Data Quality Statement

Improving Access to Psychological Therapies (IAPT) dataset reports

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Contents

Version History

Version	Date issued	Summary of changes
1.0	21/04/2015	Initial version
1.1	28/04/2015	Added additional Data Quality Metrics to Appendix A
1.2	05/05/2015	Adjusted formatting of appendices
1.3	02/06/2015	Responsible Statistician name changed
1.4	14/07/2015	Changes to incorporate supplementary quarterly IAPT data files
1.5	22/12/2015	Changes to incorporate new monthly measures
1.6	13/05/2016	Updated references to NHS England IAPT webpage and Responsible Statistician
1.7	23/08/2016	Rebranding to NHS Digital

Introduction

This document constitutes a background data quality report for the release of NHS Digital's 'Improving Access to Psychological Therapies (IAPT) dataset' reports. The statistics produced from this include:

Supporting documents:
- 'IAPT Metadata document' - providing contextual and technical information for each measure.
- 'IAPT Data Quality Statement' - helping users assess the impact of data quality on activity measures.

Monthly reports:
- 'IAPT Executive Summary' - presenting national level headline figures and time series information.
- 'IAPT Activity Data CSV file' - presenting a wide range of measures by Clinical Commissioning Group (CCG)/Provider pairings.
- 'IAPT Data Quality report' - presenting provider level data quality metrics for both final and provisional data.
- IAPT Quarterly Activity Data (supplementary machine readable csv file for the most recently published quarter)
- IAPT Quarterly Activity Report (supplementary formatted xls file for the most recently published quarter)

Context

Background to this release

The IAPT programme was established following the 2007 Comprehensive Spending Review, required to support the NHS in delivering National Institute of Clinical Excellence (NICE) approved interventions to people suffering from anxiety and depression disorders. IAPT services are commissioned by Clinical Commissioning Groups (CCGs) from NHS, Independent and Third Sector providers.

Further information on the IAPT programme can be found here:

https://www.england.nhs.uk/mentalhealth/adults/iapt/

The IAPT dataset was mandated as a monthly data return from 1st April 2012 and collects details of all people accessing NHS commissioned IAPT services for depression and anxiety in England. This is usually adults aged 18 or over, but can also include children and adolescents aged 16 to 18 where they are in receipt of care from an IAPT service provider.

Providers have two opportunities to submit data for any given month. January data for example can be submitted during February; this is known as a 'Primary' submission. January data can then also be submitted again in March, this is known as a 'Refresh' submission and allows providers to improve the completeness and quality of their data. When published data is based solely on the analysis of a 'Primary' submission it is referred to as 'Provisional 'data. Once the opportunity to submit data has passed however and published data is based on either a provider's ''Refresh' submission, or on their 'Primary' if they did make a 'Refresh' submission, then it is referred to as 'Final' data.

The statistics produced from this dataset have undergone a comprehensive redesign from January 2014/15 data onwards. These changes are fully described in a methodological change paper published in February 2015.

Further information on the IAPT dataset and submissions via the Open Exeter Bureau Service Portal can be found on the NHS Digital website at:

http://www.digital.nhs.uk/iapt

Information on analytical releases from the IAPT dataset including a list of all previous reports can be found at:

http://www.digital.nhs.uk/iaptmonthly

Full details of changes to routine IAPT reports can be found in this methodological change paper:

http://digital.nhs.uk/media/21711/Methodological-Change-Paper--IAPT-monthly-reports--Jul-2016/pdf/Announcement_of_methodological_change_-_Monthly_IAPT_reports_July_2016.pdf

The Information Standards Notice for the IAPT dataset can be found on the Information Standards Board (ISB) website at:

http://www.isb.nhs.uk/library/standard/120

Purpose of this document

This paper aims to provide users with an evidence based assessment of the quality of the statistical output from the IAPT dataset. Of the nine European Statistical System (ESS) quality dimensions and principles[1] this paper reports against those appropriate to outputs from the IAPT dataset.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics[2], particularly Principle 4, Practice 2 which states:

"Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality".

For each measure in the IAPT Data Quality report, this paper describes how this relates to individual measures in the IAPT Activity file and explains how this is relevant for assessing the quality of the output.

Appendix A contains a full list of measures in the IAPT Data Quality reports with a summary of possible data quality issues and references to any Activity measures that could be affected by these.

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[1] The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.
[2] UKSA Code of Practice for Statistics: http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html

Assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

The IAPT dataset analytical releases comprise of a set of reports which have been produced from IAPT service providers' monthly submissions in order to provide the timeliest possible information from the IAPT dataset.

NHS Digital has worked collaboratively with stakeholders, including IAPT service / data providers and commissioners to ensure that the data submitted reflects local activity as accurately as possible, that the information provided is useful and that the methods used in our analysis are sound. For this reason these statistics are no longer considered experimental. We will continue to consult on new analyses and to welcome feedback on our reports and may introduce new analysis as experimental statistics in future releases where appropriate.

Each monthly release presents final monthly information from the IAPT dataset covering the relevant reporting periods and consists of:

- An executive summary (PDF report) containing counts of referrals (e.g. referrals received, referrals entering treatment, recovery etc.) and average waiting times at national (England) level. This also includes 6 month time series to show data trends over time.
- Monthly IAPT Activity Data CSV file containing organisation level activity analyses of IAPT services. These statistics are presented at national, provider, commissioner[3] and provider/commissioner combination level to provide a wide range of users with the information they need.
- Two Data Quality reports about the validity, coverage and consistency of data submitted. This information is presented at national and provider level for the current provisional and final months and can be used to add context to the activity data.
- Two supplementary quarterly data files. These provide breakdowns by demographic characteristics such as age and gender for some key measures. The greater volume of records in quarterly data reduces the number of instances where small counts need to be suppressed. The data is presented in a machine readable csv file and in a formatted xls report to meet different user needs.

As well as this data quality statement, releases are also supported by a detailed metadata document describing all of the measures in the executive summary and the monthly activity data file. A full list of activity measures is also included in Appendix B.

To comply with guidance[4] from the Office for National Statistics, NHS Digital applies disclosure controls to presented analyses in order to minimise the risk associated with small numbers. The Community and Mental Health Team has recently reviewed all analytical output in line with the NHS Anonymisation Standard and have created a set of standard controls to mitigate any risk of disclosure. These are as follows:

- Except for England level totals, cell values of 0-4 are replaced by *;
- Except for England level totals, all other cell values are rounded to the nearest 5;
- Percentages are rounded to 1 decimal place;
- Any calculated fields (e.g. Mean/median waiting times) are replaced by * where the underlying number of records is 0-4.

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[3] Commissioner in both of these reports is presented by IC_CCG. This field is derived, using the provided Organisation Code of Commissioner in the first instance, and if this is not present or valid then CCG is derived from the GP Practice code. If this is also missing or invalid then CCG is derived from the postcode of residence.
[4] Office for National Statistics: Disclosure Control of Health Statistics: http://www.ons.gov.uk/ons/guide-method/best-practice/disclosure-control-of-health-statistics/index.html

Some caveats relating to data quality issues are included in the appropriate sections of this report and the data tables. See the 'Accuracy and Reliability' dimension below for more detail on completeness and quality indicators.

These summary statistics are intended to provide the Department of Health (DH), NHS England, providers and commissioners of IAPT services and members of the public with information about NHS funded IAPT service for adults in England.

Feedback is very welcome via our enquiries@nhsdigital.nhs.uk address.

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

Accuracy

The IAPT dataset is a person level dataset that records IAPT services received by individuals. Users are encouraged to make their own assessment of data quality based on information supplied in this document and the IAPT Data Quality Reports which are released each month. It is important to bear in mind that local knowledge, or other comparative data sources, may be required to distinguish changes in volume at organisational level between reporting periods that reflect changes in service delivery from those that are an artefact of changes in data quality. Such issues should be kept in mind when viewing time series analyses in future, as changes between reporting periods may be a product of shortfalls in earlier reporting periods and should not automatically be interpreted as trends in treatment practice or activity. Users of the data must make their own assessment of the quality of the data for a particular purpose, drawing on the information and resources described below.

Dataset submission is mandatory for all providers of NHS commissioned IAPT services.

Service request history

The IAPT dataset did not flow until 1st April 2012 and does not include a full appointment history for service requests which began prior to this date. Analyses within IAPT quarterly statistics are therefore based only on new service requests which began on or after 1st April 2012.

It is not expected that this issue will affect many records at this point as most referrals that started before April 2012 are likely to now have closed. This issue will still affect referrals where the referral received date is entered as prior to April 2012 in error. These referrals will also be excluded from the dataset until the point at which the referral received date is rectified.

Data validation

A number of on-submission validations are in place in order to assure data quality and reject (fail) submissions where necessary, e.g. where there are multiple instances of service requests occurring. A full list on these can be found at http://www.digital.nhs.uk/iapt (see 'IAPT Summary of Validations' document in the 'Improving Access to Psychological Therapies Guidance Documentation' section).

We have developed our assurance and validation systems so that we can be more proactive about notifying providers about anomalies we have found that may affect published data. Providers now receive a downloadable file of data quality metrics when they trigger our assurance measures, which alert them to potential issues in the data. We invite providers to investigate such measures using example records presented and we offer feedback to help us understand local submission processes, emerging problems and ultimately improve future data quality. This provides an additional level of assurance over and above the on-submission feedback which reinforces these messages. Unfortunately this does not give providers an opportunity to revise data after the refresh submission. The list of measures included in this document is as follows. This list has been updated for the new routine reports to be a more comprehensive set of data quality checks.

