Final Assurance Assessment

|  |  |
| --- | --- |
| **DCB Number** | **DCB3038, Amd 29/2018** |
| **Title** | **Physical healthcare for people with serious mental illness (SMI): Primary care data collection** |

DSAS Overview

| The Five Year Forward View for Mental Health sets out NHS England’s approach to reducing premature mortality for people living with serious mental illness (SMI) through increasing early detection and expanding access to physical care assessment and intervention. This new collection consists of (a) count of people on a GP Serious Mental Illness (SMI) register who have had each of physical health check assessment undertaken and (b) a count of those on the register who have had all the assessments undertaken c) a count of all those on the register (the denominator). From 2019/20 onwards the collection is proposed to also include information on interventions and a follow-up submission will be made to DCB. The number of data items requiring submission will be:* From 2018/19: Count of those who have had each of 9 checks, plus count of those who have had all the checks undertaken, plus count of all those on GP SMI register A total of 11 data items (counts) require submission

Data will be collected on a quarterly basis.Clinical Commissioning Groups (CCGs) will collate the data from primary care and upload to NHS Digital Strategic Data Collection Service (SDCS). NHS Digital will make the data available to NHS England to allow required monitoring to be undertaken.Secondary care monitoring of the same policy requirement is facilitated through a Commissioning for Quality and Innovation (CQUIN) collection (Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI))[[1]](#footnote-1). |
| --- |

DSAS Recommendation

| Final assessment shows that formal burden assessment has not yet commenced, though it is understood that the developer is progressing discussions with CCGs to inform understanding which will guide the calculation made (rated red). Although a Direction is in development, the absence of a DPN (Data Provision Notice) may reduce the compliance level (rated amber). Some implementation issues still require resolution, but a plan of work exists to resolve them (rated amber). Due to areas of combination of the uncertainty which arises from not having the full collection requirements of the proposal defined and not having completed all areas of assurance DSAS cannot recommend acceptance. The proposal is escalated to DCSB for decision. |
| --- |

Supporting Information links:

| DCB3038 - Technical Definition |
| --- |

Key Dates:

|  |  |
| --- | --- |
| Target Implementation date | Submission on a quarterly basis, commencing July 2018. |
| Collection / Extraction / Survey/ Questionnaire End date (if not ongoing) | 31 March 2021 (need for further collection will be reviewed at this time, subject to meeting objectives) |
| Frequency of collection/ extraction  | Quarterly |
| Type of Review | Post-implementation review |
| Review date | April 2019 |

Initial Assurance Assessment

The information provided by the developer has been assessed by NHS Digital’s Data Standards Assurance Service using the following assurance types:

|  |  |
| --- | --- |
| DCB Number | **DCB3038** |
| Title | **Physical healthcare for people with serious mental illness (SMI): Primary care data collection** |

|  |  |  |  |
| --- | --- | --- | --- |
| Assurance Type | Current Status | Initial RAG status30/01/2018 | Final RAG status22/02/2018 |
| **Library Check** | Completed. Existing GPES (General Practice Extraction Service) collections not able to meet requirements of this collection and required data is sourced from a variety of primary care settings, not just GPs. Our application was not progressed via DCB in part due to a lack of capacity, but more significantly the view from the team at the time was that since the accountability and funding do not, strictly speaking, sit with primary care, a universal GPES extract was not the right route. The funding and accountability sit, nationally, with CCGs and therefore the data collection must be at CCG level.  The assumption is that in the majority of instances CCGs will contract with primary care for this activity, but in some instances they may set up other contracting and delivery routes, which will need to be reflected in their own data flows locally.  A GPES extract would be unable to account for this local variation.  | Amber | Green |
| **Financial** | Budget allocated for health checks to CCGs (Clinical Commissioning Groups), supported by additional funding via QOF (Quality and Outcomes Framework) payments. NHS England funding exists to end March 2021. | Green | Green |
| **Technical & Design** | Primary and secondary care responsibility to demonstrate health check uptake. Primary care data collected via this collection. Secondary care via a CQUIN (Commissioning for Quality and Innovation). This collection requires submission of 11 aggregate counts in 2018/19utilising NHS Digital Strategic Data Collection Service (SDCS). Implementation work is still underway but planned to be completed before submission of quarter one data. Funding and accountability sits with CCGs. In the majority of instances CCGs will contract with primary care for this activity, but in some cases, they may set up other contracting and delivery routes, which will need to be reflected in their own data flows locally.  A GPES extract would be unable to account for this local variation.  | Amber | Green |

