Results of the ISD Consultation on the ‘Mental Health (Psychiatric) Hospital Inpatient Care Statistics’ Publication

This consultation took place in summer 2013. The full consultation document/questionnaire is shown in Appendix 2, and a summary of the results is given below.

Sample: On 31 May 2013, 59 e-mails were sent to either individuals or organisations known to/likely to have an interest in the publication, inviting participation in the consultation. These included representatives from each territorial board (public health and clinical leads for mental health care) and special NHS board, policy and clinical staff at the Scottish Government (SG), academics, key mental health organisations including the third sector, and the Mental Welfare Commission for Scotland (MWC).

Responses: There were 5 responses (8% response rate): two from information departments in different territorial NHS boards, one from a consultant psychiatrist, one from the SG’s mental health/public health team, and one from the MWC.

We are very grateful to these people for their time and insightful comments.

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Responses to each question/proposition are summarised as follows:

What you use the current psychiatric hospital admissions publication for:
- background context to MWC visits to patients and reports
- briefing ministers and supporting policy colleagues
- observing trends and using as benchmarking standards for local data

What elements of the current publication you find most and least useful:

Most useful
- trends, board comparisons, use in benchmarking against community and staff resource indicators
- diagnostic breakdowns, allowing NHS boards to draw comparisons

Least useful
- reporting differences without explanations
- inability to address co-morbidity, and deficiencies in coding secondary diagnoses
- delays before date of publication.

Proposition 1:
We propose to focus primarily on SMR04 data analysis and remove all other analysis currently presented in the publication
All 5 respondents agreed to this, provided the links to other data are clear and maintained (and ideally in main body of report rather than Appendices).

Action by ISD: from the next publication, we will focus primarily on SMR04 data analysis and include links to SMR00, ISD(S)1, GP data, prescribing data etc.
Proposition 2:
To move the publication from a static PDF document on the ISD website to become part of the Mental Health section on the ScotPHO website.
In favour: 1 respondent
No objections: 1 respondent
Against/reservations: 3 respondents.

Action by ISD: after discussion, we have decided to retain the publication on the ISD website. It is more of a health service usage report than an epidemiological report, and it fits in the suite of publications on the ISD website at http://www.isdscotland.org/Health-Topics/Mental-Health/Related-Publications/ (under the heading Psychiatric Inpatient Activity). We need to ensure that there are sufficient links to and from the Mental Health topic on the ScotPHO website (http://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/key-points).

Proposition 3:
To complement the publication, a series of focus/topic reports will be produced.
In favour: all 5 respondents.

Action by ISD: we plan to do this.

Which of the suggested topics would be of most interest to you/other suggestions for potential topic reports:
See Appendix 1.

Action by ISD: we plan to introduce special topic reports in due course. There will be discussion around which ones are prioritised.

Proposition 4:
To remove admission information presented as ‘first admission’, ‘readmission’, ‘transfer’ and ‘other/not known’ and replace with data relating to ‘patients’, ‘continuous inpatient stays’ and ‘episodes’.
In favour: 4/5 respondents.

Action by ISD: we plan to do this.

Proposition 5:
There remains a significant amount of interest in psychiatric hospital readmission analysis which has not been included in the publication since the completion of the HEAT target in December 2010. We propose to reintroduce this analysis to the publication, although we would welcome feedback as to whether this particular definition (Number of psychiatric readmissions (7 days or more) within 365 days of discharge (with an index admission of 7 days or more)) remains of the most interest.
All 5 respondents were interested in readmissions.
One wished to discuss further, and two queried the proposed definition – might be too constricting/should other timeframes be considered, e.g. readmission within 1-4 weeks?

Action by ISD: discuss options, including with benchmarking team.
Proposition 6:  
Currently the publication presents ‘residents’ information based on the number of people in psychiatric hospital care on 1st April in a particular year. We propose to provide more detail on these ‘residents’ in addition to a secular trend.  
In favour: 3/5 respondents  
Queries/no comment: 2/5 respondents.

**Action by ISD:** we plan to do this.

Proposition 7:  
Currently the publication excludes information pertaining to State Hospital inpatients; we propose to begin including these figures in the publication.  
In favour: 3/5 respondents (with the data displayed separately).  
Unsure/no comment: 2/5 respondents.

**Action by ISD:** we are investigating incorporating admissions to the State Hospital within the SMR04 report. This has raised some technical and governance issues that require further discussion before a final decision can be taken.

If you have any general or additional comments on the psychiatric hospital admissions publication not otherwise covered, please note these here:  
Add the numbers used in charts.  
Also – comments included in Appendix 1.

