

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

High-Level Data Set Change Requests

Document Details

Document Version Number	2017-12-01
-------------------------	------------

Current Dataset Version	MHSDS v2.0 (Amd 31/2016)	Implementation Date (Data Collection)	01 April 2017
Accepted Future Data Set Version	MHSDS v3.0 (Amd 82/2016)	Accepted Implementation Date (Data Collection)	01 April 2018
Planned Future Data Set Version	MHSDS v4.0 (TBC)	Planned Implementation Date (Data Collection)	01 April 2019

Developer	Rebecca Lee, Data Set Development Service, NHS Digital	Contact Details	NHS Digital 0300 303 5678 enquiries@nhsdigital.nhs.uk
SRO	Karen Turner, NHS England	Sponsor	Jonathon Marron - Department of Health

Current Position - Requested Change Development

Status of Development	Count
0. Potential change to monitor	16
1a. Requested change received and being assessed	6
1b. Awaiting further information from requester for Need-Stage	4
2a. On hold - awaiting funding/prioritisation	5
2b. Implementation agreed in future minor release	5
2c. Implementation agreed in future major release	1
2d. Requested change rejected	18
2e. Requested change withdrawn by Requester	12
2f. Implementation agreed through clinical terminology	13
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	1
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	34
4e. Requested change rejected at Full-Stage	0
Total	115

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 Data Set Development Service 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.

Development Cycle - Descriptions

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 Requested change withdrawn by Requester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

Please note: References to the Standardisation Committee for Care Information (SCCI) are incorrect from 1 April 2017, when it's approval functions transferred 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

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
MHS-189	Acute Care	Facilitate recording of psychological therapy offered		TOS Change - Replace PROCEDURE SCHEME IN USE and CODED PROCEDURE with CODED PROCEDURE AND PROCEDURE STATUS (SNOMED CT)	Jan-17	2018	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	This requirement applies to various Areas of Interest. Please see master row MHS-180 for further information.
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"	This requirement will dealt with in NHSE guidance - no change to TOS	Jan-17	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	13/04/2017 NHS Digital - Start Date (Ward Stay) is sufficient for a timestamp for entering ward. NHS England may consider specifying additional Care Activity guidance for recording orientation activities for contextual reporting.
MHS-185	Acute Care	Identify point in time where the decision is made to home treat.	To enable identification of the end of the crisis pathway and start of acute pathway where crisis care and home treated are provided as a single referral through an integrated CRHT team.	SNOMED CT Code - No change to TOS required SNOMED CT code authored as follows: 1084511000000104 Requires intensive home treatment (finding)	Jan-17	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	30/10/2017 Requirement completed following authoring of specific SNOMED CT concept in October 2017 release. 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. Please cross reference with MHS-196 regarding precise point that this is recorded.
MHS-187	Acute Care	Identify that a Social Care Assessment has taken place within 72hrs of treatment starting		SNOMED CT Code - No change to TOS required SNOMED CT code authored as follows: 1085651000000100 Assessment of social care needs (procedure)	Jan-17	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	30/10/2017 Requirement completed following authoring of specific SNOMED CT concept in October 2017 release. 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-188	Acute Care	Identify patient physical health checks		SNOMED CT Code - No change to TOS required	Jan-17	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	12/04/2017 Full list required from NHS England to enable cross check with SNOMED via the SNOMED team. 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. Please cross refer with MHS-134
MHS-199	Acute Care	Identify daily 'meaningful' activity.	The patient should undertake meaningful activities or occupation each day.		Jan-17	Apr-18	NHS England	NHS England	2e. Requested change withdrawn by Requester	12/04/2017 - Awaiting further details with regard to the definition of 'meaningful'. 27/02/2017 This requirement cannot be accommodated in the data set as currently defined. Further detail required from NHS England for reassessment. Note: Renumbered from MHS-189 due to duplicate ID allocation
MHS-183	Acute Care	Further granularity required with regard to planned and actual discharge destinations.		Change no longer required - no change to TOS Further granularity in data set, to include 'Supported Housing' / 'private dwelling' / 'local authority provided' / 'housing association provided' / 'other'	Jan-17	Apr-18	NHS England	NHS England	2e. Requested change withdrawn by Requester	12/04/2017 Email confirmation received 23/03/2017 change no longer required This requirement applies to various Areas of Interest. Please see master row MHS-182 for further information.
MHS-190	Acute Care	Identify daily contact with clinician.		No changes to TOS	Jan-17	Apr-18	NHS England	NHS England	2d. Requested change rejected	27/02/2017 This activity can be captured although there is a question of burden in relation to recording every contact during an inpatient stay. All community/outpatient contacts would be expected to be recorded.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
MHS-186	Acute Care	Collect PREMs			Jan-17	Apr-18	NHS England	NHS England	1b. Awaiting further information from requester for Need-Stage	12/04/2017 Awaiting further details of the specific PREM required for collection. 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-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)			TBC		NHS England	2a. On hold - awaiting funding/prioritisation	
MHS-161	Adult Mental Health	Liaison MH (non urgent/emergency) pathway requirements		TBC - to be split into constituent requirements	Nov-16	TBC		NHS England	1b. Awaiting further information from requester for Need-Stage	26/06/2017 No detailed requirements received. 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.
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		TBC	CSA Project Team, NHS Digital		0. Potential change to monitor	26/05/2017 This requirement is not fully developed. Cannot be included in MHSDS v3.0 ACE questionnaire one of possible requirements and will be progressed with UKTC/NCCR. Awaiting further details of additional requirements.
MHS-121	Autistic Spectrum Disorder	Addition of new 'Autism assessment' code within the Primary/Other Reason For Referral data items.	Requirement to monitor access to assessment for autism spectrum disorder, which arises from the MHFYFV priority pathway development programme and the Think Autism strategy.3 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.	TOS change - Modify Primary Reason for Referral code as follows: Deletion: 17 Neurodevelopmental Conditions Addition of: 24 Neurodevelopmental Conditions, excluding Autism Spectrum Disorder 25 Suspected Autism Spectrum Disorder 26 Diagnosed Autism Spectrum Disorder	Nov-16	Apr-18	Department of Health	DH	4d. Accepted by SCCI at Full-Stage	07/06/2017 Following discussion on 22/05/2017 Agreement that the Primary Reason for Referral code list will be modified to explicitly identify 'Suspected Autism'. Also requirement to identify suitable list of social care practitioners, ideally from existing data items, and to SNOMED a number of clinical findings around the Autism Assessment. In addition, reporting requirements that will need further discussion. 03/03/2017 - Requested change is a new 'Autism Assessment' reason for referral. Investigation required as this does not align with the current definition/intention of the list. 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-209	Autistic Spectrum Disorder	Identify autism diagnostic assessments	Requirement to monitor access to assessment for autism spectrum disorder, which arises from the MHFYFV priority pathway development programme and the Think Autism strategy.3 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.	No TOS change required - SNOMED CT codes authored as follows: 1086321000000105 Not appropriate for autism spectrum disorder diagnostic assessment (finding) 1085681000000106 Referral to autism assessment service (procedure) 1085671000000109 Autism spectrum disorder diagnostic assessment (procedure)	Nov-16	Apr-18	Department of Health	DH	2f. Implementation agreed through clinical terminology	
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.	TOS change - Amend code list for the M803060 Child and Adolescent Mental Health Needs Based Grouping Code from an 3 (NEU, ADV etc) to n2 (10, 11 etc). National Code Definitions to include old list as brackets.	Aug-16	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	
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	New code in Care Plan Type Code (Mental Health) for CYPMH Transition Plan.	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	08/05/2017 Definition received from NHSE and agreed with NHS DM&D. Agreed with NHSE that the new CYPMH Transition Care Plan code will be included and the circumstances where it should be completed will be dealt with through guidance

