

Mental Health Services Data Set v4.0 Change Specification

Published XX August 2018



Information and technology
for better health and care

Copyright ©2018 Health and Social Care Information Centre

The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.

Document filename:	MHSDS_v4.0_Change_Specification.pdf		
Project / Programme	Data Standards and New Data Collections	Project	Mental Health Services Data Set
Document Reference			
Sponsor		Status	Draft
Developer	Becky Lee	Version	0.1
Author	Becky Lee	Version issue date	26/04/2018

This information standard (DCB0011) has been approved for publication by NHS England under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Coordination Board (DCB).

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Data Set Specification
- Implementation Guidance.

An Information Standards Notice (DCB0011 Amd 30/2018) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.



This information is licensed under the Open Government Licence v3.0. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or write to the Information Policy Team, The National Archives, Kew, Richmond, Surrey, TW9 4DU.

Glossary of Terms

A full Glossary of Terms for the MHSDS Information Standard can be found within the MHSDS Requirements Specification.

Document management

Revision History

Version	Date	Summary of Changes
0.1	26/04/2018	1 st Draft for Public Consultation

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Aaron Leathley	Business and Operational Delivery Management Officer	26/04/2018	0.1
Nick Bridges	Senior Assurance Advisor		
Gerry Firkins	Principle Assurance Advisor		
Aileen Foster	Communications Officer		

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Kate Croft		Information analysis Lead Manager		
Nicholas Richman		Senior Business and Operational Delivery Manager		

Document Control:

The controlled copy of this document is maintained in the NHS Digital corporate network. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Contents

1. Overview	5
1.1. Summary	5
1.2. Supporting products	8
1.3. Related standards	9
2. Change specification	10
2.1. Reason for release	10
2.2. Justification for changes	10
2.3. Change specification	13
2.4. Change control	22

DRAFT

1. Overview

1.1. Summary

Standard	
Standard Number	DCB0011
Standard Title	Mental Health Services Data Set
Description	<p>The MHSDS is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health services located in England, or located outside England but treating patients commissioned by an English CCG or NHS England specialised commissioner. As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets extracted or derived from local information systems.</p> <p><u>In Scope</u></p> <p>All activity relating to people who receive specialist secondary mental health care services and have, or are thought to have, a mental illness; or who receive specialist secondary learning disabilities or autism spectrum disorder services and have, or are thought to have, a learning disability or autism spectrum disorder is within scope of the MHSDS.</p> <p>The scope of the data set requires record level data submission from services as follows.</p> <p>For each person attending a service located in England:</p> <ul style="list-style-type: none"> • if the person is wholly funded by the NHS – data submission for that person is mandatory; • if the person is partially funded by the NHS – data submission for that person is mandatory; • if the person is wholly funded by any means that is not NHS – data submission is optional. <p>For each person attending a service located outside England, but commissioned by an English CCG or NHS England specialised commissioner:</p> <ul style="list-style-type: none"> • data submission is optional. <p>It may be that the person has:</p> <ul style="list-style-type: none"> • A mental illness • A learning disability • An autism spectrum disorder • Any combination of mental health, learning disability or autism spectrum disorder needs. <p>Children and adolescents (including those with a learning disability and/or autism spectrum disorder) under the age of 18 should also be included where they are in receipt of care from a specialist secondary mental health, learning disabilities or autism spectrum disorder service or an early intervention service. Children and young people in receipt of psychological therapies covered under the CYP (Children and Young</p>

