

Learning Disability Services Monthly Statistics

England Commissioner Census (Assuring
Transformation) - April 2015

Experimental Statistics

Published 22 May 2015



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This product may be of interest to the Department of Health, the Care Quality Commission and Public Health England. It will also be of interest to commissioners and providers of in-patient and community-based services for people with learning disabilities and/or autistic spectrum disorder (including Asperger's Syndrome). Charities and third sector organisations with a focus on people with learning disabilities, and/or autistic spectrum disorder (including Asperger's Syndrome) as well as patients themselves, and their family and friends, may also find this product useful.

Author: **Community and Mental Health Team
Health and Social Care Information Centre**

Responsible statistician: **Claire Thompson,
Principal Information Analyst**

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Introduction

This statistical release makes available the most recent data relating to patients with learning disabilities receiving in-patient care commissioned by the NHS in England.

The release comprises:

- This report which presents England level analysis of key measures;
- A monthly CSV file which presents key measures at England level;
- A metadata file to accompany the CSV file, which provides contextual information for each measure.

It is published on the Health and Social Care Information Centre (HSCIC) website here:

<http://www.hscic.gov.uk/article/6328/Reports-from-Assuring-Transformation-Collection>

All elements of this release and further information about these Learning Disability Services Statistics are published on the HSCIC website here:

<http://www.hscic.gov.uk/assuringtransformation>

Scope of collection

The collection comprises inpatients with ‘a bed’ normally designated for the treatment or care of people with a learning disability or those with ‘a bed’ designated for mental illness treatment or care who have been diagnosed or understood to have a learning disability and/or autistic spectrum disorder.

Data are provided by English commissioners and healthcare is typically provided in England (although care commissioned in England and provided elsewhere in the UK will not be excluded). There is a slight difference in scope between this collection and the Learning Disability Census since the Census comprises data from providers based only in England, but does include care provided in England but commissioned from other UK countries.

Data is collected from Clinical Commissioning Groups (CCGs) and Commissioning hubs (Hubs)¹. In some cases Clinical Support Units (CSUs) submit data on behalf of one of more CCGs.

¹ For more information on the different roles of CCGs and Hub see: <http://www.england.nhs.uk/wp-content/uploads/2014/01/pss-manual.pdf>. Note that Hubs have replaced SCTs which are referenced in this link.

Background information and data quality

Originally conceived and collected by NHS England, the purpose of the 'Assuring Transformation' data collection was to ensure that the public were 'aware of NHS commitments within the Transforming Care Programme'. Data were collected from commissioners of learning disability services on a quarterly basis, and published on the NHS England website:

<http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/>

From February 2015, responsibility for its collection and publication were transferred to the HSCIC. This addressed key requirements around the improvement of data quality and reporting frequency. The revised collection methodology supports real time data capture; it is a "live" system that commissioners are required to update as and when changes occur in the care of a patient who falls within scope of the collection. This has resulted in a significant burden reduction on the part of service commissioners / data submitters.

HSCIC currently take a snapshot of the data at the end of each month. HSCIC will report on these data on a monthly, quarterly and annual basis and all figures will be experimental in status whilst we develop these statistics.

This is the third release in this monthly data series.

It is expected that in the future, this monthly output will contain more measures as respondents fulfil their obligation to supply data and so the quality of the data increases. A quarterly release showing the position at the end of each quarter will also be published. The first quarterly release showing the position at the end of March 2015 will also be published on 22 May 2015. This will include more detailed analysis and the facility to compare information at regional and CCG level. This can be accessed here:

www.hscic.gov.uk/pubs/lds1415q1

Organisation code changes

From 1 April 2015 codes used to identify organisations were changed to reflect the way NHS England is structured. A summary of these changes can be seen here:

<http://systems.hscic.gov.uk/data/ods/news>

Main changes that affect this publication are as follows:

1. Specialised Commissioning Teams have been replaced by Commissioning hubs. The changes that affect this report are:

Pre April 2015		From 1 April 2015	
Code	Name	Code	Name
12T	Birmingham And The Black Country Specialised Commissioning Team	14C	West Midlands Commissioning hub
13H	Bristol, North Somerset, Somerset And South Gloucestershire Specialised Commissioning Team	14F	South West Commissioning hub
12G	Cheshire, Warrington And Wirral	13Y	Cheshire and Merseyside

