



<b>Unrestricted</b>					
<b>Data and Business Rules – Mental Health Indicator Set</b>					
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## **New GP Contract Q&O Framework Implementation**

### **Dataset And Business Rules**

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### **Mental Health Indicator Set**

**Amendment History:**

<b>Version</b>	<b>Date</b>	<b>Amendment History</b>
Draft 0.3	21-Jun-2003	From Peter Horsfield
1.0	24-Sep-2003	Standard Headers and footers Applied and set to approved.
1.1	03-Nov-2003	Added headers and footers to Version 0.4 received from Pete Horsfield on 03/11/03.
2.0	12-Nov-2003	Amended following 4 Country review
3.0	20-Jan-2004	Amended following January READ Code Release
4.0	04-Feb-2004	Amended following 4 Country, GPSS and internal review
4.1	09-Apr-2004	SNOMED-CT codes added, 4-byte Read codes removed
4.2	09-Jul-2004	Amended following July READ code release
5.0	27-Sep-2004	Amended following 4 Country Review
5.1	18-Jan-2005	Amended following January READ Code Release
5.2	21-Jun-2005	Amended following 4 Country Review
6.0	21-July-2005	Signed off following 4 Country review
6.1	21-July-2005	Amended following July 2005 Read Code release and January 2005 SNOMED CT release
6.2	21-Aug-2005	Amended following 4 Country review
7.0	23-Sep-2005	Signed off following 4 Country review
7.1	21-Nov-2005	From Phil Brown <b>NB Renamed document as "Mental health Indicator Set"</b>
7.2	22-Nov-2005	Amended following review by Peter Horsfield
7.3	3-Dec-2005	Draft revised for internal review
7.4	28-Feb-2006	Amended following internal & 4 Countries review
8.0	15-Mar-2006	Signed off following 4 Country review
8.1	20-Apr-2006	Responding to queries raised a) Amend wording for Note 3 b) Correct typo in MHRFUP_COD description c) Amend Denominator Rule 1, splitting into TWO rules (1 & 2) for MH9, MH6 & MH7 d) Amend rules 3 & 4 for MH7 e) Remove EU33% from MH_COD (5-Byte) f) Introduce new cluster DNAREV_COD/DAT and add to MH7 g) Amend criteria for MHRFUP to the earliest after the DNAREV_DAT
8.5	18-May-2006	Approved by NHSE
8.6	20-Oct-2006	April Read Code Release April SNOMED CT Release October Read Code Release Corrections and amendments following feedback Changes to MH9, MH6 & MH7 to check for recent diagnosis (against diagnosis codes AND framework register) Changes to MH7 (and supporting clusters) to improve handling of 'Did Not Attend' and associated 'Follow Up' activities
8.7	09-Nov-2006	Following 4-Country Review: MH6: Make the Numerator Rule 1 reflect the Denominator Rule 3

		MH7: Correct typo in wording of the indicator. Correct typo to DEP_COD cluster Remove the 'on MH framework register' from the document
9.0	30-Nov-2006	Approved by NHSE
9.1	11-Apr-2007	April 2007 Read Code Release
9.2	08-June-2007	Following 4-Country Review: Correction in Rule 5 (MH7) to standardise date check Change to MH5 (and supporting TLIT cluster) for simplification of understanding.
10.0	18-Jun-2007	Signed off following 4 Country review
10.1	29-Aug-2007	April 2007 SNOMED CT Release
10.2	23-Sep-2007	October 2007 Read Code Release October 2007 SNOMED CT Release
10.3	27-Nov-2007	Following 4-Country Review: Add 'X00SL' (CTV3) and '231496004' (SNOMED_CT) to qualifying diagnostic codes and MH_COD
11.0	28-Nov-2007	Signed off following 4 Country review
11.1	30-Jun-2008	April 2008 Read Code Release April 2008 SNOMED CT Release QOF Review 2007
12.0	24-Jul-2008	Signed off following 4 Country review
12.1	06-Oct-2008	October 2008 Read Code Release October 2008 SNOMED CT Release
12.2	25-Nov-2008	Following 4-Country Review: Correction to description field 15 (MHRFUP1_DAT)
13.0	05-Dec-2008	Signed off following 4 Country review
13.2	09-Mar-2009	QOF Review 2008
14.0	01-May-2009	Signed off following 4 Country review
14.1	25-June-2009	April 2009 Read Code Release
14.2	14-August-2009	Amendment following 4 Country review
15.0	17-August-2009	Signed off following 4 Country review