	<p>People's) IAPT (Improving Access to Psychological Therapies) programme are included within the scope of this standard.</p> <p>The standard will be used across a range of service types, which are likely to include:</p> <ul style="list-style-type: none"> • Acute services • Long-term conditions services • Hospitals for mental health/learning disabilities • Rehabilitation services • Care homes with nursing • Care homes without nursing • Community services offering secondary care to children. <p><u>Out of Scope</u></p> <p>The following areas are currently out of scope and should not be included within MHSDS:</p> <ul style="list-style-type: none"> • Any patient receiving treatment through a specialist mental health, learning disabilities or autism spectrum disorder care provider but is not thought to have a mental illness, learning disability or autism spectrum disorder e.g. <ul style="list-style-type: none"> ○ Smoking cessation services ○ Addictions and substance misuse services ○ Some alternative therapy services ○ Some counselling services. • Mental health, learning disabilities, and autism spectrum disorder services provided only at a primary care level (such as within general practices or adult IAPT).
Applies to	<p><u>Patients</u></p> <p>Any patients (adult, adolescent or child) who receive specialist secondary mental health care services and have, or are thought to have a mental illness, or who receive specialist secondary learning disabilities or autism spectrum disorder services and are thought to have a learning disability or autism spectrum disorder.</p> <p>Where a service is wholly or partially made up of NHS funded patients, data submission is mandatory. Where the service is wholly made up of non-NHS patients data set submission is optional.</p> <p><u>Carers or Family Members</u></p> <p>Any individual receiving family and carer interventions that relate to someone to whom they are a carer or family member and who is a patient.</p> <p><u>Organisation and Service Types</u></p> <p>The standard will be used across the range of service providers and organisations that provide specialist secondary mental health and/or learning disabilities and/or autism spectrum disorder services (irrespective of funding arrangements) including:</p> <ul style="list-style-type: none"> • NHS Mental Health Trusts • NHS Learning Disabilities Trusts

	<ul style="list-style-type: none"> • NHS Acute Trusts¹ • NHS Care Trusts¹ • Independent sector providers offering a service model that includes NHS funded patients¹ • Any qualified provider offering specialist secondary mental health, learning disabilities or autism spectrum disorder services • Community services offering secondary care to children <p><u>Departments</u></p> <p>The standard must be read and used by all heads of mental health, learning disabilities and autism spectrum disorder services, and other clinical and support services, including community services, that have an active involvement in delivering secondary mental health care.</p> <p><u>Professionals</u></p> <p>The standard applies to all professions working in or supporting mental health, learning disabilities and autism spectrum disorder services and other services offering secondary mental health care including community services. The MHSDS Technical Output Specification (TOS) provides an indication of the care professionals that are within the scope of this information standard (see MHS901 Staff Details table).</p> <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to clinical systems designed to support mental health, learning disabilities and autism spectrum disorder services, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
Release	
Release Number	Amd 30/2018
Release Title	Version 4.0
Description	<p>An ongoing requirement exists to update the Mental Health Services Data Set (MHSDS) to ensure the data set remains 'fit for purpose'.</p> <p>The changes included in this release relate to new government policy initiatives, resolution of issues within the current data collection, and inclusion of other key stakeholder requirements as follows:</p> <ul style="list-style-type: none"> • Enhanced data collection in support of CYP mental health • Changes to support reporting with respect to patients in contact with mental health services who are also part of the youth justice system. • Changes with respect to restrictive interventions • Collection of medication data

¹ Where there is direct provision of specialist secondary mental health, learning disabilities, or autism spectrum disorder services

	<ul style="list-style-type: none"> Operationalisation of the Overseas Visitor Charging Status fundamental standard (OVCC) DCB3017 Minor maintenance changes to respond to issues raised by the NHS Data Model and Dictionary Change of scope to include flow of data for family members and carers in support of the EIP care pathway. Change of scope to facilitate flow of data relating to non-English organisations where it relates to services commissioned by English CCGs or specialised commissioners.
Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 April 2019 mental health systems MUST be fully conformant with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>From 1 April 2019 providers of mental health, learning disabilities and autism spectrum disorder services as defined in this Information Standard MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From XX May 2019, providers of NHS funded mental health, learning disabilities and autism spectrum disorder services MUST begin submitting MHSDS submissions in accordance with this standard.</p>
Full Conformance Date	XX June 2019 - This is the date the April Refresh MHSDS v4.0 submission window closes. Providers must be able to make a valid submission prior to this date, which will include data collected from 1 st April 2019.

