**NHS Digital**

**Indicator Supporting Documentation**

**IAP00361 Unplanned readmissions to mental health Services within 30 days of a mental health inpatient discharge in people aged 17 and over**

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| FIELD | CONTENTS |
| IAP Code | IAP00361 |
| Title | Unplanned readmissions to Mental Health Services within 30 days of a Mental Health inpatient discharge in people aged 17 and over |
| Published by | Not currently in publication |
| Reporting period | Quarterly |
| Geographical Coverage | England |
| Reporting level(s) | CCG, National |
| Based on data from | Mental Health Minimum Data Set |
| Contact Author Name | Alison Roe, Senior Service Delivery Manager, NHS Digital |
| Contact Author Email | ccgois@hscic.gov.uk |
| Rating | Assured with comments |
| Assurance date | 12.11.14 |
| Review date | 12.11.17 |
| Indicator set | CCG OIS |
| Brief Description  | This indicator measures the number of unplanned readmissions to a mental health service within 30 days of being discharged from a mental health inpatient service in people aged 17 and over, reported at CCG level. |
| Purpose | It is the case that a significant proportion of readmissions are avoidable and that certain interventions can help to avoid readmission. Examples are better discharge planning and post discharge follow up. The readmission rate is widely used as a proxy measure for avoidable adverse outcomes. However, there are different views in the literature on whether it is actually a suitable quality measure for services. Issues relate to the non-identification of which readmissions are avoidable, the impact of case-mix and its relationship to the length of stay. The issues raised as queries as to whether it is a suitable quality measure are all ones which could also be raised in relation to physical health readmissions. However, readmission rates are nevertheless viewed as an appropriate subject of examination in physical health services. Moreover, the issues raised are ones which one would broadly expect to feature in most general mental health in-patient services in relation to readmissions. Therefore, this should not preclude significant variation in readmission rates between different localities being a legitimate subject for examination by CCGs.Variations in readmissions rates may reflect a number of issues that relate to outcomes of services commissioned by CCGs, including the effectiveness of treatment within the in-patient setting and the effectiveness of post-discharge community services. |
| Definition | Data from the Mental Health Minimum Data Set (MHMDS) is used to determine the number of discharges in a 12month period and the number of unplanned readmissions to any mental health service in the 30 days following this discharge. This indicator counts the number of discharges and subsequent unplanned readmissions. It is not a count of people. |
| Data Source | Mental Health Minimum Data Set (MHMDS) (http://www.hscic.gov.uk/mhmds |
| Numerator | The observed number of unplanned readmissions to a Mental Health inpatient service within 30 days of a discharge from a psychiatric hospital.The period in which a discharge is included covers April YYYY – March YYYY+1, the period in which a readmission is included covers April YYYY - April YYYY+1. |
| Denominator | The number of unplanned readmissions to a Mental Health inpatient service expected to occur within 30 days of a discharge from a psychiatric hospital.The period in which a discharge is included covers April YYYY – March YYYY+1, the period in which a readmission is included covers April YYYY - April YYYY+1. |
| Calculation | The indicator is reported as an Indirectly Standardised Ratio (ISR) of the number of unplanned readmissions within 30 days of a discharge from a mental health inpatient service.The ISR is given by:ISR=O/E × 100Ratios are presented at one decimal place. |
| Interpretation Guidelines | This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources. When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs processes on outcomes. A low ratio of readmissions within 30 days of a discharge from a mental health inpatient service is desirable |
| Caveats | The indicator methodology is signed off as assured for inclusion in the indicator library on the basis that the accompanying metadata makes the user aware that the use of the indicator is limited due to small numbers at CCG level. |

IGB 12/11/14 (Paper 3)

Application Form

Indicator Assurance Service

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| **Title:** | **Unplanned readmissions to Mental Health Services within 30 days of a Mental Health inpatient discharge in people aged 17 and over.** |
| **Set or domain:** | **CCG Outcomes Indicator Set** |
| ***IAS Ref code:*** | ***IAP00361*** |

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| Version | Changed By | Details |
| V1 | Kye Forrester | Revised application (in new format) received Sept 2014 |
| V2 | Kye Forrester | Form presented to MRG Meeting of 26/09/14 |
| V3 | Kye Forrester | Updated in response to MRG recommendations 27/10/14 |