	Specialised Commissioning Team		Commissioning hub
12M	Cumbria, Northumberland, Tyne And Wear Specialised Commissioning Team	13X	Cumbria and North East Commissioning hub
12W	East Anglia Specialised Commissioning Team	14E	East Commissioning hub
13A	Leicestershire And Lincolnshire Specialised Commissioning Team	14D	Central Midlands Commissioning hub
13R	London Specialised Commissioning Team	13R	London Commissioning hub
12P	South Yorkshire And Bassetlaw Specialised Commissioning Team	13V	Yorkshire and Humber Commissioning hub
13L	Surrey And Sussex Specialised Commissioning Team	14G	South East Commissioning hub
13N	Wessex Specialised Commissioning Team	13N	Wessex Commissioning hub

2. Some CCGs have merged. The changes that affect this report are:

Pre April 2015	Pre April 2015	From 1 April 2015	From 1 April 2015
00F	NHS Gateshead CCG	13T	NHS Newcastle Gateshead CCG
00G	NHS Newcastle North And East CCG		
00H	NHS Newcastle West CCG		

There are now therefore 10 Commissioning hubs and 209 Clinical Commissioning Groups. From this point onwards, any reference to organisations will reflect the new structure.

Data quality for April 2015

Annex 1 at the back of this report provides more information on data quality and accuracy of the data. This section covers issues relevant to this reporting period. Two key data quality issues were identified in the end of March snapshot and continued to show up in the data in the April snapshot.

Record duplications

Although patients can have more than one episode in a period due to short hospital stays, at the end of the reporting period there can only be one open episode per patient. Investigation of the data found that some duplicates were being recorded in the system due to data submitters altering key information used to identify unique episodes without closing a previous episode of care, for example changing hospital admission date and ward type to reflect a patient move but not closing the previous episode of care. HSCIC have been investigating this and working with submitters to resolve the issue.

For the April snapshot, there were around 25 NHS numbers which were recorded in the system as being open at the end of the reporting period twice resulting in around 50 records where it was not possible to detect which was the correct record².

HSCIC identified two scenarios where this was happening.

1. Where two different CCGs/Hubs/CSUs were entering data for the same NHS number.
2. Where a CCG/Hubs/CSU has altered key information such as admission date and ward type but did not close the previous record and create a new record.

The CCGs/Hubs/CSUs in question have been notified of this and need to resolve these issues before HSCIC will include the data in the reporting. As such, all affected records have been removed from the analysis in this release.

Record submissions

CCGs and Hubs are expected to keep records up to date on an ongoing basis. There are two ways that HSCIC can currently assess if a CCG/Hub has done this:

1. Has the CCG/Hub made any alterations to any of the records during the period? Or created any new records;
2. If no records have been altered (due to no change in patient circumstances) then has the CCG/Hub selected the 'submission confirmation' option to confirm that their data is correct for this period?

Note that in both scenarios above, it may be the Commissioning Support Unit who has not updated the data. This report highlights the number of CCGs/Hubs who have and have not submitted.

For the April snapshot there were 45 CCGs/Hubs who had not done either 1 or 2 above³.

Unfortunately there was a technical problem with the 'submission confirmation' process during April and this function was disabled. This will result in the higher number of CCGs and hubs who could not confirm that all data was correct and no changes were need. This issue is being investigated.

The HSCIC needs to know that records are kept up to date for reporting purposes. The decision was made to report on all data in the system (except for duplicates), irrespective of whether it had been updated (or confirmed an update was not needed) in the period.

Therefore, even though a number had not updated their records during April, HSCIC has used the data currently held in the system and assumed this was still accurate. This approach may change in future, once data submitters are fully accustomed to the approach and the submission confirmation process is fully functioning.

² Counts of duplicates have been rounded as per rules in 'data presentation' section.

³ Note that for the Monthly March report the number who had not submitted data was a count of those who did not supply data. i.e. CSUs and, where expected, CCGs and Hubs. Due to organisations submitting on behalf of others there were fewer non submitters than those they submitted on behalf of (which was not reported)

Data presentation

In order to minimise the disclosure risk associated with small numbers, all figures presented within this report and within the reference data tables have had the following measures applied:

- Values of 0-4 have been replaced by *;
- Values have been rounded to the nearest 5;
- Percentage calculations were based on unrounded figures and have been rounded to a whole number.

All figures are calculated from the raw data, suppressed where needed and then rounded. This may mean that some totals presented in tables here do not match the sum of the subtotals within the same table.

Interpretation of the data

This is the second report in this series and the first time there has been more than one reporting period to consider. To ease interpretation of the results, the following terminology will be used:

End of reporting period: this will consider 'open episodes' only, i.e. a patient will only be counted in the end of reporting period figures if they were still in hospital at the end of the reporting period.

