 2.0 of the IAPT dataset, which will be implemented in April 2020. See "Further Information" for more on this.

Where activity is delivered through these pathways it can be identified by submitting a value of Y against the new data item. This will represent "Yes - the Improving Access to Psychological Therapies Contact was provided by an Integrated Improving Access to Psychological Therapies Long Term Condition Service".

MONITORING

Monitoring frequency: Quarterly**.**

Monitoring Data Source: IAPT Data Set, NHS Digital.

The relevant reports on IAPT LTC activity will be made available as part of NHS Digital's routine reporting from the IAPT dataset.

ACCOUNTABILITY

Timeframe/Baseline: No baseline is available. The data items required to record IAPT-LTC appointment will be added in version 2.0 of the IAPT dataset, implemented from 1st April 2020.

Rationale

IAPT services have now evolved to deliver greater benefits to people with long-term conditions, providing genuinely integrated care for people at the point of delivery. The requirement that all areas commission an IAPT-LTC service was in place from April 2018.

Delivering activity through these integrated services should be a focus of plans to increase access to IAPT services, with the number of planned appointments reflecting the local population needs for support from the relevant IAPT-LTC pathway. The levels of activity required will vary based on local population health needs and LTC pathways so local systems should use population health data sources and local intelligence and insight to determine suitable trajectories for the levels of activity required.

Alongside the activity submitted for these pathways, implementation will also be monitored through monthly IAPT assurance meetings with regions, which will provide further assurance and opportunities to provide support.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG level plans, quarterly for 2020/21 submitted via SDCS.

FURTHER INFORMATION

Version 2.0 of the IAPT Data Set has received approval from the Data Coordination Board for collection from 1 April 2020.

The ISN and formal standard documentation for IAPT v2.0 is published on the DCB1520 webpage.

Further information on and support for the implementation of version 2.0 of the dataset is available from NHS Digital

E.H.26: Coverage of 24/7 adult and older adult Crisis Resolution and Home Treatment Teams operating in line with best practice

DEFINITIONS

Detailed descriptor:

The Five Year Forward View for Mental Health set an ambition to ensure that by March 2021 all crisis resolution and home treatment teams are operating 24/7 and to high fidelity in line with best practice. This focused on delivering two functions:

   i. urgent and emergency mental health assessment in the community
  ii. intensive home treatment as an alternative to inpatient admission

More recently, a national transformation fund has been allocated to all areas, in which all areas confirmed they will use the national transformation funds, as well as uplifts to CCG baselines, to ensure this ambition is met.

Lines within indicator (Units)

Numerator: Number of key functions provided by the adult and older adult community-based crisis services in the CCG

Data definition

All geographical areas and all adult and older adult population will be expected to meet three key functions by March 2021. All STP transformation fund plans committed to this:

Those three functions are;

1. Services operate 24/7, including the ability to carry out face to face urgent/emergency assessments when required anywhere in the community.

2. Services are open access, meaning that there are no restrictions on who can refer to the service providing urgent and emergency mental health function, including self-referral, families, friends and other professionals such as police, ambulance, NHS111, GPs and other mental health teams.

3. Services providing the urgent and emergency mental health assessment and intensive home treatment functions are staffed to provide high fidelity services. In the recent transformation fund, the guide provided was defined as having 1 WTE qualified professional per 9-12k adult population (dependent upon local mental health need).

Crisis resolution and home treatment services providing all three functions must be available to the CCGs entire adult population to be considered to be operating in line with best practice. If any one of those three functions are not universally available to the CCG population then the requirements for that function are not met.

MONITORING

Monitoring frequency and data source:

- Annually: through national NHSE/I survey of all mental health crisis services
- Quarterly: through quarterly assurance reports to NHSE/I of implementation of crisis care transformation funding

ACCOUNTABILITY

Timeframe/Baseline:
All CCGs must be providing all three functions in the data definition for their entire adult and older population by March 2021.

The starting point for 2020/21 trajectories is the end of year position for 2019/20.

This is not provided in the planning template but as part of transformation funding bids for 2019/20 all STPs provided an up to date position for implementation of the key three functions of these teams across all CCGs. That information, together with the Quarter 1 2019/20 transformation assurance data, provides the most up to date assessment of implementation progress.

The NHS Mental Health Dashboard (formerly the Five Year Forward View Dashboard) also provides information on implementation by CCG and other geographies, from the mid 2018 national survey of crisis teams.

Rationale

There is a continued focus on adult crisis care set out in the NHS Long Term Plan with the NHS Mental Health Implementation Plan setting out the trajectories shown below. These continue the FYFV ambition to achieve in 2020/21 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice, with that maintained up to 2023/24.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
Adult and older adult CRHTTs	[Invest in the expansion of adult CRHTTs to operate in line with best practice and achieve 100% coverage by 2020/21]	100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice [FYFVMH commitment]	[Maintain 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice]	[Maintain 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice]	[Maintain 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice]

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, quarterly by CCG for 2020/21

These should reflect crisis care transformation fund proposals that have already been developed. Implementation will also be monitored separately through quarterly NHSE/I transformation funding assurance processes.

E.H.27: Activity within community mental health services for adults and older adults with severe mental illnesses

DEFINITIONS

Detailed Descriptor

This metric assesses activity within primary and community mental health services that will support adults and older adults with severe mental illnesses.

This supports the NHS Long Term Plan ambition across England from 2021/22 to implement a new community-based offer that includes access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. Implementation of that ambition includes maintaining and developing new services for people who have specific or additional needs and proactive work to address racial disparities. The needs supported include eating disorders, community mental health rehabilitation needs, and complex mental health difficulties associated with a 'personality disorder' diagnosis. In 2020/21, local areas must invest CCG baseline funding to bolster core community mental health teams, and then from 2021/22 use centrally-allocated transformation funding, to redesign and reorganise services to move towards a new place-based, multidisciplinary model across health and social care aligned with Primary Care Networks (PCNs).