# Application Form

# Section 1. Introduction / Overview

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| **Title** | Unplanned readmissions to Mental Health Services within 30 days of a Mental Health inpatient discharge in people aged 17 and over. |
| **Set or domain** | Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) |
| **Topic area** | Helping people recover from episodes of ill health or following injury |
| **Definition** | This indicator measures the number of unplanned readmissions to a mental health service within 30 days of being discharged from a mental health inpatient service in people aged 17 and over, reported at CCG level.Data from the Mental Health Minimum Data Set (MHMDS) is used to determine the number of discharges in a 12 month period and the number of unplanned readmissions to any mental health service in the 30 days following this discharge. This indicator counts the number of discharges and subsequent unplanned readmissions. It is not a count of people.  |
| **Indicator owner & contact details** | Alison Roe, Senior Service Delivery Manager, HSCIC, ccgois@hscic.gov.uk |
| **Publication status** | Not currently in publication |
| **Rationale** |  |
| **Sponsor** | Jeff Featherstone, Programme Lead; Commissioning Outcomes and Incentives, NHS England. |
| **Purpose** | This indicator measures the number of unplanned readmissions to a mental health service within 30 days of a discharge from a mental health inpatient service. It is the case that a significant proportion of readmissions are avoidable and that certain interventions can help to avoid readmission. Examples are better discharge planning and post discharge follow up. The readmission rate is widely used as a proxy measure for avoidable adverse outcomes. However, there are different views in the literature on whether it is actually a suitable quality measure for services. Issues relate to the non-identification of which readmissions are avoidable, the impact of case-mix and its relationship to the length of stay. The issues raised as queries as to whether it is a suitable quality measure are all ones which could also be raised in relation to physical health readmissions. However, readmission rates are nevertheless viewed as an appropriate subject of examination in physical health services. Moreover, the issues raised are ones which one would broadly expect to feature in most general mental health in-patient services in relation to readmissions. Therefore, this should not preclude significant variation in readmission rates between different localities being a legitimate subject for examination by CCGs.Variations in readmissions rates may reflect a number of issues that relate to outcomes of services commissioned by CCGs, including the effectiveness of treatment within the in-patient setting and the effectiveness of post-discharge community services.The indicator is relevant to CCG commissioning responsibilities as, although cardiac surgery is a NHS England responsibility, wider services such as cardiac rehabilitation and other treatments fall within CCG responsibility. The NICE guidance on treating heart failure at http://www.nice.org.uk/guidance/cg108/chapter/1-guidance#treating-heart-failure sets out a range of treatments and interventions, a number of which fall within CCG responsibilities and so are susceptible to improvement of outcomes via CCG actions.There are no indicators in published on the HSCIC Indicator Portal that relate specifically to the readmission rate of mental health cases. |
| **Endorsement** | Input around the timeline for readmission was received from David Daniel - Independent advisor to the HSCIC Mental Health team, former Mental Health policy lead |
| **Evidence base** | The NHS Mandate, section 3.5 states:“Treating mental and physical health conditions in a coordinated way, and with equal priority, is essential to supporting recovery. Yet people with mental health problems have worse outcomes for their physical healthcare, and those with physical conditions often have mental health needs that go unrecognised. NHS England’s objective is to put mental health on a par with physical health and close the health gap between people with mental health problems and the population as a whole.” 1The second objective of Improving Outcomes in Mental Health is for more people with a mental health problem to recover 2. Underpinning that objective is one to ensure that all people with severe mental health problems receive high quality care and treatment in the least restrictive environment. Readmissions is relevant here in two ways:i) High rates of readmission may reflect on the quality of either or both of the inpatient and the community care.ii) By definition needing to provide inpatient care post readmission when the intention at discharge was for community service care equates to a failure to provide care in the least restrictive environment1. A mandate from the Government to NHS England: April 2014 to March 2015, Department of Health, 2013, <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>
2. No health without mental health, Department of Health, 2011, <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
 |
| **Policy base (or NICE quality standard), related national incentives or critical business question** | This indicator is proposed to be included in the third domain of CCGOIS, which, as with the NHS Outcomes Framework, is “Helping people to recover from episodes of ill-health or following injury”.The aim of indicators in this domain is to “provide a picture of the NHS’s contribution to minimising the adverse impact of ill-health or injury upon the quality and length of life of those affected”. An overarching indicator in this domain is the percentage of emergency readmissions occurring within 30 days of the last previous discharge. This indicator is generic for both mental and physical health conditions. It is described as one of those measuring failures in the effectiveness of care in the total care system.The indicator will support local understanding of emergency readmissions following a discharge from a mental health inpatient service and should lead to action that will result in improved outcomes. |
| **Set or domain rationale, if appropriate** | The CCG OIS is an integral part of NHS England’s systematic approach to quality improvement. It is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. All of the CCG outcomes indicators have been chosen on the basis that they contribute to the overarching aims of the five domains in the NHS Outcomes Framework and it is intended as a tool for CCGs to drive local improvement and set priorities <http://www.england.nhs.uk/ccg-ois/> This indicator fits within Domain 3 of the CCG OIS: Helping people to recover from episodes of ill-health or following injury |