|  |  |  |  |
| --- | --- | --- | --- |
| Assurance Type | Current Status | Initial RAG status30/01/2018 | Final RAG status22/02/2018 |
| **Safety**  | Signed off by NHS Digital Clinical Safety Team as out of scope of:* SCCI0129 (Clinical Risk Management: its application in the manufacture of health I.T. systems)
* SCCI0160 (Clinical Risk Management: its application in the deployment and use of health I.T. systems)
 | Amber | Green |
| **Consultation** | Wide consultation occurred, via expert reference group consisting of representatives from primary care (including GP’s), secondary care clinicians, service users, commissioners and ALBs. | Green | Green |
| **Implementation** | Data collection starts 1st April 2018, meaning implementation timescales are tight. Task and finish group established to progress implementation issues. Discussions have occurred with CCGs and primary care to facilitate the collection by this timescale. Guidance is available describing the collection. SDCS team have confirmed acceptance of this work and will progress development following DCB approval. The use of established technology reduces risk. Work is progressing to finalise guidance on required SNOMED CT codes for 2018/19 | Amber | Amber |
| **Information Governance** | Aggregate collection. Signed off by NHS Digital Information Governance team. | Amber | Green |

|  |  |  |  |
| --- | --- | --- | --- |
| Assurance Type | Current Status | Initial RAG status30/01/2018 | Final RAG status22/02/2018 |
| **Legal** | Direction is currently in development. Data Provision Notice (DPN) will be issued (by SDCS team following issuing of Direction). No problems are anticipated. | Amber | Amber |
| **Clinical** | Clinical engagement in the specification of the collection. | Green | Green |
| **Indicative Cost** | No burden assessment has yet been submitted. It is understood that developers are working with data providers to assess the associated burden. | Amber | Red |
| **Business Justification** | Strong policy justification. Mental Health Five Year Forward recommendation[[2]](#footnote-2):**Recommendation 19:** NHS England should undertake work to define a quantified national reduction in premature mortality among people with severe mental illness, and an operational plan to begin achieving it from 2017/18. NHS England should also lead work to ensure that by 2020/21, 280,000 more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention. | Green | Green |
| **Dependencies** | Utilises CQUIN for secondary care data, which is not in scope of this collection.  | Green | Green |
| **SRO/Sponsor** | Both SRO and Sponsor are in place. | Green | Green |
| **Risk / Impact**  | Assessed as a low/medium risk. | Amber | Red |

**Developer Supplied Information:**

|  |  |
| --- | --- |
| **Request** | **Requesting Organisation:** |
| **Request Type:** *Select as required* ***and*** *indicate if new or change to an existing item.* | Information Standard  |  |  | **Title:** Physical healthcare for people with serious mental illness (SMI): Primary care data collection |
| Collection on going | X |  |
| Collection One Off |  |  | **Lead Developer Details:**Name: Marc ThomasTitle: Head of Analysis, NHS EnglandPhone: 07710 152926Email: marc.thomas1@nhs.net |
| Extraction  |  |  |
| Survey/Questionnaire |  |  |
| Audit |  |  |
| Other – please provide advice |  |  |
| **Data Type\*:** *Depending on the data type, additional IG consultation will be required (please answer all boxes that apply)* | Identifiable  |  | **Funding:** *Is funding in place* *What does the funding cover?*  | Yes | Nationally £48,000 has been budgeted in Adult Mental health programme funds to run the collection.Transformation Funding is in CCG baselines to commission physical health checks in primary care. Existing QOF payments also provide some funding.  |
| De-identifiable |  | No |  |
| Aggregate | X | Applied for or commitment to fund  |  |
| Not Applicable |  | Applicable financial year or ongoing? |  |
| Please see guidance below. If unsure which type(s) apply, please contact: NHS Digital’s Standards Assurance Service at standards.assurance@nhs.net | Name of Funding organisation(s) | NHS England |
| Other  |  |
| **Has a Sponsor been identified?** | Y | Name: Kevin MullinsTitle: Head of Mental HealthTel: 07789 876 546E-Mail: kevin.mullins@nhs.net |
| **Has an SRO been identified?**  | Y  | Name: Marc ThomasTitle: Head of AnalysisOrganisation: NHS EnglandPhone: 07710 152926Email: marc.thomas1@nhs.net |
| **Brief, high level, plain English description of the request.** | Data is required on the number of people on the GP Serious Mental Illness register who are receiving comprehensive physical health checks, as described in Annex A. This new collection is twofold (a) count of people on a GP Serious Mental Illness (SMI) register who have had each of physical health check assessment undertaken and (b) a count of those on the register who have had all the assessments undertaken. It also includes a count of the total number of people on the GP SMI register. Scope of this collection in 2018/19:* Count of those who have had each of 9 checks, plus count of those who have had all the checks undertaken, plus a count of all those on the GP SMI register. A total of 11 data items (counts) require submission.