In addition, from January final data 2015, providers will be supplied with a referral level file indicating the status of each referral in the submission, for example whether they entered treatment, completed treatment or moved to recovery in the current submission. This is designed to help them validate their locally held data against our published reports, identifying and resolving any differences in methodology or features of local processes that lead to discrepancies in the local and national

reporting. This file has been named the PAVE file (provider analysis validation extract) and is only available to providers via our secure file transfer portal, since it contains their own record level data.

Data Quality Metrics

Organisation-level data coverage metrics that indicate the extent to which any data for required tables has been received from all expected sources:

- DQM1 Submission Coverage
- DQM2 Appointment
- DQM3 Disability
- DQM4 Waiting Time Pauses
- DQM5 Assessment Questionnaire
- DQM6 Treatment Questionnaire

Organisation-level data quality metrics that validate a selection of key data items by provider – for provisional and final data – are listed below. These show the proportion of records as counts and percentages which have 'valid', 'other', 'default', 'invalid' and 'missing' values for the following fields:

- DQM7 NHS Number
- DQM8 Postcode of Usual Address
- DQM9 Person Gender Code Current
- DQM10 Ethnic Category
- DQM11 General Medical Practice Code
- DQM12 Religious or Other Belief Affiliation System
- DQM13 Sexual Orientation
- DQM14 Organisation Code of Commissioner
- DQM15 Mental Health Care Cluster
- DQM16 Provisional Diagnosis
- DQM17 Source of Referral
- DQM18 Reason for End of IAPT Care Pathway
- DQM19 Organisation Code (IAPT Stepped To Provider)
- DQM20 Disability
- DQM21 Patient Health Questionnaire (PHQ9) Score
- DQM22 Generalised Anxiety Disorder (GAD7) Score
- DQM23 Appointment Purpose
- DQM24 Therapy Type (Treatments)
- DQM25 Stepped Care Intensity Delivered
- DQM26 Employment Status
- DQM27 Use of Psychotropic Medication
- DQM28 Statutory Sickpay Indicator
- DQM29 Work and Social Adjustment Scale (WSAS) Work Score
- DQM30 Work and Social Adjustment Scale (WSAS) Home Management Score
- DQM31 Work and Social Adjustment Scale (WSAS) Social Leisure Activities Score
- DQM32 Work and Social Adjustment Scale (WSAS) Private Leisure Activities Score
- DQM33 Work and Social Adjustment Scale (WSAS) Relationships Score
- DQM34 Anxiety Disorder Specific Measure Scores
- DQM35 Activity Suspension Reason

Organisation-level data volume consistency metrics that indicate the extent to which duplication or unclosed episodes are affecting the accuracy of basic data counts:

- DQM101 Person

- DQM102 Referral
- DQM103 Appointment
- DQM104 Disability
- DQM105 Waiting Time Pauses
- DQM106 Assessment Questionnaire
- DQM107 Treatment Questionnaire

Organisation-level data pathway consistency metrics that indicate the extent to which missing or invalid data items are affecting the pathway logic:

- DQM108 Pathway Continuity (Missing or Broken Provider Pathway)
- DQM109 Person Identifier Continuity (Broken Provider Pathway)
- DQM111 Person Identifier Completeness (Bypass)
- DQM112 Date Referral Received Continuity
- DQM113 Date of End of Care Pathway Continuity

Organisation-level data indicator consistency metrics that indicate the extent to which duplication or unclosed episodes are affecting the accuracy of key indicators:

- DQM116 Entering Treatment
- DQM117 Completed Treatment

Organisation-level data integrity metrics that can be used for local comparisons with information from other sources (e.g. local systems or Bureau service portal extracts) to ensure that the data submitted in the IAPT dataset is complete and accurate:

- DQM121 Date of End of IAPT Care Pathway
- DQM123 Organisation Code of Commissioner Locality
- DQM125 Appointment Date within Referral Period
- DQM126 Stepped Care Transition
- DQM127 Reason for End of IAPT Care Pathway for Stepped to Provider

This data quality statement which describes data quality issues relevant to the analysis in the release and is produced each time as part of the release.

All activity analysis is based on the latest data available after the refresh submission (providers' last opportunity to submit activity for the month). Final data is assembled from provisional data from providers plus any refresh data submitted (which supersedes primary submissions).However, analyses in monthly reports are potentially liable to future change because some information about these episodes will be re-submitted until the episode ends and could potentially be amended.

It should also be noted that England-level counts (and rounded counts where suppression at organisation level has been applied) are calculated as a sum total of organisational totals so there is a possibility of double counting.

Reliability / known data quality issues

Outlined below is information we have relating to data quality issues affecting providers registered with the Bureau Service Portal (BSP) since April 2012:

Coverage
Whilst returning the IAPT dataset is mandatory, we are aware that new IAPT services and local reporting solutions (and new services) continue to evolve. We cannot guarantee that all sites and

services are represented within the dataset and users of these data should be aware that national counts may not be strictly comparable across reporting periods.

From January data 2014/15 we have added coverage measures to our new monthly Data Quality reports. This shows the number of known[5] providers who have submitted data for the reporting period to help users assess the extent to which local changes in services may affect national totals.

We are aware that services can change; as such we often see that some providers cease submitting data when they close, and new providers begin when they open or services are merged.

Please note that it is to be expected that new data providers may experience data quality issues as their submissions are established and stabilise.

Independent counsellors working from GP practices have recently started to make data submissions but the data does not currently provide full coverage of these types of providers.

It is possible that some providers may not be submitting all of their IAPT records due to individual patients objecting to their personal data being shared. The scale and impact of this on activity reporting is being assessed.

'Bypass' records

When referrals are received via the portal, they are assigned a patient index identifier based on the NHS number, postcode, birthdate and provider-assigned 'local patient ID'. Where NHS number is missing and the postcode is either missing, invalid or 'default', records are instead assigned a 'bypass' identifier, which is an incremental 20 digit number starting at E0000000000000000001.

On data load to the NHS Digital database, IAPT records undergo further validations in a series of logical steps which determine whether (a) the patient is already in our records and (b) whether the referral is already in our records (a person may have more than one referral to IAPT services, and these may be concurrent). Any records which do not have complete or correct birthdate or local patient ID information, or records which have a 'bypass' identifier, cannot be connected across submissions and will therefore appear as both new patients and new referrals for the reporting month they were received. For example, in the event of a provider submitting a single ongoing referral across 12 monthly reporting periods which meets the bypass criteria, this would be reported as 12 distinct pathways.

Whilst the 'bypass' workaround and the validation steps maximise the usefulness of information we have on volumes of service provision (i.e. appointments), their inclusion does affect counts of distinct patient numbers (e.g. demographic information), and counts of numbers of new referrals and referrals entering treatment, which will appear larger than they actually are. Calculated measures such as waiting times and recovery and improvement status will also be affected.

Although there is limited impact at national level, this error may have a greater impact at the local level. The IAPT system does not allow for a refresh of data beyond the initial refresh data and so a correction to the data cannot be issued.

Local issues

Some issues with provider returns were identified during our data quality assurance process. Users should bear these in mind when comparing data across geographies and reporting periods. A brief description and the affected lines of our analysis are shown below:

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[5] "Known" providers are those services for which we have previously received data. There are a number of services currently not submitting data to the IAPT dataset which we do not account for in our coverage data quality metrics.

- Some providers do not submit any valid appointments. This affects measures imm03 to imm35, imm53 to imm56, imm65, imm66, imm67 and imm68 to imm79 of the analyses as all of these rely on data held in the appointment table.

- In version 1.5 of the dataset, appointment type became a mandatory field, and cannot be left blank. However, providers are able to submit an appointment type code of '07 – other' or '08 - Not Recorded'. Whilst these codes are valid, the appointment cannot be classed as a treatment appointment with these codes since the change in methodology leading to a new definition of a treatment appointment, as discussed in the v1.5 methodological change paper[6].

- Where a change in provider code happens between the primary and refresh submissions, records are counted twice (once for each provider code).

- Extracts from the local system supplier 'Core Net' do not currently export referrals for which there is no activity in the period (e.g. appointments). As a result referral volumes for Core Net providers will be lower than expected.

Timeliness and punctuality

Timeliness refers to the time gap between release and the reference period. Punctuality refers to the gap between planned and actual release dates.

Data providers have two opportunities only to submit data for each month (primary and refresh submissions); records with dates outside of the reference period will be rejected during the portal submission process and therefore will not be included in our reporting dataset (e.g. see 'Local issues with appointment). For example, if referral end dates for July are provided in August they will be excluded and this will affect all measures based on ended referrals. We have been raising awareness of the importance of providing timely referral start and end dates, and timely appointments, with providers and stakeholders.

Primary data is considered to be provisional and is overwritten by any refresh data for the same month submitted during the next submission window. Final monthly data used for this report consists of the refresh data for each month except where the provider only made a provisional submission (in which case, this is used instead). This data is also reconciled to remove duplicate information across the month and to ensure the latest version of the pathway is used.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

Accessibility

The release is accessible via the NHS Digital website as a machine readable CSV of activity measures, an excel report on Data Quality and an Executive Summary in PDF format.