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| **Data source** | Mental Health Minimum Data Set (MHMDS) (<http://www.hscic.gov.uk/mhmds>) |
| **Justification of source and others considered** | The MHMDS is an approved NHS Information Standard that delivers information on people in contact with specialist secondary mental health services that is: robust; comprehensive; nationally consistent; comparable.The MHMDS is unique in its coverage, because it covers not only services provided in hospitals, but also in outpatient clinics and in the community, where the majority of people in contact with these services are treated. It brings together key information from the mental health care pathway that has been captured on clinical systems as part of patient care. During processing, this information is compiled into a single patient record.Submission of MHMDS data is mandatory for NHS funded care, including independent sector providers. It is mandated for central submission by the Department of Health and has Review of Central Returns (ROCR) approval ROCR/OR/0017/FT6/002MAND.No other data sources have been considered for this indicator, as submission is mandatory to this dataset for NHS funded care. |
| **Data availability** | The underlying data is not publicly available. Finalised, aggregate MHMDS data is made available on a monthly basis approximately 3 months following the activity month.Extracts and tabulations are available to order for a charge. This is managed by the HSCIC Data Access Request Service (DARS). <http://www.hscic.gov.uk/dars>. |
| **Data quality** | Each release of MHMDS data is accompanied by a data quality report. The report contains data on the completion of a number of fields, for example in the April 2014 – Final data, NHS Number can be derived for 99.5% of the record, and primary diagnosis contains 99.0% valid values. It should be borne in mind that some of the valid values are more useful than others and vague categories such as “other” are valid for certain fields but not necessarily as useful. More information about the MHMDS v4.1 specification is available here: <http://www.hscic.gov.uk/mhmds/spec>. This document aims to provide guidance and clarification for users involved in the creation and use of MHMDS submission data, it presents a list of all data items and valid entries with links to the NHS Data Dictionary. |
| **If data quality is considered low, is an aim of the indicator to drive up data quality?** | No*If yes, please outline the data quality improvement plan below:* |
| **Quality assurance** | The data is assured by the HSCIC Mental Health team, when the data is loaded into MHMDS, the data is compared to a time series containing previous submissions. If any inconsistencies are found, such as a much higher number of contacts, or many fewer admissions, the provider would be contacted. This information is then added to the front of the data quality report, along with any response from the provider. |
| **Data linkage** | N/A |
| **Quality of data linkage** | N/A |
| **Data fields** | The number of discharges from mental health inpatient services and number of unplanned readmissions within 30 days are supplied fully calculated by the HSCIC Mental Health Team. The following fields are used in the indicator:AgeGenderCCG CodeAdmission DateAdmission MethodCare Spell End DateDischarge DateDischarge MethodDischarge from Mental Health Service Reason |
| **Data filters** | The following filters are applied to the data:Denominator:Age – Between 17 and 120Gender – In (1, 2)CCG Code – Is validDischarge Date – Does not equal Care Spell End DateDischarge Method – Is not ‘4’Discharge from Mental Health Service Reason – Is not ‘04’, ‘05’, ‘06’Admission Date – is within 30 days of the Discharge DateAdmission Method – Not in (11, 12, 13, 81) |
| **Justifications of exclusions & how these adhere to standard definitions** | Age – Selects valid ages only for the standardisation calculation. Gender – Selects valid genders only for the standardisation calculation, standard definition in the indicator set. CCG Code – Is valid, standard definition in the indicator set.Discharge Date – If a patient is discharged completely (i.e. if they refuse treatment and leave) on the day they are discharged from inpatient services they are not included.Discharge Method – Excludes people discharged as dead, it is not possible for these cases to be readmitted, so they are excluded from the indicator.Discharge from Mental Health Service Reason – Excludes transfers. Admission Date – Identifies readmissions in the time periodAdmission Method – Ensures only unplanned readmissions are included in the indicator. This is a standard filter for readmission indicators in the CCG OIS. |
| **Data processing** | CCGs came into existence on 1st April 2013. To achieve consistency over time in the geographic units of analysis, patients have been assigned to a CCG based on the boundaries on this date. It is noted that CCGs cannot be responsible for activity before this date, however it was reasoned that it would be useful for CCGs to have access to information about the patients in their current boundaries as an up-to-date guide for policy making at a local level |

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| **Numerator** | The observed number of unplanned readmissions to a Mental Health inpatient service within 30 days of a discharge from a psychiatric hospital.The period in which a discharge is included covers April YYYY – March YYYY+1, the period in which a readmission is included covers April YYYY - April YYYY+1.  |
| **Denominator** | The number of unplanned readmissions to a Mental Health inpatient service expected to occur within 30 days of a discharge from a psychiatric hospital.The period in which a discharge is included covers April YYYY – March YYYY+1, the period in which a readmission is included covers April YYYY - April YYYY+1.  |
| **Computation** | The indicator is reported as an Indirectly Standardised Ratio (ISR) of the number of unplanned readmissions within 30 days of a discharge from a mental health inpatient service.The ISR is given by:$$ISR=\frac{O}{E} × 100$$Ratios are presented at one decimal place. |
| **Risk adjustment or standardisation type** | Indirect Standardisation |
| **Justification of risk adjustment type** | Indirect standardisation takes the age and sex of the population over time into account. Use of indirect standardisation allows the indicator to align with other readmission indicators and indicators of proportions in other indicator sets, e.g. 3.2 Emergency readmissions within 30 days of discharge from hospital. Direct standardisation was considered for this indicator; however, this indicator is a proportion. Use of indirect standardisation is consistent with the current MRG advice on the standardisation of proportions. In addition, volumes in the age and sex specific strata are small, further lending support to the use of indirect standardisation. |
| **Risk adjustment variables and methodology** | The ISR3 is given by:$$ISR=\frac{O}{E}×100=\frac{\sum\_{i}^{}O\_{i}}{\sum\_{i}^{}E\_{i}}×100= \frac{\sum\_{i}^{}O\_{i}}{\sum\_{i}^{}n\_{i}λi}×100$$Where:*O* is the total observed number of events in the local or subject population*E* is the total number of expected events in the local or subject population, given the standard rates *λi* in the reference or standard population; *Oi* is the observed numbers of events in the local or subject population in age group *i*;*Ei* is the expected number of events in the local or subject population in age group *i*, given the standard rate *λi* in the reference or standard population;*ni* is the number of individuals in the local or subject population in age group *i*;*λi* is the crude age-specific rate in the reference or standard population in age group *i*; 1. Eayres D. Technical Briefing 3: Commonly used public health statistics and their confidence intervals. York: APHO; 2008. Available at <http://www.apho.org.uk/resource/item.aspx?RID=48457>