1.2. Supporting products

This document should be read in conjunction with the following:

Ref #	Title
1	MHSDS Requirements Specification
2	MHSDS Technical Output Specification
3	MHSDS Implementation Guidance
4	MHSDS User Guidance
5	MHSDS Technical Guidance
6	NHS Data Model and Dictionary Change Request

Please see section 2.4 of the *Implementation Guidance* for a full list and descriptions of each related document listed above.

1.3. Related standards

Reference	Title
SCCI1069	Community Services Data Set (CSDS)
ISB1513	Maternity Services Data Set (MSDS)
SCCI2007	Assuring Transformation
DCB1605	Accessible Information
ISB 0149-02	NHS Number for Secondary Care
ISB 0149-01	NHS Number for General Practice
ISB SCCI0034	SNOMED CT
SCCI0021	International Classification of Diseases
ISB 0092	Commissioning Data Sets (CDS)
SCCI0090	Health and Social Care Organisation Reference Data
SCCI2094	Sexual Orientation Monitoring Standard
SCCI0092-2062	Emergency Care Data Set
ISB 1553	Read Clinical Terms Version 2 (Deprecated) ⁱ
ISB 1552	Read Clinical Terms Version 3 (Deprecated) ⁱⁱ
DCB3017	Overseas Visitor Charging Category (OVCC)

2. Change specification

2.1. Reason for release

The MHSDS applies to, and is used by, a wide range of stakeholders. The content of the data set is determined from consultation with these stakeholders which include various sections of Department of Health policy, NHS England (NHSE), Care Quality Commission, service providers and commissioners.

Changes are required to the MHSDS v3.0 to ensure that the data set remains 'fit for purpose'. The following amendments are required in response to changes in clinical practice or coding, changes to policy requirements, changes to the NHS Data Model and Dictionary in light of other Information Standards, and requests for amendments by care providers or system suppliers.

A maintenance strategy has been agreed with the Mental Health Data & Information Programme Board for NHS Digital to facilitate annual updates of the data set. This release represents the third annual update in this development cycle. Please see section 6 of the Implementation Guidance for full details of the maintenance strategy.

The remainder of this document details the reasons for the changes (2.2 Justification for changes) and goes on to summarise changes individually (2.3 Change specification).

2.2. Justification for changes

2.2.1. Children and young people's mental health (CYP)

The MHFYFV reinforces the need to '...drive system-wide transformation of the local offer to children and young people so that we secure measurable improvements in their mental health...'. Changes to MHSDS for v4.0 will continue to support this objective.

Aims: Ensure the MHSDS is better able to facilitate reporting on a wide range of contextual factors affecting CYP.

Benefits: Better service provision and outcomes resulting from clearer understanding of the context of CYP presenting to mental health services.

Impact of not progressing: The range and quality of reporting available from MHSDS will be compromised, leading to less effective provision of care.

2.2.2. Youth justice

Changes to MHSDS will help support the MHFYFV recommendation to develop a health justice care pathway.

Aims: Ensure effective data collection with respect to patients presenting with mental health conditions that are also subject to the youth justice process.

Benefits: Better service provision and outcomes resulting from a clearer understanding of need for services, services use, accommodation needs and status for mental health patients also involved with the youth justice system.

Impact of not progressing: The range and quality of reporting available from MHSDS will be compromised, leading to less effective provision of care.

2.2.3. Restrictive Interventions

Restrictive interventions are a key element of the Mental Health Units (Use of Force) Bill 2017 – 19 currently under development. This follows a report by the Royal College of Psychiatrists' Intellectual Disability Faculty called "Monitoring Restrictive Interventions in Intellectual Disability Services: Recording Monitoring and Regulatory Recommendations" which highlights several problems with the way restraint data is recorded and interpreted. Changes to MHSDS are intended to support both development of the bill and reporting with respect to the wider restraint issue.

Aims: Ensure effective national data capture with respect to restraint incidents.

Benefits: Improved treatment of patients with respect to restraint techniques.

Impact of not progressing: Less effective development of the Use of Force Bill and lost opportunity to improve treatment of patients.

2.2.4. Medication data

Collection of medication data through MHSDS will support the MHFYFV recommendation that standards should be developed for all prescribing health professionals. It will also support the learning disabilities 'STOMP' agenda aimed at reducing over medication of this vulnerable group of patients.