**Action by ISD:** we will consider all these comments.

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**Next publication**

Please note that the next publication of Mental health (psychiatric) hospital activity statistics, which will include data to year ending 31 March 2013, is scheduled for June 2014. This has been delayed from December 2013 to allow time to improve data quality by adding missing discharge records for several NHS boards, and missing admission records for Ayrshire and Arran NHS Board. It will also permit analyses by the new NHS boards which are expected to be introduced on 1 April 2014.
Suggested topics to focus on in special topic reports

DEATHS
- Mortality after psychiatric hospital discharge
- Link to suicide data or mortality data by cause of death
  [note that this is partly covered by ScotSID (Scottish Suicide Information Database)]

DIAGNOSES
- Focus on certain diagnoses of interest:
  - dementia
  - learning disabilities
  - eating disorders
- What is the inpatient course and outcome for patients admitted for eating disorders in Scotland?
- Admission of people with either a primary or a secondary diagnosis of autistic spectrum disorder
- Co-morbidity – look at extra and subsequent diagnoses.
- Co-morbidity with alcohol and drugs misuse for psychiatric admissions (how many SMR04 patients have previous/secondary diagnoses of alcohol or drugs misuse?)

POPULATION GROUPS
- Focus on groups of interest
  - Pre/post natal admissions
  - Young people.

OUTCOMES/READMISSIONS/LENGTH OF STAY
- Look at outcomes after discharge from hospital.
- Does the rate (and risk) of readmission vary between major diagnostic category? Data … would suggest it does, with patients with neurotic disorders being readmitted quicker - i.e. ‘survival’ (readmission) in the months following discharge is lower than that for patients with schizophrenia, for example.
- What are the factors associated with longer lengths of stay?

OTHER ASPECTS
- Using other datasets (e.g. SPARRA) would improve the ability of ISD to describe key findings.
- It would be helpful if ISD could identify which questions are not answerable because of data quality issues, and flag up areas for research.
- Transfers across NHS boards.
- Analyses from April 2013 of new significant facility codes in SMR04.
- Patients moving from SMR01 (acute) to SMR04 (psychiatric)? [This idea was debated by ISD mental health team rather than suggested by respondents.]
APPENDIX 2

Consultation on ‘Mental Health (Psychiatric) Hospital Inpatient Care Statistics’ Publication

Psychiatric Hospital Activity Statistics on people receiving care as inpatients in psychiatric hospitals are held nationally on Scottish Morbidity Record 04 (SMR04) and have been published on an annual basis by ISD Scotland since the early 1970s. In that time there has been a large amount of change in both how mental health services are provided across Scotland, and how information is accessed. As a result ISD are taking this opportunity to ensure this publication remains a relevant product and useful resource.

Currently the publication is presented as a PDF report and excel tables published annually in December on the ISD website (available at http://www.isdscotland.org/Health-Topics/Mental-Health/Psychiatric-Hospital-Activity/).

Please describe:

Your Role:

What you use the current psychiatric hospital admissions publication for:

What elements of the current publication you find most and least useful:

Since the inception of this publication, there is now a wealth of information available surrounding mental health, including a substantial amount of information published elsewhere by ISD (e.g. http://www.isdscotland.org/Health-Topics/Quality-Indicators/Publications/index.asp). In addition, mental health policy and care has shifted over recent decades to focus on “prevention, anticipation and support self management” and a reduction in inpatient hospital treatment where possible. However, it is our belief that this publication is worth continuation as an accessible overview of Psychiatric Hospital Activity across Scotland and at sub-Scotland level. It provides trend information over time and covers all specialties and age groups. Consequently, it is our proposal that the publication acknowledges the wide range of complementary information published without seeking to replicate what is produced elsewhere.
Overall aim of the publication

- To provide information on consultant-led, mental health inpatient care delivered within psychiatric units and hospitals in Scotland.

Objectives

- To provide information that takes account of the needs of policy makers; those responsible for health service planning, mental health care, and public health; academics; the voluntary sector; and the public and is useful to them
- To provide summary information on the total volume of inpatient mental health care provided in Scotland.
- To provide detail that allows monitoring of secular trends, geographical variation, and particular topics of interest (relating to types of care - for example sub-speciality; or types of patient - for example diagnostic groups)
- Ideally, over time to increasingly reflect the quality of and outcomes from inpatient mental health care as well as just the volume of care provided
- To make users aware of how to request further analyses of SMR04 data and to periodically showcase additional analyses as appropriate
- To present the numerical and narrative information in an accessible and attractive way and to include clear metadata and information on methods
- To articulate well with other information available on mental health and mental health care in Scotland, to avoid duplication, and to signpost users to other relevant information as appropriate
- To ensure that the ISD resources expended on the publication are commensurate with what is available following internal prioritisation and resource allocation decisions

The above aim and objectives refocuses the publication on SMR04 data alone whilst directing users to other related ISD publications (e.g. outpatients information) and external websites (e.g. MWC).

Proposition 1:

We propose to focus primarily on SMR04 data analysis and remove all other analysis currently presented in the publication - i.e. trends in new outpatient appointments at consultant clinics within mental health specialties and rates of new patients who failed to attend the appointment within mental health specialties. This information is available elsewhere on the ISD website and will be linked to from the publication.

Comments on Proposition 1:

In the last year, the Scottish Public Health Observatory (ScotPHO) at ISD Scotland has taken responsibility for the production of the Psychiatric Hospital Activity publication. As a result we propose to move the publication from a static PDF document with accompanying Excel tables on the ISD website to become part of the more interactive ‘Mental Health’ section of the ScotPHO website (www.scotpho.org.uk/mentalhealth). This has the advantage of amalgamating all information we currently produce on mental health into one place, reducing
duplication. The publication date is likely to remain unchanged and will be linked to from the ISD Scotland website (e.g. http://www.isdscotland.org/Health-Topics/Mental-Health/Related-Publications/) and will follow the same publication process as is currently undertaken.