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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.	SNOMED codes - No change to TOS 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-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	NHS England	2d. Requested change rejected	No change to TOS. Existence of care plan assumes all other transition activities have been carried out.
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	NHS England	2d. Requested change rejected	No change to TOS. Existence of care plan assumes all other transition activities have been carried out. 12/04/2017 Awaiting details of what constitutes a 'transition plan' from Polly to establish that reporting requirements can be met from the existing data set. 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
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	NHS England	2d. Requested change rejected	No change to TOS required. This will be a condition within the care plan definition. The presence of the care plan will allow assumption that all other transition activities have been carried out.
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	NHS England	2d. Requested change rejected	No change to TOS required. This will be a condition within the care plan definition. The presence of the care plan will allow assumption that all other transition activities have been carried out.
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	NHS England	2d. Requested change rejected	No change to TOS required. This will be a condition within the care plan definition. The presence of the care plan will allow assumption that all other transition activities have been carried out.
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	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-178	Children and Young People's Mental Health	Addition of CYP Risk Management Plan to the MHS008 care Plan Type table		TOS change - Addition of a new code to the M008030 Care Plan Type Code (Mental health) data item. Will look something like - 15 Child and Young Person's Risk Management Care Plan	Feb-17	Apr-18	NHS England	NHS England	1b. Awaiting further information from requester for Need-Stage	27/10/17 - This requirement was originally posed for v3.0 and consulted on. However, in the absence of a national definition this was not progressed through the final stages of the DCB process. Agreed with NHS England to pick up for v4.0. 12/04/2017 Further consultation required to establish difference between a 'Risk management care plan' and other care plans.
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	TBC	NHS England	NHS England	1b. Awaiting further information from requester for Need-Stage	26/06/2017 No further requirements identified. 21/12/2016 NHS Digital - Requirements to be identified.
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	TBC	Data Model and Dictionary	NHS England	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.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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	No change to TOS	Nov-16	Apr-18	NHS England	NHS England	0. Potential change to monitor	26/06/2017 No further data set changes have been identified. 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	No changes to TOS	Nov-16	Apr-18	NHS England	NHS England	0. Potential change to monitor	26/06/2017 No additional changes have been identified. 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-89	Clinical Terminology Development	Replace Religion data item with SNOMED CT subset equivalent.		Change to TOS - Remove current Religious or Other Belief System Affiliation Group Code data item from MHS001 MPI table. To be recorded in new MHS011 Social and Person Circumstances table using SNOMED CT	May-16	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	A SNOMED CT subset is maintained for Religion which can replace the existing Data Dictionary data item.
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)	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 https://digital.nhs.uk/icd11
MHS-200	Delayed Transfers of Care	Addition of Local Authority code to allocate a delay against	To enable retirement of Unify DTOC collection for MH delays	TOS Change - Add Mental Health Delayed Discharge Attributable To Indication Code to MHS504 Mental Health Delayed Discharge table	Mar-17	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	
MHS-96	Delayed Transfers of Care	Add further clarity to Delayed Discharge Reason codes in relation to delay attribution		No change to TOS	Aug-16	Apr-18	Data Model and Dictionary		2d. Requested change rejected	As per MHSDS v2.0 DD Position Statement. To be mitigated via guidance for v2.0 and reviewed for v3.0.
MHS-122	Digital / Online Therapy	Requirement to capture digital/on-line therapy	MH5YFV Implementation Plan	No TOS change required. Thought to be primarily an IAPT requirement.	Nov-16	Apr-18	NHS England	NHS Digital	0. Potential change to monitor	27/06/2017 Following discussion with NHSE, detailed requirement will come from the national working group. This won't be in time for MHSDS v3.0. 26/06/2017 Following discussion with NHSE, thought to be primarily an IAPT requirement. 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-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.	TOS Change - Replace PROCEDURE SCHEME IN USE and CODED PROCEDURE with CODED PROCEDURE AND PROCEDURE STATUS (SNOMED CT)	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	This requirement applies to various Areas of Interest. Please see master row MHS-180 for further information.
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.	Reporting requirement - No change to TOS required.	Nov-16	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	13/04/2017 - Current understanding with NHS England is that clock start/stops would be same as for suspected FEP. However, diagnosis of ARMS after clock stop would then create new treatment pathway which we would then expect to see certain interventions.
MHS-202	Early Intervention in Psychosis	Investigate improved modelling of Clozapine prescription within Care Activity table	To identify the prescription of clozapine as part of a NICE-concordant package of care.		May-17	TBC		NHS England	1a. Requested change received and being assessed	05/06/2017 To investigate collection/linkage of prescriptions data. EIP guidance for interventions will reference the following: 723948002 – Clozapine therapy 1085661000000102 – Clozapine therapy offered

