General FAQs

Out of Area Placement (OAPs) collection

Version 3.2
January 2019
1. Why was the OAPs collection developed?

The Government set a national ambition to eliminate inappropriate OAPs in mental health services for adults in acute inpatient care by 2020-21. Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally, which is associated with poor patient experience and outcomes. It is essential to introduce a collection of OAP data in order to monitor progress towards achieving the ambition and to understand where and why OAPs are happening. Having this information is critical to improving patient care and ultimately eliminating the practice of inappropriately sending patients out of area to receive acute inpatient care.

Details of all OAPs should be submitted, regardless of whether they might be considered appropriate or inappropriate. Completion of the Referred out of area reason field in CAP will confirm whether the OAP is appropriate or inappropriate.

An OAP will be inappropriate if the reason is non-availability of a local bed.

An out of area placement may be appropriate when:

- The person becomes acutely unwell when they are away from home (in such circumstances, the admitting provider should work with the person’s home team to facilitate repatriation to local services as soon as this is safe and clinically appropriate).
- There are safeguarding reasons such as gang related issues, violence and domestic abuse.
- The person is a member of the local service’s staff or has had contact with the service in the course of their employment.
- There are offending restrictions.
- The decision to treat out of area is the individual’s choice e.g. where a patient is not from the local area but wants to be near their family and networks.

This list is not exhaustive. There are other reasons why treatment in an out-of-area unit may be appropriate. In these cases, discharge and/or return to an appropriate local unit should be facilitated at the earliest point.

2. What is the difference between Out of Area Placements and Out of Area Treatments?

The term Out of Area Placement (OAP) replaces the term Out of Area Treatment (OAT) in MHSDS v2.0. Out of Area Treatment is a retired term in NHS Data Model and Dictionary, as it is associated with non-contract activity. Out of Area Placements are also referred to as Out of Area Admissions in NICE guidance: https://www.nice.org.uk/guidance/ng53.
3. How is the data in the OAPs collection different to the Mental Health Services Dataset (MHSDS)?

The OAPs data collection was originally setup as an interim 12-month collection starting in October 2016. The Mental Health Services Dataset (MHSDS) (v3.0) started to collect OAPs information from April 2017. The two sources of data were showing different results and additional time was required to align these results and the collection was extended until September 2018. There is still a need for additional time to align the results and therefore the DHSC has issued a further extension to continue the collection until further notice.

The MHSDS is the chosen mechanism for the long-term collection of this data and the interim collection will aid early understanding of data quality issues to inform MHSDS guidance.

The designs of the interim data collection and MHSDS v3.0 are closely aligned and both are underpinned by the Department of Health and Social Care’s (DHSC) definition for Out of Area Placements.

The same data submission responsibilities will apply for the sending provider within the MHSDS; however the MHSDS will also contain activity data from the receiving provider who will also need to submit data to complete the picture of the patient care pathway.

Further information about the MHSDS can be found here: http://content.digital.nhs.uk/mhsds

4. How is the project being funded?

The collection is currently being funded by the DHSC. NHS Trusts and Independent providers do not have to pay any subscription to participate and submit data.

5. Who can register to submit data?

All sending providers who place patients out of area should register. It is up to each hospital provider to decide who in their organisation will collect and submit the patient information onto the Clinical Audit Platform (CAP). There can be more than one user per organisation. Each person(s) identified to submit data will need to create a Single Sign On Account (SSO). The primary contact for each organisation will need to complete a registration form for all users (with these SSO details) and pass this to the organisation’s Caldicott Guardian for approval. A flow chart and the form for this ‘User Registration Form’ is under Provider Documents on: http://digital.nhs.uk/oaps
6. Who manages the OAPs data collection?

NHS Digital work with the DHSC to manage the data submissions, analyse and publish the information submitted.

7. How will the OAPs interim collection be reported?

NHS Digital will publish monthly reports based on monthly extractions from the data collection system, which will be published as an official statistic on the NHS Digital website. These monthly reports will include quarterly and year to date data.

It is important that you submit your data by the deadline in order to ensure your data feeds into the monthly report. The data submission timetable and deadlines can be found on the OAPs website under ‘Provider Documents’.