## **New GMS contract Q&O framework implementation**

### Dataset and business rules – Mental illness indicator set

#### Notes

- 1) The specified dataset and rulesets are to support analysis of extracted data to reflect the status at a specified point in time of patient records held by the practice. In the context of this document that specified time point is designated the 'Reference date' and identified by the abbreviation 'REF\_DAT'. In interpreting the specification REF\_DAT should be taken to mean midnight of the preceding day (i.e. a REF\_DAT of 01.04.2003 equates to midnight on 31.03.2003).
- 2) To support accurate determination of the population of patients to which the indicators should relate (the denominator population) these rulesets have been compiled with a prior assumption that the reference date is specified prior to extraction of data and is available for computation in the data extraction routine. The reference date will also be required to be included in the data extraction to support processing of rules that are dependent upon it. It is possible that an alternative approach could be adopted in which rules to determine the denominator population by registration status would be applied as a component of rule processing. If this second approach were to be adopted it would be essential to specify default time criteria for determining the registration characteristics of the denominator population during the data extraction process. Additionally there would be a requirement to supplement the dataset and rulesets to support identification of the appropriate denominator population.
- 3) Clinical codes quoted are (where known) from the April 2009 release of Read codes version 2, clinical terms version 3 (CTV3) and SNOMED-CT. For non SNOMED-CT, the codes are shown within the document as a 5 character value to show that the Read Code is for a 5-Byte system.
  - i) Where a '%' wildcard is displayed, the Read Code is filled to 5 characters with full-stops. When implementing a search for the Read Code, only the non full-stop values should be used in the search, For example, a displayed Read Code of c1...% should be implemented as a search for c1%, i.e. should find c1 and any of it's children.
  - ii) Where a range of read codes are displayed, the Read Code is filled to 5 characters with full-stops. When implementing the search, only the non full-stop values should be used in the search, For example, a displayed Read Code range of G342. – G3z.. should find all codes between G342 and G3z (including any children where applicable).

This ruleset has been changed from April 2006 to be limited to patients with psychoses, bipolar disorders etc. as other specific areas of the QOF deal with other mental health problems e.g. dementia.

- 4) Datasets comprise a specification of two elements:
  - a) Patient selection criteria. These are the criteria used to determine the patient population against whom the indicators are to be applied.
    - i) Registration status. This determines the current patient population at the practice
    - ii) Diagnostic code status. This determines the current patient population (register size) for a given clinical condition

There are three scenarios within the diagnostic code status, these are where

- There is a single morbidity patient population (disease register) required (e.g. within CHD). Where this occurs, a single set of rules for identifying the patient population is provided.
- There is a single co-morbidity patient population (disease register) required (e.g. within Smoking). Where this occurs, a set of rules for **each** morbidity is provided. A patient **must** only be included in the patient population (register size) **once**.
- There are multiple patient populations (disease registers) required (e.g. within Heart Failure). Where this occurs, a single set of rules for **each** patient population is provided.  
N.B. where there are multiple patient populations (disease registers), it is possible that one or more will also be a co-morbidity patient population (e.g. within Depression)

Where this occurs, details of which register population applies to which indicator(s) are provided. Where the register size applies to an indicator, this is the base denominator population for that indicator.

- b) Clinical data extraction criteria. These are the data items to be exported from the clinical system for subsequent processing to calculate points allocations. They are expressed in the form of a MIQUEST 'Report-style' extract of data.

The record of each patient that satisfies the appropriate selection criteria for a given indicator will be interrogated against the clinical data criteria (also appropriate to that indicator). A report of the data contained in the selected records will be exported in the form of a fixed-format tabular report. Each selected patient will be represented by a single row in the report. Rows will contain a fixed number of fields each containing a single data item. The number of fields in each row and their data content will be determined by the clinical data criteria. Data items that match the clinical data criteria will be exported in the relevant field of the report. Where there is no data to match a specific clinical criterion a null field will be exported.