The variables used in the indirect standardisation are age and sex. The following age bands will be used: 17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90+.The standard population will be the number of discharges from mental health inpatient services.  |
| **Justification of risk adjustment variables** | The age and sex distribution for discharges and unplanned readmissions within mental health inpatient services within 30 days in the period April 2013 – March 2014 is presented below. A differing pattern for males and females by age can be seen. As such, it would be unfair to compare a CCG that had a different population distribution to the national population distribution to the national figure.*The sample data covers the period April 2013 – March 2014. At the time of writing, MHMDS data for April 2014 was not available; therefore, the readmission figure presented in this document will not be including readmissions that occurred in this month.* |
| **Confidence interval / control limit use** | Confidence Intervals |
| **Confidence interval / control limit methodology** | Confidence intervals are calculated as specified in ‘Commonly used public health statistics and their confidence intervals’ (APHO, March 2008). The 100(1– *α*)% confidence limits for the ISR are given by:$$ISR\_{lower}=\frac{O\_{lower}}{E}$$$$ISR\_{upper}=\frac{O\_{upper}}{E}$$Where *Olower* and *Oupper* are the lower and upper confidence limits for the observed number of events;Using Byar’s4 method, the 100(1– *α*)% confidence limits for the observed number of events are given by: $$O\_{lower}=O ×\left(1-\frac{1}{9O}-\frac{z}{3\sqrt{\left(O\right)}}\right)^{3}$$$$O\_{upper}=(O+1) ×\left(1-\frac{1}{9(O+1)}+\frac{z}{3\sqrt{\left(O+1\right)}}\right)^{3}$$Where *z* is the 100(1– *α*/2)th percentile value from the Standard Normal distribution. For example, for a 95% confidence interval, *α* = 0.05 and *z* = 1.96 (i.e. the 97.5th percentile value from the Standard Normal distribution)5.1. Breslow NE, Day NE. Statistical methods in cancer research, volume II: The design and analysis of cohort studies. Lyon: International Agency for Research on Cancer, World Health Organisation; 1987
2. Eayres D. Technical Briefing 3: Commonly used public health statistics and their confidence intervals. York: APHO; 2008. Available at http://www.apho.org.uk/resource/item.aspx?RID=48457
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| **Contextual information provided alongside indicator** | None |
| **Justification of contextual information** | N/A |
| **Calculation and data source of contextual information** | N/A |
| **Use of bandings, benchmarks or targets** | None |
| **Justification of bandings, benchmarks or targets used** | N/A |
| **Banding, benchmark or target methodology, if appropriate** | N/A |
| **Evidence of variability** | *The sample data covers the period April 2013 – March 2014. At the time of writing, MHMDS data for April 2014 was not available; therefore, the readmission figure presented in this document will not be including readmissions that occurred in this month.*At the national level, there were 112,000 discharges from mental health inpatient services in the period April 2013 – March 2014. Of which, 11,700 were readmitted in an unplanned fashion within 30 days. The number of unplanned readmissions within 30 days ranges from 2 to 1,131, whilst the number of discharges from mental health inpatient services ranges from 73 to 2,531. This difference between CCGs could be due to the differing data quality between providers, or the makeup of the population that the CCGs provide service to being different. The ISR is presented below:   |

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| --- | --- | --- | --- | --- | --- |
| **CCG** | **Number of readmissions within 30 days** | **Number of discharges** | **Indirectly Standardised Ratio** | **95% Confidence Interval ISR*lower*** | **ISR*upper*** |
| **CCG1** | 8  | 299  | 25.5 | 11.0 | 50.3 |
| **CCG2** | 13  | 451  | 27.2 | 14.5 | 46.5 |
| **CCG3** | 2  | 73  | 28.2 | 3.4 | 101.9 |
| **CCG4** | 10  | 320  | 32.8 | 15.7 | 60.3 |
| **CCG5** | 29  | 761  | 35.3 | 23.6 | 50.7 |
| **CCG6** | 13  | 311  | 39.2 | 20.9 | 67.1 |
| **CCG7** | 9  | 225  | 40.7 | 18.6 | 77.2 |
| **CCG8** | 25  | 621  | 41.3 | 26.7 | 61.0 |
| **CCG9** | 11  | 249  | 42.3 | 21.1 | 75.7 |
| **CCG10** | 23  | 482  | 44.5 | 28.2 | 66.8 |
| **CCG** | **Number of readmissions within 30 days** | **Number of discharges** | **Indirectly Standardised Ratio** | **95% Confidence Interval ISR*lower*** | **ISR*upper*** |
| **CCG202** | 93  | 559  | 161.8 | 130.6 | 198.3 |
| **CCG203** | 453  | 2,510  | 164.1 | 149.4 | 180.0 |
| **CCG204** | 79  | 482  | 164.5 | 130.2 | 205.0 |
| **CCG205** | 70  | 426  | 167.8 | 130.8 | 212.1 |
| **CCG206** | 60  | 336  | 173.2 | 132.1 | 222.9 |
| **CCG207** | 69  | 403  | 174.0 | 135.4 | 220.2 |
| **CCG208** | 112  | 610  | 175.3 | 144.3 | 210.9 |
| **CCG209** | 31  | 143  | 242.0 | 164.4 | 343.5 |
| **CCG210** | 122  | 278  | 383.9 | 318.8 | 458.3 |
| **CCG211** | 1,131  | 2,531  | 399.6 | 376.7 | 423.6 |
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| **Interpretation guidelines** | This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources. When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs processes on outcomes. A low ratio of readmissions within 30 days of a discharge from a mental health inpatient service is desirable |
| **Limitations and potential bias** | The indicator makes no adjustment for case-mix or indices of deprivation, as such these could influence readmission rates for certain CCGs. |
| **Presentation of indicator** | The indicator is to be presented on the HSCIC Indicator Portal in a consistent format with other CCG OIS indicators. It is accompanied by a Specification and Quality Statement. The data is to be presented with a detailed header including information on the statistic presented, the reporting period, level of coverage, publication date, data sources, and any further notes to be aware of. Drop-down filtering is also available. The number of discharges will initially cover the 12 month period April YYYY – March YYYY+1, whilst the readmissions will cover the 13 month period April YYYY – April YYYY+1, the indicator will subsequently be reported using rolling quarters, presenting data for a 12 month period. The specific fields to be presented in the data are as follows: |

