IPS MHSDS useful links and FAQs:

Useful links:

**IPS Workspace – FutureNHS Collaboration Platform**:

[Reporting & Data page](https://future.nhs.uk/IPSWorkspace/view?objectID=16649264): IPS reporting and data resources on the FutureNHS Collaboration Platform IPS workspace

[MHSDS Guide – IPS Services](https://future.nhs.uk/IPSWorkspace/view?objectID=96649061): guidance on submitting data to the MHSDS for IPS services

[MHSDS IPS Dashboard](https://future.nhs.uk/IPSWorkspace/view?objectID=21429456): interactive dashboard with measures summarising IPS data submitted to the MHSDS

[MHSDS IPS Data Requirements](https://future.nhs.uk/IPSWorkspace/view?objectId=49810373): mandatory and required MHSDS data tables and fields for IPS services

**NHS Digital:**

[MHSDS page](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set): hub of information on the MHSDS

[Strategic Data Collection Service in the cloud (SDCS Cloud) page](https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud): SDCS user support and guidance

[MHSDS Intermediate Database (IDB)](https://isd.digital.nhs.uk/trud3/user/guest/group/0/pack/43/subpack/479/releases): Microsoft Access database tool enabling the collation of data for submission to the MHSDS

[Multiple Submission Window Model (MSWM) for MHSDS](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/multiple-submission-window-model-for-mhsds): information on when to submit or resubmit data to the MHSDS

[Implementing the MHSDS – tools and guidance](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/tools-and-guidance): MHSDS implementation guidance and requirements including v4.1 and v.5.0 Technical Output Specification

[Organisation Data Service forms](https://digital.nhs.uk/services/organisation-data-service/services-provided-by-the-organisation-data-service/organisation-data-service-forms): request organisation identifiers (ODS codes) and register Senior Information Risk Owners (SIRO) and Information Asset Owners (IAO)

FAQs:

**Can you offer guidance on how to use our clinical system?**

* There are many different clinical systems being utilised and so support offered here is generalised and not specific to any system. For more tailored support, trusts’ own information teams should have a good understanding of how to record data using their specific system.

**How do I know if I am successfully flowing data?**

* To see if you are successfully flowing data to the MHSDS, see if your provider is showing data on the [IPS dashboard](https://future.nhs.uk/IPSWorkspace/view?objectID=21429456).

**When can I submit and resubmit data?**

* Guidance is available on when and how to submit data as part of the [Multiple Submission Window Model (MSWM)](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/multiple-submission-window-model-for-mhsds). The MSWM allows retrospective data to be summited to the MHSDS but only for the current financial year. For example, January 2021 data can only be submitted until May 2021 (which is March 2021 refresh and the final opportunity to submit 2020/21 data).

**How do I carry over cases from one financial year to another?**

* Despite the change in financial year, there are no changes in how data should be submitted to the MHSDS. All IPS services should continue reporting data to the MHSDS as usual. Cases open in the previous financial year that remain open in the new financial year will still appear in the current caseload. Cases who accessed the service in the previous financial year who have a contact with the service in the new financial year will count towards the new financial year access target.

**Will carried over cases who accessed IPS in a previous financial year count towards the access target in the current financial year?**

* Any new cases who have a contact in the new financial year will be counted towards the new financial year access target. If a case from the previous financial year has a contact with the service in the new financial year, they also count towards the new financial year access target.

**What data is included on the IPS dashboard?**

* The data included is the patient level data flowed from services to the MHSDS.
* Patients are not identifiable on the IPS dashboard as the lowest level of aggregation is provider level and data are rounded to the nearest 5 or suppressed if less than 5.
* As the MHSDS is patient focused there is no staffing data. We can see staff associated with a specific contact/activity, but we don’t have an overall number of staff or WTE at each provider so cannot calculate rates per WTE. Providers can do this themselves if they have that information available to them.

**What referrals are captured?**

* All referrals included in the MHSDS are those that have been ‘accepted’ – those ‘rejected’ would not be included in the data.
* Whilst providers may focus more on supporting those with SMI rather than CMH, we do not distinguish between condition in the dataset. Anyone referred to and using the service will be included in the dataset and thus the dashboard.
* We do not make a distinction between retention clients and other clients.