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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	NHS England	2e. Requested change withdrawn by Requester	13/04/2017 - Agreement with NHS England this is not required. If required, a commissioner collection approach may be more appropriate. 21/12/2016 NHS Digital - A similar item exists for inpatient wards in MHS502.
MHS-204	Early Intervention in Psychosis	Clarify scope of MHS006 in light of requirement to record EIP health care professionals		No change to TOS v3.0 - Updated guidance included in v2.0.6 of User Guidance.		N/A	NHS England	NHS England	2e. Requested change withdrawn by Requester	27/10/17 - Updated guidance included in v2.0.6 of User Guidance.
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	TBC	NHS England	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-193	EIP	Addition of a 'Team Accreditation' table to indicate the pathways a team are accredited to delivery	Some organisations do not have specialist teams for individual pathways (E.g. EIP) but have wider teams that deliver these pathways. Current methodology for AWT standards means this pathway activity is not counted. This proposed table would ensure that standards are appropriately monitored across all teams accredited.	New 'Team Accreditation' table with a list of identified pathways and Start and End Dates.	Feb-17	TBC	Birmingham and Solihull Mental Health NHS Foundation Trust	NHS England	1a. Requested change received and being assessed	27/06/2017 Following further discussion with NHSE, status of requirement still to be confirmed. 06/06/2017 Awaiting confirmation from NHSE if this data item is required.
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	TOS Change - new Team Type: Individual Placement & Support Service - D05 PLUS procedure codes to identify activity: 1082611000000105 Referral to Individual Placement and Support service (procedure) 1082621000000104 Individual Placement and Support (regime/therapy)	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	1. To be able to capture provision of IPS For this do we need a SNOMED code for IPS? No TOS change required - available through SNOMED 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
MHS-208	Employment	Align the code list for Employment Status with a recent amendment to the DM&D to reflect changes in benefits schemes	References to specific benefits will be future proofed by changing them to 'government benefits' so they are never out of step.	Changes to Employment Status code list as specified within the below DDCN: http://www.datadictionary.nhs.uk/DDCNs/cr1628.pdf?_clid=ee=YWFyb24ubGVhdGhsZXIAbmhzLm5ldA%3d%3d&recipientid=contact-d0c1563531f8e011a99700505689005b-7eff9a1a4eb74c0c8122ab5c28e006fa&esid=0c0fdebd-7dd3-e711-8127-70106fa6f451&urlid=2	Oct-17	Apr-19	NHS Data Model and Dictionary Service	NHS Digital	2b. Implementation agreed in future minor release	
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.	TOS change - amend M803080 FORENSIC MENTAL HEALTH CARE CLUSTER CODE (FINAL) from max an4 to max an3.	Aug-16	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	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	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-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.	TOS change - Amend table name for MHS607 Coded Scored Assessment (contact) to MHS607 Coded Scored Assessment (Activity)	Aug-16	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	
MHS-101	General Maintenance	Make Waiting Time Measurement Type Mandatory	The record is not usable without this field being populated	TOS change - Amend M104040 WAITING TIME MEASUREMENT TYPE MANDATION (M/R/O/P/D) from 'R' to 'M'.	Aug-16	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	20/01/2017 To be amended in MHSDS v3.0
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).	TOS change - Amend the format of all data items requiring submission of ODS codes in line with the new ODS standard. http://content.digital.nhs.uk/isce/publication/sccio090	Aug-16	Apr-18	Data Model and Dictionary and ODS Teams, NHS Digital	NHS Digital	4d. Accepted by SCCI at Full-Stage	

