

Publication Report



Adult Mental Health Benchmarking Toolkit;

Year ending 31st March 2011

Publication date – 27th March 2012

Revised on 25th April 2012

The Mental Health Drugs cost indicator has been corrected to include data for the BNF subchapter 4.1.2 (Anxiolytics) to ensure consistency with previous publications.

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

The main objective of the Adult Mental Health Benchmarking project is to provide a tool to aid in the improvement of the Mental Health Services in Scotland by using a range of comparative information to compare key aspects of performance, identify gaps, identify opportunities for improvement and monitor progress. The Mental Health Benchmarking Toolkit has been created to facilitate this aim.

The toolkit is structured to provide a balanced view across the Quality Strategy domains of Efficient, Effective, Person-centred, Safe, Equitable and Timely. This release of the toolkit contains information on nineteen indicators across the first five Quality Strategy domains. Future releases of the toolkit will contain additional indicators and will populate the remaining Timely domain.

The information contained in this publication is primarily adult focussed based on the General Psychiatry and Psychiatry of Old Age specialties, and excludes Child and Adolescent Psychiatry, Learning Disabilities and Forensic Psychiatry services. However, for certain indicators data are not available at an adult only level and may pertain to the wider Mental Health service.

This revised release of the Mental Health Benchmarking Toolkit includes a correction to the previous publication (March 2012), where figures in Drugs Costs labelled BNF Chapter 4.1 – Hypnotics and Anxiolytics represented BNF Sub-Section 4.1.1 Hypnotics only. The revision now includes BNF Sub-Section 4.1.2 Anxiolytics to complete the chapter and maintain consistency with previous publications.

Key points

The indicators presented here have been chosen based on a wide range of stakeholder input to represent a balanced view of the Adult Mental Health Service in Scotland. It is recommended that individual indicators should not be approached in isolation but interpreted in the context of the overall balanced view of the service.

This latest release of the benchmarking toolkit for 2010/11 data includes the following key changes compared to the previous release:

- Change to the methodology used to derive the 'spend per head' indicators to reflect changes to the Cost Book data collection process. Health Board of Residence costs are no longer collected so Health Board of Treatment costs are used in this publication as an approximation. The new methodology has been retrospectively applied to previous year's data to enable comparisons over time. Therefore, data in previous publications may differ from that presented in this publication.
- The average length of stay figures may be impacted by small numbers of cases with extremely long lengths of stay, discharged in the relevant year. For example, there are several cases discharged in 2010/11 with admission dates prior to 1960. Therefore year on year comparison should be interpreted with caution, although the length of stay 80% split is more robust to such outliers. In addition to this, the methodology employed for the average length of stay (80%) measure has been revised from previous years and consequently the length of stay figures may differ significantly from those reported in previous publications.

Results and Commentary

The Adult Mental Health Benchmarking Toolkit is an interactive Excel based document that is designed to be viewed as a standalone publication, encompassing all relevant data and commentaries, to allow the user to obtain a wholly balanced view of the service. The toolkit can be accessed via the following link:

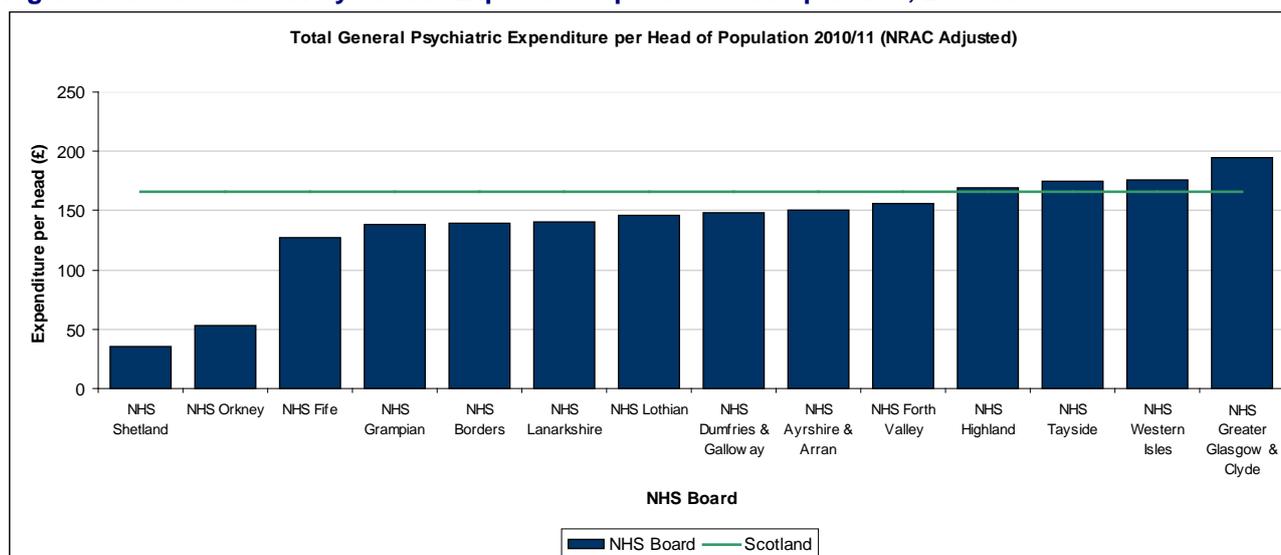
[Adult Mental Health Benchmarking Toolkit 2010/11](#)

