

# SCCI0011 Mental Health Services Data Set (MHSDS): Requested Changes

## High-Level Data Set Change Requests

### Document Details

Document Version Number	2017-03-02		
Current Dataset Version	MHSDS v1.1 (Amd 68/2015)	Implementation Date (Data Collection)	01 April 2016
Accepted Future Data Set Version	MHSDS v2.0 (Amd 31/2016)	Accepted Implementation Date (Data Collection)	01 April 2017
Planned Future Data Set Version	MHSDS v3.0 (TBC)	Planned Implementation Date (Data Collection)	01/04/2018 (TBC)

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### Current Position - Requested Change Development

Status of Development	Count
0. Potential change to monitor	16
1a. Requested change received and being assessed	48
1b. Awaiting further information from requester for Need-Stage	19
2a. On hold - awaiting funding/prioritisation	5
2b. Implementation agreed in future minor release	11
2c. Implementation agreed in future major release	1
2d. Requested change rejected	4
2e. Requested change withdrawn by Requester	1
2f. Implementation agreed through clinical terminology	4
3a. Included in next planned Statement of Need to pose to SCCI	0
3b. Submitted at Need-Stage and awaiting SCCI acceptance	0
3c. Accepted at Need-Stage and preparing for Full-Stage	0
3d. Requested change rejected at Need-Stage	0
4a. Awaiting further information from requester for Full-Stage	0
4b. Included in planned Full-Stage submission to advance with SCCI	0
4c. Submitted at Full-Stage and awaiting SCCI acceptance	0
4d. Accepted by SCCI at Full-Stage	0
4e. Requested change rejected at Full-Stage	0
<b>Total</b>	<b>109</b>

V3.0 SCCI Process Milestones	
28/02/2017	Submit Statement of Need (SoN)
29/03/2017	SoN considered by SCCI
TBC	Draft submission for SCCI appraisal
TBC	SCCI consideration of draft submission
TBC	Final submission for SCCI appraisal - updated in response to feedback
TBC	SCCI consideration of final submission - seek acceptance
Aug 2017	Publication of ISN

### Introduction

This document provides a high-level summary of the requested changes currently in development or under consideration for a future version of the Mental Health Services Data Set (MHSDS).

The MHSDS Information Standard is formally maintained by NHS Digital's Community and Mental Health Team (CMHT) to ensure that the data set remains fit for purpose. Amendments may be required in response to any changes in clinical practice or coding, changes to policy requirements, changes to the NHS Data Model and Dictionary, and requests for corrections by care providers or system suppliers.

Changes to all Information Standards are taken through the Standardisation Committee for Care Information (SCCI) approval process. Further details regarding the process, including a breakdown of each stage can be found on the NHS Digital website: <http://digital.nhs.uk/isce/process/>

Data Set Change Requests can be submitted to NHS Digital by all stakeholders. Full details of the proposed changes and a valid business justification should be included with the request. Requests should be sent to [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk).

### Development Cycle - Descriptions

<b>Requirement monitoring</b>	<b>0. Potential change to monitor</b>
<b>Receipt of requested change</b>	<p><b>1a. Requested change received and being assessed:</b> Requested change received and logged by Data Set Maintenance Team and is currently undergoing assessment to confirm whether all required information has been received to enable solution development.</p> <p><b>1b. Awaiting further information from requester for Need-Stage:</b> Request requires further information to enable solution development and has been passed back to requester to provide required detail.</p>
<b>Implementation Approach and Prioritisation</b>	<p><b>2a. On hold - awaiting funding/prioritisation:</b> Requested change development on hold.</p> <p><b>2b. Implementation agreed in future minor release</b></p> <p><b>2c. Implementation agreed in future major release</b></p> <p><b>2d. Requested change rejected:</b> Requested change not suitable for inclusion in data set and no further development action will be undertaken.</p> <p><b>2e. Requested change withdrawn by Requester</b></p> <p><b>2f. Implementation agreed through clinical terminology:</b> Solution requires no structural Data Set change and information requirement can be met through existing/new terminologies.</p>
<b>SCCI Process – Need Stage</b>	<p><b>3a. Included in next planned Statement of Need to pose to SCCI</b></p> <p><b>3b. Submitted at Need-Stage and awaiting SCCI acceptance:</b> SCCI process has initiated following submission of Statement of Need to SCCI.</p> <p><b>3c. Accepted at Need-Stage and preparing for Full-Stage</b></p> <p><b>3d. Requested change rejected at Need-Stage</b></p>
<b>SCCI Process – Draft and Full Stages</b>	<p><b>4a. Awaiting further information/evidence from requester for Full-Stage</b></p> <p><b>4b. Included in planned Full-Stage submission to advance with SCCI</b></p> <p><b>4c. Submitted at Full-Stage and awaiting SCCI acceptance</b></p> <p><b>4d. Accepted by SCCI at Full-Stage:</b> Requested change included in a release that has received Full-Stage acceptance through SCCI with an Information Standards Notice due out in future to confirm.</p> <p><b>4e. Requested change rejected at Full-Stage</b></p>

Please note: References to the Standardisation Committee for Care Information (SCCI) may be incorrect from 1 April 2017, after which its approval functions will transfer to the Data Coordination Board. Please see <http://content.digital.nhs.uk/isce/process>.