A full list of IAPT releases is linked from our splash page www.digital.nhs.uk/iaptmonthly

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[6] http://www.digital.nhs.gov.uk/media/15415/Methodological-change-2014-Improving-Access-to-Psychological-Therapies-IAPT-Reports/pdf/MethChange20141028_IAPT.pdf

Clarity

The monthly release was designed following a consultation with users and a number of engagement events and workshops. It provides national time series figures supported by a commentary each month, to give general users an overview of activity in IAPT services. This is accompanied by a csv activity file that can be easily imported into a variety of reporting tools, or filtered and pivoted to access specific measures and organisation level detail. This file meets the government's standard for open data.

These monthly figures are supported by a comprehensive metadata document and data quality reports to assist users in interpreting the data.

Additionally a supplementary file will be included once every 3 months, providing more granular information on a number of key measures.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Coherence

The IAPT dataset is the only source of data available regarding IAPT services. Prior to this was the Omnibus IAPT KPI collection, which this was retired at the end of the 2012/13 reporting period.

From January 2014/15 data the format of IAPT reporting has changed significantly. Previously this reporting has consisted of monthly data quality reports with some basic supplementary activity analysis (with more comprehensive activity analyses being produced quarterly).

In order to meet the demand for more timely, detailed reporting the new release format consists of a comprehensive machine readable CSV file, produced monthly, containing a range of activity measures about IAPT services. Some of these measures are new, however many can be mapped from the old monthly and quarterly releases.

A table mapping the previous IAPT reporting measures to the new can be found in Appendix C of this document. Please be aware, however, it is not possible to fully replicate Quarterly statistics by summing monthly data as these were produced using reconciled data excluding duplicates for the period (i.e. where a pathway is open through all 3 months in a quarter - this will be counted 3 times in monthly data, but only once in quarterly reconciled data).

We are aware that many providers and commissioners attempt to reconcile their local reports with National reports for their area, and often use local reports based on the old KPIs to monitor the service. There are a number of issues that may cause difficulty in reconciling these figures, and some of the most frequently experienced are as follows:

- Many providers use their live systems to run reports, and while this may be a valuable tool in local monitoring of the service, we would advise providers' use the post deadline extracts from the Bureau Service Portal to replicate national figures, as this is the same source data that is held in the National dataset. Live systems are dynamic and are updated daily, whereas the National dataset contains only the data which was available at the point at which it was extracted from clinical systems, and so the two sources may not always match.
- Completeness of key fields in the IAPT dataset, including end dates. It is of vital importance that IAPT data is submitted in a timely manner as only data pertaining to the reporting period can flow; data relating to events outside this period will be excluded.
- Poor data quality in key fields making it impossible to link data across submissions to support 'pathway' analysis (waiting times, paired scores, recovery).
- Differing methodologies used in local reporting than in national reports. NHS Digital publishes the constructions and derivations used to create national figures, which can be used to replicate

these. It is important that those wishing to replicate national figures use the same methodology, as local reports and old KPI definitions may differ from these.

NHS Digital has published a document to assist holders of record level IAPT data in replicating our analyses which can be found on the NHS Digital website:

Understanding and replicating our published reports:

http://digital.nhs.uk/media/21150/IAPT-Reporting-FAQs/pdf/iaptreportingfaqs.pdf

We are also in a continuous process of engaging with experts to ensure that the methods used to produce any new analyses of the data are clearly understood and are appropriate for the service model.

Comparability

Changes to derivations of analysis – 2014/15

January 2014/15 release

This month is the first release in the new reporting format. The previous format consisted of:

Monthly

- Provider level Data Quality (VODIM) report
- Commissioner level supplementary monthly activity analyses on 3 key measures

Quarterly

- Background data quality statement giving detail on some general aspects of data quality, known data quality issues relevant to the period and context to data quality metrics in regards to activity reporting
- A PDF executive summary detailing some of the key messages for national data
- Provider and Commissioner level activity reports across 18 lines
- Commissioner level quarterly by month reports on 4 key measures

This format has now been replaced in order to improve the accessibility, content and timeliness of our reporting. The new format consists of this data quality statement, a metadata file and the following produced monthly:

- IAPT Executive Summary - A PDF file containing key national level statistics.
- IAPT Activity Data File - A machine readable flat data file CSV containing national, provider, commissioner and provider/commissioner combination level data on a range of measures.
- IAPT Data Quality Report - An Excel spreadsheet providing information on various aspects of data quality including validity, coverage and consistency

Additional supplementary analyses will also be produced on a quarterly basis:

- IAPT Quarterly Activity Data File CSV – A machine readable flat data file CSV containing national, provider, commissioner and provider/ commissioner combination level data on key measures;
- IAPT Quarterly Interactive Tool – An MS Excel spreadsheet allowing users to view the Activity Data File in a summary table or comparative chart for selected organisations and variables.

Appendix C details the mapping from the previous reporting format to the new reporting format. Where measures from the previous reporting format have been incorporated into the new reports the derivations for these have remained the same in principle, however the geographic breakdowns have been enhanced to also include Provider/Commissioner combination breakdowns.

The following measures are new to IAPT reporting:

- imm02 - Number of new referrals with a referral source of self-referral
- imm16 - Total number of referrals which entered treatment in the period waiting 6 weeks or less for first treatment
- imm17 - Total number of referrals which entered treatment in the period waiting 18 weeks or less for first treatment
- imm18 - Total number of referrals which finished a course of treatment in the period waiting 6 weeks or less for first treatment
- imm19 - Total number of referrals which finished a course of treatment in the period waiting 18 weeks or less for first treatment
- imm23 - Total number of referrals waiting over 28 days between first and second treatment appointment (where the second treatment appointment occurred within the month)
- imm24 - Total number of referrals waiting over 90 days between first and second treatment appointment (where the second treatment appointment occurred within the month)
- imm25 - The mean waiting time in days between the referral received date and the date of first therapeutic session, where the referral entered treatment in the period
- imm26 - The median waiting time in days between the referral received date and the date of first therapeutic session, where the referral entered treatment in the period
- imm27 - The mean waiting time in days between the referral received date and the date of first therapeutic session, where the referral finished a course of treatment in the period
- imm28 - The median waiting time in days between the referral received date and the date of first therapeutic session, where the referral finished a course of treatment in the period
- imm53 - Number of closed referrals having at least one appointment, but no treatment appointments (excluding follow up)
- imm54 - Number of closed referrals having a single treatment session (excluding follow up)
- imm56 - Number of closed referrals with no appointments
- imm65 - Total number of appointments for referrals that ended in the period after at least two attended treatment appointments
- imm66 - Mean number of appointments for referrals that ended in the period after at least two attended treatment appointments
- imm67 - Median number of appointments for referrals that ended in the period after at least two attended treatment appointments
- imm68 - Maximum number of appointments for referrals that ended in the period after at least two attended treatment appointments
- imm69 - Minimum number of appointments for referrals that ended in the period after at least two attended treatment appointments
- imm89 - Total number of referrals yet to have a first treatment who have been waiting 0 to 2 weeks at the end of the period
- imm90 - Total number of referrals yet to have a first treatment who have been waiting 0 to 4 weeks at the end of the period
- imm91 - Total number of referrals yet to have a first treatment who have been waiting 0 to 6 weeks at the end of the period
- imm92 - Total number of referrals yet to have a first treatment who have been waiting 0 to 12 weeks at the end of the period
- imm93 - Total number of referrals yet to have a first treatment who have been waiting 0 to 18 weeks at the end of the period
- imm94 - Total number of referrals yet to have a first treatment who have been waiting over 18 weeks at the end of the period
- imm95 - Total number of referrals with a second treatment appointment in the period
- imm96 - Number of attended Guided Self Help (Book) treatment appointments in the period
- imm97 - Number of attended Non - Guided Self Help (Book) treatment appointments in the period
- imm98 - Number of attended Guided Self Help (Computer) treatment appointments in the period
- imm99 - Number of attended Non - Guided Self Help (Computer) treatment appointments in the period

- imm100 - Number of attended Behavioural Activation (Low Intensity) treatment appointments in the period
- imm101 - Number of attended Structured Physical Activity appointments in the period
- imm102 - Number of attended Ante/Post Natal Counselling treatment appointments in the period
- imm103 - Number of attended Psychoeducational Peer Support treatment appointments in the period
- imm104 - Number of attended Other Low Intensity treatment appointments in the period
- imm105 - Number of attended Employment Support (Low Intensity) treatment appointments in the period
- imm106 - Number of attended Applied Relaxation treatment appointments in the period
- imm107 - Number of attended Behavioural Activation (High Intensity) treatment appointments in the period
- imm108 - Number of attended Couples Therapy for Depression treatment appointments in the period
- imm109 - Number of attended Collaborative Care treatment appointments in the period
- imm110 - Number of attended Counselling for Depression treatment appointments in the period
- imm111 - Number of attended Brief Psychdynamic Psychotherapy (BPD) treatment appointments in the period
- imm112 - Number of attended Eye Movement Desensitisation Reprocessing treatment appointments in the period
- imm113 - Number of attended Mindfulness treatment appointments in the period
- imm114 - Number of attended Other High Intensity treatment appointments in the period
- imm115 - Number of attended Employment Support (High Intensity) treatment appointments in the period
- imm116 - Number of attended Cognitive Behaviour Therapy (CBT) treatment appointments in the period
- imm117 - Number of attended Interpersonal Psycho Therapy (IPT) treatment appointments in the period
- imm118 - Mean number of High Intensity treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm119 - Mean number of Cognitive Behaviour Therapy (CBT) treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm120 - Mean number of Brief psychodynamic Psychotherapy (BPD) treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm121 - Mean number of Counselling for Depression treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm122 - Mean number of Interpersonal Psycho Therapy (IPT) treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm123 - Mean number of Couples Therapy for Depression treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm124 - Mean number of Behavioural Activation (High Intensity) treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm125 - Mean number of Other High Intensity treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm126 - Mean number of Low Intensity treatment appointments for referrals that ended in the period after at least two attended treatment appointments
- imm127 - Proportion of referrals that finished a course of treatment that waited less than 6 weeks to enter treatment
- imm128 - Proportion of referrals that finished a course of treatment that waited less than 18 weeks to enter treatment
- imm129 - Proportion of referrals that finished a course of treatment having started at caseness that showed recovery