Implementation has started in all areas from 2019/20, with significant new NHS Long Term Plan investment in CCG allocations across England, and all STPs expected to bolster their core community offer and begin planning to deliver transformed services for their local populations. Newly transformed services will be delivered at a faster pace in selected 'early implementer' areas from 2019/20 to 2020/21, including piloting the changes to the young adults offer set out in the *Children and Young People Mental Health* section of the [*NHS Mental Health Implementation Plan 2019-20 – 2023/24*](). This piloting phase will include testing four week waiting times for generic adult and older adult community-based mental health care in line with the Clinical Review of Standards, generating learning on how to make joint working with PCNs effective, and how to link core provision with a range of dedicated services, such as EIP and adult community eating disorder services.

From 2021/22 to 2023/24, all STPs/ICS will then receive a fair share of central / transformation funding to achieve the fixed national trajectory for access to the new models of integrated primary and community care for people with SMI. This central / transformation funding will be in addition to the continuous increase in CCGs' baseline funding. This indicator therefore supports tracking of continued expected increases in CCG baseline spend on community mental health services following new NHS Long Term Plan investment of £135m in 2020/21[3], which should translate into increased staffing and activity within these services at a local level.

Lines Within Indicator (Units – e.g. Numerator, Denominator etc.)
Trajectories are required, and monitoring will be carried out for two metrics relevant to these services;

- **Metric line 1:** Number of open referrals to community mental health services for adults and older adults with severe mental illnesses
- **Metric line 2:** Number of attended face-face contacts (including Skype) with community mental health services for adults and older adults with severe mental illnesses.

Data definition

This indicator covers the total number of people (aged 18+) referred to and seen by primary and community mental health services, inclusive of certain dedicated community services - community adult eating disorder services, community mental health rehabilitation services and community 'personality disorder' services. Along with 'core' services, these are the priority service areas for investment and development identified in the *NHS Mental Health Implementation Plan 2019-20 – 2023/24* and in the *NHS Operational Planning and Contracting Guidance 2019/20 Annex B: Guidance for operational and activity plans - assurance statements*.

This indicator therefore covers activity delivered through secondary care community mental health services as traditionally configured as well as the new service models developed using transformation funding, where they exist. It does not include IAPT services, inpatient services for people with SMI or dedicated CYP mental health services treating under-18s.

Services in scope

Relevant community services as per the MHSDS data item "SERVICE OR TEAM TYPE FOR MENTAL HEALTH" are;

- A05 - Primary Care Mental Health Service
- A06 - Community Mental Health Team – Functional
- A08 - Assertive Outreach Team
- A09 - Community Rehabilitation Service
- A12 - Psychotherapy Service
- A13 - Psychological Therapy Service (non IAPT)
- A16 - Personality Disorder Service
- Adult eating disorder services
  - In the baseline period this has been reported through the code: C03 - Eating Disorders/Dietetics Service
  - In April 2020 as part of the implementation of V4.1 of the MHSDS this will be replaced by the code C10 - Community Eating Disorders Service

MONITORING

Monitoring Data Source

Mental Health Services Dataset

Collated data and analyses, including CCG level activity, will be shared via the NHS England and NHS Improvement National Adult Mental Health Programme FutureNHS Collaboration Platform workspace, and the 'Core Community Mental Health and Primary Care' sub-folder.

Monitoring Frequency

Quarterly

ACCOUNTABILITY

What success looks like, Direction, Milestones

From 2019/20, all CCGs are expected to show increasing CCG baseline spend on adult & older adult community mental health, increasing workforce in those services and accordingly delivering increased activity.

All CCGs need to spend new baseline monies on new workforce to stabilise and bolster community mental health services in 2019/20 and 2020/21, to help them in preparing to implement new models from 2021/22 onwards. Transformation funding from 2021/22 will only be made available to those CCGs, STPs and ICSs who can clearly demonstrate the effective and appropriate use of new NHS Long Term Plan CCG baseline funding for adult and older adult community mental health in 2019/20 and 2020/21. Use of baseline spend on community mental health will be tracked through the accompanying finance metrics, and associated workforce growth for community mental health will also be tracked separately.

This indicator will also support CCGs' oversight of mental health providers' submissions of high quality and complete returns to the MHSDS, to ensure that activity in this key NHS Long Term Plan priority area can be accurately and routinely tracked through the national datasets.

Timeframe/Baseline

The starting point for 2020/21 trajectories is the end of year position for 2019/20, with the most up to date data currently available provided as an indicative baseline in the planning template.

Rationale

The NHS Long Term Plan and Mental Health Act Review make clear that community-based care for adults and older adults with severe mental illnesses need to improve. Significant issues around access, quality and joined-up care need to be addressed through updating models of care using major new NHS Long Term Plan investment. Improving primary and community mental health care is therefore the biggest mental

health programme in the NHS Long Term Plan, accounting for almost £1bn cash terms funding per year extra for the NHS by 2023/24. As confirmed in the NHS Mental Health Implementation Plan 2019-20 – 2023/24, the majority of this investment will come via CCG baseline funding uplifts, with all CCGs in England having begun to receive uplifts from 2019/20, the first year of the NHS Long Term Plan. 2020/21 sees the England-wide total uplift rise from £33m to £135m. This indicator therefore supports the effective and appropriate spend of this new NHS Long Term Plan investment to ensure it translates into increased activity for the benefit of patients, which can be routinely tracked through official national datasets.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS.

Note that new models established in 2019/20 and 2020/21 will not cover entire STP footprints and may not cover full CCG footprints as they are based on multiple PCN footprints. This CCG metric will therefore be validated against the activity metric in separate assurance returns provided by community mental health transformation early implementer STP/ICS sites in 2020/21.