Aims: Provide a source of data relating to medicines in mental health which allows for the granularity of analysis only available through a patient level data set with associated contextual and patient characteristic information.

Benefits: Improved use of medicines as a tool for treating mental health issues including reduction in over or inappropriate medication.

Impact of not progressing: Lost opportunity to improve the use of medicines in mental health and continuance of over and inappropriate use at a cost to individuals and budgets.

2.2.5. Overseas Visitor Charging Category (OVCC)

The standards assurance process allows for the development of 'Fundamental Standards' which inform other standards. The development of these standards is fully assured, allowing for easy transition into dependant standards such as MHSDS. The aims, benefits and impacts relating to these standards are outlined in their respective Information Standard documentation.

There is requirement to implement the recent Overseas Visitor Charging Category (DCB3017) standard through MHSDS.

2.2.6. Early Intervention in Psychosis (EIP)

To meet the ambitions set out in Achieving Better Access to Mental Health Services by 2020 and The Five Year Forward View for Mental Health (MHFYFV), NHS Digital are continuing to

work with the National EIP Programme to ensure that agreed methodologies can be reported from the MHSDS.

Aims: Enable a set of pre-defined metrics to be measured on a consistent basis nationally.

Benefits: Commissioners will be able to monitor the effective implementation of the EIP care pathway.

Impact of not progressing: The national programme associated with the EIP care pathway scheduled for implementation by 2020 will not benefit from baseline reporting and the ability to set ongoing trajectories.

2.2.7. Scope change regarding non-English services

Various changes were made to MHSDS in v3.0 to enable the NHS England Specialist Commissioning Collection to cease and therefore reduce burden. Allowing flow of data from non-English organisations in MHSDS ensures that the full cohort of patients previously flowed in the NHSE collection can continue to flow.

Aims: More complete data coverage for patients normally treated by services located in England but receiving some English commissioned care outside of England.

Benefits: Improved provision of services to those patients treated in niche settings most likely to be omitted from reporting.

Impact of not progressing: Lost opportunity to improve service provision for patients with specialist needs.

2.2.8. Maintenance issues

Several changes have been included to ensure the data set remains up to date, and to address recommendations and issues raised during previous assurance, for example: to align with NHS Data Model and Dictionary editorial principles. These items have been reviewed by the developers and the NHS Data Model and Dictionary and several associated changes have been prioritised for this release. Other issues have not been included in this release due to conflicting timescales or dependency on other information standards and will be considered in a future release.

2.3. Change specification

2.3.1. Structural changes

Individual changes are presented in order of the tables they apply to so that stakeholders can easily identify the changes that are needed. To understand the individual changes in the context of the relevant justification, please see the final column in the change specification table – Change category, which clearly identifies the relevant headings in the justification section of this document.

Group/Table	Data Item Name	Item Type	Item Amend Type	Previous	New	Change Reason	Change category
MHS001 MPI	ETHNIC CATEGORY	Data Item	Amendment	an2	max an2 Removal of Note: Please Note: Although this data item is specified as "an2", the Format Error check will treat this data item as "max an2".	Correction to format to match code list.	Maintenance
MHS001 MPI	OVERSEAS VISITOR CHARGING CATEGORY	Data Item	Addition			New data item to record the Overseas Visitor Changing Category for the patient.	OVCC
MHS001 MPI	NHS NUMBER STATUS INDICATOR CODE	Data Item	Amendment	Deletion of: 08 - Trace postponed (baby under six weeks old)		To remove codes from the TOS that are not valid for the MHSDS.	Maintenance