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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.	TOS change - Increase mandation of M106010 from 'R' to 'M'	Oct-16	Apr-18	NHS Digital	NHS Digital	4d. Accepted by SCCI at Full-Stage	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	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	08/03/2017 Implemented via corrigendum to v2.0 published 03/02/2017 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	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	08/03/2017 Implemented via corrigendum to v2.0 published 03/02/2017 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-156	General Maintenance	Correct format of Delayed Discharge Reason	This would ensure consistency in representation.	Change format from an2 to max an3	Nov-16	Apr-18	NHS Digital	NHS Digital	4d. Accepted by SCCI at Full-Stage	08/03/2017 Implemented via corrigendum to v2.0 published 03/02/2017 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	This would ensure consistency in representation.	Change codes 2,3,5 to 02,03,05	Nov-16	Apr-18	NHS Digital	NHS Digital	4d. Accepted by SCCI at Full-Stage	08/03/2017 Implemented via corrigendum to v2.0 published 03/02/2017 21/12/2016 NHS Digital - The DM&D is correct and therefore this is purely a typo in the TOS to correct.
MHS-7	General Maintenance	Correct Data Dictionary format for Care Cluster items	This would ensure consistency in representation.	TOS change - Amend format of M801050/M803010 Adult Mental Health Care Cluster Code (Initial) and (Final) from max an4 to n2	Jul-15	Apr-18	Data Model and Dictionary	NHS Digital	4d. Accepted by SCCI at Full-Stage	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, format changes have been necessitated.
MHS-201	General Maintenance	Align Weekly Hours Worked default codes with Dictionary	To align with the Data Model and Dictionary code list	Change "98 - Not Applicable" to "98 - Not applicable (PATIENT not employed)" Change "99 - Not Known" to "99 - Number of hours worked not known"	May-17	Apr-18	NHS Digital	NHS Digital	4d. Accepted by SCCI at Full-Stage	
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	NHS Digital	2d. Requested change rejected	06/06/2017 Following internal consultation, there is no business need for this requirement. 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-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 mandation from R to M	Jul-16	TBC	NHS Digital	NHS Digital	2d. Requested change rejected	27/11/2017 Rejected due to difficulties recording DOB in some cases and lack of standard method for allocating default dates.
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.	Guidance issue - No change to TOS	Aug-16	N/A	Data Model and Dictionary	NHS Digital	2d. Requested change rejected	

