

Data Provision Notice

Physical Health Checks for people with Severe Mental Illness (PHSMI)

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Background

The Health and Social Care Act 2012 (the **2012 Act**) gives the Health and Social Care Information Centre, now known as **NHS Digital**¹ and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care (**Secretary of State**) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice (**DPN**), is required to support a Direction from NHS England to NHS Digital. Therefore, organisations that are in scope of the Notice are legally required, under sections 259(1)(a) and 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose of the collection

NHS England has directed NHS Digital to collect and analyse data in connection with Physical Health Checks for people with Severe Mental Illness (referred hereafter to as “**PHSMI**”).

In 2016, the Five Year Forward View for Mental Health (**MHFYFV**) set out NHS England and NHS Improvement’s (NHSE/I) approach to reducing the stark levels of premature mortality for people living with severe mental illness (**SMI**) who die 15-20 years earlier than the rest of the population, largely due to preventable or treatable physical health problems. In the MHFYFV, NHSE/I was committed to leading work to ensure that “by 2020-21, 280,000 people living with SMI have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year”. This equates to a target of 60% of people on the General Practice SMI register receiving a full and comprehensive physical health check across primary and secondary care. This ambition was reiterated in the NHS Long Term Plan (**NHS LTP**) and associated Mental Health Implementation Plan, with the commitment to increase the number of people receiving SMI physical health checks to an additional 110,000 people per year (in addition to the current 280,000 MHFYFV ambition), bringing the total to 390,000 checks delivered each year.

Benefits of the collection

A central, NHS Digital General Practice Extraction Service (GPES) data collection is required to track progress towards these objectives in 2020-21 and in future years. To ensure monitoring drives the right clinical behaviour, it is crucial that NHSE/I is able to monitor delivery of the full comprehensive SMI health check and to collect benchmarking information on the uptake of the corresponding relevant follow-up interventions and access to national cancer screening programmes. In addition, in order to understand the impact of the health checks and provide rapid and ongoing policy evaluation, it is important to understand physical health outcomes. Patient-level information is required to monitor these outcomes, for example to understand whether the delivery of a particular follow-up intervention affects individual health check indicator values over time.

Currently Clinical Commissioning Group (CCG) delivery is monitored via a quarterly NHS Digital Strategic Data Collection Service (SDCS) collection, collecting, and reporting aggregate CCG-level data on the numbers (for instance counts) of physical health checks

¹ <https://digital.nhs.uk/>

and follow-up interventions delivered. This manual process is burdensome. The automated collection by GPES will create an efficient, automated extraction process.

This record level GPES data extraction will replace the current data collection submitted via SDCS. The record level data will enable data linkage with wider national data sets.

In summary, the extraction is needed because the data will:

- help monitor health outcomes to understand whether delivery of physical health checks and follow-up interventions lead to improvements in physical health indicators in people with SMI over time, including whether any given patient retains improvements in subsequent annual health check cycles
- inform whether current policy and practice exacerbate or reduce health inequalities, including an insight into which patient cohorts are accessing health checks and interventions, and whether these have the same impact in different cohorts
- review whether different risk factors (for example SMI diagnosis, demographics, socioeconomic status, or frequency of contacts with primary and secondary care) can be utilised to inform risk stratification of physical health checks and determine the style or frequency of checks appropriate for various patient cohorts
- assess and address local inequalities in access to and uptake of physical health checks and interventions, informing a targeted approach to improve service provision on national and local levels
- help understand the impact of health checks on healthcare utilisation and the subsequent cost effectiveness of delivery.

The data collection links to CCGs' statutory functions, responsibilities and commitments to, alongside other bodies, improve and integrate services providing physical healthcare, reduce health inequalities and reduce premature mortality across people with SMI, in line with the relevant legislation including the Public Sector Equality Duty, the Equality Act 2010, and the 2012 Act.

The data will be used to monitor the implementation and impact of commitments to close the mortality gap for people with severe mental illness.

The data set will be used to track delivery against the NHS LTP commitment and aggregate counts on the number of physical health checks and interventions delivered (that is the number of people on the GP SMI register in receipt of individual physical health checks and interventions).

Legal basis for the collection, analysis, publication, dissemination, and transparency

Collection and Analysis

NHS Digital has been directed by NHS England under section 254 of the 2012 Act to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the Physical Health Checks for people with Severe Mental Illness (PHSMI) Directions 2020 is published here: <https://digital.nhs.uk/about-nhs-digital/corporate->

[information-and-documents/directions-and-data-provision-notice/nhs-england-directions/physical-health-checks-for-people-with-severe-mental-illness-directions-2020](#)

Appendix A provides a link to the Specification where details of each data item to be extracted can be found.