MHS003 AccommS tatus	ACCOMMODAT ION STATUS CODE	Data Item	Amendment	Amend from: CJ03 - Young Offenders Institute Deletion of: CJ09 Other accommodation with criminal justice support such as ex-offender support	Amend To: CJ03 - Young Offender Institution Addition of: CJ05 Secure Children's Home (Welfare only) CJ06 Secure Children's Home (Welfare and Youth Justice) CJ07 Secure Training Centre CJ10 Other accommodation with criminal justice support	To improve the code list with respect to childrens welfare and/or youth justice accommodation.	Youth Justice
MHS003 AccommS tatus	SECURE CHILDRENS HOME PLACEMENT TYPE	Data Item	Addition			To improve the recording of the type of welfare and/or youth justice accommodation a child is accommodated in.	Youth Justice
MHS004 EmpStatu s	EMPLOYMENT STATUS	Data Item	Amendment	The current employment status of the patient at the time of their latest assessment or review. This should be captured periodically for all patients aged 18-69, either as part of the formal Care Programme Approach (CPA) review, or other informal reviews.	The current EMPLOYMENT status of a PERSON.	To align the definition with the NHS Data Model & Dictionary and to remove the age constraint, particularly for 16-18 year olds.	CYP/Maintenance
MHS005 PatInd	PARENTING RESPONSIBILI TIES INDICATOR	Data Item	Addition			To aid identification of young parents in contact with MH services.	CYP
MHS007 Disability Type	DISABILITY CODE	Data Item	Amendment		Addition of: 11 - Autistic Spectrum Disorder	To identify a self-stated disability of Autism, where this is not diagnosed.	CYP

MHS008 CarePlan Type	CARE PLAN TYPE (MENTAL HEALTH)	Data Item	Amendment		Addition of: 15 Physical Health Care Plan 16 Relapse Prevention Plan 17 (Support and) Recovery Care Plan	To provide indication of the creation of these types of care plans for the patient.	Maintenance
MHS011 SocPerCir cumstanc es		Table	Amendment	Required - RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION GROUP CODE	Required - RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION GROUP CODE or RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION CODE	To allow services to submit the more granular religion codes if these are what are collected locally, reducing the burden of mapping to the religious groups.	Maintenance
MHS101 Referral	NHS SERVICE AGREEMENT LINE NUMBER	Data Item	Amendment	an10	max an10 Removal of Note: Please Note: Although this data item is specified as "an10", the Format Error check will treat this data item as "max an10".	Correction to format to match code list.	Maintenance
MHS101 Referral	SOURCE OF REFERRAL FOR MENTAL HEALTH	Data Item	Amendment	Amend from: A1 GENERAL MEDICAL PRACTITIONER B2 Carer C2 Education Service E4 Prison Deletion of: J1 Community Mental Health Team (Adult Mental Health) J2 Community Mental Health Team (Older People) J3 Community Mental Health Team (Learning Disabilities) J4 Community Mental	Amend to: A1 General Medical Practitioner Practice B2 Carer/Relative C2 Educational Establishment E4 Prison Health Service Addition: E6 - Youth Offending Team	To remove codes from the TOS that are not valid for the MHSDS. To aid identification of referrals from Youth Offending Teams To align the code descriptions in principle.	Youth Justice/Maintenan ce

				Health Team (Child and Adolescent Mental Health) K1 Inpatient Service (Adult Mental Health) K2 Inpatient Service (Older People) K3 Inpatient Service (Forensics) K4 Inpatient Service (Child and Adolescent Mental Health) K5 Inpatient Service (Learning Disabilities) L1 Transfer by graduation from Child and Adolescent Mental Health Services to Adult Mental Health Services L2 Transfer by graduation from Adult Mental Health Services to Older Peoples Mental Health Services			
MHS201 CareContact	ACTIVITY LOCATION TYPE CODE	Data Item	Amendment	Amend from: M04 - Young Offenders Institute	Amend to: M04 - Young Offender Institution	To align with national terminology.	Youth Justice/Maintenance
MHS301 GroupSession	NHS SERVICE AGREEMENT LINE NUMBER	Data Item	Amendment	an10	max an10 Removal of Note: Please Note: Although this data item is specified as "an10", the Format Error check will treat this data item as "max an10".	Correction to format to match code list.	Maintenance