- imm130 - Proportion of referrals that finished a course of treatment that showed reliable improvement
- imm131 - Proportion of referral that finished a course of treatment having started at caseness that showed reliable recovery

Details on the constructions and derivations to create these can be found in the Metadata document. For further information on changes in the new IAPT reports please see the Methodological Change Papers[7].

Quarters 1 to 3 2014/15 release

For details of changes made in Quarters 1 to 3 of 2014/15 please see the relevant data quality notices

Changes to derivations of analysis – 2013/14
For details of changes made throughout 2013/14 please see the relevant data quality notices.

Changes to presentation of analysis – 2014/15
Details of changes made to presentation of analyses during 2014/15 are listed below:

April 2015/16 release

Two supplementary quarterly activity files added to the release. These will always show the most up to date quarterly date, which will be updated once every 3 months.

- IAPT Quarterly Activity Data
- IAPT Quarterly Activity Report

January 2014/15 release

Below is a summary of the changes made to each reporting aspect from April 2015:

IAPT Executive Summary:
- This will continue to be produced as a PDF document and be based on national figures - however will now be produced monthly rather than quarterly.
- Information on the number of providers submitting data for the period will no longer be included as this will now be covered in the Data Quality report.
- Information on the overall number of referrals received will still be included; however there will be no demographic breakdowns.
- Information on the number of referrals entering treatment will still be included. Information on 6 and 18 week waiting times for treatment in this cohort will be added.
- Information on the number of referrals ending, and ending having finished a course of treatment will still be included. Information on 6 and 18 week waiting times for treatment in this cohort will also be added.
- Information on the average number of appointments for referrals ending having finished a course of treatment will be added.
- Information on the number of referrals moving to recovery, the number of referrals showing reliable improvement and the number of referrals showing reliable recovery will still be included.

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[7] http://www.digital.nhs.gov.uk/media/16289/Improving-Access-to-Psychological-Therapies/pdf/MethChange20150216_MonthlyIAPT.pdf and http://digital.nhs.uk/media/21711/Methodological-Change-Paper--IAPT-monthly-reports--Jul-2016/pdf/Announcement_of_methodological_change_-_Monthly_IAPT_reports_July_2016.pdf

- Time series information (displayed both tabular and graphically) will be added to show data over time. Information on recovery rates and reliable recovery rates will also be added to this section.

IAPT Data Quality Report:

- This will continue to be published monthly as an Excel document.
- VODIM (Valid, Other, Default, Invalid, Missing) information at provider level will still be included.
- Provider level information on Dataset coverage will be added as a new table.
- Provider level information on Volume consistency will be added as a new table.
- Provider level information on Pathway consistency will be added as a new table.
- Provider level information on Validity will be added as a new table.

IAPT Activity Data file:

- A full comprehensive list of activity measures will now be produced monthly rather than quarterly.
- This will now be produced as a machine readable CSV file rather than a formatted Excel.
- Some formatted tables and a machine readable CSV of reconciled quarterly data will be produced on a quarterly basis as supplementary analysis. Details on these will be released in a later version of this data quality statement.

Metadata document:

- A comprehensive metadata document will be produced to support all IAPT analyses and will replace the constructions and derivations previously included in the old activity reports. This will be on the IAPT web page and will release version controlled updates in methodology.

This Data Quality statement:

- This supporting data quality statement has been produced to replace the previous "Background Quality Report" produced quarterly. This will also be on the IAPT web page and will release version controlled updates around data quality issues and reporting.

Quarters 1 to 3 2014/15 release

For details of changes made in Quarters 1 to 3 of 2014/15 please see the relevant data quality notices

Changes to presentation of analysis – 2013/14
For details of changes made throughout 2013/14 please see the relevant data quality notices.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

Submissions to the IAPT dataset are mandatory but ongoing changes to the configuration of local services make it difficult to assess coverage precisely.

We have detailed all the data quality issues we are aware of in data from the IAPT dataset in order to give users of the data context in which to interpret the analyses produced from it.

From January 2014/15 data the format of IAPT reporting has changed significantly and as part of this data is now provided as machine readable files to increase accessibility and allow data users to easily produce their own analyses.

The new format for IAPT reporting allows for an increased frequency in the reporting of key activity measures balanced with NHS Digital resources and production time. By doing this we are also able to include a number of new activity measures in response to user need.

By publishing a more comprehensive set of analyses on a more frequent basis we hope to better support services and commissioners in their decision making processes and promote a culture of data improvement on an ongoing basis.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products.

These summary statistics are intended to provide the DH, providers and commissioners of IAPT services and members of the public with information about NHS funded IAPT services for adults in England.

We continue to develop our statistics, making additions and improvements where a need is identified. We are also in a continuous process of engaging with experts via users' events and regular communication to ensure that the methods used to analyse the data are clearly understood and are appropriate for the service model.

We regularly review our constructions and methods, and seek and welcome comment on any aspect of these statistics or their reporting. Data users are welcome to get in touch with us at any time via enquiries@nhsdigital.nhs.uk. Please quote 'IAPT statistics' or similar in the subject line.

Whenever we propose significant changes are proposed to our methodology or products, we engage with our users via consultation. In 2014 we consulted on increasing the frequency of routine IAPT reporting from a quarterly to a monthly basis, including a change in format. The results of this consultation are published below and formed the basis for the change in IAPT releases from January 2014/15 data.
http://www.digital.nhs.uk/iaptconsult

Analyses developed outside of our regular release cycle (e.g. in response to stakeholder, Freedom of Information (FOI) or other customer requests are published on the NHS Digital 'Supplementary Information Files' page:
http://www.digital.nhs.uk/suppinfofiles

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

The IAPT dataset is nationally mandated for all providers of IAPT services. It has afforded some reduction of burden as the IAPT dataset has replaced the online IAPT KPI aggregate data collection. It is also a much richer source of data that is capable of meeting a wider range of user needs.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

IAPT data are received by NHS Digital in a pseudonymised format in order to protect the confidentiality of individuals. All releases are assessed for disclosure risk prior to release using and disclosure controls are applied where appropriate to ensure the disclosure risk complies with the NHS Anonymisation Standard. In particular, this applies to sensitive information on recovery from illness, and where tables are presented at regional level. For transparency, we publish constructions and derivations for metrics used; these can also be found on worksheets in the metadata document.

NHS Digital's data quality assurance role:

The Health and Social Care Act 2012 states that NHS Digital's statutory data quality role is to assess the extent to which the data it collects meets applicable published standards and to publish the results of the assessments. In addition, NHS Digital may give advice or guidance on data quality relating to the collection, analysis, publication or other dissemination of data and information. NHS Digital is not responsible for the quality of the data it collects. That responsibility lies with the organisations producing the data. However, NHS Digital does help data producers improve the quality of their data by sharing the results of the data quality assessments it undertakes and by providing advice and guidance when asked to do so."

Please see links below to relevant NHS Digital policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

http://www.digital.nhs.uk/pubs/calendar

Freedom of Information Process

http://www.digital.nhs.uk/foi

Data Access and Information Sharing Policy

http://portal/Documents/Policies/DAIS%20Policy%20Final%204.0%20updated.pdf

Privacy and data Protection

http://www.digital.nhs.uk/privacy

Appendix A: Data Quality Metrics

This table lists the measures in the Monthly Data Quality Report, references related measures in the monthly and quarterly activity files and provides some explanatory notes.

Details about how each of these measures are constructed can be found at http://www.digital.nhs.uk/iaptmonthly "Data Quality Rules"

DQ Metadata ID	DQ Measure Name	DQ Dataset Metric Name	Activity Measures Affected	Notes on quality	Notes on activity
1	Submission Coverage	Submission Coverage	All	No submission has been received for your provider organisation code in the Report Period. The IAPT dataset submission is mandated for all contracted IAPT service providers.	Impacts all activity measures.
2	Dataset Coverage	Appointment	imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm34, imm35, imm36, imm37, imm38, imm39, imm40, imm58, imm59, imm60, imm61, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86, iqmm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	No valid appointment records have been submitted in the Reporting Period. Ensure the Appointment Date is relevant to the Reporting Period in which you are submitting data.	Will impact on all activity measures relating to appointments. This includes access, completing treatment and recovery.
3	Dataset Coverage	Disability	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	No valid disability records have been submitted in the Reporting Period.	Will impact on all quarterly analysis.
4	Dataset Coverage	Waiting Time Pauses		No valid waiting time pause records have been submitted in the Reporting Period.	Will impact on future analysis.
5	Dataset Coverage	Assessment Questionnaire		No valid assessment questionnaire records have been submitted in the Reporting Period.	Will impact on future analysis.
6	Dataset Coverage	Treatment Questionnaire		No valid treatment questionnaire records have been submitted in the Reporting	Will impact on future analysis.