E.K.1: Reliance on inpatient care for people with a learning disability and/or autism

DEFINITIONS

Detailed descriptor:
The NHS Long-Term Plan states that, by March 2023/24, inpatient provision will have reduced so that:

- for every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit.
- for every one million children under the age of 18 years, there will be no more than 12 to 15 children with a learning disability and/or autism cared for in an inpatient facility.

The target rates above are based on ONS mid-year population estimates for 2017 rather than the GP registered population[8].

The expectation is that **inappropriate hospitalisation** of people with a learning disability, autism or both will be reduced to meet these targets by March 2024. Nationally, this would equate to a 50% reduction in inpatients from the level in March 2015.

As part of Strategic Planning for the NHS Long Term Plan, CCGs were asked to set annual plans for adult inpatients (both CCG and specialised commissioned) from 2020/21 through to 2023/24. Transforming Care Partnerships (TCPs) were asked to set annual plans for U18 inpatients from 2019/20 through to 2023/24.

CCGs are now required to set separate plans for Q1, Q2 and Q3 of 2020/21 for:

- The number of adults aged 18 and over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is **commissioned by a CCG**.
- The number of adults aged 18 or over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is **commissioned by NHS England**.

CCGs have already set plans for Q4 2020/21 as part of the Strategic Planning and these will stand.

---

[8] Inpatient targets for 2017/18 and 2018/19 were based on the 2015/16 GP registered adult population.

TCPs are now required to set plans for Q1, Q2 and Q3 of 2020/21 for:
- The number of children under 18 from the TCP who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is **commissioned by NHS England**.

TCPs have already set plans for Q4 2020/21 as part of Strategic Planning and these will stand.

The indicator will be monitored using the Assuring Transformation data collection. Inpatient data is based on where patients originally come from, not where their hospital bed is located.

Data should be recorded for each inpatient who meets these requirements:
- an NHS commissioner is responsible for commissioning their care;
- the person has an inpatient bed for mental and/or behavioural healthcare needs and has a learning disability and/or autistic spectrum disorder (including Asperger's syndrome).

Lines within indicator (Units):

E.K.1a: Care commissioned by CCGs: The number of **adults** aged 18 or over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by a CCG. This will include all adults in inpatient wards that are not classified as low-, medium- or high-secure.

E.K.1b: Care commissioned by NHS England: The number of **adults** aged 18 or over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by NHS England. This will include all adults in inpatient wards that are classified as low- medium- or high-secure.

The population denominator will be provided.

E.K.1c: Care for children
The number of **children** aged under 18 years from the TCP who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs.

The population denominator will be provided.

Data Definition: The in-scope definition includes all adults and children who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs. The definitions of learning disability and autism are those given in the published national service model and supplementary notes.

Inpatient setting: This refers to the service/setting within which the patient is receiving care (high secure beds, medium secure beds, low secure beds, acute admission beds within learning disability units, acute admission beds within generic mental health settings, forensic rehabilitation beds, complex continuing care and rehabilitation beds, psychiatric intensive care beds, or other beds including those for specialist neuropsychiatric conditions).

MONITORING

Monitoring frequency: Quarterly.

Monitoring Data Source: Assuring Transformation.

ACCOUNTABILITY

What success looks like, direction, milestones

An overall reduction in the number of inpatients who have a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) throughout 2020/21.

Where CCGs/TCPs are **already on** the Q4 2020/21 plan, they are expected to continue to reduce the number of inpatients who have a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) and, as a minimum, remain on plan. Where CCGs/TCPs are **already below** the Q4 2020/21 plan, they are expected to continue to reduce the number of inpatients who have a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) and, as a minimum, remain at their current level.

Timeframe/Baseline: Assuring Transformation 2019/20 data.

Rationale

Areas should be continuing to reduce reliance on inpatient care and be building up community capacity. There is a critical need to adopt a full-system approach in conjunction with all commissioners of care, to reduce the numbers of patients being admitted to, and detained in, hospital settings.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 submitted via SDCS for E.K.1a and E.K.1b.

Yes, TCP plans, quarterly for 2020/21 submitted via SDCS for E.K.1c.

E.K.3: Learning Disability Registers and Annual Health Checks delivered by GPs

DEFINITIONS

Detailed descriptor:
NHS England, the Association for the Directors of Adult Social Services (ADASS) and the Local Government Association's (LGA) published a service model on 30 October 2015. This states that one of the key actions to ensure people with a learning disability get good care and support from mainstream health services is for health commissioners to ensure people with a learning disability over the age of 14 are offered Annual Health Checks. The Annual Health Check scheme has been running since 2009.

In order to be eligible for a Learning Disability Annual Health Check, patients need to be on the GP Learning Disability Register. Progress in ensuring patients are offered an Annual Health Check is therefore dependent on them being identified and placed on the GP Learning Disability Register.

This indicator aims to monitor progress and will show which CCGs are not delivering learning disability services in line with this model.

The National target is by the end of 2023/24, 75% of people on the Learning Disability Register will have had an Annual Health Check. There is also a national ambition for the Learning Disability Register to have year-on-year growth. As part of Strategic Planning for the NHS Long Term Plan, CCGs were asked to set annual plans for Annual Health Checks from 2020/21 through to 2023/24. CCGs are now required to set separate plans for Q1, Q2 and Q3 of 2020/21 for:

- The number of people on GP Learning Disability Registers who receive an Annual Health Check during the quarter.

The 2020/21 year end plan as submitted through the NHS Long Term Plan Strategic Planning process will stand.

Lines within indicator (Units):
Number of Annual Health Checks carried out for persons aged 14+ on GP Learning Disability Register in the period.

Data definition: The in-scope definition includes all registered patients aged 14 years or over, on GP practice Learning Disability Registers who have received an Annual Health Check.

MONITORING

Monitoring frequency: Quarterly.

Numerator: https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme LDHC001 (checks).

Denominator: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data

ACCOUNTABILITY

What success looks like, direction, milestones:

An increase in the number of people on the GP Learning Disability Register **and** an increase in the number of people on the Register who have had an Annual Health Checks in the last 12 months.