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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.	Guidance issue - No change to TOS	Apr-16	N/A	Providers	NHS Digital	2d. Requested change rejected	See BSP Known Issues Update document for further details and current mitigating guidance.
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.	No TOS Change Required - to be met through national organisation data changes	Sep-16	N/A	NHS Digital Providers System Suppliers	NHS Digital	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.
MHS-26	General Maintenance	Move to XML as method of submission		Replace IDB with an XML input mechanism.		Apr-17	SCCI	NHS Digital	2c. Implementation agreed in future major release	10/04/17 - No change anticipated for v3.0. 20/01/2017 This course of action is being persued however development has dependencies outside the development team that will determine timetable for implemetation.
MHS-195	General Maintenance	Add new data item with respect to Overseas Visitor Status	Department of Health NHS visitor and migrant cost recovery programme anstey.loveday@dh.gsi.gov.uk "Mental Health trusts come under the National Health Service (Charges to Overseas Visitors) Regulations 2015. The Charging Regulations place a legal obligation on NHS trusts, NHS foundation trusts and local authorities in the exercise of public health functions in England, to establish whether a person is an overseas visitor to whom charges apply, or whether they are exempt from charges. When charges apply, a relevant NHS body must make and recover charges from the person liable to pay for the NHS services provided to the overseas visitor. To support this, we also need to enable trusts to accurately report their activity through relevant data sets. One current system limitation is the data dictionary entry for overseas is not always included, and where it is, it is very out of date. We are therefore seeking the inclusion of the refreshed 'overseas	TOS Change - New data item 'Overseas Visitor Status' with associated values: A Standard NHS-funded PATIENT B Immigration Health Surcharge payee C Charge-exempt Overseas Visitor (European Economic Area) D Chargeable European Economic Area PATIENT E Charge-exempt Overseas Visitor (non-European Economic Area) F Chargeable non-European Economic Area PATIENT Plus default code X – Not Known (Decision pending on OVERSEAS VISITOR CHARGING CATEGORY) Situation in Data Set TBC.	Apr-17	Apr-18	Data Model and Dictionary	Department of Health	2b. Implementation agreed in future minor release	09/06/2017 - Awaiting details of development of specific standard.
MHS-55	General Maintenance	Correct Data Dictionary format for NHS Service Agreement Line Number	This would ensure consistency in representation.	Change format of NHS Service Agreement Line Number from "an10" to "max an10".	Feb-16	Apr-17	CHMT, NHS Digital Providers	NHS Digital	2b. Implementation agreed in future minor release	10/04/17 - Change will not be possible for v3.0. 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.	Change format of Ethnic Category from "an2" to "max an2".	Jul-15	Apr-17	CHMT, NHS Digital	NHS Digital	2b. Implementation agreed in future minor release	10/04/17 - Change will not be possible for v3.0. 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.	Change format of Patient Pathway Identifier from "an20" to "max an20".	Aug-16	TBC	NHS Digital	NHS Digital	2b. Implementation agreed in future minor release	10/04/17 - Change will not be possible for v3.0. This item is used across data sets so would require cross data set planning to agree when a change could be planned for.
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.	TOS change - Amend values such as General Medical Practitioner to General Medical Practitioner Practice in line with DD position statement.	Jan-14	TBC	Data Model and Dictionary	NHS Digital	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.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
MHS-52	General Maintenance	Review Service or Team Type Referred To code list in light of general feedback throughout implementation	To reflect existing service delivery models			TBC	Providers NHS England	NHS Digital	1a. Requested change received and being assessed	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-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.	TBC	Dec-16	TBC	NHS Digital	NHS Digital	0. Potential change to monitor	22/05/2017 - Due to delays with the DID standard, it will not be possible to make any required changes within v3.0. Full impact assessment likely required for v4.0.
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	NHS England	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-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	TBC	NHS Digital	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	TBC	NHS England	NHS Digital	0. Potential change to monitor	26/06/2017 This is a separate piece of work which will be done independently of the normal release cycle for incorporation in the next available release. 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	TBC	NHS England	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-68	LD - Assuring Transformation	Collection/derivation of CCG of Origin, as per q6 of Assuring Transformation	Inclusion of further data items from the Assuring Transformation collection, as revised. For LD inpatients there is a requirement to know which CCG a patient originates from. Postcode of Usual Address could be hospital which does not allow accurate derivation of originating postcode/CCG for each patient.	Request definitional amendment to Organisation Code (Residence Responsibility) to provide exception where patient deems health service location to be usual address.		Apr-17	NHS England	NHS England	3d. Requested change rejected at Need-Stage	08/07/16 - This requirement will be met through User Guidance rather than a change to the Data Dictionary. Guidance will explain use of Postcode field to ensure only permanent address is used.
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.	Change to TOS - Include "E04 - Enhanced/Intensive 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	Department of Health	4d. Accepted by SCCI at Full-Stage	06/04/2017 - A detailed service specification has been published at https://www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf As this is a function that can be fulfilled by specialist team or an existing team, possible consideration for interventions to identify the latter case.
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.	No TOS change required. This is likely to involve flow of an already authored SNOMED code in in M202040 Coded procedure (Clinical Terminology). However, to work with NHS England to reinforce guidance.		Apr-17	NHS England	Department of Health	2f. Implementation agreed through clinical terminology	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.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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.	Change no longer required in v3.0		Apr-17	NHS England	Department of Health	2e. Requested change withdrawn by Requester	12/04/2017 Email received 06/04/2017 confirmation change no longer required for v3.0. Placeholder for v4.0. 21/12/2016 NHS Digital - Requirement reconfirmed for v3.0 consultation although exact requirement/definition still very unclear. Current wording in LD Census would be unsuitable. Possibly use M202060 Coded Finding (Coded Clinical Entry) data item. 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.	Change no longer required in v3.0 - no change to TOS 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	Department of Health	2e. Requested change withdrawn by Requester	12/04/2017 Email received 06/04/2017 confirmation change no longer required for V3.0. Placeholder for v4.0. See MHS-112.
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	Change no longer required - no change to TOS 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	Department of Health	2e. Requested change withdrawn by Requester	12/04/2017 Email received 06/04/2017 confirmation change no longer required. 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-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	Change no longer required - no change to TOS		Apr-17	Department of Health	Department of Health	2e. Requested change withdrawn by Requester	12/04/2017 Email received 06/04/2017 confirmation change no longer required. 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-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	Department of Health	2a. On hold - awaiting funding/prioritisation	12/04/2017 Email received 06/04/2017 confirmation change no longer required for v3.0. Placeholder for v4.0. 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-103	Learning Disabilities	Amend Hospital Bed Type code list with agreed codes for Learning Disabilities			Aug-16	TBC	NHS England	Department of Health	0. Potential change to monitor	Expansion of LD bed types to be provided for future iteration.
MHS-23	Learning Disabilities	Collect Forensic Learning Disabilities currencies & payment system data	Enable collection of the Forensic Learning Disabilities currencies & payment model			TBC	NHS England	Department of Health	0. Potential change to monitor	Awaiting requirements and timescales.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
MHS-24	Learning Disabilities	Collect Learning Disabilities currencies & payment system data	Enable collection of the Learning Disabilities currencies & payment model			TBC	NHS England	Department of Health	0. Potential change to monitor	Awaiting requirements and timescales.
MHS-118	Learning Disabilities	Improve the identification of 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.	No change required in v3.0 - for later re-assessment.	Nov-16	Apr-18	NHS England	Department of Health	0. Potential change to monitor	12/04/2017 - Email confirmation from NHS England that no change required for v3.0. Agreed to keep on tracker to re-assess once v2.0 starts flowing. 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-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.	TOS Change - Addition of a new code to the M101080 Primary Reason For Referral (Mental Health) and M103010 Other Reason for Referral (Mental Health) data items as follows: 27 Preconception perinatal mental health concern Also SNOMED code: Pre-pregnancy education (procedure) 171012002 to flow in Care Activity table.	Jan-17	2018	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	
MHS-179	Perinatal Mental Health	Facilitate recording of patient rejected interventions	Required as a potential 'clock stop' for the perinatal pathway.	TOS Change - Replace PROCEDURE SCHEME IN USE and CODED PROCEDURE with CODED PROCEDURE AND PROCEDURE STATUS (SNOMED CT)	Jan-17	2018	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	This requirement applies to various Areas of Interest. Please see master row MHS-180 for further information.
MHS-154	Perinatal Mental Health	Identify referrals for preconception perinatal mental health concerns	Measurement of Perinatal Mental Health AWT pathway	SNOMED codes - No change to TOS. In addition to other detailed requirements, new SNOMED codes authored: 1067281000000101 Biopsychosocial assessment completed plus use of 18260003 Postpartum psychosis	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	27/11/2017 Inclusion of new Primary Reason for Referral 'Preconception perinatal mental health concern' 26/06/2017 Agreement reached with NHSE regarding the definition of the Mental health Perinatal Period, and that women within the MH perinatal period would be identified through linkage with the maternity data set. 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-60	Perinatal Mental Health	Identification of separation between Mother and Baby		No change to TOS - Reporting requirement. NHS Digital will report on the number of mothers in the mental health perinatal period who are in patients inappropriately referred to beds other than Mother and Baby Unit beds.	Feb-16	Apr-17	MHDIPB / NHS England	NHS England	2e. Requested change withdrawn by Requester	08/05/2017 - Agreed with NHSE Reporting requirement. 12/04/2017 Awaiting response from NHSE regarding if still required for v3.0. 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-181	Perinatal Mental Health	Understand where the mother has been referred on to, irrespective of if the location is a health organisation.			Jan-17	Apr-18	NHS England	NHS England	2e. Requested change withdrawn by Requester	14/06/2017 Confirmation from NHSE requirement no longer required.06/06/2017 Awaiting response from NHSE to establish detail of this requirement.
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	No change to TOS - Not in scope of MHSDS	Nov-16	Apr-18	NHS England	NHS England	2d. Requested change rejected	08/05/2017 Agreed with NHSE that this is not something that is practical to monitor through MHSDS. 12/04/2017 Awaiting response from NHSE regarding if still required for v3.0.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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.	MBU to be identified by site code and bed type or treatment function code - No change to TOS required Requirement to be able to identify when a referral has been made to a mother and baby unit.	Nov-16	Apr-18	NHS England	NHS England	2d. Requested change rejected	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		Not appropriate for MHSDS, Maternity requirement.	Nov-16	Apr-18	NHS England	NHS England	2d. Requested change rejected	08/06/2017 Not in Scope of MHSDS - Maternity Data Set 12/04/2017 Awaiting response from NHSE regarding if still required for v3.0. 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-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	NHS England	2f. Implementation agreed through clinical terminology	20/01/2017 This information can be recorded via SNOMED codes in the Activity Table. No change to the data set required. Please cross refer with MHS-188.
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".	This will be submitted within the new MHS011 Social and Personal Circumstances table	Feb-16	Apr-17	NHS England MHDIPB	DH	4d. Accepted by SCCI at Full-Stage	27/10/17 - SOM Standard published as expected allowing SNOMED CT subset to be recorded as intended through MHS011. 12/04/2017 This change is intended for v3.0 following confirmation that the publication of the SOM standard will be in time for v3.0. Decision needed whether adopt code list or SNOMED subset version. Issue/Guidance: The resultant data item will have a different list to that currently in the data dictionary and IAPT.
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	Women in the perinatal period will be identified via linkage - No change to TOS required.	Feb-16	Apr-17	NHS England MHDIPB	DH	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.