				Period.	
7	Person Valid (VODIM)	NHS Number	All	If no NHS Number has been provided. A missing NHS Number impacts the identification of patients and pathways across submission periods.	Will impact on all activity measures relating to counts of referrals or people.
8	Person Valid (VODIM)	Postcode of Usual Address	All	Postcodes must be standardised to the eight character postcode format as specified in the NHS Data Dictionary. A valid (not null) postcode must be provided.	Will impact on all activity measures relating to counts of referrals or people.
9	Person Valid (VODIM)	Person Gender Code Current	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Person Gender Codes should match the permissible value list {1, 2} and should not be null.	Will impact on all quarterly analysis.
10	Person Valid (VODIM)	Ethnic Category	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Ethnic Category should match the permissible value list {A-H, J-N, P, R, S} and should not be null.	Will impact on all quarterly analysis.
11	Person Valid (VODIM)	General Medical Practice Code	All	General Medical Practice Code (GMPC) should be a valid ODS GP Practice, which was still open at the end of the reporting period and should not be null.	GMPC is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid GMPC could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in figures for the intended commissioner.
12	Person Valid (VODIM)	Religious or Other Belief Affiliation System	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Religious Codes should match the permissible value list {A-J} and should not be null.	Will impact on all quarterly analysis.
13	Person Valid (VODIM)	Sexual Orientation	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Sexual Orientation should match the permissible value list {1, 2, 3} and should not be null.	Will impact on all quarterly analysis.
14	Referral Valid (VODIM)	Organisation Code of Commissioner	All	Organisation Code of Commissioner should be a valid ODS Organisation Code, which was still open at the end of the reporting period and should not be null.	Organisation code of commissioner is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid code of commissioner could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in figures for the intended commissioner, similarly if the submission contains the wrong commissioner code.
15	Referral Valid (VODIM)	Mental Health Care Cluster		Mental Health Cluster Codes should match the permissible value list {00-08, 10-21} and should not be null where an assessment has taken place.	Will impact on future analysis.

16	Referral Valid (VODIM)	Provisional Diagnosis	imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86, iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Provisional Diagnosis should be valid ICD-10 diagnosis code and should not be null where a first assessment has taken place.	This will impact on any analysis broken down by problem descriptor, and any recovery analysis (as ADSMs are matched to the appropriate problem descriptor).
17	Referral Valid (VODIM)	Source of Referral	imm02	Source of Referral should match the permissible value list {A1-A3, B1-B2, C1-C2, D1, E1-E5, F1-F3, G1-G4, H1-H2, I1-I2, J1-J4, K1-K5, L1-L2, M1-M5, N1-N2} and should not be null.	This will affect any analysis based on the source of referral (e.g. Number of new referrals with a referral source of self-referral).
18	Referral Valid (VODIM)	Reason for End of IAPT Care Pathway	imm42, imm43, imm44, imm45, imm46, imm47, imm48, imm49, imm50, imm51, imm52, imm53, imm54, imm55, imm56, imm57	Reason for End of IAPT Care Pathway should match the permissible value list {10-15, 40-45} and should not be null where a Date of End of IAPT Care Pathway is provided.	This will affect any analysis based the reason for end of IAPT care pathway. Note that this will be crucial for future analysis of stepped care.
19	Referral Valid (VODIM)	Organisation Code (IAPT Stepped To Provider)		Organisation Code (IAPT Stepped to Provider) should be a valid ODS Organisation Code, which was still open at the end of the reporting period and should not be null where the end reason of the pathway is stepped to low intensity or high intensity IAPT service.	Will impact on future analysis.
20	Disability Valid (VODIM)	Disability	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Disability should match the permissible value list {01-10, XX}	Will impact on all quarterly analysis.
21	Appointment Valid (VODIM)	Patient Health Questionnaire (PHQ9) Score	imm65, imm66, imm67, imm68, imm79, imm80, imm82, imm84, imm85, imm86, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	PHQ9 Score must be a valid score (between 0 and 27) and must not be null. PHQ9 Scores are expected to be captured as part of every attended clinical contact.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required.
22	Appointment Valid (VODIM)	Generalised Anxiety Disorder (GAD7) Score	imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	GAD7 Score must be a valid score (between 0 and 21) and must not be null. GAD7 Scores are expected to be captured as part of every attended clinical contact.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required.

23	Appointment Valid (VODIM)	Appointment Purpose	imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm58, imm59, imm60, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm69, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86, iqmm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Appointment Purpose should match the permissible value list {01-06}	This will affect all analysis that assesses the appointment purpose. For example Entering treatment, finishing a course of treatment, recovery measures etc. are all based on the presence of treatment appointments which are identified by the Appointment purpose field. A missing or invalid entry for appointment purpose will result in undercounting for the mentioned activity measures.
24	Appointment Valid (VODIM)	Therapy Type (Treatments)		Therapy Types 1-4 should match the permissible value list {20-29, 40-51}	Will impact on future analysis.
25	Appointment Valid (VODIM)	Stepped Care Intensity Delivered		Stepped Care Intensity Delivered should match the permissible value list {01-04} and should not be null for attended appointments.	Will impact on future analysis.
26	Appointment Valid (VODIM)	Employment Status		Employment Status should match the permissible value list {01-08} and should not be null for attended appointments.	Will impact on future analysis.
27	Appointment Valid (VODIM)	Use of Psychotropic Medication	iqm04	Use of Psychotropic Medication should match the permissible value list {01-03} and should not be null for attended appointments.	Will impact on quarterly analysis.
28	Appointment Valid (VODIM)	Statutory Sick pay Indicator	imm69	Statutory Sick pay Indicator should match the permissible value list {Y, N} and should not be null for attended appointments.	Will affect any analysis around service users moving on or off sick pay.
29	Appointment Valid (VODIM)	Work and Social Adjustment Scale (WSAS) Work Score		WSAS Work Score must be a valid score (between 0 and 9) and must not be null.	Will impact on future analysis.
30	Appointment Valid (VODIM)	Work and Social Adjustment Scale (WSAS) Home Management Score		WSAS Home Management Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.

31	Appointment Valid (VODIM)	Work and Social Adjustment Scale (WSAS) Social Leisure Activities Score		WSAS Social Leisure Activities Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
32	Appointment Valid (VODIM)	Work and Social Adjustment Scale (WSAS) Private Leisure Activities Score		WSAS Private Leisure Activities Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
33	Appointment Valid (VODIM)	Work and Social Adjustment Scale (WSAS) Relationships Score		WSAS Relationships Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
34	Appointment Valid (VODIM)	Anxiety Disorder Specific Measure Scores	imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86	Where a Provisional Diagnosis of F40.0, F40.1, F42%, F43.1 and F45.2 is recorded, the associated anxiety disorder specific measures (ADSM) must have a valid score as follows - F40.0 - Agoraphobia Mobility Inventory score between 0.00 - 5.00 or F40.1 - Social Phobia Inventory score between 0-8 or like F42% - Obsessive Compulsive Inventory score between 0-168 or F43.1 - Impact of Events Scale score between 0-88 or F45.2 - Health Anxiety Inventory (Short Week) score between 0-54. The recommended IAPT ADSM should be used whenever a relevant condition is being treated, in addition to other IAPT outcome measures. The anxiety disorder measures are used to monitor patient progress and recovery.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required. Where an ADSM is not provided we will default to the GAD7 score if provided.
35	Waiting Time Pauses Valid (VODIM)	Activity Suspension Reason		Activity Suspension Reason should match the permissible value list {01-03} and should not be null.	Will impact on future analysis.
36	Person Other (VODIM)	NHS Number	All	If no NHS Number has been provided. A missing NHS Number impacts the identification of patients and pathways across submission periods.	Will impact on all activity measures relating to counts of referrals or people.
37	Person Other (VODIM)	Postcode of Usual Address	All	Postcodes must be standardised to the eight character postcode format as specified in the NHS Data Dictionary. A valid (not null) postcode must be	Will impact on all activity measures relating to counts of referrals or people.

				provided.	
38	Person Other (VODIM)	Person Gender Current Code		Person Gender Codes should match the permissible value list {1, 2} and should not be null.	Will impact on future quarterly analysis.
39	Person Other (VODIM)	Ethnic Category		Ethnic Category should match the permissible value list {A-H, J-N, P, R, S} and should not be null.	Will impact on future quarterly analysis.
40	Person Other (VODIM)	General Medical Practice Code	All	General Medical Practice Code (GMPC) should be a valid ODS GP Practice, which was still open at the end of the reporting period and should not be null.	GMPC is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid GMPC could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in figures for the intended commissioner.
41	Person Other (VODIM)	Religious or Other Belief Affiliation System		Religious Codes should match the permissible value list {A-J} and should not be null.	Will impact on future quarterly analysis.
42	Person Other (VODIM)	Sexual Orientation		Sexual Orientation should match the permissible value list {1, 2, 3} and should not be null.	Will impact on future quarterly analysis.
43	Referral Other (VODIM)	Organisation Code of Commissioner	All	Organisation Code of Commissioner should be a valid ODS Organisation Code, which was still open at the end of the reporting period and should not be null.	Organisation code of commissioner is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid code of commissioner could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in figures for the intended commissioner, similarly if the submission contains the wrong commissioner code.
44	Referral Other (VODIM)	Mental Health Care Cluster		Mental Health Cluster Codes should match the permissible value list {00-08, 10-21} and should not be null where an assessment has taken place.	Will impact on future analysis.
45	Referral Other (VODIM)	Provisional Diagnosis	imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86	Provisional Diagnosis should be valid ICD-10 diagnosis code and should not be null where a first assessment has taken place.	This will impact on any analysis broken down by problem descriptor, and any recovery analysis (as ADSMs are matched to the appropriate problem descriptor).