Admissions in period: this measure reports on the number of new hospital episodes in the reporting period. Note that one person could have one or more new hospital episodes if discharged from a previous hospital stay.

Discharges in period: this measure reports on the number of closed hospital episodes where a patient has been discharged from the current hospital. As above, a patient could potentially have one or more discharges recorded if they experienced several short hospital stays during the period.

In future, the HSCIC hopes to be able to bring more clarity to counts of admissions and discharges by also considering source of admission and destination of discharge. The above method does not currently identify transfers from one inpatient hospital to another and would show in the data as two separate episodes of inpatient care.

Key facts from this publication

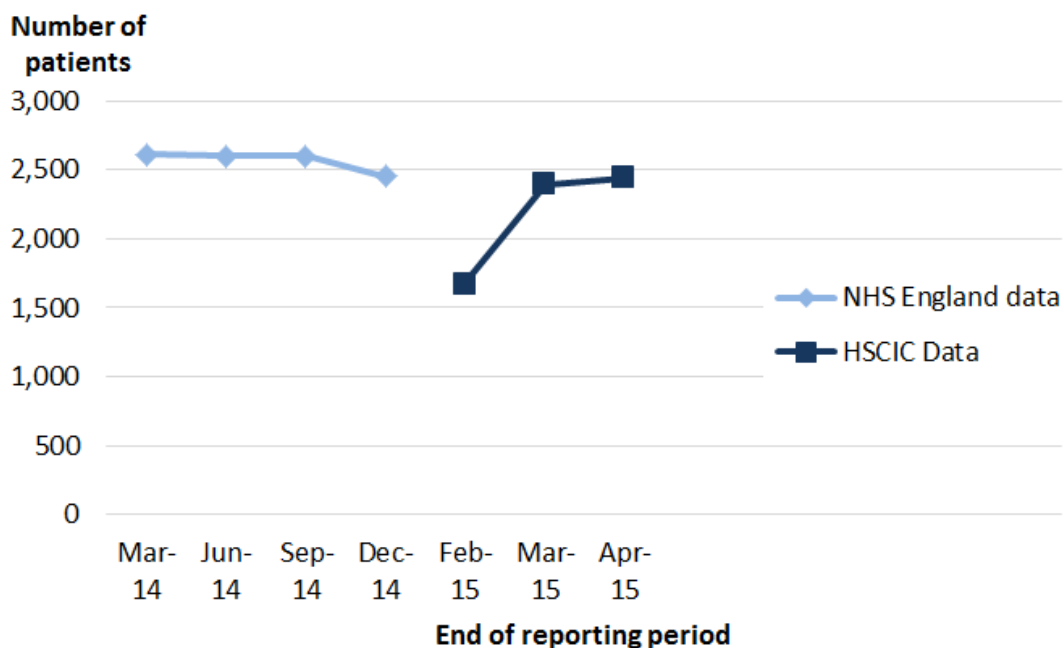
Data collected at the end of April 2015 show that:

- 2,445 patients were in hospital at the end of the reporting period;
- 167 CCGs/Hubs updated information by the end of the reporting period;
- 45 CCGs/Hubs did not update any information or confirm that currently held information was correct by the end of the period⁴.
- 7 CCGs/Hubs have never submitted data as they have not had a patient in scope of this collection since the transfer to HSCIC⁵

During April 2015:

- There were 75 admissions to hospital⁶;
- There were 100 discharges from hospital⁷.

Figure 1: Number of patients receiving inpatient care at the end of the reporting period



Source: HSCIC Assuring Transformation Collection - February 2015 onwards. NHS England collection previously.

⁴ There are 219 CCGs and Hubs. However not all commission inpatient care for patients with learning disabilities. Prior to 1 April there were 221 CCGs and Hubs, after this date, 3 merged into one; 00F NHS Gateshead CCG, 00G NHS Newcastle North and East CCG and 00H NHS Newcastle West CCG formed 13T Newcastle Gateshead

⁵ These organisations would have been counted in the total number submitted in previous reports. The organisations may submit data on behalf of other CCGs but they themselves do not commission any inpatient services for people Learning Disabilities.

⁶ This may include patients who have had one or more previous admission or episodes of inpatient care within the reporting period, and also direct transfers from another hospital.

⁷ This may include patients who have had one or more previous discharge in the reporting period and also transfers to another hospital.

Figure 1 shows the number of inpatients receiving care at the end of each reporting period during 2014/15. It shows the numbers for the previous NHS England collection alongside the HSCIC collections.

Table 1 shows that there were 2,445 patients receiving inpatient care on 30 April, this is an increase on figures collected in February and March.