## Mental Health Services Data Set (MHSDS): Requested Changes

### High-Level Data Set Change Requests

Ref ID	Area of Interest	Requested Change				Requested Change Received Date	Requested Change Implementation Date	Requester Organisation	Status	
		Statement	Justification and Benefits	Detail	Status of Development				Status Log Notes	
MHS-177	Acute Care	Identify orientation to inpatient unit and provision of verbal and written information about named key care professional	Allow measurement of "Achieving Better Access to Mental Health Care: Acute Care Services" pathway through identifying: "Person receives orientation to inpatient unit and provided verbal and written information about named key care professional"		Jan-17	Apr-18	NHS England	1a. Requested change received and being assessed	01/02/2017 NHS Digital - It is understood that this will be approximated through the allocation of a Named Nurse. MHSDS currently collects: MH Care Coordinator, Responsible Clinician (MHA) and Assigned Care Professional (Inpatient). Not clear whether the latter is purely for consultant allocation only or whether allocation of a Named Nurse can be also be submitted.	
MHS-185	Acute Care	Identify point in time where the decision is made to home treat.		This may be an internal referral within service and therefore referral received date/time is insufficient.	Jan-17	2018	NHS England	1a. Requested change received and being assessed	27/02/2017 Likely to be collected via SNOMED in the Care Activity or Indirect Activity tables. Time stamp will come either directly from the Indirect Activity table or from the Care Contact date/time.	
MHS-187	Acute Care	Identify that a Social Care Assessment has taken place within 72hrs of treatment starting			Jan-17	2018	NHS England	1a. Requested change received and being assessed	27/02/2017 Likely to be recorded as a SNOMED code in the Care Activity table where the Care contact Date/time of the assessment Care Activity provides the required time stamp. May require authoring of a new SNOMED code.	
MHS-189	Acute Care	Facilitate recording of psychological therapy offered			Jan-17	2018	NHS England	1a. Requested change received and being assessed	<b>This requirement applies to various Areas of Interest. Please see master row MHS-180 for further information.</b>	
MHS-171	Acute Care	Changes to allow measurement of Acute Care Services access and waiting time data metrics	Allow measurement of "Achieving Better Access to Mental Health Care: Acute Care Services" pathway	TBC - to be split into constituent requirements	Nov-16	Apr-18	NHS Digital	1b. Awaiting further information from requester for Need-Stage		
MHS-186	Acute Care	Collect PREMs			Jan-17	2018	NHS England	1b. Awaiting further information from requester for Need-Stage	27/02/2017 Full detail of the PREMs required from NHS England. Likely to require SNOMED codes authoring. Can be collected via one of the Coded Scored Assessment or the Anonymous Self Assessment tables.	
MHS-188	Acute Care	Identify patient physical health checks			Jan-17	2018	NHS England	1b. Awaiting further information from requester for Need-Stage	27/02/2017 More detail required from NHS England. Nature of the physical health checks to determine if they are already in SNOMED. Also clarity required with respect to who carries out the checks to determine if they are in scope of MHSDS.	
MHS-189	Acute Care	Identify daily 'meaningful' activity.	The patient should undertake meaningful activities or occupation each day.		Jan-17	2018	NHS England	1b. Awaiting further information from requester for Need-Stage	27/02/2017 This requirement cannot be accommodated in the data set as currently defined. Further detail required from NHS E for reassessment.	
MHS-190	Acute Care	Identify daily contact with clinician.			Jan-17	2018	NHS England	1b. Awaiting further information from requester for Need-Stage	27/02/2017 This activity can be captured, however it may involve significant additional burden for the providers. Greater detail, and clear justification required.	
MHS-183	Acute Care	Further granularity required with regard to planned and actual discharge destinations.		Need further granularity in data set, to include 'Supported Housing' / 'private dwelling' / 'local authority provided' / 'housing association provided' / 'other'	Jan-17	2018	NHS England		<b>This requirement applies to various Areas of Interest. Please see master row MHS-182 for further information.</b>	
MHS-161	Adult Mental Health	Liaison MH (non urgent/emergency) pathway requirements		TBC - to be split into constituent requirements	Nov-16			1a. Requested change received and being assessed	21/12/2016 NHS Digital - IPMH Data Metrics provided for reference which includes core/integrated IAPT as well as liaison MH services. Awaiting requirements and timescales.	

MHSDS Requested Changes Summary

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Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-16	Adult Mental Health	Inclusion of algorithm-suggested cluster data item	Currently no way to distinguish if the algorithm has influenced the clustering decision (e.g. if a change between initial and final, no indication of reason)					2a. On hold - awaiting funding/prioritisation	
MHS-19	Adversity in Childhood	Recording of Child Sexual Abuse (CSA) data	To support understanding of the current prevalence of child sexual abuse	Addition of Adverse Childhood Event (ACE) and Child Sexual Abuse (ACE CASE) questionnaire			CSA Project Team, NHS Digital	0. Potential change to monitor	ACE questionnaire one of possible requirements and will be progressed with UKTC/NCCR. Awaiting further details of additional requirements.
MHS-121	Autistic Spectrum Disorder	Identify time from referral to initial assessment for autistic spectrum disorder	Requirement to monitor access to assessment for autism spectrum disorder, which arises from the MHFYFV priority pathway development programme and the Think Autism strategy. <sup>3</sup> outlined indicators: 1. The length of time between referral for a diagnosis and first appointment. 2. The number and profile of people diagnosed with autism within a period. 3. Outcomes for people receiving a diagnosis of autism within a period.		Nov-16	Apr-18	Department of Health	1b. Awaiting further information from requester for Need-Stage	NHS Digital 21/12/2016 - This could likely be an analysis requirement rather than change to the data set. As per other pathway streams, this could involve a local transformation plan to guide services to record Care Activities in relation to ASD assessments.
MHS-99	Children and Young People's Mental Health	Monitor changes to contextual information regarding CAMHS Tier framework to ensure CAMHS Tier of Service is in alignment with policy changes.			Aug-16		Data Model and Dictionary	0. Potential change to monitor	16/02/2017 NHS Digital - Ongoing requirement to monitor existing Tier data item. Agreed with NHS England that no changes required for v3.0 and that DQ will be assessed to see if the new "Unspecified Tier" code improves completeness, allowing identification of CYPMH activity.
MHS-98	Children and Young People's Mental Health	Review code list numbering for CAMHS Needs Based Grouping data item	Code list numbering is not as per editorial principles.		Aug-16		Data Model and Dictionary	1a. Requested change received and being assessed	
MHS-138	Children and Young People's Mental Health	Improve data capture in regards to the Current View questionnaire	Improve DQ - poorly completed at present		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/12/2016 NHS Digital - This will likely be met through additional guidance however consultation could indicate any data set changes needed in support.
MHS-139	Children and Young People's Mental Health	Improve data capture in regards to the Goals Based Outcomes questionnaire	Improve DQ - poorly completed at present		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/12/2016 NHS Digital - This will likely be met through additional guidance however consultation could indicate any data set changes needed in support.
MHS-141	Children and Young People's Mental Health	Includes changes required to support generic AWT standard		TBC - to be split into constituent requirements	Nov-16		NHS England	1a. Requested change received and being assessed	27/02/2017 Detailed requirement in the process of being defined and solutions agreed. Further details can be found under additional rows attributed to the Children and Young People's Mental health Area of Interest.
MHS-143	Children and Young People's Mental Health	Identification of date of transition meeting for Young Person	To support the ongoing assessment of implementation of the Future in Mind policy aim for joint working and shared practice between services to promote continuity of care during transition between services.		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	
MHS-144	Children and Young People's Mental Health	Identification of who was involved in transition meeting	To be able to capture whether CYPMHS had a meeting with a Young Person (YP) that included relevant receiving services, and where appropriate parents / carers		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	10/01/2017 NHS Digital - Discussion suggests this may be covered by identification of agreed plan, by making the definition of such a plan include a requirement for specific attendance. I.e. by having agreed plan, assume relevant parties involved