- 5) Rulesets are specified as multiple rules to be processed sequentially. Processing of rules should terminate as soon as a 'Reject' or 'Select' condition is encountered
- 6) Rules are expressed as logical statements that evaluate as either 'true' or 'false'. The following operators are required to be supported:

- |                     |        |
|---------------------|--------|
| a) > (greater than) | e) AND |
| b) < (less than)    | f) OR  |
| c) = (equal to)     | g) NOT |
| d) ≠ (not equal to) |        |

- 7) Where date criteria are specified with intervals of multiples of months or years these should be interpreted as calendar months or calendar years.
- 8) The new GMS contract requires that influenza vaccinations should be given between 1<sup>st</sup> September and 31<sup>st</sup> March of any given contract year in order to qualify for the relevant indicators. Hence in the contract year 2004 – 2005 the relevant dates will be 1<sup>st</sup> September 2004 and 31<sup>st</sup> March 2005 inclusive. In this document these dates are expressed as variable parameters FLU\_COM and FLU\_END respectively. For the purposes of data extraction these variables will be required to be specified prior to processing the relevant rules.

**Dataset Specification****1) Patient selection criteria:**

a) Registration status

<u>Current registration status</u>	<u>Qualifying criteria</u>
Currently registered for GMS	Most recent registration date < (REF_DAT)
Previously registered for GMS	Any sequential pairing of registration date and deregistration date where both of the following conditions are met: registration date < (REF_DAT); and deregistration date >= (REF_DAT)

b) Diagnostic code status

i) Group 1 criteria

<i>Code criteria</i>	<i>Qualifying diagnostic codes</i>			<i>Time criteria</i>
<i>Included</i>	<p><i>Read codes v2</i></p> <p>E10..%, E110.%,E111.%, E1124 E1134 E114. - E117z E11y.% (excluding E11y2) E11z., E11z0, E11zz, E12..%, E13..% (excluding E135.) E2122, Eu2..% Eu30.% Eu31.% Eu323, Eu333</p>	<p><i>SNOMED-CT</i></p> <p>69322001% (excluding 408858002 18260003%, 231450007%, 129602009) 13746004% 231494001% 231496004</p>	<p><i>CTV3</i></p> <p>X00S6% (excluding Xa9B0%, E14..%) X00SL X00SM% X00SJ% E11z., E11z0, E11zz XE1ZZ, XE1Ze</p>	<p><i>Earliest &lt; (REF_DAT)</i></p>
	<p><i>('Psychosis, schizophrenia + bipolar affective disease codes)</i></p>			

ii) Group 2 criteria

<i>Included</i>	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	<i>Latest &gt;= (REF_DAT - 6/12) AND &lt; REF_DAT</i>
	d6...%	321719003%	d6...%	
	<i>(Lithium prescription codes)</i>			
<i>Excluded</i>	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	<i>Latest &lt; (REF_DAT) AND subsequent to above date</i>
	665B.	170688000	665B.	
	<i>Code for 'Stopped lithium'</i>			

*\*\* N.B. Patients meeting any group of criteria to be included*

**2) Clinical data extraction criteria**

<u>Field Number</u>	<u>Field name</u>	<u>Data item</u>			<u>Qualifying criteria</u>
1	PAT_ID	Patient ID number			Unconditional
2	REG_DAT	Date of patient registration			Latest < (REF_DAT)
3	MHEXC_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		9h9..%	89891000000108%	XaJ4V%	
		<i>(Mental health exception reporting codes)</i>			
4	MHEXC_DAT	Date of MHEXC_COD			Chosen record
5	MH_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Earliest < (REF_DAT)
		E10..%, E110.%, E111.%, E1124 E1134 E114. - E117z E11y.% (excluding E11y2) E11z., E11z0, E11zz, E12..%, E13..% (excluding E135.) E2122, Eu2..% Eu30.% Eu31.% Eu323, Eu333	69322001% (excluding 408858002 18260003%, 231450007%, 129602009) 13746004% 231494001% 231496004	X00S6% (excluding Xa9B0%, E14..%) X00SL X00SM% X00SJ% E11z., E11z0, E11zz XE1ZZ, XE1Ze	
		<i>(Psychosis, schizophrenia + bipolar affective disease codes)</i>			

