## PbR Q&O candidate indicators – data definitions

**1.    The proportion of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days**

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator** : The number of people under adult mental illness specialties on CPA who were followed up (either by face to face contact or by phone discussion) within 7 days of discharge  from psychiatric in-patient care.

**Denominator**: The total number of people under adult mental illness specialties on CPA who were discharged from psychiatric in-patient care. All patients discharged from a psychiatric in-patient wards are regarded as being on CPA.

**Frequency**: quarterly

**Data source**: UNIFY2

**2.    Proportion of patients on Care Programme Approach (CPA**

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator** : The number of people under adult mental illness specialties on CPA broken down by cluster

**Denominator**: The total number of peoples in contact with adult mental illness specialties broken down by cluster

**Frequency**: quarterly

**Data source**: MHMDS

**3a    The people on the CPA who have had contact with their care coordinator in the last 12 months**

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator**: Number of records for people receiving secondary mental health care who were on the CPA at the end of the reporting period, who have seen their CPA co-ordinator within 12 months of the end of the reporting period.

**Denominator**: Number of records for people receiving secondary mental health care who were on the CPA at the end of the reporting period

**Frequency:** quarterly

**Data source**: MHMDS

**3b.** **Percentage of service users on CPA reviewed annually**

Indicator: Number of patients on CPA reviewed annually expressed as a percentage of all patients on CPA

**Numerato**r: Current patients on CPA who have had a formal CPA review in the previous 12 months

(Note: need to use contact with care co-ordinator as a proxy for CPA review until MHMDS v4 is in place.)

**Denominator**: all current patients on CPA

**Frequency**: quarterly

**Source**: MHMDS

**4.** **IAPT KPI indicators**

**IAPT 1: The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies**

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator:** the number of people who have entered psychological therapies (KPI 4). "Entered psychological therapies" is defined as attending first therapeutic session, which may be during the same appointment as initial assessment.

**Denominator**: the number of people who have depression and/or anxiety disorders (local estimate based on Psychiatric Morbidity Survey (KPI 1)

**Indicator 2: The proportion of those referred that enter treatment i.e. the proportion of people who are referred for psychological therapies who receive psychological therapies**

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator**: the number of people who have entered psychological therapies (KPI 4). "Entered psychological therapies" is defined as attending first therapeutic session, which may be during the same appointment as initial assessment.

**Denominator**: The number of people who have been referred for psychological therapies (KPI3a) This is a count of referrals that the service provider has received during the reporting period

**Indicator 3: The number of people assessed as moving to recovery as a proportion of those who have completed a course of psychological treatment**

**This indicator only includes the people receiving treatment that are at 'caseness' on entry to treatment**

**Numerator**: The number of people who are "moving to recovery" (KPI 6)This is a count of all those people at initial assessment achieved "caseness" and at final session did not. "Caseness" is defined by a score of 8 or more on GAD7 and 10 or more on PHQ-9.

**Denominato**r: = a – b
 a) The number of people who have completed treatment (KPI 5) This is a count people who have left treatment within the reporting period for any reason including: planned completion; deceased; declined treatment; dropped out (unscheduled discontinuation); or unknown.
 b) The number of people who have completed treatment not at clinical caseness at treatment commencement

**Frequency**: quarterly

**Data source**: OMNIBUS

## 5a Accommodation status- completeness

Indicator: Proportion of adults on Care Programme Approach receiving secondary mental health services that have a valid entry recorded for their settled accommodation indicator

**Numerator**: The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on CPA at the end of the reporting period or had a period of care on CPA within the reporting period, that had valid entry for settled accommodation.  The settled accommodation indicator used is the most recent entered for the patient in the last 12 months.  Valid entries are those with settled accommodation values of '1' and '0'.

**Denominator:** The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on CPA at the end of the reporting period or had a period of care on CPA within the reporting period

**Frequency**: quarterly

**Source**: MHMDS

## 5b Accommodation- in settled accommodation

Indicator: Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation

**Numerator:** The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on Care Programme Approach (CPA) at the end of the reporting period or had a period of care on CPA within the reporting period, that were recorded as being in settled accommodation.  The settled accomodation indicator used is the most recent entered for the patient in the last 12 months.