MHS301 GroupSession	ACTIVITY LOCATION TYPE CODE	Data Item	Amendment	Amend from: M04 - Young Offenders Institute	Amend to: M04 - Young Offender Institution	To align with national terminology.	Youth Justice/Maintenan ce
MHS401 MHAActPeriod	MENTAL HEALTH ACT LEGAL STATUS CLASSIFICATI ON CODE	Data Item	Amendment	Deletion of: 01 – Informal		To remove codes from the TOS that are not valid for the MHSDS.	Maintenance
MHS401 MHAActPeriod	MENTAL HEALTH ACT 2007 MENTAL CATEGORY	Data Item	Amendment	Deletion of: 8 - Not applicable (Not detained)		To remove codes from the TOS that are not valid for the MHSDS.	Maintenance
MHS501 HospProv Spell	SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	Data Item	Amendment	Deletion of: 79 - Babies born in or on the way to hospital		To remove codes from the TOS that are not valid for the MHSDS.	Maintenance
MHS501 HospProv Spell	ADMISSION METHOD CODE (HOSPITAL PROVIDER SPELL)	Data Item	Amendment	Deletion of: 2C - Baby born at home as intended 31 - Admitted ante-partum 32 - Admitted post-partum 82 - The birth of a baby in this Health Care Provider 83 - Baby born outside the Health Care Provider except when born at home as intended.		To remove codes from the TOS that are not valid for the MHSDS.	Maintenance

MHS501 HospProv Spell	DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	Data Item	Amendment	Deletion of: 5 – Stillbirth		To remove codes from the TOS that are not valid for the MHSDS.	Maintenance
MHS501 HospProv Spell	SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	Data Item	Amendment	The source of admission to a Hospital Provider Spell or a Nursing Episode when the PATIENT is in a Hospital Site or a Care Home. National Code 51 'NHS other hospital provider - WARD for general PATIENTS or the younger physically disabled or A & E department' should not be used if the PATIENT arrives at an Accident and Emergency Department and is admitted to the same Hospital Provider.	The source of admission to a Hospital Provider Spell or a Nursing Episode when the PATIENT is in a Hospital Site or a Care Home.	Removal of guidance from definition. Guidance to be included in User Guidance document.	Maintenance
MHS505 Restrictiv eIntervent ion	RESTRAINT LEVEL	Data Item	Addition			To better understand the level of restraint used.	Restrictive Interventions
MHS505 Restrictiv eIntervent ion	RESTRICTIVE INTERVENTIO N PATIENT INJURY INDICATOR	Data Item	Addition			To understand injury levels amongst the use the restraint.	Restrictive Interventions

MHS505 Restrictive Intervention	RESTRICTIVE INTERVENTION STAFF INJURY INDICATOR	Data Item	Addition			To understand injury levels amongst the use of the restraint.	Restrictive Interventions
MHS505 Restrictive Intervention	RESTRICTIVE INTERVENTION OTHER INJURY INDICATOR	Data Item	Addition			To understand injury levels amongst the use of the restraint.	Restrictive Interventions
MHS505 Restrictive Intervention	RESTRICTIVE INTERVENTION DEBRIEF HELD INDICATOR	Data Item	Addition			To understand the use of immediate post-incident debriefs for restrictive interventions.	Restrictive Interventions
MHS505 Restrictive Intervention	DATE OF RESTRICTIVE INTERVENTION	Data Item	Deletion			Replaced with Start Date (Restrictive Intervention) to align with NHS DM&D editorial principles.	Restrictive Interventions
MHS505 Restrictive Intervention	START DATE (RESTRICTIVE INTERVENTION)	Data Item	Addition			Replaces Date of Restrictive Intervention to align with NHS DM&D editorial principles.	Restrictive Interventions
MHS505 Restrictive Intervention	START TIME (RESTRICTIVE INTERVENTION)	Data Item	Addition			To allow sequencing of different types of restrictive interventions, which indicates escalation routes.	Restrictive Interventions
MHS505 Restrictive Intervention	DURATION OF RESTRICTIVE INTERVENTION	Data Item	Deletion			Replaced with End Date/Time.	Restrictive Interventions
MHS505 Restrictive Intervention	END DATE (RESTRICTIVE INTERVENTION)	Data Item	Addition			Replaces Duration of Restrictive Intervention following inclusion of time fields.	Restrictive Interventions