6	MH_DAT	Date of MH_COD			Chosen record
7	MHR_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		6A6.. 8BM0.	401061005 413143000	XaIyU XaJr3	
		<i>(Code for Mental health review)</i>			
8	MHR_DAT	Date of MHR_COD			Chosen record
9	MHP_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		8CM2. 8CR7.	415213008 414672009	XaK70 XaK5Y	
		<i>(Code for Mental health care plan)</i>			
10	MHP_DAT	Date of MHP_COD			Chosen record
11	MHRDNA1_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		9N4t.	200961000000107	XaLIb	
		<i>(Code for did not attend invited mental health review)</i>			
12	MHRDNA1_DAT	Date of MHRDNA1_COD			Chosen record
13	MHRFUP1_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Earliest >= (MHRDNA1_DAT)
		6A60.	248691000000104	XaMJ8	
		<i>(Code for follow up to not attending mental health review)</i>			
14	MHRFUP1_DAT	Date of MHRFUP1_COD			Chosen record
15	MHRDNA2_C	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Earliest >=

	OD	9N4t.	200961000000107	XaLIb	(REF_DAT - 15 months)
		<i>(Code for did not attend invited mental health review)</i>			
16	MHRDNA2_DAT	Date of MHRDNA2_COD			Chosen record
17	MHRFUP2_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Earliest >= (MHRDNA2_DAT)
		6A60.	248691000000104	XaMJ8	
		<i>(Code for follow up to not attending mental health review)</i>			
18	MHRFUP2_DAT	Date of MHRFUP2_COD			Chosen record
19	LIT_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		d6...%	321719003%	d6...%	
		<i>(Code for Lithium prescription)</i>			
20	LIT_DAT	Date of LIT_COD			Chosen record
21	ELIT_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Earliest < (REF_DAT)
		d6...%	321719003%	d6...%	
		<i>(Code for Lithium prescription)</i>			
22	ELIT_DAT	Date of ELIT_COD			Chosen record
23	SLIT_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		44W8.% 44vE. R1053	365738002% 269871000 250595000 166957006 166958001 207285001	X770u% 44W80 44W81 44W82 R1053	

		<i>(Code for serum lithium)</i>			
24	SLIT_VAL	Value 1 of SLIT_COD			Chosen record
25	SLIT_DAT	Date of SLIT_COD			Chosen record
26	TLIT_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		44W80 44vE.	166956002	44W80	
		<i>(Code for serum lithium therapeutic)</i>			
27	TLIT_DAT	Date of TLIT_COD			Chosen record
28	CRE_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		44J3.% 44JC. 44JD. 44JF.	113075003% 313936008, 313817004 166715006, 166716007 166717003, 166714005 365757006	XE2q5% XaETQ, XaERX 44J30, 44J31, 44J32 44J33	
		<i>(Codes for serum creatinine)</i>			
29	CRE_DAT	Date of CRE_COD			Chosen record
30	TSH_COD	<i>Read codes v2</i>	<i>SNOMED-CT</i>	<i>CTV3</i>	Latest < (REF_DAT)
		442A.% 442K. - 442T. 442W. 442X. 442e.	61167004% (excluding, 104968004%) 166336006 166337002	XE2wy% 442A0 442A1	
		<i>(Codes for TSH recording)</i>			
31	TSH_DAT	Date of TSH_COD			Chosen record

### **Indicator rulesets**

- 1 **Indicator MH 8:** The practice can produce a register of people with schizophrenia, bipolar affective disorder and other psychoses.

The terms of this indicator will be satisfied if the practice is able to produce a data extraction according to the above criteria.

No numerator or denominator determination is required.

- 2 **Indicator MH 9:** The percentage of patients with schizophrenia and bipolar affective disorder and other psychoses with a review recorded in the previous 15 months. In the review there is evidence that the patient has participated in routine health promotion and prevention advice appropriate to their age and health status.

a) Denominator ruleset

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>MH_DAT</u> = Null	Reject	Next Rule
2	If <u>MHR_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Select	Next rule
3	If <u>REG_DAT</u> >= ( <u>REF_DAT</u> – 3 months)	Reject	Next rule
4	If <u>MHEXC_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Reject	Next rule
5	If ( <u>MH_DAT</u> ≠ Null AND If <u>MH_DAT</u> >= ( <u>REF_DAT</u> – 3 months))	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>MHR_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Select	Reject

**Additional Notes:**

The first rule for this indicator is to reject patients on the QOF MH Register for whom this indicator should not be measured.