8. Will the data be shared outside NHS Digital?

No, NHS Digital will not share patient identifiable data entered into the OAP collection.

9. Should historical cases be entered?

Historical cases should not be submitted; only cases in the submission window should be submitted.

10. Are private patients included?

Yes, including those private patients seen in an NHS healthcare setting.

11. What if we ordinarily place patients but don’t place any in a particular month?

You’ll still need to complete a monthly nil return for new placements and update any active placements with a discharge date if any of these have finished in the submission month.

12. What if we receive patients but don’t send them?

You don’t need to submit any data.

http://digital.nhs.uk/oaps
13. Why is patient identifiable data being collected?

The main reasons for collecting patient identifiable data is to ensure the quality and usefulness of data:

- NHS Number and Date of Birth (DOB) are used to uniquely identify the right person within the dataset, ensuring the correct data is entered against the correct record and to prevent double counting within the dataset.
- Names are only collected to avoid data entry errors by users when moving in and out of records (i.e. users can see at a glance whose record they are in). Names are not collected or used for any other purpose.
- Postcode is collected to enable more detailed analysis and reporting on how far away patients have to travel for care.

NHS Digital does not publish anything that could identify a patient. Publications will use aggregated or grouped data. Small numbers will be replaced with an asterisk *. Data shared within the NHS will be anonymised.

14. What is the legal basis for collecting patient identifiable data without consent?

The Health and Social Care Act 2012 (“the 2012 Act”) sets out the powers of the Secretary of State or NHS England to direct NHS Digital to carry out additional functions concerning:

- Information functions
- The information functions of any health or social care body
- Systems delivery functions.


15. Why has the request not been made under Section 251 of the NHS Act?

The direction for this collection has been made by the DHSC to NHS Digital under subsection (1) of section 254 of the Health and Social Care Act (2012) and be can be accessed here. If at any point any organisation responsible for commissioning and providing acute mental health services in England (e.g. NHS England) request access to patient identifiable information they would have to demonstrate the appropriate legal basis, and this would be subject to an extensive approval process.

16. Do I need to get consent from the patient?
Explicit consent is not required because the collection is being undertaken under a statutory direction by the DHSC to NHS Digital, whereby information will not be published in an identifiable form. Publications will use aggregated or grouped data. Small numbers will be replaced with an asterisk *. Data shared within the NHS will be anonymised.

To read the Directions, ‘Direction to NHS Digital: Out of Area Placements (OAPs)’, visit:


17. When should the Patient Information Leaflet (PIL) be provided to the patient?

The guidance is ‘at the best possible time within the placement process, ideally prior to being placed out of area’, however there might be instances when it is not medically appropriate or the patient is not conducive to receive the PIL prior to placement.

In these instances, the PIL should be provided as soon as practical after the placement has begun, by the receiving provider – they can download it from the OAPs website. Also see the next question – data should still flow to CAP if the PIL hasn’t been provided prior to the deadline for data to be submitted to CAP.

18. Should data still be submitted to CAP if the patient has not yet been able to receive the PIL prior to the deadline for month’s data deadline?

The data should still flow to CAP even if the patient hasn’t yet been provided the PIL – if the patient later objects the data will be removed using the mechanism that allows for objection and data removal before, during and after a placement. This process keeps data collation simple for providers, and maintains patient choice. Also see previous question – the PIL should be provided to the patient as soon as practical.

19. Does the patient need to be provided with a printed Patient Information Leaflet prior to every transfer?

Each new OAP (including an onward OAP from an existing OAP) should be recorded on CAP as a separate placement record. However, providers need to exercise an element of practical discretion with providing the leaflet. For example if a patient is being moved to a new OAP after less than one week, they will only recently been
given information about their data choices, therefore it will be unnecessary to repeat this, as from the patient’s perspective it is all one episode of care.

20. What if a patient does not want their information used to help the NHS improve patient care?

DHSC have directed NHS Digital to collect this information, therefore it is a legal requirement. All the information captured by NHS Digital is anonymised and aggregated so that no patient could ever be identified. Therefore, patients do not have the legal right to “opt out” of the collection.

More information on how patient information is kept safe and what patient information is used for is available in the Patient Information Leaflet under ‘Patient Documents’ on the OAPs webpage.