It is recommended that the toolkit is regarded as the primary vehicle for reviewing the information contained in this publication. However, there follows a brief summary of the key findings for each of the indicators grouped by the appropriate Quality Strategy domain:

Efficiency

- The total expenditure for adult mental health services was £867m in 2010/11, a decrease of 2.6% since 2009/10, and is equivalent to £166 for every person in Scotland. Figure 1 shows the breakdown of Mental Health spend per head of population by Health board.

Figure 1: Total General Psychiatric Expenditure per Head of Population, 2010/11



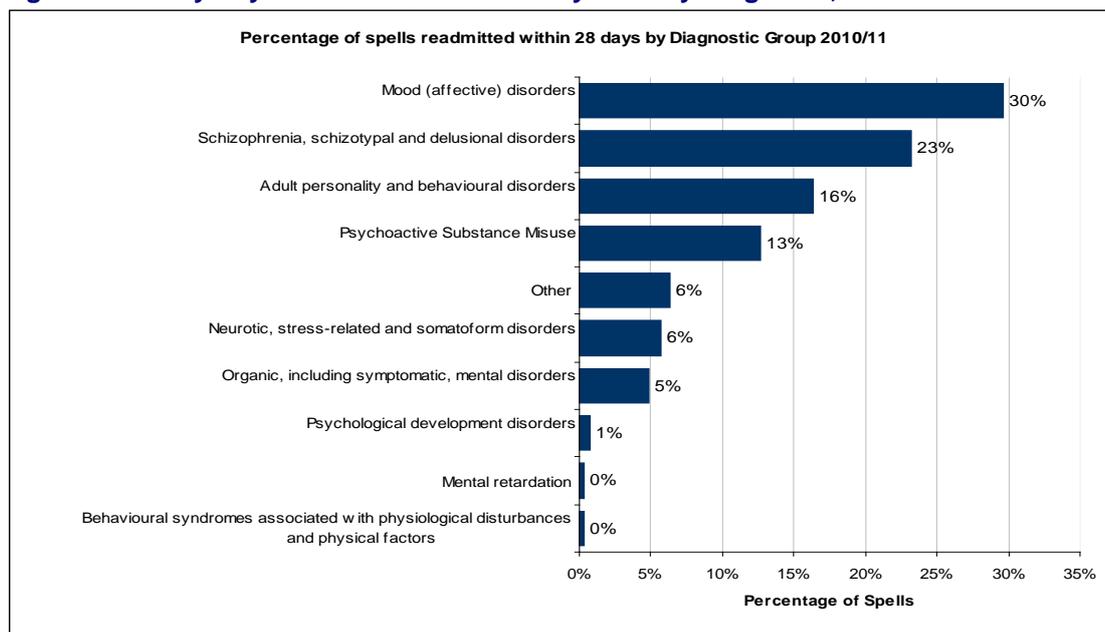
- 34% of the total mental health spend in Scotland is spent on community health care. This is a slight increase from 33% in 2009/10.
- The total expenditure on prescription mental health drugs increased by 1.7% to £90.5m in 2010/11, which equates to a cost per head of population of £17.30. There was a corresponding increase in the number of defined daily doses per head of population from 45.9 in 2009/10 to 48.7 in 2010/11.
- The total number of available beds for psychiatric specialties decreased from 5,266 in 2009/10 (101 psychiatric beds per 100,000 population) to 5,052 in 2010/11 (97 per 100,000 population).
- The total number of occupied Local Authority funded Care Home beds for residents with mental health needs increased from 3,872 in 2009/10 (74.6 mental health beds per 100,000 population) to 4,344 beds in 2010/11 (83.2 per 100,000 population).

- The total number of staff for General Psychiatric services per 100,000 population decreased from 211 whole time equivalents (WTE) in 2010 to 205 in 2011. The staff groups reported include consultants, nurses, psychiatrists and psychologists.