**Rule 1:** The aim of this rule is to reject any patient who is on the QOF MH Register solely due to being on/having been on Lithium treatment (i.e. LIT\_COD) from this indicator. Any patient that does not have a read code defined in the MH\_COD cluster (i.e. the patient is only in the QOF MH Register because of a read code in LIT\_COD cluster) should not be considered for this indicator and therefore should be rejected.

After following the logic of Rule 1, any patient that has not been rejected will therefore be on the QOF MH Register because the patient has either been diagnosed with a MH read code (i.e. MH\_COD).

The remaining rules are the rules specifically for measuring success against the indicator.

- 3 Indicator MH 4: The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the previous 15 months.

a) Denominator ruleset

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>
1	If <u>LIT_DAT</u> >= ( <u>REF_DAT</u> – 6 months)	Next rule	Reject
2	If <u>CRE_DAT</u> >= ( <u>REF_DAT</u> – 15 months) AND If <u>TSH_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Select	Next rule
3	If <u>REG_DAT</u> >= ( <u>REF_DAT</u> – 3 months)	Reject	Next rule
4	If <u>MHEXC_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Reject	Next rule
5	If <u>ELIT_DAT</u> >= ( <u>REF_DAT</u> – 3 months)	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>
1	If <u>CRE_DAT</u> >= ( <u>REF_DAT</u> – 15 months) AND If <u>TSH_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Select	Reject

- 4 **Indicator MH 5:** The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months.

a) Denominator ruleset

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>LIT_DAT</u> >= ( <u>REF_DAT</u> – 6 months)	Next rule	Reject
2	If <u>SLIT_DAT</u> >= ( <u>REF_DAT</u> – 6 months) AND If <u>SLIT_VAL</u> <= 1.0 AND If <u>SLIT_VAL</u> >= 0.4	Select	Next rule
3	If ( <u>TLIT_DAT</u> = <u>SLIT_DAT</u> ) AND If ( <u>TLIT_DAT</u> >= ( <u>REF_DAT</u> – 6 months))	Select	Next rule
4	If <u>REG_DAT</u> >= ( <u>REF_DAT</u> – 9 months)	Reject	Next rule
5	If <u>MHEXC_DAT</u> >= ( <u>REF_DAT</u> – 15 months)	Reject	Next rule
6	If <u>ELIT_DAT</u> >= ( <u>REF_DAT</u> – 9 months)	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>SLIT_DAT</u> >= ( <u>REF_DAT</u> – 6 months) AND If <u>SLIT_VAL</u> <= 1.0 AND If <u>SLIT_VAL</u> >= 0.4	Select	Next rule
2	If ( <u>TLIT_DAT</u> = <u>SLIT_DAT</u> ) AND If ( <u>TLIT_DAT</u> >= ( <u>REF_DAT</u> – 6 months))	Select	Reject

**Additional Notes:**

The first rule for this indicator is to reject patients on the QOF MH Register for whom this indicator should not be measured.

**Rule 1:** The aim of this rule is to reject any patient who is on the QOF MH Register not currently on Lithium treatment (i.e. LIT\_COD) from this indicator. Any patient that does not have a read code defined in the LIT\_COD cluster (i.e. the patient is only in the QOF MH Register because of a read code in MH\_COD cluster) should not be considered for this indicator and therefore should be rejected.

After following the logic of Rules 1, any patient that has not been rejected will therefore be considered for this indicator as the patient is on Lithium treatment within the last six months.

**Rule 2:** The aim of this rule is to identify any patient that has a latest recording of Lithium treatment in the last six months that has a level that falls within the national agreement levels for Lithium.

Where there is no Lithium level or where the level is not within the nationally agreed levels for Lithium, then the patient records should be further examined.

**Rule 3:** The aim of this rule is to identify any patient that has a latest recording of Lithium treatment in the last six months that is marked as therapeutic, i.e. has a level that falls within the local agreement levels for Lithium.

Where NO acceptable Lithium level is discovered, then the patient records should be further examined to see if there are any 'exceptions' (Rules 4 to 6) that apply before including/excluding the patient in/from the denominator.

**Rule 4:** The aim of this rule is to identify any patient that 'recently registered' at the practice. If the patient has registered at the practice in the last 3 months, the patient should not be included in the denominator.