**Denominator:** The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on Care

Programme Approach (CPA) at the end of the reporting period or had a period of care on CPA within the reporting period

**Frequency**: quarterly

**Source**: MHMDS

## 6a       Employment status- completeness

Indicator: Proportion of adults on Care Programme Approach receiving secondary mental health services that have a valid entry recorded for their employment status

**Numerator:** The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on CPA at the end of the reporting period or had a period of care on CPA within the reporting period, that had a valid entry for employment.  The employment status used is the most recent entered for the patient in the last 12 months. Valid entries are those with employment status values of  01, 02 or 03.

**Denominator**: The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on CPA at the end of the reporting period or had a period of care on CPA within the reporting period

**Frequency:** Quarterly

**Source:** MHMDS

## 6b       Employment status – in employment

Indicator: Proportion of adults on Care Programme Approach receiving secondary mental health services in employment

**Numerator:** The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on CPA at the end of the reporting period or had a period of care on CPA within the reporting period, that were recorded as being employed.  The employment status used is the most recent entered for the patient in the last 12 months.

**Denominator:** The number of people aged between 18 and 69 who accessed secondary mental health services during the quarter and were either on CPA at the end of the reporting period or had a period of care on CPA within the reporting period

**Frequency:** Quarterly

**Source:** MHMDS

## 7    Equity of access – ethnicity

Indicator: Ethnic coding data quality

**Numerator:** Care spells with valid coding (excluding "not stated" and "not known")

**Denominator:** Total Care spells which include a care element (see IC definitions for IC_CARE_STATUS for "admitted" and "only non-admitted", MHMDS Statistics: Data Quality and Methodology)

**Frequency**: quarterly

**Source**: MHMDS

## 8    Serious untoward incidents

Indicator: Number of Serious Untoward Incidents as a percentage of all incidents

**Numerator**: Number of incidents classified as Serious Untoward Incidents (NPSA definition below)

**Denominator**: Total number of service users

What is a serious incident?

A serious incident (requiring investigation) as defined in the Framework, is an incident that occurred in relation to NHS-funded services and care resulting in one of the following:-

- unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
- serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- a scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;
- allegations of abuse;
- adverse media coverage or public concern about the organisation or the wider NHS;
- one of the core set of 'Never Events' as updated on an annual basis;

**Frequency**: tbc

**Source**: CQC (tbc)

## 9.    Section usage

9a. Indicator: Proportion of inpatients detained on section 2 or 3 of the Mental Health Act

**Numerator**: number of people whose highest legal status equates to section 2 or 3, in the reporting period. Broken down by cluster.

**Denominator:** number of inpatient episodes in the open during the period (this will include opened during, closed during and open throughout the period). Broken down by cluster

9b. Indicator: Proportion of patients treated in the community who are detained on Community Treatment Order (CTO)

**Numerator**: number of people on CTO Broken down by cluster.

**Denominator:** number of people seen by from a specialist mental health team in the community.

**Frequency**: quarterly

**Source**: MHMDS

## 10      Admission rates

Indicator: Proportion of people whose first contact with services is an inpatient admission.

**Numerator**: the number of people whose first contact with mental health services is an inpatient admission

**Denominator**: the total number of people presenting for the first time to mental health services

**Frequency**: quarterly

**Source:** MHMDS (may need to amend definition until v4 operational)

## 11      Readmission rates

**Indicator**: The proportion of people readmitted to in-patient psychiatric care within the 90 days of discharge.

**Numerator:** The number of people readmitted to in-patient facility within 90 days of discharge

**Denominator:** The total number of people discharged from a in-patient facility in the reporting period

**Frequency:** quarterly

**Source:** HES

*DN: Analysis will look at both 28 & 90 days*

## 12.a           Average Number of bed days

Indicator: Average number of bed days broken down by diagnosis and cluster

**Numerator.** Total number of bed days

**Denominator** the number of people who have been in contact with specialist mental health services in the same year

Indicator should be Broken down by cluster if data is available

**Frequency:** quarterly

**Source:** MHMDS

## 12.b          Bed days greater than 90 days

Indicator: Proportion of people with severe mental illness(1) spending more than 90 days in a given year in in-patient psychiatric care

**Numerator**: The number of people who have spent more than 90 days of a given year in an inpatient psychiatric ward (person only counted once)

**Denominator**:  the number of people who have been in contact with specialist mental health services in the same year (2)

Notes (1)  Being in contact with a specialist MH services is taken as a good proxy for having an SMI