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| --- | --- |
| Column Name | Output |
| Reporting Period | The period that the data relates to. |
| Breakdown | National, CCG |
| Level | CCG Code |
| Level Description | CCG Name |
| Indirectly Standardised Ratio | Indirectly Standardised Ratio |
| Confidence Interval Lower | Indirectly Standardised Percentage lower confidence interval |
| Confidence Interval Upper | Indirectly Standardised Percentage upper confidence interval |
| Denominator | Count of discharges from a mental health inpatient service |
| Numerator  | Count of unplanned readmissions to a mental health service within 30 days. |

**Risks and Usefulness**

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| **Similar existing indicators** | There are a total of 32 readmission indicators, covering a variety of age ranges and conditions within the HSCIC Indicator Portal. These indicators do not cover mental health conditions.An indicator is published by the HSCIC Mental Health team as part of the Monthly Mental Health Reports, which covers emergency readmissions within 30 days. |
| **Differences between proposed and existing indicators** | CCG Indicator 3.2 (NHS OF 3b) shows the readmission rates by CCG for Emergency readmissions within 30 days of discharge from hospital. This is an overall figure that includes mental health diagnoses, but is not Mental Health specific.The methodology used in this indicator is consistent with the other readmission indicators in the CCG OIS, however the methodology is inconsistent with a readmission measure produced by the Mental Health team as part of the Monthly Mental Health reports. The measure in the MHMDS monthly reports takes the number of admissions in a reference period and looks back over the previous 30 days to match them to a discharge. This figure is reported monthly, not annually, however, if the monthly figure was aggregated to an annual figure, the two would not match due to this difference in methodology. This will be made clear in the indicator metadata |
| **Coherence and comparability** | If the MHMDS monthly figure is aggregated to a full year and compared to the one presented in this indicator, they will not match even though they are purporting to measure the same thing, as the two methods are considering different time periods. |
| **Undesired behaviours and/or gaming** | There is little scope for perverse incentives in this indicator, providers may code patients as being discharged in such a way that they are not included in the indicator if they believe a readmission is likely.  |
| **Improvement actions** | This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources. CCGs can use this indicator in context to identify if improvements are needed in their delivery of service, further investigation will be required in order to determine what, where and how these services should improve. |
| **Approach to indicator review** | The time period for when the indicator is to be reviewed will be set by the Indicator Governance Board (IGB).User feedback and comments on this indicator are welcomed via HSCIC Enquires enquiries@hscic.gov.uk or the CCG OIS mailbox ccgois@hscic.gov.uk |
| **Disclosure control** | When publishing the data, if the indicator is calculated from a value of 0 to 4, the value is suppressed to ensure an individual’s identity is not at risk of being disclosed. All other figures are rounded to the nearest 5. |
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**Additional Information**

**Previous decision-making documents**

*The sample data covers the period April 2013 – March 2014. At the time of writing, MHMDS data for April 2014 was not available; therefore, the readmission figure presented in this document will not be including readmissions that occurred in this month.*

The below table presents the number of unplanned readmissions within 30 days, discharges from mental health inpatient services, and percentage before the standardisation calculation has been applied.

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| --- | --- | --- | --- |
| **CCG** | **Number of readmissions within 30 days** | **Number of discharges** | **Percentage** |
| CCG1 | 8 | 299 | 2.7% |
| CCG2 | 2 | 73 | 2.7% |
| CCG3 | 13 | 451 | 2.9% |
| CCG4 | 10 | 320 | 3.1% |
| CCG5 | 29 | 761 | 3.8% |
| CCG6 | 9 | 225 | 4.0% |
| CCG7 | 25 | 621 | 4.0% |
| CCG8 | 13 | 311 | 4.2% |
| CCG9 | 10 | 236 | 4.2% |
| CCG10 | 11 | 249 | 4.4% |
|  |  |  |  |
| **CCG** | **Number of readmissions within 30 days** | **Number of discharges** | **Percentage** |
| CCG202 | 79 | 482 | 16.4% |
| CCG203 | 70 | 426 | 16.4% |
| CCG204 | 93 | 559 | 16.6% |
| CCG205 | 69 | 403 | 17.1% |
| CCG206 | 60 | 336 | 17.9% |
| CCG207 | 453 | 2510 | 18.0% |
| CCG208 | 112 | 610 | 18.4% |
| CCG209 | 31 | 143 | 21.7% |
| CCG210 | 122 | 278 | 43.9% |
| CCG211 | 1131 | 2531 | 44.7% |

The ISR for the number of readmissions within 30 days of a discharge from a Mental Health inpatient service for the period April 2013 to March 2014, people aged 17 and over.