Effectiveness

- The average length of stay for adult mental health specialties in Scotland increased from 67.0 days in 2009/10 to 80.5 days in 2010/11. This increase can largely be attributed to a small number of cases with extremely long lengths of stay discharged in 2010/11. The median length of stay remained at 16 days, unchanged for the last 3 years. Excluding the longest 20% of stays, the average length of stay for the remaining 80% decreased slightly from 16.5 days in 2009/10 to 16.2 days in 2010/11. Approximately half of the patients in the 20% longest stays had a primary diagnosis of schizophrenia, schizotypal and delusional disorders.
- The percentage of psychiatric discharge records (SMR04) submitted within 6 weeks from the end of the discharge month, increased from 97% in 2009/10 to 98% in 2010/11.
- The percentage of psychiatric readmissions within 28 days in Scotland has steadily reduced over the past four years from 10.3% in 2007/08 to 8.1% in 2010/11. Figure 2 shows the breakdown of readmissions by diagnosis - the majority (52.9%) of these readmissions were for schizophrenia, schizotypal and delusional disorders or mood (affective) disorders.

Figure 2: 28 Day Psychiatric Readmissions by Primary Diagnosis, 2010/11



- The percentage of psychiatric readmissions within 133 days in Scotland shows a decrease from 18.5% in 2009/10 to 17.4% in 2010/11. The majority (54.3%) of these readmissions were for schizophrenia, schizotypal and delusional disorders or mood (affective) disorders.

Person-centredness

- The average number of discharges from mental health specialties delayed by 6 weeks or longer increased from 0.231 per 100,000 in 2009/10 to 0.431 per 100,000 population

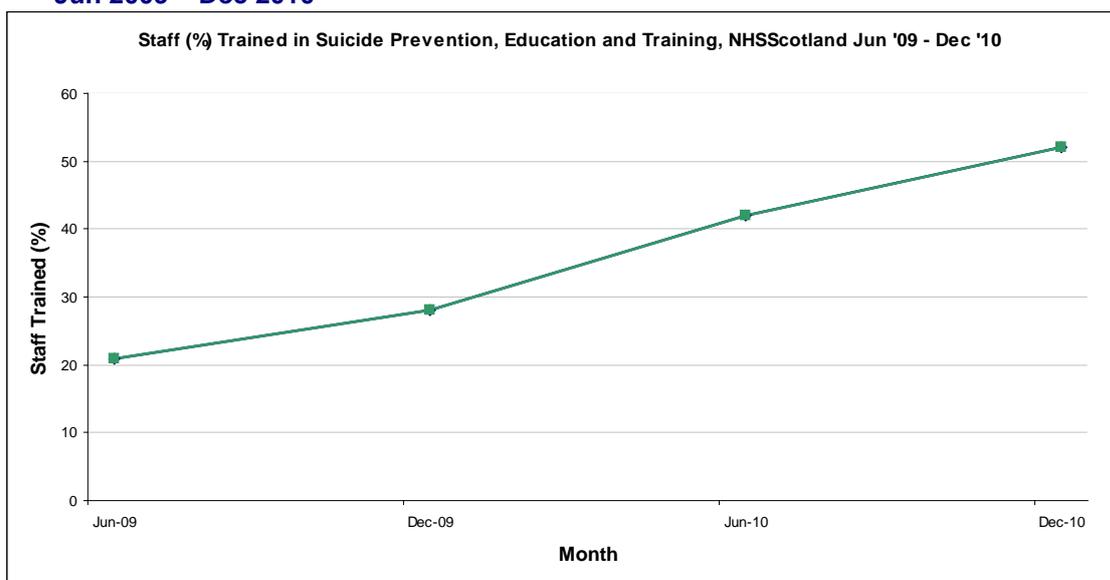
in 2010/11. Three Health Boards reported no delayed discharges in 2010/11 (NHS Ayrshire & Arran, NHS Grampian and NHS Western Isles).

- There was a small increase in the number of people on compulsory treatment orders in Scotland from 2,030 in 2009/10 to 2,066 in 2010/11. Of these, 36% were community based compulsory treatment orders, a slight increase from 2009/10.

Safety

- 13% of all inpatient spells of treatment in 2010/11 (increased from 11% in 2009/10) for both General Psychiatry and Psychiatry of Old Age specialties relate to compulsory (formal) admissions; persons subject to detention under the Mental Health Act.
- In 2010/11 the number of mental health officers in Scotland equates to 687 whole time equivalents (WTE); an increase of approximately 4.5% from 2009/10.
- The standardised suicide rate over the period 2007 to 2011 was 16.8 per 100,000 population. The data has been standardised by age, sex and deprivation. Approximately 5% of these suicides occurred within 30 days of a psychiatric discharge.
- By December 2010, 52% of the relevant frontline staff had been trained in suicide prevention, education or training. This is a significant increase from 28% for the same period in 2009 (Figure 3). This data supports the Scottish Government HEAT target on training frontline staff in suicide prevention.