(2)  The indicator applies correctly when both the numerator and the denominator have the same coverage eg people cared for by the same specialist MH provider or across a large region such as an SHA or England as a whole

**Frequency**: tbc

**Source**: MHMDS

## 12c.    Length of Stay

**Numerator**:  The number of psychiatric inpatient stays which are above a fixed benchmark (where benchmark is the national upper quartile LOS for a base year)

**Denominator**: The total of finished episodes during reference period

This proportion should be broken down by major diagnostic category (ICD10) as follows:

F00-F09          Organic, including symptomatic, mental disorders

F10-F19          Mental and behavioural disorders due to psychoactive substance use

F20-F29          Schizophrenia, schizotypal and delusional disorders

| | |
|---|---|
| F30-F39 | Mood [affective] disorders |
| F40-F48 | Neurotic, stress-related and somatoform disorders |
| F50-F59 | Behavioural syndromes associated with physiological disturbances and physical factors |
| F60-F69 | Disorders of adult personality and behaviour |
| F80-F89 | Disorders of psychological development |
| F90-F98 | Behavioural and emotional disorders with onset usually occurring in childhood and adolescence |
| F99 | Unspecified mental disorder |

**Frequency:** quarterly

**Source:** HES

## 13    Crisis Resolution Home treatment Episodes

The indicator is the numerator divided by the denominator, expressed as a percentage broken down by cluster and by WAA/Older

**Numerator:** Number of crisis episodes commencing during period by WAA/Older People's and by cluster

**Denominator:** Number all current patients during quarter

**Frequency:** quarterly

**Source:** tbc

## 14    Mental health clustering tool

MHCT- HONOS score change
.
Improvement on total HONOS score and sub-scores.

Frequency:  Minimum once a year for non CPA and at least at each CPA review  for those on CPA.

## 15    Physical health measures

**Current indicators in consideration-**

1. Physical health- smoking cessation
2. Physical health – BMI /Waist
3. Physical health Check

**The London physical health CQUIN is-**
1. Ensure all CPA patients are registered with a GP.
2. Share information (diagnosis of psychosis or lithium prescription) with GP to update their SMI registers.
3. Update long term physical health conditions like DM, CHD, COPD in care plans.
4. Ensure physical health check in patients with DM, CHD or COPD

**Proposal as potential physical health outcomes incorporating the physical health CQUIN -**

1. Offer of smoking cessation
2. Has information about patients long term physical health conditions like DM, CHD or COPD and its treatment  been requested from the patients GP and is this reflected in the care plan?
3. Has the patient had at least an annual physical health check including BMI /waist circumference ?

### 15a.     Offer of smoking cessation.

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator**: The number of service users in adult mental health services who smoke and have been offered smoking cessation?

**Denominator**: The total number of service users under in adult mental health services who smoke.

**Frequency**: tbc

**Data source**: tbc

### 15b.     Has information about patients long term physical health conditions like DM, CHD or COPD and its treatment  been requested from the patients GP and is this reflected in the care plan?

The indicator is the numerator divided by the denominator, expressed as a percentage

**Numerator** : The number of people on CPA under adult mental health service who have a GP and for whom information about long term conditions is requested and recorded in their care plans.

**Denomination**: The total number of service users on CPA in adult mental health services.

**Frequency**: Annual

**Data source**: tbc

### 15c.     Physical health check including BMI/ waist circumference.

The indicator is the numerator divided by the denominator, expressed as a proportion.

**Numerator:**  The number of people under adult mental health services on CPA who have a physical health check including a BMI and /or a waist circumference measurement. (The physical health check can be carried out in the primary or secondary care.)

**Denominator:** The total number of patients on CPA in adult mental health services.

**Frequency:** Annual

**Data source**:  tbc

### 16.     Waiting times

**CQUIN – examples in Y&H re waiting times.**

**1. Improving access for people experiencing acute mental health problems**

1a.Total of all referrals to Intensive Home Treatment, in the quarter
1b.Total of those in 1a who required a face to face assessment, in the quarter
1c.Total of those in 1b who are seen within four hours, in the quarter