In order to deliver their plans, CCGs are expected to do two things:

- Ensure people already on GP Learning Disability Registers are offered an AHC.
- Increase the numbers of people on their GP Learning Disability Registers and ensure these additional patients are offered an AHC.

Target Calculations

CCGs were given individual targets for Annual Health Checks to be achieved by 2023/24.

CCGs set annual plans for the number of AHCs to be completed each year from 2020/21 through to 2023/24. The targets for 2020/21 are therefore the CCG plans submitted for 2020/21.

Rationale

To encourage CCGs to ensure people with a learning disability are on GP Learning Disability Registers, and those over the age of 14, are offered an Annual Health Check.

One of the key actions required to ensure people with a learning disability get good care and support from mainstream health services is for health commissioners to ensure people with a learning disability, over the age of 14, are offered an Annual Health Check. The Confidential Inquiry into premature deaths of people with learning disabilities highlighted the importance of Annual Health Checks.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21 via SDCS.

- Count of people on GP Learning Disability Registers with an Annual Health Check in the quarter and who have not received a health check in a previous quarter in the 2020/21 financial year.

E.M.7: Referrals made for a First Outpatient Appointment (General & Acute)

DEFINITIONS

Detailed descriptor: The sum of the total number of written referrals from General Practitioners and "other" referrals, for first consultant outpatient appointment, in general and acute specialties.

Lines Within Indicator (Units)
E.M.7a GP: The total number of written referrals made from GPs, for first consultant outpatient appointment, in general and acute specialties.

E.M.7b Other: The total number of other (non-GP) referrals requests made for first consultant outpatient appointment in general and acute specialties. See below for exclusions.

Total: The total number of GPs and other (non-GP) referrals requests made for first consultant outpatient appointment in general and acute specialties (GP + Other).

Data definition: The sum of the total number of written referrals made from GPs and the total number of other (non-GP) referrals made, for first consultant outpatient appointment, in general and acute specialties.

For GP referrals:
It is the total number of general and acute GP written referrals where:

- Referral Request Type = National Code 01 'GP referral request'.
- Written Referral Request Indicator = classification 'Yes'.

All written GP referral requests to a Consultant whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

An electronic message should be counted as written, as should a verbal request which is subsequently confirmed by a written request.

The referral request received date of the GP referral request should be used to identify referrals to be included in the return.

For other referrals:
It is the total number of general and acute other referrals requests excluding:

a. GP written referrals; these are where the REFERRAL REQUEST TYPE of the REFERRAL REQUEST is National Code 01 'GP referral request' and the WRITTEN REFERRAL REQUEST INDICATOR of the REFERRAL REQUEST is classification 'Yes'

b. Self-referrals; these are where the REFERRAL REQUEST TYPE of the REFERRAL REQUEST is National Code 04 'Patient self-referral request'

c. Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode referrals; these are where the SOURCE OF REFERRAL FOR OUT-PATIENTS of the REFERRAL REQUEST is National Code 01 'following an emergency admission' or 02 'following a domiciliary visit' or 10 'following an Accident and Emergency Attendance' or 11 'other'

d. Referrals initiated by attendance at drop-in clinic without prior appointment; these are where the OUT-PATIENT CLINIC REFERRING INDICATOR of the REFERRAL REQUEST is classification 'Attended referring Out-Patient Clinic without prior appointment'

For general and acute main specialties:

- **include: 100-192, 300-460, 502, 504, 800-834, 900 and 901**
- **exclude: 501, 700-715**

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Monthly Activity Return (MAR) - Both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on SDCS each month.

ACCOUNTABILITY

Timeframe/Baseline: 2019/20 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

E.M.8-9 (inc E.M.8a and 9a): Consultant Led Outpatient Attendances (Specific Acute)

DEFINITIONS

Detailed descriptor: All Specific Acute consultant-led outpatient attendances.

Lines within indicator (Units)
E.M.8 Consultant-led first outpatient attendances
Of which E.M.8a Consultant-led first outpatient attendances excluding diagnostic imaging

E.M.9 Consultant-led follow-up outpatient attendances
Of which E.M.9a Consultant-led follow-up outpatient attendances excluding diagnostic imaging

Data definition: A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for examination or treatment.

Specifically, the number of consultant outpatient attendances for which:

Der_Attendance_Type = 'Attend'
StaffType = 'Cons' i.e. main speciality is not '560', '950' or '960'
Treatment function maps to Specific Acute (for E.M.8 and E.M.9)
Treatment function maps to Specific Acute excluding TFC 812 (for E.M.8a and E.M.9a)

For first outpatient attendances:
Der_Appointment_Type = 'New'

For follow up outpatient attendances:
Der_Appointment_Type = 'FUp'

This includes outpatient attendance for all consultant outpatient episodes for all sources of referral.

Activity delivered in a primary care setting should also be included.

MONITORING

Monitoring frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2019/20 annual forecast outturn.

PLANNING REQUIREMENTS
Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2020-21

E.M.8b and E.M.9b: Consultant Led Outpatient Attendances with Procedures

DEFINITIONS

Detailed descriptor: All specific acute consultant-led outpatient attendances where a chargeable procedure has been undertaken.

Lines within indicator (Units)
E.M.8b Consultant-led first outpatient attendances with procedures
E.M.9b Consultant-led follow-up outpatient attendances with procedures

Data definition: A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for examination or treatment.

Specifically, consultant outpatient attendances should be included in this measure where:

Der_Attendance_Type = 'Attend'
StaffType = 'Cons' i.e. main speciality is not '560', '950' or '960'
Treatment function maps to Specific Acute
A valid chargeable HRG4+ code is assigned based on the NAC_HRG output from the HRG4+ grouper (HRG_Code_OPP field in the NCDR) and excluding Non-admitted Consultations (WF) and Undefined Groups (UZ) HRG4+ subchapters.
Outpatient attendances with HRG4+ codes assigned £0 national tariffs (e.g. RD97Z, RN97Z, SB97Z and SC97Z).