**Rule 5:** The aim of this rule is to identify any patient that has an accepted 'Mental Health Exception read code' recorded. If the patient has an accepted 'Mental Health Exception read code' recorded in the last 15 months, the patient should not be included in the denominator.

**Rule 6:** The aim of this rule is to identify any patient that has 'recently commenced Lithium treatment'. If the patient commenced Lithium treatment in the last 3 months, the patient should not be included in the denominator.

- 5 Indicator MH 6: The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate.

a) Denominator ruleset

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>MH_DAT</u> = Null	Reject	Next Rule
2	If <u>MHP_COD</u> ≠ Null AND (IF ( <u>MH_DAT</u> ≠ Null AND <u>MHP_DAT</u> ≥ <u>MH_DAT</u> ))	Select	Next rule
3	If <u>REG_DAT</u> ≥ ( <u>REF_DAT</u> – 3 months)	Reject	Next rule
4	If <u>MHEXC_DAT</u> ≥ ( <u>REF_DAT</u> – 15 months)	Reject	Next rule
5	If ( <u>MH_DAT</u> ≠ Null AND If <u>MH_DAT</u> ≥ ( <u>REF_DAT</u> – 3 months))	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>MHP_COD</u> ≠ Null AND (IF ( <u>MH_DAT</u> ≠ Null AND <u>MHP_DAT</u> ≥ <u>MH_DAT</u> ))	Select	Reject

**Additional Notes:**

The first rule for this indicator is to reject patients on the QOF MH Register for whom this indicator should not be measured.

**Rule 1:** The aim of this rule is to reject any patient who is on the QOF MH Register solely due to being on/having been on Lithium treatment (i.e. LIT\_COD) from this indicator. Any patient that does not have a read code defined in the MH\_COD cluster (i.e. the patient is only in the QOF MH Register because of a read code in LIT\_COD cluster) should not be considered for this indicator and therefore should be rejected.

After following the logic of Rule 1, any patient that has not been rejected will therefore be on the QOF MH Register because the patient has either been diagnosed with a MH read code (i.e. MH\_COD).

**Rule 2:** The aim of this rule is to identify any patient who has a 'care plan' in place after the date of inclusion on the QOF MH register. Where a 'care plan' is in place the patient should be selected (as this is a positive result, i.e. will be included in the numerator).

Where NO 'care plan' is in place then the patient records should be further examined to see if there are any 'exceptions' (Rules 3 to 5) that apply before including/excluding the patient in/from the denominator.

**Rule 3:** The aim of this rule is to identify any patient that 'recently registered' at the practice. If the patient has registered at the practice in the last 3 months, the patient should not be included in the denominator.

**Rule 4:** The aim of this rule is to identify any patient that has an accepted 'Mental Health Exception read code' recorded. If the patient has an accepted 'Mental Health Exception read code' recorded in the last 15 months, the patient should not be included in the denominator.

**Rule 5:** The aim of this rule is to identify any patient that has been 'recently diagnosed' as an MH patient. If the patient has been diagnosed in the last 3 months, the patient should not be included in the denominator.

- 6 Indicator MH 7: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by practice team within 14 days of non attendance

a) Denominator ruleset

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>
1	If <u>MH_DAT</u> = Null	Reject	Next Rule
2	If ( <u>MHRDNA1_DAT</u> ≠ Null AND If <u>MHRDNA1_DAT</u> ≥ ( <u>REF_DAT</u> – 15 months)) OR If ( <u>MHRDNA2_DAT</u> ≠ Null AND If <u>MHRDNA2_DAT</u> ≥ ( <u>REF_DAT</u> – 15 months))	Next rule	Reject
3	If ( <u>MHRFUP1_DAT</u> ≠ Null AND If <u>MHRFUP1_DAT</u> ≤ ( <u>MHRDNA1_DAT</u> + 2 weeks)) OR If ( <u>MHRFUP2_DAT</u> ≠ Null AND If <u>MHRFUP2_DAT</u> ≤ ( <u>MHRDNA2_DAT</u> + 2 weeks))	Select	Next rule
4	If ( <u>MHRDNA1_DAT</u> = <u>MHRDNA2_DAT</u> ) AND If <u>MHRDNA1_DAT</u> > ( <u>REF_DAT</u> – 2 weeks)	Reject	Next rule
5	If <u>REG_DAT</u> ≥ ( <u>REF_DAT</u> – 3 months)	Reject	Next rule
6	If <u>MHEXC_DAT</u> ≥ ( <u>REF_DAT</u> – 15 months)	Reject	Next rule
7	If ( <u>MH_DAT</u> ≠ Null AND If <u>MH_DAT</u> ≥ ( <u>REF_DAT</u> – 3 months))	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>
1	If ( <u>MHRFUP1_DAT</u> ≠ Null AND If <u>MHRFUP1_DAT</u> ≤ ( <u>MHRDNA1_DAT</u> + 2 weeks)) OR If ( <u>MHRFUP2_DAT</u> ≠ Null AND If <u>MHRFUP2_DAT</u> ≤ ( <u>MHRDNA2_DAT</u> + 2 weeks))	Select	Reject