**How is access captured?**

* A case has ‘accessed’ the service once they have had one direct contact with the service (as a proxy for starting vocational profile). It is be possible to include a starting vocational profile SNOMED code in the future, although there are no current plans for this as the current focus is on getting good quality data submitted.
* V.2 IPS dashboard access figures are now based on direct contacts (including telephone and video contacts, but not SMS and emails) instead of just F2F contacts.
* Contacts need to be attended (using the ATTENDED OR DID NOT ATTEND CODE data field) to class as accessed.

**How is employment captured?**

* The MHSDS captures the employment status of a person each month. So, for the month that someone is referred to or discharged from the service, we can look at their employment status.
* V.5 of the MHSDS will also include employment start and ends dates so it will be easier to track employment over time, including job retention.
* It is not possible to look at type of employment in v.4.1 or v.5 of the MHSDS.
* The service discharge data field is required not mandatory, but it is used to determine outcome and employment measures so should be completed. Here the discharge date associated with the specific referral to IPS services, not other services patients may be using concurrently, is used to calculate the measures.

**Why is data showing on the dashboard for higher geographies unexpectedly (i.e. where data is showing for a CCG but no associated providers have submitted data yet)?**

* Data is flowed at provider level. CCG, STP and region are derived from a person’s postcode of residence so at these higher geographies data is showing for cases based on where they live. For example, a person may access a service associated with a certain provider but live in a CCG outside their usual footprint.

**Why is my provider not showing on the dashboard?**

* The provider list is populated using the ODS codes of providers who have submitted to the MHSDS. ODS codes can be requested by providers by completing [the relevant form here](https://digital.nhs.uk/services/organisation-data-service/services-provided-by-the-organisation-data-service/organisation-data-service-forms).
* If your provider is a social care provider, your code won’t map to your provider name in the MHSDS. If you let us know this is happening, we can rectify the issue by adding your provider name manually.
* If data for your provider is showing for some charts but not others, this may be because data is not being submitted for a required field used to calculate a specific measure. See mandatory and required fields in the FAQ below.
* If data for the chosen combination of geography (selected via the drop-down filters) and month (selected by clicking a month or clicking/dragging over multiple months in the time series chart) is less than 5, this data is suppressed and will not show on the dashboard. Try looking at multiple months at once to increase the size of data displayed.

**Which data fields do I need to complete?**

* See this list of [mandatory and required MHSDS data tables and fields](https://future.nhs.uk/connect.ti/IPSWorkspace/view?objectId=49810373) for IPS services. Column H of the ‘All Req’d Fields by table’ worksheet states whether fields are mandatory (M) or required (R). Mandatory fields must be reported otherwise the entire submission will be rejected. Required fields do not need to be reported for the submission to be successful but should be reported as missing required fields may affect the calculation of important indicators.
* For example, service discharge date is required not mandatory, but is used to determine outcome and employment measures so should be completed.
* For more info, a [full list of data fields in the MHSDS can be found here](https://datadictionary.nhs.uk/data_sets/clinical_data_sets/mental_health_services_data_set.html).

**How can I submit data when my independent provider provides care in multiple areas?**

* If an independent IPS provider is providing care across multiple areas, standard practice would be to collate data across areas and submit under a single provider, with geographical differences in care between areas identifiable in the IPS dashboard through the use of higher geographies. However, if not collated centrally, [ODS codes can be generated](https://digital.nhs.uk/services/organisation-data-service/services-provided-by-the-organisation-data-service/organisation-data-service-forms) for specific provider-area combinations so they can submit data separately and appear separately on the dashboard.

**How can I submit data as a primary care provider?**

* Primary care providers may not be able to submit all the required data to the MHSDS if their primary clinical system does not capture data in the format the MHSDS needs. If this is the case, they could collect the data elsewhere and either submit it themselves (by obtaining access to their own [SDCS cloud account](https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud)), submit through a mental health trust’s clinical system, or submit via a trust who will submit on their behalf.

**How can I submit data when my team is embedded in another service?**

* Where IPS teams are embedded in other teams (i.e. EIP teams or CMHT), referrals and activity will show up for the host team. It is possible your clinical systems team could configure a new team on the clinical system for the IPS team so that activity can be recorded independently of the host team.
* If this is not possible or information governance does not permit this, the following SNOMED codes can be used - 1082621000000104 or 772822000 - identifying the activity as for an IPS service. We can’t monitor as much of the service with this approach, so the former option is preferred.