Long term analysis requirements require data on an additional 2 checks, and the interventions associated with each check. This will be achieved through the future development of this collection, which will be achieved by: i) a parallel voluntary developmental request for local areas to record in 2018/19* proportion of SMI register who required each intervention
* proportion of SMI register who received all interventions, where required

ii) notice will be given that from 2019/20 onwards data will be requested regarding interventions undertaken and data on the additional 2 checks. Further development of the 2019/20 collection can be brought to DCB for approval before commencement of data flow. In 2016, the [Five Year Forward View for Mental Health](https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf)[[3]](#footnote-3) (MH5YFV) set out NHS England’s approach to reducing the stark levels of premature mortality for people living with serious mental illness (SMI) who die 15-20 years earlier than the rest of the population, largely due to preventable or treatable physical health problems. In the MH5YFV NHS England is committed to leading work to ensure that “by 2020/21, 280,000 more people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year”. This equates to a target of 60% of people on the SMI register receiving a full and comprehensive physical health check in primary care. This commitment was reiterated in the Five Year Forward View Next Steps, which re-states on page 27 the commitment to deliver Better physical health for people with mental illness: An extra 140,000 physical health checks for people with severe mental illness in 2017/18 rising to 280,000 health checks in 2018/19.A bespoke data collection is required to track progress towards the MH5YFV objective. The table below sets out the anticipated trajectory for achieving this objective:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective**  | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** |
| Number of people with a SMI receiving a full annual physical health assessment and appropriate follow-up care | - | 140,000 | 280,000 | 280,000 | 280,000 |
| Percentage of people on the GP SMI register | - | 30% | 60% | 60% | 60% |

No aspirations beyond 2020/21 are yet set, but anticipate it will be achieving a steady state at 60%.Both primary and secondary care provision is responsible for achieving this objective. Commissioning for Quality and Innovation (CQUIN) data can be used to establish the number of people receiving physical health checks and interventions in secondary care[[4]](#footnote-4). This survey of CCGs aims to plug the information gap to collect data on the number of people receiving physical health checks and indicated interventions in primary care. CCGs will need to request data or extract data centrally from GP practices (or GP federations where these are in place) or a specific primary care service they may have commissioned to provide physical health checks and interventions (such as an enhanced primary care model) on a quarterly basis. This will then be collated and submitted to NHS Digital’s Strategic Data Collection Service (SDCS). To minimise burden on counting the number of physical health checks and interventions delivered we have ensured that physical health check templates are available that can be used on all primary care patient management systems such as the Bradford Template, and once launched on local systems enables reporting on the number of checks and interventions completed. In addition, CCGs will be provided with a data collection form to ensure data is collected in the required manner.Data flow:CCGs will either request data from primary care providers, or extract data centrally on the number of physical health checks completed; this data will then flow to NHS Digital via the SDCS and then be shared with NHS England.We are seeking aggregate data only, at CCG level to be reported quarterly. We will continue the survey until the objectives are met in 2020/21. The requirement for data collection beyond this will be reviewed in 2020/21.  |
| **Provide an explanation of what testing and what consultation has taken place or is planned** | Wide consultation has been undertaken on what a comprehensive physical health check in primary care includes and therefore what data is required. Guidance has been developed by an expert reference group consisting of primary care (including GP’s), secondary care clinicians, service users, commissioners and representatives from ALBs.We have also carefully considered the range of other data already available and potential methods for counting the number of individuals receiving checks and interventions in primary care. We will utilise the existing CQUIN data source to establish the number of individuals receiving checks and interventions in secondary care. However, for primary care a bespoke collection is the only possible option due to the following reasons:* National audit data (for example the National Diabetes Audit) does not allow data linking, it would therefore not be possible to count the number of individuals receiving the full suite of health checks i.e. beyond diabetes care
* QOF data extract cannot link together data points to give a patient by patient view of whether they have had *all* the required elements of a physical health check. It will only indicate what proportion have had, for example, the blood glucose test, or the weight measurement. In addition, the QOF extract only covers three of the required elements of the full physical health check which NHS England committed to providing on an annual basis for people with SMI in the MH5YFV
* GPES extract has been ruled out by DCB: funding to achieve the MH5YFV aim is within CCG baselines, and their argument has been that there is no guarantee that primary care practices are seeing this investment and therefore the data burden may be unfunded and unwarranted. It is therefore more appropriate to request a CCG level data collection.
 |
| **Reason for Request (what will the data be used for) and Impact of not progressing.** | The data will be used to monitor the implementation and impact of commitments to close the mortality gap for people with serious mental illness.Without this data it will not be possible to articulate whether the commitment is being met; it will not be possible to:* monitor national progress towards a headline commitment within the MH5YFV around improving physical health care for people with severe mental illness (and therefore closing a notable health inequality; the premature mortality rates of approx. 15-20 years for people with SMI).
* monitor local progress towards this MH5YFV commitment, and therefore target efforts to drive up CCG investment and quality improvement. This is particularly important given that the money announced in the MH5YFV to support this policy is within CCG baselines and not ring-fenced. Therefore the data sought is crucial to ensuring visibility (in tools such as the CCG Improvement and Assessment Framework and the Mental Health Five Year Forward View [Dashboard](https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/)) of the variation in CCG investment and provision, and to feed into a risk stratification model to use to identify where to target CCG level intervention from the central support team.