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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"	No change to TOS for v3.0 - The requirement to capture Gender Reassignment is not fully defined.	Feb-16	Apr-17	NHS England MHDIPB	DH	2d. Requested change rejected	08/05/2017 Agreed with NHSE that this is no longer a requirement for V3.0. 12/04/2017 Awaiting response from NHSE regarding whether this is still a requirement. If so further detail is needed e.g. Is there an anticipated code list (and what are the values)? 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-92	Specialised Commissioning	Identification of Trial Leave movement	To enable retirement of SMH Provider Template, reducing burden.	TOS Change - Addition of new MHS514 Mental Health Trial Leave table.	Jun-16	Apr-18	NHS England Providers	NHS England	4d. Accepted by SCCI at Full-Stage	27/10/17 - New MHS514 Mental Health Trial Leave table included in data set. 06/06/2017 Requirement for NHS Digital to test proposed reporting solution. Analysis team to identify potential periods of trial leave to be able to contact providers and confirm. Also provide reasoning for proposed solution to NHS E for further consideration. 13/04/2017 - Feedback from recent events suggest that a suitable proxy could be looking at overlapping wards, one with a Leave of Absence Record and ongoing coordinator assignment.
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.	TOS Change - Addition of SPECIALISED SERVICE CODE to Care Contact, Referral and Ward Stay.	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	06/06/2017 Majority of Service Lines map to Ward, Care Contact or Referral (all three required) however there may be an additional requirement to identify Exceptional Care which could only be part of a Ward stay. NHS Digital to model a potential solution. Coordination required between Specialist Commissioning and wider NHE initiative requiring inclusion of Service Lines in DD. NHS Digital and Specialist Commissioning are in the process of undertaking required consultation.
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.	TOS change - Addition of new codes to the M501030 Source of Admission (Hospital Provider Spell) data item. Something like - 40 Penal establishment, 41 court, 42 Police Station/Police Custody Suite. This breaks down an existing code 39 Penal establishment, court of Police Station/Police custody Suite - but the existing code would remain as the data item is used in other data sets.	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	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 new Optional data item to the MHS502 Ward Stay table. See Data Dictionary for WARD CODE http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/w/war/ward_code_de.asp?shownav=1	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	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.	TOS change - Addition of a new ESCORTED MENTAL HEALTH LEAVE OF ABSENCE INDICATOR data item to the MHS510 Mental Health Leave of Absence table.	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead 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.	TOS change - Addition of Estimated Discharge Date (Hospital Provider Spell) to MHS501 Hospital Provider Spell table.	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	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-192	Specialised Commissioning	Collect postcode of the discharge destination	To enable retirement of SMH Provider Template, reducing burden.	TOS change - Addition of new data item to MHS501 Hospital Provider Spell: something like - Postcode of Discharge Destination (Hospital Provider Spell)	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	31/05/2017 Intention to add this data item into the data set, but justification required from NHSE. 13/04/2017 - Requirement renumbered from MHS-176 due to duplicated ID allocation.
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.	SNOMED CT coding - No TOS change required SNOMED CT codes authored/identified for: CCT Community Care & Treatment Review CGAS Children's Global Assessment Scale CPA Care Programme Approach Review S117 Section 117 Meeting SAV SAVRY Risk Assessment DIS Pre-Discharge Meeting HCR HCR-20 Risk Assessment HON HoNOS Assessment ICT Inpatient Care & Treatment Review LAC Looked After Child Review Outstanding Issues: ACC Access Assessment OFF Offence-Specific Risk Assessment OTH Other Assessment/Review	Nov-16	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	06/06/2017 NHSE to provide detailed description of each care activity to identify if any are tools that need to be authored in SNOMED/Licence confirmed. Also for discussion with SNOMED team to ensure available for reporting. 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-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 https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c05/	TOS change - Addition of PERSON PHENOTYPIC SEX CLASSIFICATION within MHS001MPI table.	Nov-16	Apr-18	NHS England	NHS England	2e. Requested change withdrawn by Requester	27/11/2017 Requirement withdrawn by Specialised Commissioning team at a teleconference held 27/07/2017 due to IG implications and concerns over fitness for purpose. 21/02/2017 Requirement for clear and detailed justification for requirement to collect data relating to gender dysphoria/reassignment.
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.	Awaiting final discussions regarding this requirement. TOS change - Addition of a new table. Something like - MHS514 Observation Level, linked to MHS502 Ward Stay table. New data items: Observation level + code list, Start Date and End Date.	Nov-16	Apr-18	NHS England	NHS England	2e. Requested change withdrawn by Requester	14/07/2017 Requirement withdrawn. This does not require a specific collection as the Service Line (EPoC) is sufficient for commissioning purposes. 09/06/2017 This requirement is expected to be covered through EOPoC specialised service code rather than necessitating separate table. 06/06/2017 Awaiting response from NHSE regarding if this is still a requirement. 31/05/2017 Requirement for link to Special Observation guidance.
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	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