MHSDS Requested Changes Summary

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Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-145	Children and Young People's Mental Health	Capture date of completion of a transition plan for a Young Person	To be able to capture whether CYPMHS had a meeting with a Young Person (YP) that included relevant receiving services, and where appropriate parents / carers		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	
MHS-146	Children and Young People's Mental Health	Capture who was involved in completion of a transition plan for a Young Person	To be able to capture whether CYPMHS had a meeting with a Young Person (YP) that included relevant receiving services, and where appropriate parents / carers		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	
MHS-147	Children and Young People's Mental Health	Capture if a transition plan for a Young Person had been shared with the relevant receiving service	To be able to capture whether CYPMHS had a meeting with a Young Person (YP) that included relevant receiving services, and where appropriate parents / carers		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	
MHS-148	Children and Young People's Mental Health	Identification of named Transition Key Worker for Young Person	To be able to capture whether CYPMHS had a meeting with a Young Person (YP) that included relevant receiving services, and where appropriate parents / carers		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	
MHS-140	Children and Young People's Mental Health	Support AWT standard for existing CYP eating disorder pathway and expansion work		TBC - to be split into constituent requirements	Nov-16		NHS England	1b. Awaiting further information from requester for Need-Stage	21/12/2016 NHS Digital - Requirements to be identified.
MHS-178	Children and Young People's Mental Health	Addition of CYP Risk Management Plan to the MHS008 care Plan Type table		Add new code to the Care Plan Type Code (Mental Health) list	Feb-17	2018	NHS England	1b. Awaiting further information from requester for Need-Stage	21/02/2017 Formal name, definition and justification to be provided by NHS England.
MHS-44	Children and Young People's Mental Health	Changes to 'Primary reason for referral' and 'Other Reason for referral' values to accurately identify CAMHS activity	Ensure code list reflects activity accurately.		Feb-16	Apr-17	MHDIPB / NHS England	2a. On hold - awaiting funding/prioritisation	Awaiting detailed requirements. CMHT to also consolidate and analyse feedback received throughout implementation to identify any required changes.
MHS-191	Children and Young People's Mental Health	Inclusion of Modified Strengths and Difficulties Questionnaire 8	To enable reporting of all outcome measures included within the CYP IAPT Programme.	Inclusion of related SNOMED CT concepts within the 'MH Assessment Scales' reference table		Jan-16	NHS England	2f. Implementation agreed through clinical terminology	Inclusion of this tool is subject to outcome of national license discussions, followed by authoring of relevant SNOMED CT content.
MHS-109	Clinical Terminology Development	Add ICD-11 as an option within "Scheme in Use"	To align with Information Standards development in respect to ICD coding.			TBC	Clinical Classifications Service (NHS Digital)	0. Potential change to monitor	ICD-11 is currently in development by WHO and is due to go to the World Health Assembly for endorsement in 2018. If endorsed, the UK will then have to go through due processes to have ICD-11 formally accepted as an Information Standard and only then will an implementation date be known. If ICD-11 is accepted for implementation, then this will replace the current ICD-10. ICD-11 Field trials are planned to take place April-June 2017 when NHS Digital will be looking for organisations to volunteer as field trial sites. Mental Health Trusts will be amongst the organisations needed to participate. See <a href="https://digital.nhs.uk/icd11">https://digital.nhs.uk/icd11</a>
MHS-89	Clinical Terminology Development	Replace Religion data item with SNOMED CT subset equivalent.			May-16		Data Model and Dictionary	1a. Requested change received and being assessed	A SNOMED CT subset is maintained for Religion which can replace the existing Data Dictionary data item.
MHS-96	Delayed Transfers of Care	Add further clarity to Delayed Discharge Reason codes in relation to delay attribution			Aug-16		Data Model and Dictionary	1a. Requested change received and being assessed	As per MHSDS v2.0 DD Position Statement. To be mitigated via guidance for v2.0 and reviewed for v3.0.



MHSDS Requested Changes Summary

Ref ID	Area of Interest	Requested Change				Requester		Status	
		Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-122	Digital / Online Therapy	Requirement to capture digital/on-line therapy	MH5YFV Implementation Plan		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/02/2017 Waiting for more detailed description of the requirement to inform modelling in the data set.  Some services are purely virtual. See Big White Wall as example.
MHS-133	Early Intervention in Psychosis	Address data recording issues identified from EIP AWT standard analysis to date	Ensure robust data collection underpins AWT standard reporting across all pathways.		Nov-16		NHS England	0. Potential change to monitor	21/12/2016 NHS Digital - Request suggests issues relating to linkage between Care Coordinator assignment and Team Type, as well as identifying F2F contacts. For investigation with MH analysis team.
MHS-150	Early Intervention in Psychosis	Capture if an intervention was offered, considered, not clinically indicated or accepted	Important for Access and Waiting Times standard to indicate where NICE recommended treatment was offered but refused.		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	<b>This requirement applies to various Areas of Interest. Please see master row MHS-180 for further information.</b>
MHS-158	Early Intervention in Psychosis	Identify the intended/commissioned age range for all services	To understand where referrals are being accepted for services users which the service is not commissioned to treat.		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/12/2016 NHS Digital - A similar item exists for inpatient wards in MHS502.
MHS-149	Early Intervention in Psychosis	Differentiate between First Episode Psychosis and At-Risk Mental State pathways	FEP pathway includes measurement of waits for people with FEP and those with 'At risk mental state'. However the treatment options are different for these groups therefore the MHSDS needs to be able to differentiate between the two groups.		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	21/02/2017 - Awaiting response with regard to how the pathways diverge and how this can be identified.
MHS-135	Employment	Capture provision of Individual Placement and Support (IPS) and distinguishing this from generic employment support	MHFYFV commitment to a doubling access to IPS, enabling people with severe mental illness (SMI) to find and retain employment. Currently only possible to capture generic employment support and not IPS. We need to be able monitor referrals for support as the 5YFV has committed to a trajectory of improvement by 2020	1. To be able to capture provision of IPS For this do we need a SNOMED code for IPS?  2.To be able to capture more nuanced employment outcomes, other than binary in / out of work, e.g. - Worked for 1 day - Sustained employment for 12 weeks	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/02/2017 - Initial consideration suggests this will require a new team type in the MHS102 Team type table.
MHS-97	Forensic Mental Health	Review code list numbering and format in light of finalised list of Forensic MH Care Clusters	Code list numbering is not as per editorial principles.		Aug-16		Data Model and Dictionary	1a. Requested change received and being assessed	As per MHSDS v2.0 DD Position Statement.
MHS-11	Forensic Mental Health	Collect HCR-20 assessments	Enable collection of the Forensic Mental Health tariff and currency model	Author and include SNOMED CT terms for the HCR-20, versions 2 and 3		Apr-17	NHS England	2a. On hold - awaiting funding/prioritisation	Inclusion of this tool is subject to outcome of national license discussions between NHS England and NCCR, followed by authoring of relevant SNOMED CT content.
MHS-23	Learning Disabilities	Collect Forensic Learning Disabilities currencies & payment system data	Enable collection of the Forensic Learning Disabilities currencies & payment model				NHS England	0. Potential change to monitor	Awaiting requirements and timescales.
MHS-24	Learning Disabilities	Collect Learning Disabilities currencies & payment system data	Enable collection of the Learning Disabilities currencies & payment model				NHS England	0. Potential change to monitor	Awaiting requirements and timescales.
MHS-103	Learning Disabilities	Amend Hospital Bed Type code list with agreed codes for Learning Disabilities			Aug-16		NHS England	0. Potential change to monitor	Expansion of LD bed types to be provided for future iteration.