Table 1: Summary statistics: Position as at the end of the month and activity within the month

	Feb 2015 ⁸	Mar 2015	Apr 2015
<i>Position at the end of the month^{9,10}</i>			
Number of commissioners who made a submission	164	165	167
Number of commissioners who did not make a submission	47	47	45
Number of commissioners who do not have patients in scope of the collection ¹¹	10	9	7
Number of inpatients ¹²	1,675	2,395	2,445
<i>Activity during the month</i>			
Number of admissions to inpatient care during the period	30	50	75
Number of discharges/transfers from inpatient care during the period	75	95	100

Source: HSCIC Assuring Transformation Collection

Note: a patient can have one or more admission or discharge within the month if they experienced multiple short hospital stays. However a patient can only be recorded in the position at the end of the month once.

⁸ Some data submitters provided patient data but episode information was not included, in such cases the patient was excluded from any patient measures.

⁹ Not all CCGs/ Hubs made any changes to their data in the reporting period or confirmed a null return. However all current records were assumed to be correct for the purposes of reporting (see 'data quality for April 2015' for more information). Note that organisational changes from 1 April 2015 resulted in a change to the number of CCGs/Hubs. See the section on Organisation code changes for more information.

¹⁰ The way HSCIC has calculated the number of organisations who made a submission has been revised. Figures for February and March have been updated to reflect this and will not match previously published data. Figures are now calculated per CCG/Hub. Previously, CSU's were included which distorted the data slightly.

¹¹ Number of organisations who did not have patients in scope of the collection was previously not separated out; they would have been included in the measure for those who made a submission.

¹² For the February collection, there were patients entered into the system without any episode information so they could not be counted in the February collection. The data was subsequently provided, however the admission date was prior to March so they are not classed as a new admission for the March collection. As such adding figures for the position at the end of February and March admissions, minus March discharges will not yield the March end point. As this is a live collection system that takes a snapshot at the end of the month, there are occasions when a patient will have a submission or discharge date added post 'snap shot' but relevant to the period being reported. Therefore previous patients plus admissions minus discharges will not yield total new patients.

Further information

Further information on the HSCIC Assuring Transformation collection is available here:

[http://www.hscic.gov.uk/assuringtransformation.](http://www.hscic.gov.uk/assuringtransformation)

Results and information from the NHS England Assuring Transformation collection are available here: <http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/>

Annex 1 - Comparable data: Learning Disability Census

The Learning Disability Census provides a snapshot view of people with a learning disability, autistic spectrum disorder, and/or behaviour that challenges, who were receiving care in an inpatient setting. The Census was commissioned by the Department of Health following the discovery of abuse and neglect at Winterbourne View Hospital. Its collection is part of the Concordat: Programme for Action: an action plan intended to address poor quality and inappropriate care in order to achieve good outcomes for children, young people and adults with learning disability or autism who also have a mental health condition or behaviour that challenges. The 2014 Census relates to patients receiving care at midnight on 30th September 2014. Record-level data was collected from service providers through the Health and Social Care Information Centre's Clinical Audit Platform.

The census is submitted by providers of services in England:
<http://www.hscic.gov.uk/pubs/lcdcensus14>

Similarities and differences between Assuring Transformation and the Learning Disability Census

The Assuring Transformation and Learning Disability Census collections comprise in-patients with 'a bed' normally designated for the treatment or care of people with a learning disability or those with 'a bed' designated for mental illness treatment or care who have been diagnosed or understood to have a learning disability and/or autistic spectrum disorder.

Assuring Transformation data are submitted by English commissioners and healthcare is typically provided in England (although care commissioned in England and provided elsewhere in the UK will not be excluded). There is a slight difference in scope between this collection and the Learning Disability Census since the Census comprises data from providers based only in England, but does include care provided in England but commissioned from other UK countries.

Comparing results from both data collections

The HSCIC conducted an exercise to compare the results for both data collections at the same point in time; census day 2014. Figures were published showing the number of patients reported in each collection that were receiving in-patient care on 30 September 2014. The Learning Disability Census recorded the number of patients receiving care provided in England, while Assuring Transformation recorded the number of patients receiving care commissioned in England:

Learning Disability Census:	3,230 inpatients
Assuring Transformation:	2,600 inpatients

Both collections required NHS number to be submitted and this was used to link the collections to try to understand the difference in numbers reported. The results of this analysis can be found with the February Assuring Transformation release:
<http://www.hscic.gov.uk/catalogue/PUB17190>

Annex 2 - Data quality report: assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

This release comprises this report, CSV file and metadata file. All data is at national level providing information on patients with learning disabilities and/or autism spectrum disorder receiving inpatient care commissioned in England.