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
MHS-205	Substance Misuse	Collection of accredited screening tools for flow alcohol and drug misuse.	To improve data available to providers, commissioners and PHE to better understand the scale of unmet need, and to monitor impact of interventions.	Additton of new SNOMED CT Codes within the MHSDS Snomed Subset.	Aug-17	Apr-19	Public Health England		1a. Requested change received and being assessed	02/10/2017 - awaiting further details of screening tools for consideration.
MHS-206	Substance Misuse	Identify drug/alcohol interventions provided by MH services	To improve data available to providers, commissioners and PHE to better understand the scale of unmet need, and to monitor impact of interventions.	we anticipate this will be achieved through identification of the correct SNOMED Procedure Codes in the Care Activity table.	Aug-17	Apr-19	Public Health England		1a. Requested change received and being assessed	awaiting details of the range of the relevant details
MHS-207	Substance Misuse	Identify referrals to specialist Substance Misuse services	To improve data available to providers, commissioners and PHE to better understand the scale of unmet need, and to monitor impact of interventions.		Aug-17	Apr-19	Public Health England		1a. Requested change received and being assessed	This may involve the MHS101, MHS105 and MHS202 tables
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.	TOS Change - Addition of the following new timestamps: CARE PLAN CREATION TIME CARE PLAN LAST UPDATED TIME CARE PLAN AGREED TIME	Nov-16	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	
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	TOS change - Addition of a new code to the MHS006/MHS102/MHS301 team type items: A20 Health Based Place of Safety Service	Jan-17	Apr-18	NHS England	NHS England	4d. Accepted by SCCI at Full-Stage	
MHS-197	Urgent and Emergency Mental Health	Addition of Discharge Plan Creation Time data item		TOS Change - Add new data item Discharge Plan Creation Time to the MHS 101 Service or Team Referral table	Apr-17	Apr-18	NHS England		4d. Accepted by SCCI at Full-Stage	
MHS-174	Urgent and Emergency Mental Health	Identify range of factors relating to MH Crisis presentation		No change to TOS required. List will be derived from either Diagnosis or clinical findings in the care activity table.	Jan-17	TBC	NHS England	NHS England	2f. Implementation agreed through clinical terminology	06/06/2017 Agreed with NHSE that the list will either appear in the data set as diagnoses, or clinical findings. 13/04/2017 NHS Digital- The list provided mixed concepts between MH diagnoses and associated reasons (e.g. financial issues). Investigation required as to how latter can be appropriately identified, possibly as clinical findings. No TOS change expected for v3.0.
MHS-59	Urgent and Emergency Mental Health	Identify types of assessment undertaken during crisis pathway, including Biopsychosocial and MHA assessments.		SNOMED CT codes - No change to TOS Ensure following assessments are robustly recorded as CODED PROCEDURES: Biopsychosocial assessment, Mental Health Act assessment	Feb-16	Apr-17	MHDIPB / NHS England	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-184	Urgent and Emergency Mental Health	Additional Referral Closure Reason for "No further treatment appropriate - advice only".		SNOMED CT codes - No change to TOS 1084541000000103 Mental health advice and support intervention (regime/therapy) 975131000000104 Signposting (procedure)	Jan-17	Apr-18	NHS England	NHS England	2f. Implementation agreed through clinical terminology	26/06/2017 Agreed with NHSE to implement through clinical terminology 06/06/2017 Awaiting response from NHSE to establish if any data set change is required. 14/03/2017 NHS Digital - Still under discussion but likely to be derived. 24/02/2017 NHS Digital - Data item is used across data sets therefore there is likely limited scope for changing the existing code list