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MHS-35	Learning Disabilities	Collect the reason behind a patient choosing not to make use of independent advocacy, as per q45g of the LD Census and q20b of Assuring Transformation	Inclusion of further data items from the LD census			Apr-17	Department of Health	1a. Requested change received and being assessed	Current position: Advocacy data is currently being assessed by DH and CQC. Any amendments to advocacy data should be informed following assessment. For future development: Clinical terminology solution would be required as discrete data item unsuitable given current method as capturing advocacy attendance. Some SNOMED content in existence. E.g. "Does not want an advocate (finding)". Can look to refine content for October 2015 terminology release.
MHS-54	Learning Disabilities	Provide an indication of whether/when the patient had a pre-admission Care and Treatment Review (CTR), as per q23/24 of Assuring Transformation	Inclusion of further data items from the Assuring Transformation collection, as revised.  Increasingly important indicator of quality of care.	Collection of 'date' and 'outcome' of pre-admission or community CTR.		Apr-17	NHS England	1a. Requested change received and being assessed	NHS Digital 21/12/16 - To further assess for v3.0  NHS England 30/11/16 - The data items are the date that the CTR took place and the outcome (using the options available in the CTR template completed at the time of the review). Pre-admission CTRs always include the current provider of community support, so this would be the submitting organisation.
MHS-118	Learning Disabilities	Collect if the patient was admitted for respite care only, as per q30 of Assuring Transformation.	To allow this activity to be identified so that analysis of treatment admissions can be undertaken effectively. To also enable analysis of over-reliance on respite care, or respite care being provided in inappropriate settings.		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	As per closed MHS-42, a Treatment Function Code of "319 - Respite Care" was added in MHSDS v2.0. A diagnosis of Respite Care can also be submitted against the Referral. This new ticket represents action to further consult with the aim of understanding if this provides adequate identification.
MHS-112	Learning Disabilities	Capture the use of psychotropic medication, as per question 40a of the LD Census.	Key indicator of quality of care within the NHS England LD Programme.	Identification of whether the patient received any psychotropic medication within the reporting period.		Apr-17	NHS England	1a. Requested change received and being assessed	21/12/2016 NHS Digital - Requirement reconfirmed for v3.0 consultation. To investigate similar IAPT item "PSYCHOTROPIC MEDICATION USAGE" as an option.  NHS Digital 03/2016 - Initially rejected from v2.0 due to timescales for consulting and defining this complex requirement. Medication generally is not suitable for MHSDS and better placed as a prescribing collection by those with expertise in this area. Any alternative solution would require significant development and consultation due to complexities. For example, does "received" mean taken/prescribed/given.
MHS-119	Learning Disabilities	Capture the reason for use of psychotropic medication, as per q40b of the LD Census.	Key indicator of quality of care within the NHS England LD Programme.	Was this 1) For the treatment of a formally diagnosed mental illness; 2) For the management of challenging behaviour; 3) A therapeutic trial in the context of uncertainty about psychiatric diagnosis; 4) Other	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	See MHS-112.
MHS-120	Learning Disabilities	Inclusion of team type for "Enhanced Support Service"	This is a service for adults or children presenting with behaviours that challenge that requires distinguishing within the MHSDS.	Include "Enhanced Support Service" as an option in the Learning Disability Services heading for: Service or Team Type Referred To (Mental Health) (MHS102/MHS301) Care Professional Service Or Team Type Association (Mental Health) (MHS006)	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	

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MHS-17	Learning Disabilities	Inclusion of Health Equalities Framework (HEF) assessment tool for LD	Inclusion of further learning disability data - a framework for measuring progress.	No structural amendments required to Data Set. Author and include SNOMED CT terms for the HEF		Apr-17	Department of Health Provider NHS England	2a. On hold - awaiting funding/prioritisation	Inclusion of this tool is subject to outcome of national license discussions between NHS England and NCCR, followed by authoring of relevant SNOMED CT content.
MHS-29	Learning Disabilities	Capture if the patient was recorded to be at risk of behavioural problems, as per q18 of the LD Census	Inclusion of further data items from the LD census	Record risk of the following: -violence or threats of violence to others -sexual behaviour constituting risk to others -sexual behaviour constituting risk to self -risk of fire setting -injury to self -property damage		Apr-17	Department of Health	2f. Implementation agreed through clinical terminology	No structural change required to data set. Behavioural problems could be recorded through the existing Diagnosis tables OR using CODED FINDING. Diagnosis tables cater for provisional and confirmed diagnoses.  Latter would be a SNOMED CT driven and captured as a Clinical Finding or through an assessment tool. 18/03/16 - Coded Finding solution option agreed with stakeholders.
MHS-60	Perinatal Mental Health	Identification of separation between Mother and Baby			Feb-16	Apr-17	MHDIPB / NHS England	1a. Requested change received and being assessed	This links into MHS-63 in that identification of mothers would be needed to start with. Further consultation would be required to see how mother/baby separation recorded locally. This could be addressed in guidance and data linkage. E.g. if baby is admitted
MHS-151	Perinatal Mental Health	Record where there has been a prescription of valproate for women of childbearing age	Government priority to improve perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home. This will allow national and regional benchmarking and monitor progress in provision of services over the next 5 years		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	
MHS-159	Perinatal Mental Health	Add context to perinatal pathway as to availability of a Mother and Baby Unit	To measure how long it took for a MBU to be available from referral.	Requirement to be able to identify when a referral has been made to a mother and baby unit.	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/12/2016 NHS Digital - The data would show the ward stays for the service user. However, if this is an acute ward initially it is not clear whether this is because an MBU was not available. Furthermore, recovery and discharge could occur on acute ward prior to planned MBU stay.
MHS-160	Perinatal Mental Health	Record MDT birth care plan			Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	21/12/2016 NHS Digital - Further information required about this type of plan. Is this MH specific or a collaborative plan with maternity services?
MHS-176	Perinatal Mental Health	Addition of Pre Perinatal Advice as a Reason for Referral Code	Required to identify clock start in the Perinatal Pathway 1:	50% of women with severe mental illness who are planning a pregnancy receive preconception advice by a specialist community mental health service within six weeks of referral and 90% within eight weeks.	Jan-17	2018	NHS England	1a. Requested change received and being assessed	23/02/2017 - Following discussion with NHS digital and NHS E colleagues, potential solution is to add an additional code to the Primary (and other) Reason for Referral code list to the effect of 'Pre-perinatal mental health concern'. Solution to be agreed by NHS E lead and further consultation required.
MHS-179	Perinatal Mental Health	Facilitate recording of patient rejected interventions	Required as a potential 'clock stop' for the perinatal pathway.	Clock stop' will include nice recommended interventions. If a nice recommended intervention is offered, but rejected by the patient, the provider should not be penalised with regard to waiting times.	Jan-17	2018	NHS England	1a. Requested change received and being assessed	<b>This requirement applies to various Areas of Interest. Please see master row MHS-180 for further information.</b>