For first outpatient attendances:
Der_Appointment_Type = 'New'

For follow up outpatient attendances:
Der_Appointment_Type = 'FUp'

This includes outpatient attendances for all consultant outpatient episodes for all sources of referral.

Activity delivered in a primary care setting should also be included.

For further information regarding HRG groupers please contact NHS Digital.

Please note: outpatient attendances with procedures should not be excluded from the existing first and follow-up outpatient lines – for example a follow-up outpatient attendance which includes a procedure would be counted in both the follow-up outpatient line and the follow-up outpatient with procedures line.

MONITORING

Monitoring frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2019/20 annual forecast outturn.

PLANNING REQUIREMENTS
Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2020-21

E.M.10: Total Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor: Number of Specific Acute elective spells.

Lines within indicator (Units)
E.M.10: Total number of Specific Acute elective spells in the period.

E.M.10a: Total number of Specific Acute elective day case spells in the period.

E.M.10b: Total number of Specific Acute elective ordinary spells in the period.

Data definition: An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a hospital bed in another health care provider. The period the patient has to wait for admission depends on the demand on hospital resources and the facilities available to meet this demand.

E.M.10a: A day case admission must be an elective admission, for which a 'Decision To Admit' has been made by someone with the 'Right Of Admission'. Any patient admitted electively during the course of a day with the intention of receiving care, who does not require the use of a hospital bed overnight and who returns home as scheduled, should be counted as a day case. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission. Where clinical care is provided as a series of day case activities (for example chemotherapy or radiotherapy) this should be recorded as regular day / night activity (and therefore not be included in the day case count).

E.M.10b: Any patient admitted electively with the expectation that they will remain in hospital for at least one night, including a patient admitted with this intention who leaves hospital for any reason without staying overnight, should be counted as an ordinary admission. A patient admitted electively with the intent of not staying overnight, but who does not return home as scheduled, should also be counted as an ordinary admission.

It is the number of day case and ordinary (as defined above) elective spells relating to hospital provider spells for which:

Der_Management_Type is either 'DC' or 'EL'
Treatment function on the date of discharge maps to Specific Acute

Where 'DC' = Day Case and 'EL' = Ordinary Elective

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2019/20 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2019/20 via SDCS.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2020-21

E.M.11: Total Non-Elective Spells (Specific Acute)

DEFINITIONS

Detailed descriptor: Total number of Specific Acute non-elective spells.

Lines within indicator (Units)
E.M.11: Number of Specific Acute non-elective spells in the period.
E.M.11a: Number of Specific Acute non-elective spells in the period with a length of stay of zero.
E.M.11b: Number of Specific Acute non-elective spells in the period with a length of stay of 1 or more.

Data definition: A Non-Elective Admission is one that has not been arranged in advance. Specific Acute Non-Elective Admissions may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider other than in an emergency.

It is the number of hospital provider spells for which:

- Der_Management_Type is 'EM' or 'NE'
- Treatment function maps to Specific Acute

Where 'EM' = Emergency and 'NE' = Non-Elective

E.M.11a: spells where the date of admission is the same as the discharge date (i.e. the episode does not span midnight).

E.M.11b: spells where the date of admission is **not** the same as the discharge date.

MONITORING

Monitoring frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2019/20 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG & Provider plans, monthly for 2019/20 via SDCS.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2020-21

Are plans required and if so, at what frequency?

E.M.12: Type 1-4 A&E Attendances

DEFINITIONS

Detailed descriptor: Number of attendances at A&E departments, excluding planned follow-up attendances.

Lines within indicator (Units)
E.M.12a A&E Attendances – Type 1 & 2 attendances: Total number of attendances at all Type 1 and Type 2 A&E departments, excluding planned follow-up attendances.
E.M.12b A&E Attendances – Type 3 & 4 attendances: Total number of attendances at all Type 3 and Type 4 A&E departments, excluding planned follow-up attendances.
E.M.12 Type 1, 2, 3 & 4 attendances: Total number of attendances at all A&E departments, excluding planned follow-up attendances (Types 1&2 + Types 3&4).

Data Definition:
Total A&E attendances are taken directly from SUS with the additional restriction of:

CDS 010
AEA_Attendance_Category <> 2
(Exclude planned follow up attendances)

For type 1 and type 2:
AEA_Department_Type in ('01', '02')

For type 3 and type 4:
AEA_Department_Type in ('03', '04')

CDS 011
EC_AttendanceCategory <> 4 (Exclude planned follow up attendances)

For type 1 and type 2:
EC_Department_Type in ('01', '02')

For type 3 and type 4:
EC_Department_Type in ('03', '04')

Total A&E attendances are taken directly from SUS, with no further restrictions other than the above.

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2019/20 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG & Provider plans, monthly for 2019/20 via SDCS

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2020-21

E.M.18: Number of completed admitted RTT pathways

DEFINITIONS

Detailed descriptor: The number of completed admitted Referral to Treatment (RTT) pathways. Admitted pathways are RTT pathways that end in a clock stop for admission (day case or inpatient). The volume of completed admitted pathways is often referred to as RTT admitted activity.

Lines within indicator (Units)
The number of completed admitted RTT pathways in the reporting period.

Data definition: The number of completed admitted RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.M.19: Number of completed non-admitted RTT pathways

DEFINITIONS

Detailed descriptor: The number of completed non-admitted Referral to Treatment (RTT) pathways. Non-admitted pathways are RTT pathways that end in a clock stop for reasons other than an inpatient or day case admission for treatment, for example, treatment as an outpatient, or other reasons, such as a patient declining treatment. The volume of completed non-admitted pathways is often referred to as RTT non-admitted activity.

Lines within indicator (Units)
The number of completed non-admitted RTT pathways in the reporting period.