This data is released monthly. More comprehensive information is published on a quarterly basis. This includes more measures and data split to a lower geographic level where the data allows; regional, area team and Clinical Commissioning Group (CCG)/Commissioning hubs) level.

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

Accuracy

Data were collected via the Clinical Audit Platform (CAP) which allows a number of validations to be built in. The validation rules can be viewed under section 4 of the 'instruction and guidance notes' found on the Assuring Transformation web page <http://www.hscic.gov.uk/assuringtransformation>

The system has been designed central to the patient using NHS number and date of birth as unique identifiers. The system is set up such that:

- For each NHS number there can only be one open episode of care during the period
- There can be multiple closed episodes of care for each NHS number within a period
- The system is 'live' and commissioners are expected to change information in the system as and when
- Currently HSCIC analysts take a 'snap shot' of the system at the end of each month and use this to report on the position at the end of the month and admissions and discharges within the month.

Although patients can have more than one episode in a period due to short hospital stays, at the end of the reporting period there can only be one open episode per patient. Investigation of the data found that some duplicates were being recorded in the system due to data submitters altering key information used to identify unique episodes without closing a previous episode of care. HSCIC have been investigating this and working with submitters to resolve the issue. The section 'Background information and data quality' in the main body of the report shows the position for this reporting period.

As is standard HSCIC practice, all figures in the reference data tables were independently checked. All figures in the report and Executive Summary were also independently checked.

Reliability

CCGs and SCTs are expected to keep records up to date on an ongoing basis. There are two ways that HSCIC can currently assess if a CCG/SCT has done this:

1. Has the CCG/Hubs made any alterations to any of the records during the period? Or created any new records;
2. If no records have been altered (due to no change in patient circumstances) then has the CCG/Hubs has selected the 'submission confirmation' option to confirm that their data is correct for this period?

Note that in both scenarios above, it may be the Commissioning Support Unit¹³ (CSU) who has not updated the data. This report will highlight the number for those responsible for the patients (CCGs/Hubs) and those responsible for submitting the data (CCGs/Hub and CSUs).

The section 'Background information and data quality' in the main body of the report provides information for the current reporting period.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

The data collection system is a live system with CCGs/Hubs expected to keep records up to date. A 'snap shot' is taken at the end of every month and reported on within 21 working days. This allows for the most timely data to be released.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The monthly data are available in machine readable CSV format with associated metadata file to give clarity and understanding to the data. All data are at England level. A PDF report accompanies the data. This displays key measures in graphical and tabular form with commentary to give understanding to the measures.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Data is all derived from one source, the CAP system. The question set was revised when the collection was transferred from NHS England to HSCIC. The questions were brought into line with the HSCIC Learning Disability Census where possible, and details in differences in scope are provided in the main body of this report above.

This data series will grow over time and will become a useful resource for tracking trends in the data. Data quality has improved since February as more organisations make a

¹³ CSUs submit data on behalf of one or more CCGs

submission within the month. There are still a number of organisations who are not updating their data within the month.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

The data are released in two parts; monthly and quarterly. This allows for more timely information to be released on a monthly basis but just at national level. The quarterly release contains more measures and more detail but there is a greater time lag between data collection and publication.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products.

Data collected and published as part of this release is used by commissioners and healthcare professionals and the public. Prior to the transfer to HSCIC, NHS England, Department of Health and HSCIC conducted several engagement events to ensure submitters were clear on what they had to do, when and the benefits of being able to use the data that is published from the collection. This was also an opportunity for providers and users of the existing dataset to provide feedback on usefulness of the reports and data presentation and access.

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

The current annual cost of collection and publication of this data is:

This collection is intended to be retired by March 2016 and is currently intended to be replaced by the Mental Health Services Data Set (MHSDS).

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

All HSCIC releases are assessed for disclosure risk prior to publication using and disclosure controls are applied where appropriate to ensure the disclosure risk complies with the NHS Anonymisation Standard. Further details are provided in the 'data presentation' section of this report.

Please see links below to relevant HSCIC policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

<http://www.hscic.gov.uk/pubs/calendar>

Freedom of Information Process

<http://www.hscic.gov.uk/foi>

Data Access and Information Sharing Policy

<http://portal/Documents/Policies/DAIS%20Policy%20Final%204.0%20updated.pdf>

Privacy and data Protection

<http://www.hscic.gov.uk/privacy>

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Responsible Statistician

Claire Thompson, Principle Information Analyst

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For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

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