46	Referral Other (VODIM)	Source of Referral	imm02	Source of Referral should match the permissible value list {A1-A3, B1-B2, C1-C2, D1, E1-E5, F1-F3, G1-G4, H1-H2, I1-I2, J1-J4, K1-K5, L1-L2, M1-M5, N1-N2} and should not be null.	This will affect any analysis based on the source of referral (e.g. Number of new referrals with a referral source of self-referral).
47	Referral Other (VODIM)	Reason for End of IAPT Care Pathway	imm42, imm43, imm44, imm45, imm46, imm47, imm48, imm49, imm50, imm51, imm52, imm53, imm54, imm55, imm56, imm57	Reason for End of IAPT Care Pathway should match the permissible value list {10-15, 40-45} and should not be null where a Date of End of IAPT Care Pathway is provided.	This will affect any analysis based the reason for end of IAPT care pathway. Note that this will be crucial for future analysis of stepped care.
48	Referral Other (VODIM)	Organisation Code (IAPT Stepped to Provider)		Organisation Code (IAPT Stepped to Provider) should be a valid ODS Organisation Code, which was still open at the end of the reporting period and should not be null where the end reason of the pathway is stepped to low intensity or high intensity IAPT service.	Will impact on future analysis.
49	Disability Other (VODIM)	Disability		Disability should match the permissible value list {01-10, XX}	Will impact on future quarterly analysis.
50	Appointment Other (VODIM)	Patient Health Questionnaire (PHQ9) Score	imm65, imm66, imm67, imm68, imm79, imm80, imm82, imm84, imm85, imm86	PHQ9 Score must be a valid score (between 0 and 27) and must not be null. PHQ9 Scores are expected to be captured as part of every attended clinical contact.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required.
51	Appointment Other (VODIM)	Generalised Anxiety Disorder (GAD7) Score	imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86	GAD7 Score must be a valid score (between 0 and 21) and must not be null. GAD7 Scores are expected to be captured as part of every attended clinical contact.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required.
52	Appointment Other (VODIM)	Appointment Purpose	imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm58, imm59, imm60, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm69, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86	Appointment Purpose should match the permissible value list {01-06}	This will affect all analysis that assesses the appointment purpose. For example Entering treatment, finishing a course of treatment, recovery measures etc. are all based on the presence of treatment appointments which are identified by the Appointment purpose field. A missing or invalid entry for appointment purpose will result in undercounting for the mentioned activity measures.
53	Appointment Other (VODIM)	Therapy Type (Treatments)		Therapy Types 1-4 should match the permissible value list {20-29, 40-51}	Will impact on future analysis.

54	Appointment Other (VODIM)	Stepped Care Intensity Delivered		Stepped Care Intensity Delivered should match the permissible value list {01-04} and should not be null for attended appointments.	Will impact on future analysis.
55	Appointment Other (VODIM)	Employment Status		Employment Status should match the permissible value list {01-08} and should not be null for attended appointments.	Will impact on future analysis.
56	Appointment Other (VODIM)	Use of Psychotropic Medication		Use of Psychotropic Medication should match the permissible value list {01-03} and should not be null for attended appointments.	Will impact on future analysis.
57	Appointment Other (VODIM)	Statutory Sick pay Indicator	imm69	Statutory Sick pay Indicator should match the permissible value list {Y, N} and should not be null for attended appointments.	Will affect any analysis around service users moving on or off sick pay.
58	Appointment Other (VODIM)	Work and Social Adjustment Scale (WSAS) Work Score		WSAS Work Score must be a valid score (between 0 and 9) and must not be null.	Will impact on future analysis.
59	Appointment Other (VODIM)	Work and Social Adjustment Scale (WSAS) Home Management Score		WSAS Home Management Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
60	Appointment Other (VODIM)	Work and Social Adjustment Scale (WSAS) Social Leisure Activities Score		WSAS Social Leisure Activities Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
61	Appointment Other (VODIM)	Work and Social Adjustment Scale (WSAS) Private Leisure Activities Score		WSAS Private Leisure Activities Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
62	Appointment Other (VODIM)	Work and Social Adjustment Scale (WSAS) Relationships Score		WSAS Relationships Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
63	Appointment Other (VODIM)	Anxiety Disorder Specific Measure Scores	imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86	Where a Provisional Diagnosis of F40.0, F40.1, F42%, F43.1 and F45.2 is recorded, the associated anxiety disorder specific measures (ADSM) must have a valid score as follows - F40.0 -	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required. Where an ADSM is not provided we will default to the GAD7

				Agoraphobia Mobility Inventory score between 0.00 - 5.00 or F40.1 - Social Phobia Inventory score between 0-8 or like F42% - Obsessive Compulsive Inventory score between 0-168 or F43.1 - Impact of Events Scale score between 0-88 or F45.2 - Health Anxiety Inventory (Short Week) score between 0-54. The recommended IAPT ADSM should be used whenever a relevant condition is being treated, in addition to other IAPT outcome measures. The anxiety disorder measures are used to monitor patient progress and recovery.	score if provided.
64	Waiting Time Pauses Other (VODIM)	Activity Suspension Reason		Activity Suspension Reason should match the permissible value list {01-03} and should not be null.	Will impact on future analysis.
65	Person Default (VODIM)	NHS Number	All	If an NHS Number has been provided. A missing NHS Number impacts the identification of patients and pathways across submission periods.	Will impact on all activity measures relating to counts of referrals or people.
66	Person Default (VODIM)	Postcode of Usual Address	All	Postcodes must be standardised to the eight character postcode format as specified in the NHS Data Dictionary. A valid (not null) postcode must be provided.	Will impact on all activity measures relating to counts of referrals or people.
67	Person Default (VODIM)	Person Gender Current Code		Person Gender Codes should match the permissible value list {1, 2} and should not be null.	Will impact on future quarterly analysis.
68	Person Default (VODIM)	Ethnic Category		Ethnic Category should match the permissible value list {A-H, J-N, P, R, S} and should not be null.	Will impact on future quarterly analysis.
69	Person Default (VODIM)	General Medical Practice Code	All	General Medical Practice Code (GMPC) should be a valid ODS GP Practice, which was still open at the end of the reporting period and should not be null.	GMPC is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid GMPC could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in figures for the intended commissioner.
70	Person Default (VODIM)	Religious or Other Belief Affiliation System		Religious Codes should match the permissible value list {A-J} and should not be null.	Will impact on future quarterly analysis.

71	Person Default (VODIM)	Sexual Orientation		Sexual Orientation should match the permissible value list {1, 2, 3} and should not be null.	Will impact on future quarterly analysis.
72	Referral Default (VODIM)	Organisation Code of Commissioner	All	Organisation Code of Commissioner should be a valid ODS Organisation Code, which was still open at the end of the reporting period and should not be null.	Organisation code of commissioner is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid code of commissioner could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in figures for the intended commissioner, similarly if the submission contains the wrong commissioner code.
73	Referral Default (VODIM)	Mental Health Care Cluster		Mental Health Cluster Codes should match the permissible value list {00-08, 10-21} and should not be null where an assessment has taken place.	Will impact on future analysis.
74	Referral Default (VODIM)	Provisional Diagnosis	imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86	Provisional Diagnosis should be valid ICD-10 diagnosis code and should not be null where a first assessment has taken place.	This will impact on any analysis broken down by problem descriptor, and any recovery analysis (as ADSMs are matched to the appropriate problem descriptor).
75	Referral Default (VODIM)	Source of Referral	imm02	Source of Referral should match the permissible value list {A1-A3, B1-B2, C1-C2, D1, E1-E5, F1-F3, G1-G4, H1-H2, I1-I2, J1-J4, K1-K5, L1-L2, M1-M5, N1-N2} and should not be null.	This will affect any analysis based on the source of referral (e.g. Number of new referrals with a referral source of self-referral).
76	Referral Default (VODIM)	Reason for End of IAPT Care Pathway	imm42, imm43, imm44, imm45, imm46, imm47, imm48, imm49, imm50, imm51, imm52, imm53, imm54, imm55, imm56, imm57	Reason for End of IAPT Care Pathway should match the permissible value list {10-15, 40-45} and should not be null where a Date of End of IAPT Care Pathway is provided.	This will affect any analysis based the reason for end of IAPT care pathway. Note that this will be crucial for future analysis of stepped care.
77	Referral Default (VODIM)	Organisation Code (IAPT Stepped to Provider)		Organisation Code (IAPT Stepped to Provider) should be a valid ODS Organisation Code, which was still open at the end of the reporting period and should not be null where the end reason of the pathway is stepped to low intensity or high intensity IAPT service.	Will impact on future analysis.
78	Disability Default (VODIM)	Disability		Disability should match the permissible value list {01-10, XX}	Will impact on future quarterly analysis.