The [National Data Opt-Out](#) will not apply to the submission of data to NHS Digital for this collection as the DPN is a legal requirement with which the participating organisations must comply. However, patients that have registered a Type 1 objection with the General Practice will not have their data shared with NHS Digital. The Type 1 objection prevents an individual's personal identifiable confidential information from being shared outside of their General Practice except when it is being used for the purposes of their direct care. Patients who have registered a National Data Opt-Out will have their data shared with NHS Digital. NHS Digital will apply the National Data Opt-Out in accordance with the national data opt-out policy: <https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document>.

All requests to NHS Digital for dissemination of the submitted data will be handled in accordance with the National Data Opt-Out Policy by the NHS Digital [Data Access Request Service \(DARS\)](#).

This information is required by NHS Digital under section 259(1)(a) of the 2012 Act to comply with the PHSMI Directions. In line with section 259(5) of the 2012 Act, all organisations in England that are within the scope of this DPN, as identified below, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this DPN.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8) of the 2012 Act.

Once the data is collected from GP system suppliers (**GPSS**), validation on the file structure and contents is carried out before files are accepted by NHS Digital's GP Data Collector system. The data is then processed by the Data Management Service (**DMS**) to create a data asset.

Subject to NHSE/I gaining appropriate authorisation via DARS/IGARD, data collected under these Directions may also be linked to other data sets held by NHS Digital to provide richer information, enhance existing publications, develop new publications, and to respond to requests from NHSE/I. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the NHS Digital [Data Collections and Data Sets webpage](#).

Publication

Where, pursuant to section 260(1) of the 2012 Act, NHS Digital publishes information obtained by complying with the Directions, in accordance with section 260(4)(a) of the 2012 Act it will do so in the form and manner agreed with NHS England, that being publication of anonymous statistical data (with small numbers suppressed).

In accordance with section 260(2)(d) of the 2012 Act, NHS Digital is directed not to publish information that is specified as not for publication in the Specification.

Any information that is published will be published in accordance with the [Code of Practice for Statistics](#).

Dissemination

Regular dissemination of data obtained by complying with the Directions will be restricted to NHSE/I, therefore, NHS Digital has been directed not to exercise its powers under sections

261(1) and 261(4) of the 2012 Act other than to disseminate information to NHSE/I where it would be lawful for NHS Digital to do so.

In accordance with section 261(2)(e) of the 2012 Act, where NHS Digital is prohibited from publishing the information obtained by complying with the Directions, NHS Digital may under section 261(1) of the 2012 Act disseminate that information to NHSE/I to support the Purpose of the Directions, where it would be lawful for NHS Digital to do so.

Any information disseminated to NHSE/I will be anonymised in line with the Information Commissioner's Office (**ICO**) [Anonymisation Code of Practice](#).

Requests from NHSE/I for information obtained by complying with the Directions will be via successful application to DARS supported by appropriate data sharing agreements and with oversight from the [Independent Group Advising on Data Release](#) (IGARD) where appropriate.

Transparency

NHS Digital is collecting personal data from General Practices to facilitate the PHSMI data collection. General Practices have a legal duty to be transparent and to provide patients with transparency information under the [General Data Protection Regulation](#) (GDPR) about the data they are sharing with NHS Digital.

NHS Digital has issued a [Transparency Notice](#) for this data collection. This Transparency Notice ensures that NHS Digital meets its legal duty in line with the [Data Protection Act 2018](#) and supports General Practices in meeting their legal duty in line with the Data Protection Act 2018.

General Practices need to update their own Transparency Notices on their websites to include details of this collection. It is intended that General Practices should be able to link to the information included in the NHS Digital Transparency Notice to enable them to perform their legal duty in providing adequate fair processing information to their patients.

To meet fair processing responsibilities for this data collection, General Practices are required to:

- inform their patients how their personal data will be used (including what type of data will be used) and for what purpose(s) their personal data will be used
- reassure their patients that their personal data will remain safe and confidential and will be used only for its intended purpose.

NHS Digital will disclose in its [Data Release Register](#), the organisations to which it disseminates the data obtained through this DPN and the purposes of the dissemination.

Persons consulted

NHS Digital has, as required under section 258 of the 2012 Act, consulted with the following organisations:

- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (**RCGP**)
- NHS England, as directing organisation
- PHSMI expert reference group which includes several GPs, secondary care clinicians, service users, commissioners, and representatives from Arm's Length Bodies

- The Data Coordination Board (**DCB**)², which includes representatives from the Department of Health and Social Care (**DHSC**), The National Institute for Health and Care Excellence (**NICE**), NHS England and NHS Improvement (**NHSE/I**), Public Health England (**PHE**), Care Quality Commission (**CQC**), Local Government Association (**LGA**), Health Education England (**HEE**), Health Research Authority (HRA), Association of Directors of Adult Social Services (**ADASS**) and NHS Digital.