MHSDS Requested Changes Summary

Ref ID	Area of Interest	Requested Change				Requester		Status	
		Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-154	Perinatal Mental Health	Measurement of Perinatal Mental Health AWT pathway		TBC - to be split into constituent requirements	Nov-16		NHS England	1b. Awaiting further information from requester for Need-Stage	21/02/2017 - Discussion ongoing between NHS Digital and NHSE to develop clear description of the requirement to identify women in the mental health perinatal period, and definition of the MH perinatal period as a basis for other perinatal requirements. Paper detailing the current position disseminated to NHSE 21/02/2017.
MHS-181	Perinatal Mental Health	Understand where the mother has been referred on to, irrespective of if the location is a health organisation.			Jan-17	2018	NHS England		<b>This requirement applies to various Areas of Interest. Please see master row MHS-182 for further information.</b>
MHS-134	Physical Health	Measure whether physical health checks are taking place for people in secondary care services	MHFYFV commitment to increasing access to physical health assessments and interventions to people with severe mental illness Currently have national policy lever (PSMI CQUIN, Part 3a) which incentivises people with psychosis to receive a cardio-metabolic assessment and treatment within inpatient setting, EIP services and community based teams. This is captured via CQUIN audit.	To be able to capture service user's result of an assessment of cardio-metabolic risk factors (based on Lester tool plus alcohol and drugs) including: 1. Cardio-metabolic risk factors, including: - Smoking status; - Lifestyle (including exercise, diet alcohol and drugs); - Body Mass Index; Blood pressure; - Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate); - Blood lipids.  2. Capture the date on which this assessment is undertaken (and an ability to assess this relative to date of admission / entry on to caseload for community settings).  3. To be able to capture any intervention offered that may be undertaken as a result of needs flagged by this assessment.	Nov-16	Apr-18	NHS England	2d. Requested change rejected	20/01/2017 This information can be recoded via SNOMED codes in the Activity Table. No change to the data set required.
MHS-62	Protected Characteristics	Inclusion of "Gender Reassignment" protected characteristic	The "5 year forward view for Mental Health" calls for greater transparency of data including "breakdowns in access and outcomes across groups protected by the Equalities Act 2010"		Feb-16	Apr-17	NHS England MHDIPB	1b. Awaiting further information from requester for Need-Stage	This protected characteristic is not currently defined in the Data Dictionary. Awaiting further details regarding how this could be captured. E.g. is there a defined list of values
MHS-64	Protected Characteristics	Inclusion of "sexual orientation" protected characteristic	The "5 year forward view for Mental Health" calls for greater transparency of data including "breakdowns in access and outcomes across groups protected by the Equalities Act 2010".	Addition of Sexual Orientation (Current) to MHS001MPI	Feb-16	Apr-17	NHS England MHDIPB	2b. Implementation agreed in future minor release	06/06/16 - This requirement has been rejected for inclusion in MHSDS v2.0 due to the planned timescales of the "Sexual Orientation" monitoring standard which is going through SCCI months after MHSDS v2.0. The resultant data item will have a different list to that currently in the data dictionary and IAPT.



MHSDS Requested Changes Summary

Ref ID	Area of Interest	Requested Change				Requested Change Received Date	Requested Change Implementation Date	Requester	Status	Status Log Notes
		Statement	Justification and Benefits	Detail	Requestor Organisation			Status of Development		
MHS-63	Protected Characteristics	Inclusion of "pregnancy and maternity" protected characteristic to aid identification of female patients in the perinatal period. i.e. pregnant or post-natal period (up to one year post birth).	The "5 year forward view for Mental Health" calls for greater transparency of data including "breakdowns in access and outcomes across groups protected by the Equalities Act 2010". Government priority to improve perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home. This will allow national and regional benchmarking and monitor progress in provision of services over the next 5 years		Feb-16	Apr-17	NHS England MHDIPB	2d. Requested change rejected	20/01/2017 - Linkage with the Maternity Data Set has now been accomplished. No requirement for a change to MHSDS.  30/11/16 - Requirement to be revisited for v3.0  08/08/16 - Discussion took place at 15th July workshop, importance understood but no ideal solution to identify full cohort. 'Clinical Finding' solution to be progressed in parallel to data linkage.  02/16 - There are two possible ways to provide this information however data linkage has clear and wider benefits: -Data linkage to MSDS - Linkage still being investigated for feasibility/ appropriateness. Requires clinical input for direct care implications. -Flags in MHSDS: Apprehensive for a flag due to burden of maintaining/DQ in light of sensitivity.	
MHS-92	Specialised Commissioning	Identification of Trial Leave movement	To enable retirement of SMH Provider Template, reducing burden.		Jun-16	Apr-18	NHS England Providers	1a. Requested change received and being assessed	Although the data set records movement across ward securities and into community, it is not currently possible to identify whether Trial Leave has been used. Need to identify care pathway steps in relation to Trial Leave, which could involve inclusion of further onward referral reasons and/or an explicit flag against a ward stay.  Raised by providers at June-16 stakeholder events. Also included in the SMH Provider Template and expected to be prioritised as a v3.0 requirement.	
MHS-162	Specialised Commissioning	Record NHS England Specialised Commissioning Service Line and Category	To enable retirement of SMH Provider Template, reducing burden. Essential to explicitly identify the service line/category commissioned.		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed		
MHS-163	Specialised Commissioning	Add greater granularity to Source of Admission by splitting code 39	To enable retirement of SMH Provider Template, reducing burden. To aid more granular reporting of sources of admission in relation to prisons and courts.	Amend code list of Source of Admission in MHS501 by splitting code '39 Penal establishment, Court, or Police Station / Police Custody Suite' into standalone codes.	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	03/01/2017 NHS Digital - This data item is used in CDS so will require a similar interim solution as per Discharge Method Code change included in v2.0.	
MHS-164	Specialised Commissioning	Inclusion of Ward Code and Name	To enable retirement of SMH Provider Template, reducing burden. NHS England commission at ward level and as a result would require the ward code and name to be populated for commissioning uses.	Addition of "Ward Code" to MHS502WardStay table as Optional or Required.	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	08/02/2017 NHS Digital - Formal ODS solution not possible for v3.0. However, an existing Ward Code data item exists in the Dictionary which can be used for local/commissioner uses.  03/01/2017 NHS Digital - Currently collect ODS Site Code but this is not at ward level as such.	
MHS-165	Specialised Commissioning	Differentiate between escorted and unescorted Leave of Absence	To enable retirement of SMH Provider Template, reducing burden. To improve granularity of analysis by adding this status.		Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed		