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| --- | --- | --- | --- | --- | --- |
| **CCG** | **Number of readmissions within 30 days** | **Number of discharges** | **Indirectly Standardised Ratio** | **95% Confidence Interval ISR*lower*** | **ISR*upper*** |
| **CCG1** | 8  | 299  | 25.5 | 11.0 | 50.3 |
| **CCG2** | 13  | 451  | 27.2 | 14.5 | 46.5 |
| **CCG3** | 2  | 73  | 28.2 | 3.4 | 101.9 |
| **CCG4** | 10  | 320  | 32.8 | 15.7 | 60.3 |
| **CCG5** | 29  | 761  | 35.3 | 23.6 | 50.7 |
| **CCG6** | 13  | 311  | 39.2 | 20.9 | 67.1 |
| **CCG7** | 9  | 225  | 40.7 | 18.6 | 77.2 |
| **CCG8** | 25  | 621  | 41.3 | 26.7 | 61.0 |
| **CCG9** | 11  | 249  | 42.3 | 21.1 | 75.7 |
| **CCG10** | 23  | 482  | 44.5 | 28.2 | 66.8 |

**95% Confidence Interval**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CCG** | **Number of readmissions within 30 days** | **Number of discharges** | **Indirectly Standardised Ratio** | **ISR*lower*** | **ISR*upper*** |
| **CCG202** | 93  | 559  | 161.8 | 130.6 | 198.3 |
| **CCG203** | 453  | 2,510  | 164.1 | 149.4 | 180.0 |
| **CCG204** | 79  | 482  | 164.5 | 130.2 | 205.0 |
| **CCG205** | 70  | 426  | 167.8 | 130.8 | 212.1 |
| **CCG206** | 60  | 336  | 173.2 | 132.1 | 222.9 |
| **CCG207** | 69  | 403  | 174.0 | 135.4 | 220.2 |
| **CCG208** | 112  | 610  | 175.3 | 144.3 | 210.9 |
| **CCG209** | 31  | 143  | 242.0 | 164.4 | 343.5 |
| **CCG210** | 122  | 278  | 383.9 | 318.8 | 458.3 |
| **CCG211** | 1,131  | 2,531  | 399.6 | 376.7 | 423.6 |

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Changed By | Summary of changes |
| v.01 | 28/10/13 | Lydia Gomersall | Document Created |
|  | 08/11/13 | Lydia Gomersall | MRG papers prepared |
|  | 01/06/17 | Andrew Besch | Updated to reflect IGB decision |
|  |  |  |  |
|  |  |  |  |

**Assurance Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Assurance Stage |  | Date(s) | Comments |
| Application Received |[x]  28/10/13 |  |
| Initial Appraisal Completed |[x]  29/10/13 |  |
| Peer Review Appraisal |[ ]   |  |
| Methodology Review Group Discussion |[x]  15/11/13 |  |
| Indicator Governance Board Discussion |[ ]   |  |
| Signed-off |[x]   |  |

Peer Review

Peer Reviewer(s) / Organisations :

*Outcome of Peer Review consideration:*

|  |
| --- |
| 1. **Proposal signed off, with or without caveats**
 |[ ]
| 1. **Minor changes recommended**
 |[ ]
| 1. **Declined to sign-off**
 |[ ]

Methodology Review Group (MRG)

*Outcome of MRG consideration:*

|  |
| --- |
| 1. **No significant issues identified**
 |[ ]
| 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]
| 1. **Some concerns expressed as caveats or limitations**
 |[ ]
| 1. **Significant reservations**
 |[ ]
| 1. **Unresolved issues**
 |[ ]

Indicator Governance Board (IGB)

*Final Appraisal Status*

|  |
| --- |
| 1. **Assured**
 |[ ]
| 1. **Assured with Comments**
 |[x]
| 1. **Failed Assurance**
 |[ ]

**Peer Review** Summary – not provided

Indicator Methodology for Consideration - **Methodology Review Group**

**Initial Indicator Title**

**Unplanned readmissions to Mental Health Services within 30 days of a Mental Health inpatient discharge**

Indicator Set - CCG OIS

IAS Ref Code:

Introduction

The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) is an integral part of NHS England’s systematic approach to quality improvement. It is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. All of the CCG outcomes indicators have been chosen on the basis that they contribute to the overarching aims of the five domains in the NHS Outcomes Framework and it is intended as a tool for CCGs to drive local improvement and set priorities. Reference: CCG outcomes indicator set – NHS England;

This indicator will show the proportion of patients over the age of 16 who, having been discharged from Mental Health inpatient Services, are readmitted within 30 days of discharge in an unplanned fashion.

The calculation would be given as a percentage of all those discharged from Mental Health inpatient Services. This would be reported on an individual CCG basis.

Advice sought from David Daniel for this indicator, particularly regarding the timespan for the numerator. This indicator was also considered by a Quality and Outcomes working group which included clinical representation.