Health and Social Care Bodies within the scope of the collection

Under section 259(1)(a) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- General Practices in England

Under section 259(1)(a) and (5) of the 2012 Act the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below.

Form of the collection

GPES business rules will be provided to GPSS to set out the scope of the collection. The GPSS develop the extract in accordance with the business rules.

Once the extract is developed, GPES will be used to schedule and manage the collection and onward processing of the data into Data Processing Service (DPS). GPES is an established mechanism to schedule, extract and deliver General Practice data from GPSS clinical systems. For the purposes of the PHSMI collection, it is made up of three key components:

- GPDC: The GP Data Collector is the solution operated by the NHS Digital's Data Services Alliance team. It will send requests for data to the GPSS solutions. It is located on SUS+ physical infrastructure hosted in the Crown Hosting datacentres
- GPET-E: The GP Extraction Tool-Extractor is the GPSS solution used to extract the data from the clinical system on receipt of the request from the GP Data Collector. The resulting data files are sent to the NHS Digital DPS MESH mailbox
- MESH: Message Exchange for Social Care and Health is the secure transport mechanism used to transport the data from the GPET-Es to NHS Digital. Data files are stored on MESH in accordance with MESH's 30-day retention policy and are then deleted from MESH.

DPS is the platform where the data will be processed and stored. NHS Digital uses Amazon Web Services (AWS) to host the data located within the UK, consequently AWS is a data processor for all data stored on DPS and NHS Digital has GDPR Article 28(3) compliant contracts in place with AWS.

² The Data Coordination Board (DCB) – a sub board of the system-wide Digital Delivery Board (DDB), the DCB acts with delegated authority from the DDB and directly from the Secretary of State as the main governance route through which all data collection requirements are agreed, and priorities assigned.

Manner of the collection

General Practices will be sent an invitation to participate via the Calculating Quality Reporting Service (**CQRS**). This invitation must be accepted as there is a Direction in place for this data collection and it is a legal requirement for General Practices to provide this data under section 259(1)(a). All General Practices are therefore mandated to comply with this invitation and approve the collection.

The required data will be collected from General Practices' clinical IT systems via the GPES. The [NHS Digital GP Collections webpage](#)³ provides further information on this service.

Once collected, the data will be stored in the Data Access Environment (**DAE**) used by NHS Digital.

Period of the collection

NHSE/I require an initial full-year extract of data and thereafter an extract on a quarterly basis and will be reviewed annually. The first extract is scheduled to take place in January 2021 and will cover the previous financial year of 2019-20.

The [GP live collections timetable](#) provides further details of when this data collection will take place. Please note that this timetable is a live document and is frequently edited to reflect changes to the GPES collection schedule; users are advised to check this regularly for updates.

Data quality

Data quality will be checked against the standard six data quality characteristics, which are: coverage, completeness, validity, default, integrity, and timeliness, as per the requirements of the customer.

Many of the SNOMED CT codes used to specify the data items listed are also used in the Quality and Outcomes and Framework (QOF) and other payment extractions and therefore the data quality of these codes is expected to be high. For other SNOMED CT codes that are not used in payment extractions, the data quality may not be as high. Analysis conducted by NHSE/I will determine this.

Other non-coded information will be validated against standard NHS Digital protocols. For example: patient NHS Number will be validated against the Modulus 11 algorithm and General Practice code will be validated against reference data held by NHS Digital.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

NHS Digital has sought to minimise the burden on General Practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

³ <https://digital.nhs.uk/services/general-practice-gp-collections>

In seeking to minimise the burden it imposes on others, in line with sections 253(2)(a) and 265(3) of the 2012 Act, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Coordination Board (DCB) approval process. The DCB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Detailed burden assessment findings

Assessed costs

The associated burden of the data collection is:

Burden on providers	£29k £111k	Based upon circa 6,700 General Practices. 4 minutes per General Practice manager. 15 minutes per General Practice for fair processing.
Set up costs for the data collection	£350k	Includes NHS Digital and supplier costs, representing a maximum estimate.
Other costs of the data collection	£39k	This covers the expected General Practice system supplier costs as well as the GPES running costs.
Total burden	£529k	Overall, total burden of GPES collection.

Appendix A – Specification

The patient/record data that will be included in the Physical Health Checks for people with Severe Mental Illness extract version v1.1, or the latest amended version as agreed by NHS England, may be found on the Business Rules page on NHS Digital's website:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts>.

For further information

www.digital.nhs.uk

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