

This briefing is particularly aimed at voluntary sector organisations, especially those offering counselling that either currently, or in the future, provide CAMHS commissioned by the NHS.

## What is CAMHS Data Set?

The Child and Adolescent Mental Health Services (CAMHS) Data Set has been developed by the Health and Social Care Information Centre (HSCIC) on behalf of the Department of Health. It forms part of an overall data set for maternity and children that has been developed as a key driver to achieving better outcomes of care for mothers, babies and children. The data set will provide comparative, mother and child-centric data that will be used to improve the efficiency of services, improve clinical quality, and develop and target services in a way that improves health and reduces inequalities. As a secondary uses data set it intends to re-use clinical and operational data for purposes other than direct patient care.

The development of the CAMHS Data Set has been overseen by the CAMHS Reference Group, incorporating representatives of key stakeholder organisations, including clinicians, and is largely based upon the existing CAMHS Outcomes Research Consortium (CORC) National CAMHS Data Set.

## Why is it being implemented?

This data set is being implemented in support of the NHS white paper, Equity and Excellence: Liberating the NHS<sup>1</sup> and the Information Revolution consultation document<sup>2</sup>, which states that information should be collected using consistent standards and used more effectively. The purpose of the project is “to deliver robust, comprehensive, nationally consistent and comparable person based information on patients in contact with specialist Child and Adolescent Mental Health (CAMH) services.” The primary purpose of the CAMHS Data Set when originally designed was to support the monitoring of the implementation and effectiveness of the National Service Framework [NSF] for Children, Young People and Maternity Services<sup>3</sup>, specifically Standard 9: The Mental Health and Psychological Well-Being of Children and Young People<sup>4</sup>. Whilst policy may have since evolved the underlying data collection requirement remains the same.

It also supports a variety of other ‘secondary use’ functions such as commissioning, clinical audit, research, service planning, and performance management at both local and national level. As well as the CAMHS Data Set supporting the NSF Standard 9, it will also support the NHS Standard

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<sup>1</sup> Equity and Excellence Liberating the NHS - <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

<sup>2</sup> Liberating the NHS: An Information Revolution - Consultation Document - [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_120598.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_120598.pdf)

<sup>3</sup> National Service Framework for Children, Young People and Maternity Services (2004) - [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089101](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101)

<sup>4</sup> Standard 9: The Mental Health and Psychological Well-Being of Children and Young People (2004) - [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089114](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114)

# CAMHS Data Set Guidance for VCS

Contract for Mental Health and Learning Disability Services 2012/13<sup>5</sup>, as providers of CAMHS will have to ensure they gather and submit all the necessary data items.

The standard sets out national definitions for output data in relation to the following key areas:

- Demographics
- Background
- Family history
- Targeted needs
- Referrals to CAMH services
- Encounters
- Care planning
- Interventions
- Outcome measures
- Inpatient stays
- Presenting problems and diagnoses

## How does it work?

The data items that make up the CAMHS Data Set are extracted, on a service provider basis, from clinical systems into a Microsoft Access data base (called the Intermediate Data Base or IDB), supplied by the HSCIC. The IDB contains a set of standardised tables which cannot be changed. The IDB will be submitted to HSCIC, via an N3 connection<sup>6</sup> (N3 is the name for the NHS national network), using the Bureau Service Portal. Access to an N3 connection requires completion of the appropriate version of the Information Governance Toolkit<sup>7</sup> and also has a cost attached. Once these elements are in place Caldicott Guardian approval is required in order to access the Bureau Service Portal (BSP) which is accessed via the internet.

Data submission is divided into 'reporting periods' of one month. Data for each reporting period can be submitted repeatedly (during the open 'submission window' period of two months) in order to improve data quality. A successfully submitted file attains the status of the 'last good file'. Each subsequently submitted successful file overwrites the previous 'last good file' to itself become the 'last good file'. Once the submission window closes, data from the last IDB that was successfully flowed for that service provider (the 'last good file') continues through the rest of the process. At this stage various derived data items are created and providers receive a data extract relating to their submitted data, which shows all data that has successfully flowed through the system, and some derived items.

Data quality validations are carried out which determine whether or not the IDB is accepted and data is allowed to flow. Providers receive feedback on the quality of their data and where applicable, reasons for the rejection of their IDB.

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<sup>5</sup> Guidance document for the NHS Standard Contracts for 2012/13 -

<https://www.gov.uk/government/publications/leave-for-will-pls-nhs-standard-contracts-for-2012-13>

<sup>6</sup> N3 information - <http://systems.hscic.gov.uk/n3/background>

<sup>7</sup> Information Governance Toolkit - <https://www.igt.hscic.gov.uk/welcome.aspx>

The data from each provider will then flow into a reporting repository. The exact format of this is still to be determined but it is likely to include static reports made available via the HSCIC website, an interactive reporting tool aimed at non-analysts which allows users to query the data, and the provision of data extracts.

## Collection, use and confidentiality of data

Strategic requirements are likely to come from legislation, policy directives, project board, sponsors, and various stakeholders including service providers and commissioners. Operationally the solutions, i.e. what specific data items and validations are included, are determined by the maintenance team at HSCIC in consultation with stakeholders including experts in the field. The governance behind the collection currently falls with the Health and Social Care Information Act.<sup>8</sup> The CAMHS Data Set is a 'patient' level data set that flows with identifiers to HSCIC. Identifiers are used to create a pseudonymised identifier which differentiates one individual from another within the data set, but does not identify any specific individual to those working with the data. In addition the HSCIC works within a very strict IG framework.<sup>9</sup> HSCIC therefore believe that there should not be any conflict between the data collection requirements for CAMHS and the VCS culture that fosters respect for confidentiality.