MHS505 Restrictive Intervention	END TIME (RESTRICTIVE INTERVENTION)	Data Item	Addition			Replaces Duration of Restrictive Intervention following inclusion of time fields.	Restrictive Interventions
MHS505 Restrictive Intervention	RESTRICTIVE INTERVENTION TYPE	Data Item	Amendment	Deletion of: 02 Physical restraint - Excluding prone 03 Chemical restraint	Addition of: 07 - Physical restraint - Standing 08 - Physical restraint - Restrictive escort 09 - Physical restraint - Supine 10 - Physical restraint - Side 11 - Physical restraint - Seated 12 - Physical restraint - Other 13 - Chemical restraint - Injection (rapid tranquilisation)	To improve the code list with respect to types of restrictive interventions.	Restrictive Interventions
MHS608A nonSelfAssess	ACTIVITY LOCATION TYPE CODE	Data Item	Amendment	M04 - Young Offenders Institute	M04 - Young Offender Institution	To align with national terminology.	Youth Justice

2.3.3. Scope changes

2.3.3.1. Change to definition of the Indirect Activity Table

In order support the EIP care pathway we propose to amend the scope of MHSDS to allow flow of data that relates to family members and carers in the Indirect Activity Table. This does not require a structural change to the data set, but it is necessary to change the definition of the Indirect Activity Table. The proposed new definition is detailed below.

An Indirect Activity is an ACTIVITY.

An Indirect Activity is ACTIVITY, with the specific purpose of supporting the care of a PATIENT, but where the PATIENT is not present.

An Indirect Activity may take place between:

- A CARE PROFESSIONAL and another CARE PROFESSIONAL
- A CARE PROFESSIONAL and another professional such as a teacher
- ~~Any other professional not acting in the capacity of a Patient Proxy.~~
- A CARE PROFESSIONAL and another PERSON, such as a family member or Carer, not acting in the capacity of a Patient Proxy.

Examples of Indirect Activity include:

- A CARE PROFESSIONAL seeking advice from another CARE PROFESSIONAL regarding the treatment or diagnosis of a specific PATIENT.
- A CARE PROFESSIONAL providing training to a teacher to support the medical needs of a specific PATIENT.
- A CARE PROFESSIONAL discussing the care of a PATIENT with another CARE PROFESSIONAL as part of a Multidisciplinary Team Meeting, where the PATIENT is not present.
- A CARE PROFESSIONAL providing training or advice to a family member or a carer to support the medical needs of a specific PATIENT.

Indirect Activity does not include discussions regarding groups of PATIENTS or other administrative activities such as writing up of notes or travel.

Note: For the Mental Health Services Data Set, contacts between a CARE PROFESSIONAL and a Patient Proxy should be captured as a CARE CONTACT with the CARE CONTACT SUBJECT set to 'Patient Proxy'.

2.3.3.2. Flow of data from organisations geographically situated outside England

NHS Digital is directed to collect data with respect to services located in England, however services may be commissioned from outside England for patients ordinarily treated in England where a local placement is not available. This may be the case with respect to specialised commissioned services with extremely limited places. Change in MHSDS scope will enable services outside England to submit data to the MHSDS on an optional basis only for this activity funded by English commissioners. Please see the standard summary above for details of the scope change to include data flow from non-English organisations.

2.4. Change control

The *Technical Output Specification* fully defines the individual changes applied to the data set, with each change logged in the Summary of Changes tab. This *Change Specification* therefore represents a summary of changes included in MHSDS v4.0 which should be read in conjunction with the Summary of Changes tab in the *Technical Output Specification* to fully understand the changes to the data set.

N.B. The latest version of the Technical Output Specification is published with other supporting documents on the NHS Digital [MHSDS webpages](#).

ⁱ <http://www.content.digital.nhs.uk/media/15868/1553disn/pdf/1553disn.pdf> - 3

ⁱⁱ <http://www.content.digital.nhs.uk/media/15869/1552disn/pdf/1552disn.pdf>

DRAFT