Indicator Details - Initial MRG Submission

Date of Initial Discussion: 15/11/13

|  |  |
| --- | --- |
| Rationale / usefulness  | The NHS Mandate, section 3.5 states:“Treating mental and physical health conditions in a coordinated way, and with equal priority, is essential to supporting recovery. Yet people with mental health problems have worse outcomes for their physical healthcare, and those with physical conditions often have mental health needs that go unrecognised. The NHS Commissioning Board’s objective is to put mental health on a par with physical health and close the health gap between people with mental health problems and the population as a whole.”The second objective of the Mental Health Outcomes Strategy is for people with a mental health problem to recover. Underpinning that objective is one to ensure that all people with severe mental health problems receive high quality care and treatment in the least restrictive environment. Readmissions is relevant here in two ways:i) High rates of readmission may reflect on the quality of either or both of the inpatient and the community care.ii) By definition needing to provide inpatient care post readmission when the intention at discharge was for community service care equates to a failure to provide care in the least restrictive environmentIt is proposed for this indicator to be included in the third domain of CCGOIS, which, as with the NHS Outcomes Framework, is “Helping people to recover from episodes of ill-health or following injury”.The aim of indicators in this domain is to “provide a picture of the NHS’s contribution to minimising the adverse impact of ill-health or injury upon the quality and length of life of those affected”. An overarching indicator in this domain is the percentage of emergency readmissions occurring within 30 days of the last previous discharge. This indicator is generic for both mental and physical health conditions. It is described as one of those measuring failures in the effectiveness of care in the total care system.There is a very extensive literature on emergency readmissions in general and on psychiatric readmissions in particular. It is the case that a significant proportion of readmissions are avoidable and also that certain interventions can help to avoid readmission. Examples are better discharge planning and post discharge follow up.The readmission rate is widely used as a proxy measure for avoidable adverse outcomes. However, there are different views in the literature on whether it is actually a suitable quality measure for services. Issues relate to the non-identification of which readmissions are avoidable, the impact of case-mix and its relationship to length of stay. |
| Data source | MHMDSSubmission of MHMDS data is mandatory for NHS funded care, including independent sector providers. It is mandated for central submission by the Department of Health and has Review of Central Returns (ROCR) approval ROCR/OR/0017/FT6/002MANDThis document highlights the Data Quality Measures for MHMDS v4.1, indicating acceptable values that can be input to data collection systems: <http://www.hscic.gov.uk/media/10994/MHMDS-Appx-3-Data-Quality-Measures/xls/Appendix_3_-_MHMDS_v4.1_Data_Quality_Measures.xls> MHMDS data is updated monthly and routine quarterly reports are available approximately three months following the end of the quarter. It is envisaged that this indicator will be produced on a quarterly basis. |
| Construction  | ***Summary description of the calculation:***Calculated as a percentage at CCG level.[ X / Y ] x 100 = The rate of readmission to Mental Health inpatient Services within 30 days of a discharge, given by CCG. |
|  | ***Calculation type:*** Calculated as a percentage at CCG level. |
|  | ***Denominator:***The number of inpatient discharges from a general psychiatric hospital in the reporting period.Where a patient has more than one discharge in the reporting period, each discharge is counted separatelyWHERE MHD\_EpiType = 'PROSP' AND ep.MHD\_EpiEnd\_Date IS NOT NULL***Numerator:*** Of people in the denominator, the number who were readmitted to Mental Health inpatient services within 30 days of their discharge date.Exclusions:• Patients with a booked or planned admission (admission types 11, 12, 13, 81)• Patients transferred to another provider• Patients under 16 at the time of discharge are excluded from this indicator• Based on the month before the reporting period (RP-1) because of the potential 30 day overlap between reporting periods. |
|  | ***Statistical Methods / Risk adjustment variables:***It was agreed that, where standardisation was necessary, indicators within the CCG OIS would be directly standardised. However, due to the small numbers in certain age bands and the need for a standard population, it is proposed for this indicator to be indirectly standardised by age and sex. This would align to other readmission indicators currently published on the HSCIC Indicator Portal, which all use indirect standardisation. |
|  | ***Other (Quality assurance/interpretation/known limitations):***This document highlights the Data Quality Measures for MHMDS v4.1, indicating acceptable values that can be input to data collection systems: <http://www.hscic.gov.uk/media/10994/MHMDS-Appx-3-Data-Quality-Measures/xls/Appendix_3_-_MHMDS_v4.1_Data_Quality_Measures.xls>This indicator will be used at the level of CCG and monitored on a quarterly basis. It will seek to address the question as to whether particular CCGs have higher than expected readmission rates which may reflect upon their inpatient care or upon community care.There are some limitations. The indicator includes all mental health inpatient discharges, irrespective of severity of mental health condition. This raises the problem that CCGs with a higher proportion of complex and severe mental illnesses are likely to have higher readmission rates. |
| Potential Issues | - |
| Supporting Documents | The NHS Mandate: https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/213131/mandate.pdfNo health without mental health: the mental health strategy for England. 02 February 2011.www.gov.uk/government/publications/the-mental-health-strategy-for-EnglandPreventing emergency readmissions to hospital: a scoping review Jan 2012 www.rand.org/content/dam/rand/pubs/technical-reportThe NHS Outcomes Framework: 2013-14 www.gov.uk/government/publications/nhs-outcomes-frameworkA meta analysis of hospital 30 day avoidable readmission rates Journal of evaluation in clinical practice November 2012Are readmission rates influenced by how psychiatric services are organised Nordic Journal of Psychiatry 2002 |

Additional Information / Sample Data : **Bottom 10 CCGs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CCG Code** | **Denominator** | **Numerator** | **%** | **95% Confidence Interval calculated using Wilson Score method.Lower CI** | **95% Confidence Interval calculated using Wilson Score method.Upper CI** |
| CCG 1 | 193 | 8 | 4.10% | 2.1% | 8.0% |
| CCG 2 | 386 | 16 | 4.10% | 2.6% | 6.6% |
| CCG 3 | 192 | 8 | 4.20% | 2.1% | 8.0% |
| CCG 4 | 336 | 14 | 4.20% | 2.5% | 6.9% |
| CCG 5 | 155 | 7 | 4.50% | 2.2% | 9.0% |
| CCG 6 | 395 | 18 | 4.60% | 2.9% | 7.1% |
| CCG 7 | 150 | 7 | 4.70% | 2.3% | 9.3% |
| CCG 8 | 277 | 13 | 4.70% | 2.8% | 7.9% |
| CCG 9 | 886 | 43 | 4.90% | 3.6% | 6.5% |
| CCG 10 | 236 | 12 | 5.10% | 2.9% | 8.7% |
| **Top 10 CCGs CCG Code** | **Denominator** | **Numerator** | **%** | **95% Confidence Interval calculated using Wilson Score method.** | **95% Confidence Interval calculated using Wilson Score method.** |
| CCG 203 | 845 | 138 | 16.30% | 14.0% | 19.0% |
| CCG 204 | 345 | 57 | 16.50% | 13.0% | 20.8% |
| CCG 205 | 192 | 32 | 16.70% | 12.1% | 22.6% |
| CCG 206 | 442 | 78 | 17.60% | 14.4% | 21.5% |
| CCG 207 | 619 | 109 | 17.60% | 14.8% | 20.8% |
| CCG 208 | 444 | 85 | 19.10% | 15.8% | 23.1% |
| CCG 209 | 323 | 63 | 19.50% | 15.6% | 24.2% |
| CCG 210 | 871 | 176 | 20.20% | 17.7% | 23.0% |
| CCG 211 | 2405 | 517 | 21.50% | 19.9% | 23.2% |
| CCG 212 | 718 | 155 | 21.60% | 18.7% | 24.7% |