Figure 3 : Staff (%) Trained in Suicide Prevention, Education and Training for NHSScotland, Jun 2009 – Dec 2010



Equity

- The number of people receiving incapacity benefit/severe disablement allowance with a mental health diagnosis decreased from 2,120 claimants per 100,000 population in 2009/10 to 1,908 claimants per 100,000 population in 2010/11. The largest group of claimants (37%) had a diagnosis of 'depressive episode'.
- People classified with severe and enduring mental illness have approximately 7 times the risk of death compared to an individual of the same age within the general population. The risk is higher for males (8.1) compared to females (6.8). In 2010/11, 51% of all mental health inpatients could be described as having severe and enduring mental illness. This figure is unchanged from the previous year.

Glossary

SMR04	Scottish Morbidity Record 04 – records information on all inpatient admissions and discharges from NHS mental health (psychiatric) hospitals in Scotland.
Whole Time Equivalent (WTE)	WTE adjusts headcount figures to take account of part-time staff.
Compulsory treatment order	An order of compulsory treatment approved by a Mental Health tribunal under the Mental Health (Care and Treatment) (Scotland) Act 2003.
Formal Admission	Admission to psychiatric inpatient facilities under the jurisdiction of the Mental Health (Scotland) Acts 1960 & 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

List of Tables

Table No.	Name	Time period	File & size
Toolkit	Adult Mental Health Benchmarking Toolkit	2010/11	Excel [600kb]

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Further Information

Further information on mental health benchmarking can be found on the [National Benchmarking](#) area of the ISD website.

Further information can be found on the [ISD website](#)

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Appendix

A1 – Background Information

The [Mental Health Benchmarking Project Final Report](#) was published in 2007. It recommended that a balanced scorecard approach was adopted to monitor and compare key aspects of the mental health service in Scotland to drive improvements and promote best practices. The outcome of this recommendation has led to the annual publication of the mental health benchmarking toolkit.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Adult Mental Health Benchmarking Toolkit - 2010/11
Description	The Adult Mental Health Benchmarking Toolkit is a tool to aid in the improvement of the Mental Health Services in Scotland by using a range of comparative information to compare key aspects of performance, identify gaps, identify opportunities for improvement and monitor progress.
Theme	Health and Social Care
Topic	Mental Health Services
Format	Excel workbook
Data source(s)	Multiple data sources including SMR04, ISD Cost Book, Practitioner Services, Scottish Workforce Information Standard System (SWISS) Workforce data, ISD(S)1, Mental Welfare Commission, Scottish Government Official Statistics and Department of Work and Pensions.
Date that data is acquired	Due to the multiple data sources and the variable dates of data availability, the data in this publication was acquired over the period November 2011 to February 2012.
Release date	27th March 2012
Frequency	Annual
Timeframe of data and timeliness	Data covering year to 31st March 2011.
Revisions Statement	<p>The Mental Health Benchmarking Toolkit is regarded as an evolving document and as such revisions to existing indicators and/or new indicators may be added based on discussions with the relevant stakeholders. All revisions pertinent to this publication are detailed in the Definitions and sources document.</p> <p>The mental health drugs cost data was corrected on 25th April 2012 to include data for the BNF sub chapter 4.1.2 (Anxiolytics) to ensure consistency with previous publications. Copies of the original report are available on request.</p>
Concepts and definitions	Refer to the Definitions and sources document for detailed descriptions of the key concepts and definitions for each of the indicators.
Relevance and key uses of the statistics	These statistics cover a wide range of comparative information across many aspects of the Mental Health Service in Scotland. They are intended for both clinical

	and management use to identify efficiency and productivity opportunities.
Accuracy	Information on the accuracy of some of the national datasets used within this publication is available on the ISD website .
Completeness	For the reporting period, information based on the SMR04 data source was 98% complete for NHS Scotland.
Comparability	Refer to the Definitions and sources document for detailed descriptions of each indicator including any differences to methodology compared with other ISD data sources.
Accessibility	It is policy of ISD Scotland to make its websites and products accessible according to published guidelines .
Coherence and clarity	The benchmarking toolkit is an Excel workbook with information on individual indicators contained in separate worksheets that are navigable via hyperlinks from the main summary page. Each worksheet contains, where applicable, data for NHS Scotland and a breakdown by NHS Board.
Value type and unit of measure	There are multiple units of measure including numbers, percentages, population rates, costs (£) and defined daily doses.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Not currently put forward for assessment
Help email	johnconnor@nhs.net
Date form completed	15-Feb-12

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

Members of the Mental Health Benchmarking Board Contacts Group
Members of the Mental Health Benchmarking Implementation Group

These statistics will also have been made available to those who needed access to help quality assure the publication:

Members of the Mental Health Benchmarking Board Contacts Group
Members of the Mental Health Benchmarking Implementation Group