  |
| **If the proposal includes collecting data, what is your legal basis for collecting the data?** | A Direction will be sought (as data is collected by NHS Digital), which will be supported by a Data Provision Notice (DPN). Additionally, Health and Social Care Act 2012 14Z18(1) (power to require documents and information) will be utilised:(1) Where this section applies, the Board may require a person mentioned in subsection (2) to provide to the Board any information, documents, records or other items that the Board considers it necessary or expedient to have for the purposes of any of its functions in relation to the clinical commissioning group. |
| **Publishing the data** | Initially, the results will be disseminated through the NHS England MH5YFV Tracker which is a new tool which will help hold local areas to account on delivery against the FYFV deliverables and is not published data. This will allow the results to be analysed at CCG, STP, regional and national level. Key metrics will then be published by NHS England once data quality is sufficient (likely to be the second or third quarter survey). |
| **Links to Strategy or existing Programme** | As noted above, this collection is directly linked to the Five Year Forward View for Mental Health published by NHS England. We are aware of other data collections in general practice and have explored options to utilise these as outlined above but no other option is viable.  |
| **Dates** | Target Implementation date | First submission in July 2018. |
| Date of this submission  | 23 January 2018 |
| Collection / Extraction / Survey/Questionnaire End date (if not ongoing) | 2020/21 (need for further collection will be reviewed at this time, subject to meeting objectives) |
| Frequency of collection/extraction (e.g. yearly, monthly, biannual)  | Quarterly |
| **Requested outcome from the DCB** | To allow progression to final stage submission. |

**\*Definitions of Data Type:**

|  |  |
| --- | --- |
| **Identifiable**  | The data to be collected identifies an individual or individuals, either directly or by reference to other data held by the organisation. |
| **De-identifiable** | The data includes no data fields that directly or indirectly identify an individual. It does include a data field that uniquely represents an individual, but this cannot be linked by the organisation holding the data to ascertain an individual’s identity.  |
| **Aggregate** | Information created by performing statistical functions – i.e. numbers. |

Please return this completed form to the NHS Digital’s Standards Assurance Service, standards.assurance@nhs.net who will contact you within 3 working days after receipt.

**Annex A: Requirements of data collection**

The number of data items requiring submission will be:

* From 2018/19: Count of those who have had each of 9 checks, plus count of those who have had all the checks undertaken, plus count of total number of people on GP SMI register. A total of 11 data items (counts) requiring submission.

|  |
| --- |
| Data collection requirements are identical whether a standard physical health check template is in use or not |
| CCG name |
| 2018/19 collection:1. a measurement of weight (BMI or BMI + Waist circumference)
2. blood pressure and pulse check
3. blood lipid including cholesterol test
4. blood glucose test
5. an assessment of nutritional status, diet and level of physical activity
6. an assessment of alcohol consumption
7. an assessment of smoking status
8. an assessment of use of illicit substance / non prescribed drugs
9. access to relevant national screenings
10. Number of patients on the SMI register who have received all of the above assessments
 |

1. <https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf> [↑](#footnote-ref-1)
2. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> [↑](#footnote-ref-2)
3. https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf [↑](#footnote-ref-3)
4. <https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf> [↑](#footnote-ref-4)