**Detail of Indicator 1: Improving access to assessment for adults of working age experiencing acute mental health problems**

| | |
|---|---|
| Description of indicator | Improving access to assessment for adults of working age experiencing acute mental health problems |
| Denominator | Total of all referrals to Intensive Home Treatment service who required a face to face assessment in the quarter |
| Numerator | Total of Denominator receiving a face to face assessment by a qualified practitioner within four hours of a referral being made in the quarter |
| Rationale for inclusion | Improving the proportion of patients who receive rapid face to face response to patients in crisis will improve patient experience and reduce inappropriate bed use. |
| Data source and frequency of collection | Quarterly provider returns |
| Organisation responsible for data collection | Provider |
| Frequency of reporting to commissioner | Quarterly |
| Baseline period / date | Q1 baseline to be agreed |

| | |
|---|---|
| Baseline value | Percentage of intensive home treatment patients who require a face to face assessment by that were seen within four hours. |
| Final indicator period / date (on which payment is based) | End of Q3 2010 (see rules below) |
| Final indicator value (payment threshold) | For local negotiation and subject to SHA approval |
| Final indicator reporting date | 10th working day after the end of December 2010 |
| Rules for partial achievement of indicator at year-end | No payment will be made unless indicator is fully achieved (see delayed achievement below) |
| Rules for any agreed in-year milestones that result in payment | none |
| Rules for delayed achievement against final indicator period/date and/or in-year milestones | If the agreed final indicator value is not achieved at the end of Q3 but is achieved at the end of Q4, then a maximum of 75% of the payment allocated to this indicator will be made. |

## 2. Improving access for people experiencing non acute mental health problems

Total number of referrals (by specialty) requiring a non urgent assessment in the quarter
Total number of referrals for non urgent assessment who are assessed within fourteen days


Total number of referrals (by specialty) assessed as requiring non urgent treatment in the quarter
Total number of referrals (by specialty) assessed as requiring non urgent treatment who receive treatment within six weeks in the quarter


### Detail of Indicator 2: Improving access for adults of working age experiencing non acute mental health problems

| | |
|---|---|
| Description of indicator | Improving access for adults of working age experiencing non acute mental health problems |
| Denominator 1 | Total number of assessments (by specialty) requiring a non urgent assessment in the quarter |
| Numerator 1 | Total number of assessments (by speciality) who are seen within fourteen calendar days |
| Denominator 2 | Total number of referrals (by specialty) assessed as requiring non urgent treatment in the quarter |
| Numerator 2 | Total number of referrals (by specialty) who commence |

| | treatment within eight calendar weeks in the quarter |
|---|---|
| Rationale for inclusion | This allows progress towards a "no waits" culture in mental health services |
| Data source and frequency of collection | Quarterly provider returns |
| Organisation responsible for data collection | Provider |
| Frequency of reporting to commissioner | Quarterly |
| Baseline period / date | N/A |
| Baseline value | N/A |
| Final indicator period / date (on which payment is based) | End Q3 2010 (see rules below) |
| Final indicator value (payment threshold) | For local negotiation and subject to SHA approval |
| | For local negotiation and subject to SHA approval |
| Final indicator reporting date | 10th working day after the end of December 2010 |
| Rules for partial achievement of indicator at year-end | This indicator is in 2 parts.<br><br>Part 1 and 2 of this indicator will each achieve a maximum of 50% value of the indicator<br><br>Together both parts of the indicator cover an 8 week calendar period.<br><br>Part 1 of this indicator will achieve a maximum of 50% value of the indicator:<br><br>And relates to referral to assessment within 14 calendar days; at day 14 the clock stops<br><br>Part 2 of this indicator will achieve a maximum of 50% value of the indicator<br><br>And relates to start of treatment within 6 calendar weeks: the clock starts at day 15 within the total 8 week pathway. at day 42 the clock stops |

| Rules for any agreed in-year milestones that result in payment | Part 1 referral – assessment 14 calendar days | |
|---|---|---|
| | Indicator value | % of payment made |
| | For local negotiation and subject to SHA approval | 50% |
| | For local negotiation and subject to SHA approval | 75% |

|  | Part 2 assessment to start of treatment | |
|---|---|---|
|  | Indicator value | % of payment made |
|  | For local negotiation and subject to SHA approval | 50% |
|  | For local negotiation and subject to SHA approval | 75% |
| Rules for delayed achievement against final indicator period/date and/or in-year milestones | If the locally agreed final indicator value is not achieved at the end of Q3 but is achieved at the end of Q4, then a maximum of 75% of the payment allocated to this indicator will be made. | |

**Referral to treatment times**

- Referral to treatment waits (95$^{th}$ percentile measures)
  - (mediun wait measures)
  - Applicable to consultant led services.