MHSDS Requested Changes Summary

Requested Change						Requester	Status		
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-175	Specialised Commissioning	Addition of Estimated Discharge Date	To enable retirement of SMH Provider Template, reducing burden. To aid capacity analysis.	Addition of Estimated Discharge Date (Hospital Provider Spell) to MHS501 Hospital Provider Spell table.	Nov-16		NHS England	1a. Requested change received and being assessed	05/01/2017 NHS England - Also known as indicative date of discharge, this would be set at or shortly after admission to give a rough indication of how long the patient is likely to be occupying a bed, for capacity planning reasons. Planned Discharge Date would be set once the patient has been confirmed for discharge.
MHS-176	Specialised Commissioning	Collect postcode of the discharge destination	To enable retirement of SMH Provider Template, reducing burden.	Addition of Postcode of Discharge Destination (Hospital Provider Spell) to MHS501 Hospital Provider Spell table.	Nov-16		NHS England	1a. Requested change received and being assessed	
MHS-166	Specialised Commissioning	Record periods of care under Special Observation	To enable retirement of SMH Provider Template, reducing burden. To demonstrate special observations which are commissioned supplementary to the service line / category.		Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	
MHS-168	Specialised Commissioning	Record Biological Gender in addition to Person Stated Gender - for gender services	To enable retirement of SMH Provider Template, reducing burden. To support differential analyses between biological and chosen gender as per the service specification / pathway for this service <a href="https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c05/">https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c05/</a>	Addition of PERSON PHENOTYPIC SEX CLASSIFICATION within MHS001MPI table.	Nov-16	Apr-18	NHS England	1b. Awaiting further information from requester for Need-Stage	21/02/2017 Requirement for clear and detailed justification for requirement to collect data relating to gender dysphoria/reassignment.
MHS-169	Specialised Commissioning	Review removed Delayed Discharge Reason codes in relation to Specialised Commissioning requirements	To enable retirement of SMH Provider Template, reducing burden.		Nov-16	Apr-18	NHS England	2d. Requested change rejected	20/01/2017 These codes were removed from MHSDS in v2.0 following request from DH and consultation across the MH Data Sets community. Concerns should be addressed directly with DH. Contacts can be provided.  04/01/17 NHS Digital - Concern has been expressed with the changes to the list made for MHSDS v2.0. This would result in a loss of information against the following categories for specialised commissioning MH services: A1,F1,G1,I1,J1,K1,Z1
MHS-167	Specialised Commissioning	Record a range of care activities included in the SMH Provider Template	To enable retirement of SMH Provider Template, reducing burden.	Record the following: ACC Access Assessment (and decision) DIS Pre-Discharge Meeting LAC Looked After Child Review OFF Offence-Specific Risk Assessment OTH Other Assessment/Review S117 Section 117 Meeting SAV SAVRY Risk Assessment	Nov-16	Apr-18	NHS England	2f. Implementation agreed through clinical terminology	20/01/2017 Requirement can currently flow through the Care Activity and or Coded Scored Assessment Tables. SNOMED codes to be identified with/authored by the SNOMED team.
MHS-117	Urgent and Emergency Mental Health	Potential overlapping requirements in respect to Emergency Care Data Set (ECDS)		TBC	Nov-16		NHS England	0. Potential change to monitor	21/12/2016 NHS Digital - A new Emergency Care standard is currently going through SCCI. There may be further requirements more appropriately dealt with through MHSDS

MHSDS Requested Changes Summary

Requested Change						Requester	Status		
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-153	Urgent and Emergency Mental Health	Changes to allow measurement across crisis care pathway for adults and CYP		TBC - to be split into constituent requirements	Nov-16		NHS England	0. Potential change to monitor	21/12/2016 NHS Digital - Final data set change requests to be confirmed across the 4 pathways: Part 2: Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults Part 1: 'Blue Light' Services Providing an Urgent and Emergency Mental Health Response for All Ages Part 4: Urgent and Emergency Mental Health Services for Children and Young People Part 3: Urgent and Emergency Community Mental Health Services for Adults and Older Adults
MHS-152	Urgent and Emergency Mental Health	Addition of timestamps within Care Plan tables MHS008 and MHS009.	Recording Time as well as Date is essential for Urgent and Emergency Mental Health pathway standards, where pathways can be 4hr or 24hr long.	Possible addition of (TBC): CARE PLAN CREATION TIME CARE PLAN LAST UPDATED TIME CARE PLAN IMPLEMENTATION TIME CARE PLAN AGREED TIME	Nov-16	Apr-18	NHS England	1a. Requested change received and being assessed	
MHS-173	Urgent and Emergency Mental Health	Addition of Team Type of 'Health Based Place of Safety Service'	To identify cohort of patients on Blue Light Access and Waiting Times Pathway		Jan-17		NHS England	1a. Requested change received and being assessed	
MHS-174	Urgent and Emergency Mental Health	Identify range of factors relating to MH Crisis presentation			Jan-17		NHS England	1a. Requested change received and being assessed	
MHS-184	Urgent and Emergency Mental Health	Additional Referral Closure Reason for "No further treatment appropriate - advice only".			Jan-17	Apr-18	NHS England	1a. Requested change received and being assessed	24/02/2017 NHS Digital - Data item is used across data sets therefore there is likely limited scope for changing the existing code list
MHS-94	Urgent and Emergency Mental Health	Identification of the use of designated s136 Assessment Suites		Addition of "136 Assessment Suite" to Activity Location Type Code.	May-16		NHS England	2e. Requested change withdrawn by Requester	20/01/2017 Alternative requirement requested See MHS 173  See MHS-86 for history.  Definition required to enable inclusion. Need to evidence these suites are designated locations rather than a "use" of an existing location type.
MHS-59	Urgent and Emergency Mental Health	Identify types of assessment undertaken		Ensure following assessments are robustly recorded as CODED PROCEDURES: Biopsychosocial assessment, Mental Health Act assessment	Feb-16	Apr-17	MHDIPB / NHS England	2f. Implementation agreed through clinical terminology	20/01/2017 The code has been authored in SNOMED. it is anticipated that guidance will be included in the Commissioning Guidance for the pathway. NHS digital will link to guidance when available.  13/05/15 - Following TUG consultation, this requirement fits naturally within Care Activity table as a CODED PROCEDURE. Status changed to 2f, subject to further consultation with NHS England and relevant stakeholders.
MHS-180	Various	Facilitate recording of patient rejected interventions	Required as a potential 'clock stop' for multiple pathways.	'Clock stop' will include nice recommended interventions. If a nice recommended intervention is offered, but rejected by the patient, the provider should not be penalised with regard to waiting times.	Jan-17	2018		1a. Requested change received and being assessed	23/02/2017 - This is likely to be recorded via SNOMED in the MHS202 Care Activity Table. Precise solution still to be determined. Further consultation required with representatives from multiple care pathways to ensure the solution is consistent across pathways and fit for all. Further consultation required with UKCT to agree appropriate modelling in the data set. <b>Also see MHS-179 Perinatal MH, MHS-150 EIP, MHS-189 Acute</b>