**Additional Notes:**

The first rule for this indicator is to reject patients on the QOF MH Register for whom this indicator should not be measured.

**Rule 1:** The aim of this rule is to reject any patient who is on the QOF MH Register solely due to being on/having been on Lithium treatment (i.e. LIT\_COD) from this indicator. Any patient that does not have a read code defined in the MH\_COD cluster (i.e. the patient is only in the QOF MH Register because of a read code in LIT\_COD cluster) should not be considered for this indicator and therefore should be rejected.

After following the logic of Rule 1, any patient that has not been rejected will therefore be on the QOF MH Register because the patient has either been diagnosed with a MH read code (i.e. MH\_COD).

**Rule 2:** The aim of this rule is to identify any patient that 'did not attend' an annual mental health review. Any patient that attended the mental health review as arranged should not be considered for this indicator and therefore should be rejected. N.B. The date of the 'Did Not Attend' should be the date of the scheduled review date.

**Rule 3:** The aim of this rule is to identify any patient where the practice carried out 'follow-up activities' regarding the non-attendance of the patient for a 'Mental Health Review'. Where 'follow-up' activities occurred then the patient should be selected (as this is a positive result, i.e. will be included in the numerator).  
N.B. The 2 week check starts from the 'did not attend' (which should be the same as the scheduled review date and NOT the date the 'did not attend' was recorded,).

Where NO 'follow-up' activities occurred then the patient records should be further examined to see if there are any 'exceptions' (Rules 5 to 7) that apply before including/excluding the patient in/from the denominator.

**Rule 4:**

The aim of this rule is to determine if a single 'did not attend' occurs within the 15 month window and to see if the practice has remaining time to complete out the follow-up activity before the end of the current QOF Financial Year. If there is only a single 'did not attend' recorded in the 15 month window and it occurs within the last two weeks of the QOF Financial Year, then the patient can be excluded from the denominator.

True: If the 'did not attend review' is within 2 weeks of the end of the current QOF Financial Year AND there is no 'follow up activity' recorded following the 'DNA' before the end of the current QOF Financial Year, then the patient is disregarded and not included in the denominator.

False: If the 'did not attend review' is more than 2 weeks before the end of the current QOF Financial Year AND there is no 'follow up activity' recorded following the 'DNA' before the end of the current QOF Financial Year, then the patient is further considered.

**N.B. Patients should be disregarded under this rule, because the 'follow up' should occur within two weeks of the 'did not attend review' and this window should not be reduced simply by the 'did not attend review' occurring in the final fortnight of the QOF Financial Year. Therefore it is important that practices are not financially disadvantaged if unable to complete the 'follow up activities' in a for-shortened window. However, this is only where a single 'did not attend' occurs within the 15 month window. If more than one occurs, then patient will be included in the denominator and/or numerator, depending on the outcome of the earlier 'did not attend'.**

**Rule 5:** The aim of this rule is to identify any patient that 'recently registered' at the practice. If the patient has registered at the practice in the last 3 months, the patient should not be included in the denominator.

**Rule 6:** The aim of this rule is to identify any patient that has an accepted 'Mental Health Exception read code' recorded. If the patient has an accepted 'Mental Health Exception read code' recorded in the last 15 months, the patient should not be included in the denominator.

**Rule 7:** The aim of this rule is to identify any patient that has been 'recently diagnosed' as an MH patient. If the patient has been diagnosed in the last 3 months, the patient should not be included in the denominator.