79	Appointment Default (VODIM)	Patient Health Questionnaire (PHQ9) Score	imm65, imm66, imm67, imm68, imm79, imm80, imm82, imm84, imm85, imm86	PHQ9 Score must be a valid score (between 0 and 27) and must not be null. PHQ9 Scores are expected to be captured as part of every attended clinical contact.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required.
80	Appointment Default (VODIM)	Generalised Anxiety Disorder (GAD7) Score	imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86	GAD7 Score must be a valid score (between 0 and 21) and must not be null. GAD7 Scores are expected to be captured as part of every attended clinical contact.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required.
81	Appointment Default (VODIM)	Appointment Purpose	imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm58, imm59, imm60, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm69, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86	Appointment Purpose should match the permissible value list {01-06}	This will affect all analysis that assesses the appointment purpose. For example Entering treatment, finishing a course of treatment, recovery measures etc. are all based on the presence of treatment appointments which are identified by the Appointment purpose field. A missing or invalid entry for appointment purpose will result in undercounting for the mentioned activity measures.
82	Appointment Default (VODIM)	Therapy Type (Treatments)		Therapy Types 1-4 should match the permissible value list {20-29, 40-51}	Will impact on future analysis.
83	Appointment Default (VODIM)	Stepped Care Intensity Delivered		Stepped Care Intensity Delivered should match the permissible value list {01-04} and should not be null for attended appointments.	Will impact on future analysis.
84	Appointment Default (VODIM)	Employment Status		Employment Status should match the permissible value list {01-08} and should not be null for attended appointments.	Will impact on future analysis.
85	Appointment Default (VODIM)	Use of Psychotropic Medication		Use of Psychotropic Medication should match the permissible value list {01-03} and should not be null for attended appointments.	Will impact on future analysis.
86	Appointment Default (VODIM)	Statutory Sick pay Indicator	imm69	Statutory Sick pay Indicator should match the permissible value list {Y, N} and should not be null for attended appointments.	Will affect any analysis around service users moving on or off sick pay.
87	Appointment Default (VODIM)	Work and Social Adjustment Scale (WSAS) Work Score		WSAS Work Score must be a valid score (between 0 and 9) and must not be null.	Will impact on future analysis.

88	Appointment Default (VODIM)	Work and Social Adjustment Scale (WSAS) Home Management Score		WSAS Home Management Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
89	Appointment Default (VODIM)	Work and Social Adjustment Scale (WSAS) Social Leisure Activities Score		WSAS Social Leisure Activities Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
90	Appointment Default (VODIM)	Work and Social Adjustment Scale (WSAS) Private Leisure Activities Score		WSAS Private Leisure Activities Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
91	Appointment Default (VODIM)	Work and Social Adjustment Scale (WSAS) Relationships Score		WSAS Relationships Score must be a valid score (between 0 and 8) and must not be null.	Will impact on future analysis.
92	Appointment Default (VODIM)	Anxiety Disorder Specific Measure Scores	imm62, imm63, imm64, imm68, imm79, imm80, imm82, imm84, imm85, imm86, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Where a Provisional Diagnosis of F40.0, F40.1, F42%, F43.1 and F45.2 is recorded, the associated anxiety disorder specific measures (ADSM) must have a valid score as follows - F40.0 - Agoraphobia Mobility Inventory score between 0.00 - 5.00 or F40.1 - Social Phobia Inventory score between 0-8 or like F42% - Obsessive Compulsive Inventory score between 0-168 or F43.1 - Impact of Events Scale score between 0-88 or F45.2 - Health Anxiety Inventory (Short Week) score between 0-54. The recommended IAPT ADSM should be used whenever a relevant condition is being treated, in addition to other IAPT outcome measures. The anxiety disorder measures are used to monitor patient progress and recovery.	This will affect any analysis based on scores (e.g. the presence of first, last and paired scores) and on any recovery analysis where paired scores are required. Where an ADSM is not provided we will default to the GAD7 score if provided.
93	Waiting Time Pauses Default (VODIM)	Activity Suspension Reason		Activity Suspension Reason should match the permissible value list {01-03} and should not be null.	Will impact on future analysis.
101	Volume Consistency	Person	All	Person record counts have increased/decreased by a significant number since the previous reporting	An unexpected and significant increase or decrease in record volumes could be indicative of an issue with duplication or

				period.	other submission issues. This will directly impact on all activity analysis.
102	Volume Consistency	Referral	All	Referral record counts have increased/decreased by a significant number since the previous reporting period.	An unexpected and significant increase or decrease in record volumes could be indicative of an issue with duplication or other submission issues. This will directly impact on all activity analysis.
103	Volume Consistency	Appointment	imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm34, imm35, imm36, imm37, imm38, imm39, imm40, imm58, imm59, imm60, imm61, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Appointment record counts have increased/decreased by a significant number since the previous reporting period.	An unexpected and significant increase or decrease in appointment record volumes could be indicative of an issue with duplication or other submission issues. This will directly impact on activity analysis relating to appointments e.g. entering treatment, finishing a course of treatment, recovery etc.
104	Volume Consistency	Disability	Iqm01, iqm02, iqm03, iqm04, iqm05, iqm06, iqm07, iqm08, iqm09, iqm10	Disability record counts have increased/decreased by a significant number since the previous reporting period.	Will impact on quarterly analysis.
105	Volume Consistency	Waiting Time Pauses		Waiting Time Pause record counts have increased/decreased by a significant number since the previous reporting period.	Will impact on future analysis.
106	Volume Consistency	Assessment Questionnaire		Assessment Questionnaire record counts have increased/decreased by a significant number since the previous reporting period.	Will impact on future analysis.
107	Volume Consistency	Treatment Questionnaire		Treatment Questionnaire record counts have increased/decreased by a significant number since the previous reporting period.	Will impact on future analysis.
108	Provider Pathway Consistency	Pathway Continuity (Missing or Broken Provider Pathway)	All	Open (non-discharged) referrals must be submitted every reporting period until the referral closes at which point an End Date should be entered relating to when the clinician decided to close the service	Missing or broken pathways will result in records submitted being treated as new referrals. This will cause inflation in activity counts and will affect figures for entering treatment, completing treatment and related

				request. This will ensure the integrity of the pathway. Common misunderstandings and errors include only submitting a referral where there is associated activity and entering an historical End Date where there is no associated follow-up appointment. The latter will cause the referral to be excluded from the national extract.	recovery measures.
109	Provider Pathway Consistency	Person Identifier Continuity (Broken Provider Pathway)	All	Patient Identifiers (NHS Number, LPID, DOB, Postcode) must be consistent to ensure the provider pathway key can be linked across reporting periods.	Missing or broken pathways will result in records submitted being treated as new referrals. This will cause inflation in activity counts and will affect figures for entering treatment, completing treatment and related recovery measures.
111	Provider Pathway Consistency	Person Identifier Completeness (Bypass)	All	Patient Identifiers (NHS Number, Postcode) must be complete to ensure provider pathway key is assigned successfully.	Missing or broken pathways will result in records submitted being treated as new referrals. This will cause inflation in activity counts and will affect figures for entering treatment, completing treatment and related recovery measures.
112	Provider Pathway Consistency	Date Referral Received Continuity	imm01, imm02, imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm27, imm28, imm29, imm30, imm31, imm32, imm33, iqm01, iqm02, iqm03, iqm04	Date Referral Received has been updated since the inception of the care pathway.	Affects all activity measures which use the referral received date e.g. new referrals in the period, waiting times measures and appointments (where the appointment must be between the referral received date and the end date of either the referral or the reporting period). Changing the referral received date from one submission to another may cause referrals to be counted multiple times for the same measure.
113	Provider Pathway Consistency	Date of End of Care Pathway Continuity	imm09, imm10, imm11, imm21, imm23, imm25, imm26, imm27, imm32, imm33, imm41, imm42, imm43, imm44, imm45, imm46, imm47, imm48, imm49, imm50, imm51, imm52, imm53, imm54, imm55, imm56, imm57, imm58, imm59, imm60, imm61, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm69, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84,	Date of End of Care Pathway has been modified or removed since the previous Reporting Period.	This will affect any analysis based on referrals which have ended in the period e.g. finished a course of treatment, recovery etc. Altering the Date of End of Care Pathway from one submission to another may cause referrals to be counted multiple times for the same measure.