MHSDS Requested Changes Summary

Ref ID	Area of Interest	Requested Change				Requester		Status	
		Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Status of Development	Status Log Notes
MHS-182	Various	Greater detail with regard to the location of the patient on exit from service.		Need further granularity in data set, to include 'Supported Housing' / 'private dwelling' / 'local authority provided' / 'housing association provided' / 'other'	Jan-17	2018			23/02/2017 - Planned and Actual Discharge Destination code List in MHS501 Hospital Provider Spell, but insufficient granularity. To extend this list would be problematic due to overlap with the CDSs. Further consultation required with representatives from multiple care pathways to ensure the solution is consistent across pathways and fit for all. <b>Also see MHS-181 Perinatal MH, MHS-183 Acute Care.</b>
MHS-116	Workforce	Ensure consistency between Workforce team and MHSDS approaches to recording workforce data items	NHS England have a requirement to be able to effectively show the number of staff working on mental health. This is a Workforce team requirement, however has highlighted the need to ensure MHSDS is not in conflict.		Nov-16		NHS Digital	0. Potential change to monitor	
MHS-115	Workforce	Consolidate references to 'care professional' and 'role' within Staff Details table as appropriate.	To clarify purpose of Staff Details table		Nov-16		NHS Digital	1a. Requested change received and being assessed	20/01/2017 This forms part of a wider requirement to reengineer the staff table, which will be undertaken as a separate piece of work, distinct from the current development.  Purpose of the table is to understand the function being undertaken for a specific activity/assignment. One Care Professional may have multiple roles. Need exists to ensure terminology consistently reflects the function/role.
MHS-105	Workforce	Add Mental Health Nursing option to 'Referring Care Professional Staff Group' data item	To capture MH Nurse care and improve data quality		Sep-16		NHS Digital Providers	1a. Requested change received and being assessed	20/01/2017 This forms part of a wider requirement to reengineer the staff table, which will be undertaken as a separate piece of work, distinct from the current development.
MHS-14	General Maintenance	Merge the IAPT Data Set into MHSDS	Reduce burden of making multiple submissions. Consolidate the format that mental health data is submitted in.	Expand the MHSDS scope to cover IAPT services and retire the existing IAPT Data Set.		Apr-18	CHMT, NHS Digital	0. Potential change to monitor	27/02/2017 Confirmation received from the MH D&IPB 23/02/2017 that IAPT will not be incorporated into MHSDS v3.0. Status of IAPT requirements will be dealt with separately from MHSDS going forward.
MHS-52	General Maintenance	Review Service or Team Type Referred To code list	To reflect existing service delivery models	Amend Code list to: Service or Team Type Referred To (Mental Health) Care Professional Service Or Team Type Association (Mental Health)			Providers NHS England	0. Potential change to monitor	Consolidate list feedback received throughout implementation to identify any required changes.  21/12/2016 NHS Digital - Possible change in relation to CYP crisis/liaison services
MHS-104	General Maintenance	Amend Ward Stay table in light of feedback from 'bed type' dual run pilot	To remove the short term duplication, leaving best solution to recording required Ward Stay data.	Deletion of either: Hospital Bed Type OR Other Ward properties such as security level, intended age etc..	Aug-16		NHS Digital	0. Potential change to monitor	Please see Appendix 7 of the MHSDS v2.0 User Guidance for details of the dual running approach and associated timescales.
MHS-136	General Maintenance	Rationalisation of existing fields in relation to community mental health services	Reduce data burden by removing data items no longer required	Need to understand DQ of items currently collected and assess in respect of reporting needs	Nov-16		NHS England	0. Potential change to monitor	01/12/2016 NHS England - Need to understand DQ of items currently collected and assess in respect of reporting needs
MHS-137	General Maintenance	Amend CPA collection in line with planned CPA review	MHFYFV Implementation plan		Nov-16		NHS England	0. Potential change to monitor	01/12/2016 NHS England - Timeframe likely to be outside of this v3.0 change request - flagging for information
MHS-170	General Maintenance	Compliance with the recently approved De-Identification Information Standard (SCCI2210 Amd 55/2016)	To comply with this Information Standard for De-Identification.		Dec-16		NHS Digital	0. Potential change to monitor	27/02/2017 NHS Digital - Awaiting ISN for final requirements, expected April 2017.
MHS-93	General Maintenance	Make PERSON BIRTH DATE data item in MHS001MPI table a mandatory item	To allow meaningful date validations on other linked tables	Increase mandate from R to M	Jul-16		HSCIC	1a. Requested change received and being assessed	