The way information is grouped and presented in the mental health section of the ScotPHO website is currently under review and is likely to be adjusted to make the section easier to navigate, reduce duplication, and to make room for the Psychiatric Hospital Inpatient Care information. An example of how the publication could look on the website is available at http://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/data/psychiatric-hospital-activity-consultation (username: psychiatric, password: psyc1). This is based on the current content of the Psychiatric Hospital Inpatient Activity publication.

Proposition 2:
To move the publication from a static PDF document on the ISD website to become part of the Mental Health section on the ScotPHO website. The publication process, analysis and pre-announcement will remain unchanged and the information will be linked to from the relevant sections of the ISD website.

Comments on Proposition 2:

By moving the publication onto the ScotPHO website it gives the team the flexibility to add separate specialist ‘topic reports’ as and when they are produced. This aligns with our objective to showcase additional analyses on particular topics of interest. Current suggestions include:

- A focus on outcomes of interest (for example mortality after psychiatric hospital discharge)
- A focus on diagnoses of interest (for example dementia or eating disorders)
- A focus on particular groups of interest (for example pre/post natal admission or young people)

Proposition 3:
To complement the publication, a series of focus/topic reports will be produced. These reports will aim to explore and describe a topic in more depth whilst showcasing analysis possible using SMR04.

Comments on Proposition 3/which of the suggested topics would be of most interest to you:

Other suggestions for potential topic reports:
After assessing both the current publication content and the types of information requests we receive, it is our intention to make a number of changes to the content of the publication as well as the presentation, becoming clearer and more consistent internally and in relation to other ISD products.

Over time, more sophisticated linking methods for analysing different types of admission records have become available, however the information presented around ‘first admissions’ and ‘readmissions’ in the publication have remained unchanged.

Proposition 4:
To remove admission information presented as ‘first admission’, ‘readmission’, ‘transfer’ and ‘other/not known’ and replace with data relating to ‘patients’, ‘continuous inpatient stays’ and ‘episodes’.

This change moves the focus from admission as recorded in hospitals to numbers of patients, episodes and ‘stays’ within psychiatric hospitals as identified through linkage of records. This allows for continued monitoring of activity and care over time, while making the information presented more similar to Acute (SMR01) hospital activity data. It will also reduce confusion with analyses quantifying psychiatric readmission rates. These are based on linkage of individuals’ psychiatric discharge records rather than simply relying on whether the hospital noted that an admission was a ‘first admission’.

It is anticipated that this information will be presented at Scotland, Health Board and CHP level in a similar way to the information currently presented, as well as by gender, age band and deprivation.

Comments on Proposition 4:

There remains a significant amount of interest in psychiatric hospital readmission analysis, however, there is currently the potential for confusion in this area, given the multiple definitions available. The term is used in two separate contexts within the current publication (for example in tables 1 and 8) and Proposition 4 seeks to help address this. Other publications use slightly different criteria to those presented in the publication (e.g. [http://www.isdscotland.org/Health-Topics/Quality-Indicators/National-Benchmarking-Project/Mental-Health-Dashboard.asp](http://www.isdscotland.org/Health-Topics/Quality-Indicators/National-Benchmarking-Project/Mental-Health-Dashboard.asp)).
Proposition 5:
There remains a significant amount of interest in psychiatric hospital readmission analysis which has not been included in the publication since the completion of the HEAT target in December 2010. We propose to reintroduce this analysis to the publication although would welcome feedback as to whether this particular definition (Number of psychiatric readmissions (7 days or more) within 365 days of discharge (with an index admission of 7 days or more)) remains of the most interest.

Comments on Proposition 5:

Information on specialties, formal/informal admissions and length of stay will remain part of the publication, as will numbers and rates of discharges broken down by age group and gender over time.

Outcomes information will likely also remain a part of the publication, for example discharged home or transferred to other care.

Other proposed changes to the publication include:

Proposition 6:
Currently the publication presents ‘residents’ information based on the number of people in psychiatric hospital care on 1st April in a particular year. We propose to provide more detail on these ‘residents’ in addition to a secular trend.

Comments on Proposition 6:

Proposition 7:
Currently the publication excludes information pertaining to State Hospital inpatients; we propose to begin including these figures in the publication.

Comments on Proposition 7:

Anticipated timescales
Following the close of this consultation, ISD will reflect on the feedback received with the aim that changes made to the main publication will take effect in the next publication (December 2013)

Further topic reports will follow, approximately 1-2 per year

If you have any general or additional comments on the psychiatric hospital admissions publication not otherwise covered, please note these here:

Thank you very much for completing this questionnaire.

Please return to Diane Dalgity (dianedalgity@nhs.net) by 28th June 2013.

Cheryl Denny
Principal Information Analyst, ISD/ScotPHO
May 2013