Data definition: The number of completed non-admitted RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and Provider plans, monthly for 2020/21 via SDCS.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.M.20: Number of new RTT pathways (clock starts)

DEFINITIONS

Detailed descriptor: The number of new RTT periods, in other words, RTT pathways where the clock start date is within the reporting period. This will include those periods where the clock also stopped within the reporting period.

Lines within indicator (Units)
The number of new RTT pathways in the reporting period.

Data definition: The number of new RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SCDS. This data item has been submitted as part of the aggregate RTT monthly data collection since October 2015.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG and provider plans, monthly for 2020/21 via SDCS.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.M.22: Average number of G&A beds open per day (specific acute)

DEFINITIONS

Detailed descriptor: Average number of G&A beds open per day (quarterly).

Lines within indicator (Units):
Average number of general and acute beds open per day during the quarter

Data definition: This plan is required to be submitted in line with the quarterly NHS England and NHS Improvement KH03 publication on available beds.

This data line identifies the average number of bed days for each NHS healthcare provider which are available for patients to have treatment or care. It must only include beds in units managed by the provider, not beds commissioned from other providers. Exclude from the bed days available totals any beds designated solely for the use of well babies. Exclude from the bed days occupied totals any bed days of occupation by well babies.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: KH03 Quarterly Bed Availability and Occupancy.

ACCOUNTABILITY

What success looks like, direction, milestones
That capacity will reflect future demand for inpatient activity.

Timeframe/Baseline: Ongoing.

Rationale
Providers must demonstrate that they have capacity available to accommodate the planned demand for inpatients.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, quarterly 2020/21 via SDCS.

FURTHER INFORMATION

Further information on data available to support this metric can be found on the beds availability and occupancy landing page.

E.M.25: Reducing length of stay for patients in hospital for 21 days and over

DEFINITIONS

Detailed descriptor: Number of adult patients currently in a bed with a length of stay (LoS) of 21 days and over. To understand the impact of poor flow through the urgent and emergency care system, this metric looks at the proportion of beds occupied by 'long-stay patients'.

A long-stay patient is defined as one who meets the criteria below and is in a hospital bed for 21 days and over.

The in-scope definition is as follows:

- Acute activity only (does not include patients in community beds [unless these are acute-coded patients in community beds which are being used as overflow capacity] or beds at home managed by hospital trusts)
- Patients aged 18+ only
- Does not include regular day and night attenders, day cases and zero LoS admissions
- Acute trusts only

Lines within indicator (Units)

Numerator: Number of adult patients in an acute hospital bed for 21 days and over.

Denominator: N/A

Data definition
Numerator: Number of adult patients in an acute hospital bed for 21 days and over.

Denominator: N/A

MONITORING

Monitoring frequency: Weekly and monthly average of daily-reported data

Monitoring data source: Daily SitRep

ACCOUNTABILITY

Timeframe/Baseline: To reduce bed occupancy by long stay patients (21 days and over) so that each month in 20/21 is an improvement on the corresponding month in 19/20. Every acute trust should state the agreed reduction in long stay patients, which will contribute towards the bed occupancy plan for E.M. 26 (see page 110).

Rationale

Reduction in the number of patients in a hospital bed for 21 days and over

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider plans, monthly 2020/21 via SDCS.

Plans should show the agreed reduction in long stay patients, by month, with each month in 20/21 being an improvement on the corresponding month in 19/20. Monthly trajectories should state the average daily number of long-stay patients throughout the month, triangulated with the bed occupancy plan for E.M.26 (see page 110).

FURTHER INFORMATION

Further resources to support providers in constructing these plans will be made available on the planning FutureNHS page.

E.M.26: General and Acute bed occupancy

DEFINITIONS

Detailed descriptor:

The percentage of General and Acute (G&A) beds that are occupied, as an average over a monthly period. This uses the daily sitrep definition of beds available or occupied as at 8am each day

Lines within indicator (Units)

Numerator: Average number of occupied G&A beds

Denominator: Average number of available G&A beds

Data definition

Numerator:

The average number of occupied G&A beds across the month using the daily sitrep definition as at 8am each day.

Denominator:

The average number of available G&A beds across the month using the daily sitrep definition as at 8am each day.
This will be the total G&A bed stock from the daily return, so should include any escalation beds

MONITORING

Monitoring frequency:

Monthly

Monitoring data source:

Daily UEC sitrep, aggregated over a month

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

Rationale

Reducing bed occupancy is a key element of improving hospital flow and enabling patients to be admitted from A&E in a more timely manner

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly 2020/21 via SDCS, from trusts with major (type 1) A&E departments only.

E.O.1: Percentage of children waiting less than 18 weeks for a wheelchair

DEFINITIONS

Detailed descriptor: Percentage of children that received equipment or where a modification was made (and therefore episode of care closed) less than 18 weeks of opening a new episode of care at the wheelchair service within the reporting period (quarter).

Lines within indicator (Units):
Numerator: The number of children whose open episode of care (both referrals and re-referrals) was closed within the reporting period where equipment was delivered, or a modification made in 18 weeks or less.

Denominator: The total number of children whose open episode of care (both referrals and re-referrals) was closed within the reporting period (quarter) where equipment was delivered, or a modification was made.

Data definition: All data collected for this indicator relates to episodes of care which have been closed (equipment handed over to patient or modification made) within the reporting period, the care pathway may have been initiated before the reporting period. i.e. the referral/re-referral may have been made in a previous quarter, but the episode of care will still be counted as part of this question if the equipment was handed over or modification made during the reporting period.

The clock starts with the date the patients' new episode of care was initiated (e.g. the date the patient was referred in to the service or the date of a re-referral back in to the service), NOT the date the prescription decision was made. The clock stops where the patient pathway is complete, i.e. equipment, accessories or modification received by patient.

The reporting period consists of the three months that make up the year quarter.

This indicator specifically focuses on children; a patient is considered to be a child up to their 18th Birthday.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: National Wheelchair Data Collection, via SDCS.