MHSDS Requested Changes Summary

Ref ID	Area of Interest	Requested Change				Requester		Status	
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MHS-100	General Maintenance	Amend the table name for Coded Scored Assessment (Contact) to align with the assessments being completed as part of a Care Activity	To clarify purpose of the table.		Aug-16		Data Model and Dictionary	1a. Requested change received and being assessed	
MHS-102	General Maintenance	Review Mental Health Care Cluster Super Class Code wording in light of some currencies not having a Super Class	To ensure the data item scope is clarified.		Aug-16		Data Model and Dictionary	1a. Requested change received and being assessed	
MHS-107	General Maintenance	Amendment to structure of MHS505 Restrictive Interventions table to aid data flow	This types of restrictive intervention included contain 'events' and 'episodes'. This makes specifying inclusion rules difficult to only accept the required data.		Apr-16		Providers	1a. Requested change received and being assessed	See BSP Known Issues Update document for further details and current mitigating guidance.
MHS-83	General Maintenance	Update Language Code (Preferred) in line with latest ISO 639-3 standard.	To ensure that the latest standard is adopted and submitting in line with current practice.	TBC - either adoption of 639-3 code list or related SNOMED CT subset	Apr-16	Apr-17	ISAS NHS Digital	1a. Requested change received and being assessed	11/11/16 - Collection of ISO 639-3 may involve use of a SNOMED subset, rather than submission of ISO code list. To be investigated with UKTC and Information Standards teams. 06/06/16 - ISAS have queried Language Code. They state that the definition refers to ISO 639-1, but we are now up to ISO 639-3 (this would then be in line with SNOMED and READ). Change will not be progressed in v2.0 release due to timescales.
MHS-101	General Maintenance	Make Waiting Time Measurement Type Mandatory	The record is not usable without this field being populated		Aug-16		Data Model and Dictionary	1a. Requested change received and being assessed	20/01/2017 To be amended in MHSDS v3.0
MHS-113	General Maintenance	Amend Source of Referral codes in line with locations	There is currently a mixture of location and Care Professional attributes which should be aligned to a single attribute.	Amend codes such as General Medical Practitioner to General Medical Practitioner Practice	Jan-14		Data Model and Dictionary	2a. On hold - awaiting funding/prioritisation	20/01/2017 Minor change which affects multiple data sets. Process required to deal with this type of change.  Acknowledged in IAPT v1.5 DM&D Position Statement.
MHS-70	General Maintenance	Align with ODS identifier structure changes	ODS are undertaking a range of significant changes to Organisation Reference Data to address a number of long-standing issues. These changes are being implemented as an Information Standards Notice (ISN), assured by the Standardisation Committee for Care Information (SCCI).		Aug-16		Data Model and Dictionary and ODS Teams, NHS Digital	2b. Implementation agreed in future minor release	Full impact assessment required, many Data Dictionary ORGANISATION CODE items may be amended.  Identifier structure change, previously set at 1 April 2018, will now happen on 1 April 2020 (note – this is for new codes only, existing codes will not be replaced).
MHS-110	General Maintenance	Increase mandation of Discharge Plan Agreed By	Item is currently Required within table but is essential to make any sense of the record, therefore should be Mandatory.	Increase mandation from R to M	Oct-16	Apr-18	NHS Digital	2b. Implementation agreed in future minor release	20/01/2017 to be implemented MHSDS v3.0.
MHS-172	General Maintenance	Correct format of Assistive Technology Finding (SNOMED CT)	To ensure format is accurate and clarifies requirement for this data item. SNOMED CT codes are numeric so the fields should be numeric rather than alpha-numeric/	Change format from "min an6 max an18" to "min n6 max n18"	Oct-16		Data Model and Dictionary	2b. Implementation agreed in future minor release	20/01/2017 to be implemented in MHSDS v3.0.  DM&D team would like this to be addressed when possible to ensure data elements are correctly modelling to the overarching 'SNOMED CT Code' attribute.
MHS-111	General Maintenance	Correct format of Coded Assessment Tool Type (SNOMED CT)	To ensure format is accurate and clarifies requirement for this data item. SNOMED CT codes are numeric so the fields should be numeric rather than alpha-numeric/	Change format from "min an6 max an18" to "min n6 max n18"	Oct-16		Data Model and Dictionary	2b. Implementation agreed in future minor release	20/01/2017 to be implemented in MHSDS v3.0.  DM&D team would like this to be addressed when possible to ensure data elements are correctly modelling to the overarching 'SNOMED CT Code' attribute.

MHSDS Requested Changes Summary

Requested Change						Requester	Status		
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MHS-55	General Maintenance	Correct Data Dictionary format for NHS Service Agreement Line Number	This would ensure consistency in representation.	NHS Service Agreement Line Number is currently defined as "an10" in the Data Dictionary. Providers have indicated this should be "max an10".	Feb-16	Apr-17	CHMT, NHS Digital Providers	2b. Implementation agreed in future minor release	This item is used across data sets so would require cross data set planning to agree when a change could be planned for.
MHS-6	General Maintenance	Correct Data Dictionary format for Ethnic Category	This would ensure consistency in representation.	Ethnic Category is currently defined as "an2" in the Data Dictionary. There are codes with one character so this should be "max an2".	Jul-15	Apr-17	CHMT, NHS Digital	2b. Implementation agreed in future minor release	This item is used across data sets so would require cross data set planning to agree when a change could be planned for.
MHS-108	General Maintenance	Correct Data Dictionary format for Patient Pathway Identifier	This would ensure consistency in representation.	Patient Pathway Identifier is currently defined as "an20" in the Data Dictionary. This should be "max an20".	Aug-16		NHS Digital	2b. Implementation agreed in future minor release	This item is used across data sets so would require cross data set planning to agree when a change could be planned for.
MHS-7	General Maintenance	Correct Data Dictionary format for Care Cluster items	This would ensure consistency in representation.	Formats are currently set to max an4 which does not match code list.	Jul-15		Data Model and Dictionary	2b. Implementation agreed in future minor release	Initially set as max an4 due to future development considerations (in case single item for all types of clusters). Now data items have been separated, may need to assess format requirements.
MHS-156	General Maintenance	Correct format of Delayed Discharge Reason		Change format from an2 to max an3	Nov-16	Apr-18	NHS Digital	2b. Implementation agreed in future minor release	21/12/2016 NHS Digital - Format is specified in TOS as an2 but it should be "max an3" due to new codes added in v2.0. The DM&D is correct and therefore this is purely a typo in the TOS to correct.
MHS-157	General Maintenance	Correct code list for Ex-British Armed Forces Indicator		Change codes 2,3,5 to 02,03,05	Nov-16	Apr-18	NHS Digital	2b. Implementation agreed in future minor release	21/12/2016 NHS Digital - The DM&D is correct and therefore this is purely a typo in the TOS to correct.
MHS-26	General Maintenance	Move to XML as method of submission		Replace IDB with an XML input mechanism.		Apr-17	SCCI	2c. Implementation agreed in future major release	20/01/2017 This course of action is being pursued however development has dependencies outside the development team that will determine timetable for implementation.
MHS-106	General Maintenance	Authoring of a default Home-schooling code for Organisation Code (Educational Establishment)	To allow identification of CYP that Home-school rather than attend an educational establishment.	Liaise with ODS business team to release a new code within the ODS Default Code section.	Sep-16		NHS Digital Providers System Suppliers	2d. Requested change rejected	20/01/2017 The data set supports the flow of this data, the requirement is for an addition to the ODS reference data set. Sponsor for the change to be identified and responsibility passed to ODS.