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
MHS-196	Urgent and Emergency Mental Health	Crisis team to gatekeep all in patient admissions		TOS change add clinical finding to the Indirect Activity table, plus - New snomed codes: 1084561000000102 Admission to psychiatric inpatient unit gate kept by Crisis Resolution and Home Treatment team (finding) a. A care activity attached to the in-patient referral which includes a clinical finding of 'in-patient admission agreed' or b. An indirect activity attached to the in-patient referral which includes a clinical finding of 'in-patient admission agreed'. c. Exclude: Total exemptions 1. Patients recalled on Community Treatment Order. 2. Patients transferred from another NHS hospital for psychiatric treatment. 3. Internal transfers of service users between wards in the trust for psychiatry treatment. 4. Patients on leave under Section 17 of the Mental Health Act. 5. Planned admissions for psychiatric care from specialist units such as eating disorder units are excluded. Partial exemptions 1. Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local area. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gate kept by CR teams.	Mar-17	Apr-18	NHS England		2f. Implementation agreed through clinical terminology	06/06/2017 Agreed solution as per the 'Detail' column. 12/04/2017 currently under discussion to establish precisely how the gatekeeping process is managed by crisis teams. Options are to either: -collect X Y Z activities and derive admission has been gatekept OR -Have an indicator which, to tick Y, definition stipulates X Y Z have to have been completed Not all admissions require gatekeeping and a list of exceptions is needed. This will need factoring in to either solution. Please cross reference with MHS-185 regarding precise point that this is recorded.
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	Apr-18	NHS England	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-194	Various	Addition of Referral Rejection Time	Changes in support of a number of AWT care pathways	TOS changes - Addition of Referral Rejection Time to the MHS102 Service or Team Type Referred to Table	Feb-17	Apr-18			4d. Accepted by SCCI at Full-Stage	
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.	TOS Change - Replace PROCEDURE SCHEME IN USE and CODED PROCEDURE with CODED PROCEDURE AND PROCEDURE STATUS (SNOMED CT)	Jan-17	Apr-18			4d. Accepted by SCCI at Full-Stage	26/06/2017 The described change to the TOS will facilitate collection of SNOMED qualifier codes which will include 'Refused'. i.e. the patient has rejected the intervention. 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. Also see MHS-179 Perinatal MH, MHS-150 EIP, MHS-189 Acute
MHS-203	Various	Addition of Coded Finding to Indirect Activity table	Allow Current View complexity factors to flow where completed outside of a Care Contact Allow findings such as "admission approved by CRHT" to flow as part of indirect activity	TOS Change - Addition of FINDING SCHEME IN USE and CODED FINDING to MHS204IndirectActivity		Apr-18			4d. Accepted by SCCI at Full-Stage	12/06/2017 Data item added
MHS-123	Various	Capture date care coordinator assigned and if face-to-face	Allow measurement across care pathways			N/A			2d. Requested change rejected	No change to TOS. This is available from MHSDS v2.0

MHSDS Requested Changes Summary

Requested Change							Requester Details	Requirement lead	Status	
Ref ID	Area of Interest	Statement	Justification and Benefits	Detail	Requested Change Received Date	Requested Change Implementation Date	Requestor Organisation	Lead Organisation	Status of Development	Status Log Notes
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.	No change to TOS v3.0	Nov-16	Apr-18	NHS Digital	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	No change to TOS v3.0	Nov-16	Apr-18	NHS Digital	NHS Digital	0. Potential change to monitor	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	No change to TOS v3.0	Sep-16	TBC	NHS Digital Providers	NHS Digital	0. Potential change to monitor	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.