ACCOUNTABILITY

What success looks like, direction, milestones:

Whilst this performance indictor is for children, during 20/21 CCGs should set out improvement plans to reduce the number of adults waiting 18 weeks or more, in readiness for the expansion of this performance indicator to include adults in 21/22.

All children requiring a wheelchair, or a modification will receive one within 18 weeks from referral (or re-referral in to the service) in 92% of cases by Q4 2020/21.

Timeframe/Baseline: Ongoing.

Rationale

The aim to improve wheelchair services was outlined as part of 'Business area 20: Wider Primary Care Provided at scale' within the "NHS England business plan for 2014/15 – 2016/17: Putting Patients First". NHS England and NHS Improvement is committed to continuing with this ambition. The aim of the objectives is to improve the experience and outcomes for wheelchair users by supporting commissioners to improve the services they commission through provision of a model service specification and delivering personal wheelchair budgets for wheelchair users.

This indicator places an emphasis on timely delivery of equipment and provision of service to children and young adults below the age of 18 years old. Not receiving equipment in a timely manner severely limits independence, mobility and quality of life of affected individuals.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2020/21via SDCS.

FURTHER INFORMATION

Improving Wheelchair Services Programme website.

Appendix A: SUS Methodology

APC and OP activity is restricted to specific acute.
Specific acute replaces what was previously known as general and acute (G&A). The spell treatment function code (TFC) and main specialty (MS) are as at discharge.
Firstly, APC and OP activity is grouped by TFC into the categories:

- TFC Specific Acute (previously G&A)
- TFC Maternity – TFC 501 + 560
- TFC Mental Health & Learning Disabilities – TFC 700 to 727
- TFC Well Babies – TFC 424 only
- TFC Other – largely therapies
- TFC Unknown – data quality inadequate to categorise

The full breakdown of TFCs into the categories is given in the table below.
Additionally, a subset of TFCs classified as other have been excluded for the following reasons:

- They tend to be therapies undertaken in a hospital setting
- A large proportion of the activity is considered to be non-consultant
- They represent a small proportion of the overall total

It was also agreed that outpatient activity should be further restricted to consultant led by applying a filter based on main specialty:

- Non-consultant – MS 560 Midwife episode
- Non-consultant – MS 950 Nursing episode
- Non-consultant – MS 960 Allied Health Professional episode
    Consultant – All other MS including not known

A number of additional derivations applied to SUS data are used throughout this annex. For the following derivations, information can be found on the corresponding links.

Der_Attendance_Type:
https://data.england.nhs.uk/ncdr/database/NHSE_SUSPlus_Reporting/column/96193/
StaffType
https://data.england.nhs.uk/ncdr/database/NHSE_SUSPlus_Reporting/column/111416/
Der_Appointment_Type
https://data.england.nhs.uk/ncdr/database/NHSE_SUSPlus_Reporting/column/96072/

For the Der_Management_Type derived field, the following logic is used to identify the appropriate activity type based on the Admission Method, Patient Classification; Intended Management and Length of Stay (i.e. difference between Admission Date and Discharge Date) fields:
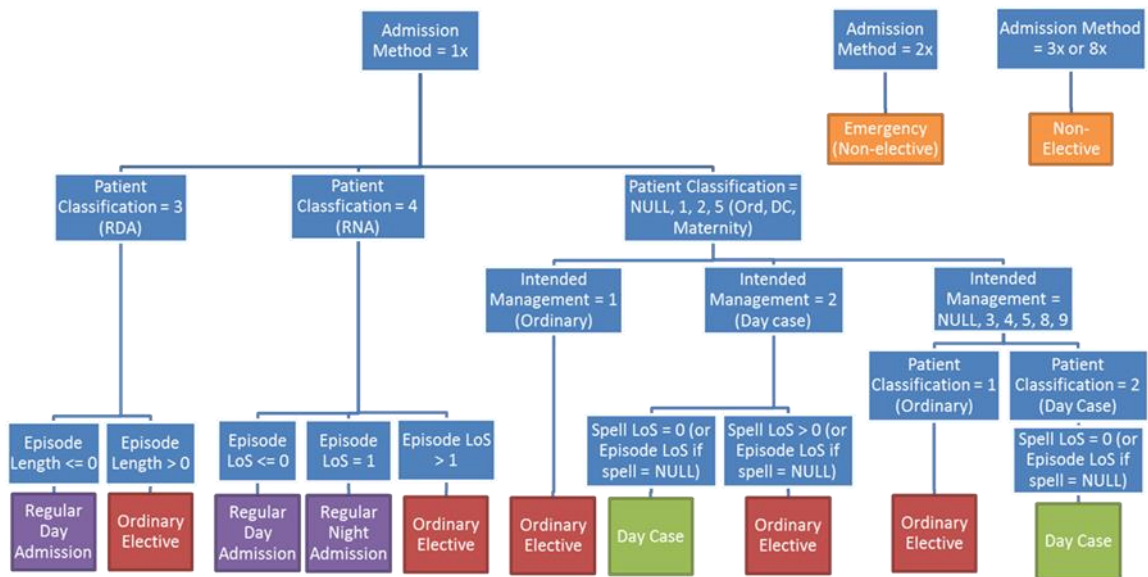
Code	Description	Grouping
100	General Surgery	Acute
101	Urology	Acute
102	Transplantation Surgery	Acute
103	Breast Surgery	Acute
104	Colorectal Surgery	Acute
105	Hepatobiliary & Pancreatic Surgery	Acute
106	Upper Gastrointestinal Surgery	Acute
107	Vascular Surgery	Acute
108	Spinal Surgery Service	Acute
110	Trauma & Orthopaedics	Acute
120	ENT	Acute
130	Ophthalmology	Acute
140	Oral Surgery	Acute
141	Restorative Dentistry	Acute
142	Paediatric Dentistry	Acute
143	Orthodontics	Acute
144	Maxillo-Facial Surgery	Acute
150	Neurosurgery	Acute
160	Plastic Surgery	Acute
161	Burns Care	Acute
170	Cardiothoracic Surgery	Acute
171	Paediatric Surgery	Acute
172	Cardiac Surgery	Acute
173	Thoracic Surgery	Acute
174	Cardiothoracic Transplantation	Acute
180	Accident & Emergency	Acute
190	Anaesthetics	Acute
191	Pain Management	Acute
192	Critical Care Medicine	Acute
199	Non-UK provider; Treatment Function not known, treatment mainly surgical	Other
211	Paediatric Urology	Acute
212	Paediatric Transplantation Surgery	Acute
213	Paediatric Gastrointestinal Surgery	Acute
214	Paediatric Trauma and Orthopaedics	Acute
215	Paediatric Ear Nose and Throat	Acute
216	Paediatric Ophthalmology	Acute
217	Paediatric Maxillo-Facial Surgery	Acute
218	Paediatric Neurosurgery	Acute
219	Paediatric Plastic Surgery	Acute
220	Paediatric Burns Care	Acute
221	Paediatric Cardiac Surgery	Acute
222	Paediatric Thoracic Surgery	Acute
223	Paediatric Epilepsy	Other
241	Paediatric Pain Management	Acute
242	Paediatric Intensive Care	Acute
251	Paediatric Gastroenterology	Acute