## When is this happening?

Local services and system suppliers should have had the capacity to collect relevant items within CAMHS Data Set since April 2013 but the CAMHS Data Set data flow hasn't started yet. It was anticipated to occur in spring 2014, however HSCIC have experienced delays in funding and procurement of the necessary infrastructure required. Some reports suggest that data submission is likely to commence in summer 2014. Information in this document therefore that relates to how the system is designed to work and what HSCIC anticipate will be the position once data begins to flow.

## Do VCS organisations need to comply?

VCS services are in scope of the data set if they are providing specialist CAMHS services commissioned by the NHS. Not all items within the CAMHS data set are expected to be collected by all services or for all clients. It is up to local negotiation between services and their commissioners as to which elements within the data set should be collected. For more information go to <http://www.hscic.gov.uk/CAMHS>.

If they are in scope then VCS services need to comply with the standard and data set submission is through the BSP, which requires access to an N3 connection and adherence to the associated IG requirements. As with any provider, VCS services will be expected to extract data from local administrative systems to produce CAMHS submissions.

If services are unable to arrange access to N3 they will not be able to submit data. For other data sets some smaller service providers have been able to come to an agreement with larger/NHS

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<sup>8</sup> Health and Social Care Act 2012 - <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>9</sup> IG framework - <http://www.hscic.gov.uk/article/3638/Patient-data-access-FAQs>

providers to use their N3 connection to make submissions. Ease of implementation will vary depending on for instance the size of service provider, level of access to IT infra-structure, staffing resource and its IT skills. More information and guidance can be found via this link:

<http://www.hscic.gov.uk/CAMHS> or by attending a provider and system supplier event or meeting hosted by HSCIC. If the relevant HSCIC web pages and any pertinent upcoming HSCIC events do not provide the information you are looking for, HSCIC are willing to assist services on an individual basis to try and identify solutions to problems they may face complying with the standard. Contact can be made directly by emailing [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk).

## Is this the same as the CYP IAPT Data Set?

The **CAMHS data set V1** has been signed off by the Information Standards Board, so services should be able to collect relevant information as laid out in this data set currently within their local IT systems. However, service transformation and best practice in outcome evaluation in CAMHS as defined by Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) and the developing Payment Systems Project (formerly known as PbR) both require the use of the **CYP IAPT data set V3**, which has not yet been through the Information Standards approval process.

Sites joining the CYP IAPT programme commit to flowing the CYP IAPT data set and Outcome Measures Services have been flowing these data since 2012 to the CAMHS Outcomes Research Consortium (CORC) who lead a collaboration commissioned to collect the data until the CYP IAPT data set V3 can be merged with the CAMHS data set V1. Sites who are part of CAMHS payment systems development project (formerly known as PbR) also follow the same data set and flow data in a similar manner. Members of CORC, which include over half of all CAMHS services across the UK, can also flow data in this way for bespoke analysis. CORC is working closely with the HSCIC to ensure alignment of data requirements and has made resources available for all services as to how best to collect and make use of outcome measures.<sup>10</sup>

In due course all data will flow through a combined data set - **CAMHS data set V2** - which will incorporate CYP IAPT data set V3 and be managed and maintained by HSCIC. It is currently anticipated this combined data set will be ready for HSCIC to accept data in 2015/16.

## What you should be doing now

It is crucial that services consider which elements of each current data set may be relevant for them. The CAMHS data set V1 provides items for key aspects of referral and service use. CYP IAPT data set V3 provides items for key aspects in relation to latest assessment, outcome assessment measures and data relevant for clustering for payment systems in development.

NHS England recommends that services should be preparing now for both the initiatives above by reviewing their capacity to collect the necessary information:

- 1) Visit the HSCIC website - <http://www.hscic.gov.uk/CAMHS> - there are a series of tools to help services review your readiness to collect and submit the CAMHS data set
- 2) Visit the CORC website - <http://www.corc.uk.net> - review the data requirements for CYP IAPT V3 data set
- 3) Consider training needs of clinicians

## Useful links & contacts:

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<sup>10</sup> CORC - <http://www.corc.uk.net>

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## Links

### HSCIC

CAMHS Data Set user guidance:

[http://www.hscic.gov.uk/media/10705/CAMHSDataSetUserGuidancev13/pdf/CAMHS\\_Data\\_Set\\_User\\_Guidance\\_v1\\_3.pdf%20Section%203.1](http://www.hscic.gov.uk/media/10705/CAMHSDataSetUserGuidancev13/pdf/CAMHS_Data_Set_User_Guidance_v1_3.pdf%20Section%203.1)

Information and implementation guidance for CAMHS Data Set: <http://www.hscic.gov.uk/CAMHS>

### Information Standards Board for Health and Social Care (IBS)

CAMHS Data Set specification: <http://www.isb.nhs.uk/documents/isb-1072/amd-30-2012/1072302012spec.pdf>

Information on CAMHS Data Set: <http://www.isb.nhs.uk/library/standard/106>

## Contacts

For CAMHS Data Set: [enquiries@HSCIC.gov.uk](mailto:enquiries@HSCIC.gov.uk)

For CYP IAPT: Kathryn Pugh - [Kathryn.Pugh@NHSIQ.nhs.uk](mailto:Kathryn.Pugh@NHSIQ.nhs.uk)

For CAMHS payment systems: Barbara Fittall - [barbara.fittall@dh.gsi.gov.uk](mailto:barbara.fittall@dh.gsi.gov.uk)