**20 Random CCGs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CCG Code** | **Denominator** | **Numerator** | **%** | **95% Confidence Interval calculated using Wilson Score method.Lower CI** | **U95% Confidence Interval calculated using Wilson Score method.pper CI** |
| CCG A | 122 | 8 | 6.60% | 3.4% | 12.4% |
| CCG B | 176 | 11 | 6.30% | 3.5% | 10.8% |
| CCG C | 193 | 8 | 4.10% | 2.1% | 8.0% |
| CCG D | 222 | 20 | 9.00% | 5.9% | 13.5% |
| CCG E | 237 | 13 | 5.50% | 3.2% | 9.2% |
| CCG F | 266 | 30 | 11.30% | 8.0% | 15.6% |
| CCG G | 303 | 20 | 6.60% | 4.3% | 10.0% |
| CCG H | 318 | 33 | 10.40% | 7.5% | 14.2% |
| CCG I | 332 | 47 | 14.20% | 10.8% | 18.3% |
| CCGJ | 361 | 38 | 10.50% | 7.8% | 14.1% |
| CCG K | 386 | 16 | 4.10% | 2.6% | 6.6% |
| CCG L | 407 | 54 | 13.30% | 10.3% | 16.9% |
| CCG M | 435 | 52 | 12.00% | 9.2% | 15.3% |
| CCG N | 513 | 39 | 7.60% | 5.6% | 10.2% |
| CCG O | 549 | 41 | 7.50% | 5.6% | 10.0% |
| CCG P | 616 | 96 | 15.60% | 12.9% | 18.7% |
| CCG Q | 658 | 56 | 8.50% | 6.6% | 10.9% |
| CCG R | 674 | 78 | 11.60% | 9.4% | 14.2% |
| CCG S | 828 | 73 | 8.80% | 7.1% | 10.9% |
| CCG T | 927 | 66 | 7.10% | 5.6% | 9.0% |
| **England** | **111861** | **11823** | **10.60%** | **10.40%** | **10.80%** |

MRG Recommendations, Comments & Updates:

Summary of discussion

James Sykes introduced the indicator, which is intended to show the proportion of patients over the age of 16 whom, having been discharged from Mental Health inpatient Services, are readmitted within 30 days of discharge in an unplanned fashion.

The calculation would be given as a percentage of all those discharged from Mental Health inpatient Services. This would be reported on an individual CCG basis.

* Andy Sutherland asked as to whether the developer was satisfied they are handling the 16 – 18 year olds sufficiently given that MHMDS is being used as a source. In addition, clarification was sought on the handling of patients who have multiple re-admissions in the period that is being looked.
* James Sykes confirmed that the boundary of people in MHMDS is 16, and that each discharge is registered separately so is counted each time.
* Chris Dew asked, as it is suggested the numbers are too small to standardise, whether the indicator should be produced quarterly. It might be more useful to produce annually to allow more through-put.
* Alison Roe indicated that consideration was needed in light of the output of guidance on approaches to standardisation resulting from the workshop discussed earlier in the meeting. Additionally, if the indicator is to be produced quarterly then it would be based on rolling annual data.
* Chris Dew suggested the title should specify that it measures over 16s.

Alison Whitmarsh sought clarification as to whether general psychiatric hospitals referred to in the denominator was the same as Mental Health inpatient services referred to in the numerator. This is to be made clear and consistent in the metadata.

Recommendation(s)

Ref code

**IAP00361-01**

Made: 09/01/14

The title should specify that the indicator measures over 16s.

Additionally, the metadata should be clear and consistent that general psychiatric hospitals (referred to in the denominator) is the same as Mental Health inpatient services (referred to in the numerator).

Ref code

**IAP003612-02**

Made: 09/01/14

Further consideration is to be given to the methodology with regards to the output of the guidance on approaches to standardisation workshop that is being arranged following discussions earlier in the meeting (MRG 09/01/14.

**Item 5.2:** **Decision**

The indicator is to be re-considered in light of the output of the MRG workshop around approaches to standardisation.

Revisions:

To be completed where changes to the methodology are made by the applicant during the appraisal [i.e. subsequent to the initial application form]

A new section is to be added for each new set of revisions to go to MRG.

Record of Assurance provided by **Indicator Governance Board**

Not completed

IGB – Additional Recommendations:

[Add new section as necessary]

Review: **3 years**

IGB Sign-off:

**Indicator Assurance Process Output**

*Final Appraisal Status* **Assured with Comments**

Basis of Sign-off

[Detail caveats and limitations ] : The indicator methodology is signed off as assured for inclusion in the indicator library on the basis that the accompanying metadata makes the user aware that the use of the indicator is limited due to small numbers at CCG level.

IGB indicated that the indicator should be reviewed after a period of 3 years

Sign-off Date: 12/11/2014