252	Paediatric Endocrinology	Acute
253	Paediatric Clinical Haematology	Acute
254	Paediatric Audiological Medicine	Acute
255	Paediatric Clinical Immunology and Allergy	Acute
256	Paediatric Infectious Diseases	Acute
257	Paediatric Dermatology	Acute
258	Paediatric Respiratory Medicine	Acute
259	Paediatric Nephrology	Acute
260	Paediatric Medical Oncology	Acute
261	Paediatric Metabolic Disease	Acute
262	Paediatric Rheumatology	Acute
263	Paediatric Diabetic Medicine	Acute
264	Paediatric Cystic Fibrosis	Acute
280	Paediatric Interventional Radiology	Acute
290	Community Paediatrics	Other
291	Paediatric Neuro-Disability	Other
300	General Medicine	Acute
301	Gastroenterology	Acute
302	Endocrinology	Acute
303	Clinical Haematology	Acute
304	Clinical Physiology	Acute
305	Clinical Pharmacology	Acute
306	Hepatology	Acute
307	Diabetic Medicine	Acute
308	Blood and Marrow Transplantation	Acute
309	Haemophilia	Acute
310	Audiological Medicine	Acute
311	Clinical Genetics	Acute
313	Clinical Immunology and Allergy	Acute
314	Rehabilitation	Acute
315	Palliative Medicine	Acute
316	Clinical Immunology	Acute
317	Allergy	Acute
318	Intermediate Care	Acute
319	Respite Care	Acute
320	Cardiology	Acute
321	Paediatric Cardiology	Acute
322	Clinical Microbiology	Acute
323	Spinal Injuries	Acute
324	Anticoagulant Service	Acute
325	Sport and Exercise Medicine	Acute
327	Cardiac Rehabilitation	Acute
328	Stroke Medicine	Acute
329	Transient Ischaemic Attack	Acute
330	Dermatology	Acute
331	Congenital Heart Disease Service	Other
340	Thoracic Medicine	Acute
341	Respiratory Physiology	Acute

342	Programmed Pulmonary Rehabilitation	Acute
343	Adult Cystic Fibrosis	Acute
344	Complex Specialised Rehabilitation Service	Other
345	Specialist Rehabilitation Service	Other
346	Local Specialist Rehabilitation Service	Other
350	Infectious Diseases	Acute
352	Tropical Medicine	Acute
360	Genitourinary Medicine	Other
361	Nephrology	Acute
370	Medical Oncology	Acute
371	Nuclear Medicine	Acute
400	Neurology	Acute
401	Clinical Neurophysiology	Acute
410	Rheumatology	Acute
420	Paediatrics	Acute
421	Paediatric Neurology	Acute
422	Neonatology	Acute
424	Well Babies	Well Babies
430	Geriatric Medicine	Acute
450	Dental Medicine Specialties	Acute
460	Medical Ophthalmology	Acute
499	Non-UK provider; Treatment Function not known, treatment mainly medical	Other
501	Obstetrics	Maternity
502	Gynaecology	Acute
503	Gynaecological Oncology	Acute
560	Midwife Episode	Maternity
650	Physiotherapy	Other
651	Occupational Therapy	Other
652	Speech and Language Therapy	Other
653	Podiatry	Other
654	Dietetics	Other
655	Orthoptics	Other
656	Clinical Psychology	Other
657	Prosthetics	Other
658	Orthotics	Other
659	Drama Therapy	Other
660	Art Therapy	Other
661	Music Therapy	Other
662	Optometry	Other
663	Podiatric Surgery	Acute
700	Learning Disability	MH and LD
710	Adult Mental Illness	MH and LD
711	Child and Adolescent Psychiatry	MH and LD
712	Forensic Psychiatry	MH and LD
713	Psychotherapy	MH and LD
715	Old Age Psychiatry	MH and LD
720	Eating Disorders	MH and LD

721	Addiction Services	MH and LD
722	Liaison Psychiatry	MH and LD
723	Psychiatric Intensive Care	MH and LD
724	Perinatal Psychiatry	MH and LD
725	Mental Health Recovery and Rehabilitation Service	MH and LD
726	Mental Health Dual Diagnosis Service	MH and LD
727	Dementia Assessment Service	MH and LD
800	Clinical Oncology (Previously Radiotherapy)	Acute
811	Interventional Radiology	Acute
812	Diagnostic Imaging	Acute
822	Chemical Pathology	Acute
834	Medical Virology	Acute
840	Audiology	Other
920	Diabetic Education Service	Other