			imm85, imm86, iqm04, iqm06, iqm07, iqm08, iqm09, iqm10		
116	Indicator Consistency	Entering Treatment	imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, iqm03	Entering Treatment counts have increased/decreased by a significant number since the previous reporting period.	An unexpected and significant increase or decrease in the number of referrals entering treatment could be indicative of a problem in submissions e.g. broken pathways. This should be investigated.
117	Indicator Consistency	Completed Treatment	imm21, imm23, imm32, imm33, imm60, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm69, imm70, imm71, imm72, imm73, imm74, imm79, imm80, imm82, imm84, imm85, imm86, iqm04, iam05, iqm06, iqm07, iqm08,iqm09, iqm10	Completed Treatment counts have increased/decreased by a significant number since the previous reporting period.	An unexpected and significant increase or decrease in the number of referrals finishing a course of treatment could be indicative of a problem in submissions e.g. broken pathways or missing appointments. This should be investigated.
121	Referral Integrity	Date of End of IAPT Care Pathway	imm09, imm10, imm11, imm21, imm23, imm25, imm26, imm27, imm32, imm33, imm41, imm42, imm43, imm44, imm45, imm46, imm47, imm48, imm49, imm50, imm51, imm52, imm53, imm54, imm55, imm56, imm57, imm58, imm59, imm60, imm61, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm69, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86, iqm04, iam05, iqm06, iqm07, iqm08,iqm09, iqm10	Date of End of IAPT Care Pathway should not be null where a Reason for End of IAPT Care Pathway is provided.	This will affect any analysis based on referrals which have ended in the period e.g. finished a course of treatment, recovery etc. Referrals can only be classed as ended for analysis purposes where the Date of End of Care Pathway has been provided. Any end codes without associated end dates will not be used in analysis.
123	Referral Integrity	Organisation Code of Commissioner Locality	All	It is expected that Organisation Code of Commissioner should reflect the CCG who is commissioning the IAPT service.	Organisation code of commissioner is used in the IC_CCG derivation (see metadata document for further information). A missing or invalid code of commissioner could result in activity numbers being assigned to the "missing/invalid commissioner code" category and hence not being included in

					figures for the intended commissioner, similarly if the submission contains the wrong commissioner code.
125	Appointment Integrity	Appointment Date within Referral Period	imm04, imm05, imm06, imm07, imm08, imm09, imm10, imm11, imm12, imm13, imm14, imm15, imm16, imm17, imm19, imm21, imm23, imm25, imm26, imm27, imm28, imm29, imm30, imm31, imm32, imm33, imm34, imm35, imm36, imm37, imm38, imm39, imm40, imm58, imm59, imm60, imm61, imm62, imm63, imm64, imm65, imm66, imm67, imm68, imm70, imm71, imm72, imm73, imm74, imm75, imm76, imm77, imm78, imm79, imm80, imm82, imm84, imm85, imm86, iqm04, iam05, iqm06, iqm07, iqm08,iqm09, iqm10	Appointment is not a follow-up contact and is outside the Date Referral Received and Date of End of IAPT Care Pathway hence will not be considered for national reporting	Will affect all measures relating to non-follow-up appointments e.g. entering treatment, finishing a course of treatment, recovery etc.
126	Stepped Care Integrity	Stepped Care Transition		Referrals should not be discharged and stepped within the same provider; this is a continuation of the same referral pathway.	Will impact on future analysis.
127	Stepped Care Integrity	Reason for End of IAPT Care Pathway for Stepped to Provider		Reason for End of IAPT Care Pathway should match the permissible values for stepped care {40, 41} where an Organisation Code (Stepped to Provider) is provided.	Will impact on future analysis.

Appendix B: Monthly Activity Measures

This table lists measures in the Monthly IAPT Activity File with a brief summary description. A small number of these measures are also in the quarterly [file name] as indicated by the Quarterly measure reference numbers.

Monthly and Quarterly measure reference number	Executive Summary (National)	Monthly CSV data file field name	Description of measure (where possible measures are described in terms of the classes of information defined in NHS Data Dictionary)
imm01/iqm01	Referrals received	ReferralsReceived	Referrals with a referral request received date in the month
imm02		SelfReferrals	Referrals with a referral request received date in the month with a source of referral for mental health of 'self'
imm03	Proportion of referrals that were self-referrals		Divide imm02 by imm01 and show as a percentage
imm04		FirstAssessment	Referrals with first assessment in the month
imm05		FirstAssessment28days	Referrals that waited fewer than 29 days for first assessment
imm06		FirstAssessment29to56days	Referrals that waited between 29 to 56 days for first assessment
imm07		FirstAssessment57to90days	Referrals that waited between 57 and 90 days for first assessment
imm08		FirstAssessment90days	Referrals that waited more than 90 days for first assessment
imm09		EndedBeforeAssessment	Referrals that with an end date before first assessment
imm10		WaitingForAssessment	Referrals yet to have a first assessment at the end of the month
imm11		WaitingForAssessmentover90	Referrals yet to have a first assessment who have been waiting over 90 days at the end of the month
imm12/iqm02	Referrals that entered treatment	FirstTreatment	Referrals with a first treatment appointment (entered treatment) in the month
imm13		FirstTreatment28days	Referrals that entered treatment in the month that waited fewer than 29 days for first treatment
imm14		FirstTreatment29to56days	Referrals that entered treatment in the month that waited between 29 to 56 days for first treatment
imm15		FirstTreatment57to90days	Referrals that entered treatment in the month that waited between 57 and 90 days for first treatment
imm16		FirstTreatment90days	Referrals that entered treatment in the month that waited more than 90 days for first treatment

imm17	FirstTreatment6Weeks	Referrals that entered treatment in the month that waited 42 days or less for first treatment
imm18	Proportion of referrals that waited less than 6 weeks to enter treatment	Divide imm17 by imm12 and show as a percentage
imm19	FirstTreatment18Weeks	Referrals that entered treatment in the month that waited 126 days or less for first treatment
imm20	Proportion of referrals that waited less than 18 weeks to enter treatment	Divide imm19 by imm12 and show as a percentage
imm21	FirstTreatment6WeeksFinishedCourse	Referrals that finished a course of treatment in the month waiting 42 days or less for first treatment
imm22	Proportion of referrals that finished a course of treatment that waited less than 6 weeks to enter treatment	Divide imm21 by imm60 and show as a percentage. Note that this is now published as measure imm127.
imm23	FirstTreatment18WeeksFinishedCourse	Referrals that finished a course of treatment in the month waiting 126 days or less for first treatment
imm24	Proportion of referrals that finished a course of treatment that waited less than 18 weeks to enter treatment	Divide imm23 by imm60 and show as a percentage. Note that this is now published as measure imm128.
imm25	EndedBeforeTreatment	Referrals with an end date in the month before first treatment
imm26	WaitingForTreatment	Referrals yet to have a first treatment at the end of the month
imm89	WaitingForTreatment0to2Weeks	Referrals yet to have a first treatment who have been waiting 0 to 2 weeks at the end of the month
imm90	WaitingForTreatment0to4Weeks	Referrals yet to have a first treatment who have been waiting 0 to 4 weeks at the end of the month
imm91	WaitingForTreatment0to6Weeks	Referrals yet to have a first treatment who have been waiting 0 to 6 weeks at the end of the month

imm92		WaitingForTreatment0to12Weeks	Referrals yet to have a first treatment who have been waiting 0 to 12 weeks at the end of the month
imm93		WaitingForTreatment0to18Weeks	Referrals yet to have a first treatment who have been waiting 0 to 18 weeks at the end of the month
imm94		WaitingForTreatmentOver18Weeks	Referrals yet to have a first treatment who have been waiting over 18 weeks at the end of the month
imm27		WaitingForTreatmentOver90days	Referrals yet to have a first treatment who have been waiting over 90 days at the end of the month
imm28		FirstToSecondTreatmentOver28	Referrals that waited over 28 days between first and second treatment appointment (where the second treatment appointment occurred within the month)
imm29		FirstToSecondTreatmentOver90	Referrals that waited over 90 days between first and second treatment appointment (where the second treatment appointment occurred within the month)
imm30	Average waiting time between referral and first treatment	MeanWaitEnteredTreatment	Mean waiting time in days between the referral request received date and the date of first therapeutic session, where the referral entered treatment in the month
imm31		MedianWaitEnteredTreatment	Median waiting time in days between the referral request received date and the date of first therapeutic session, where the referral entered treatment in the month
imm32		MeanWaitFinishedCourse	Mean waiting time in days between the referral received date and the date of first therapeutic session, where the referral finished a course of treatment in the month
imm33		MedianWaitFinishedCourse	Median waiting time in days between the referral request received date and the date of first therapeutic session, where the referral finished a course of treatment in the month
imm34		Appointments	Appointments in the month
imm35		AptCancelledPatient	Appointments in the month where attended or did not attend code is 'cancelled appointments - patient'
imm36		AptDNA	Appointments in the month where attended or did not attend code is 'did not attend'
imm37		AptCancelledProvider	Appointments in the month where attended or did not attend code is 'cancelled or postponed by health care provider'

imm38		AptAttended	Appointments in the month where attended or did not attend code is 'attended on time'
imm39		AptAttendedLate	Appointments in the month where attended or did not attend code is 'arrived late but was seen'
imm40		AptLateNotSeen	Appointments in the month where attended or did not attend code is 'arrived late and could not be seen'
imm41	Referrals that ended	EndedReferrals	Referrals with an end date in the month
imm42		EndedNotSuitable	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Suitable for IAPT service, no action taken'
imm43		EndedSignposted	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Suitable for IAPT service, signposted elsewhere'
imm44		EndedMutualAgreement	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Discharge by mutual agreement following advice and support'
imm45		EndeedReferredElsewhere	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Referred to another therapy service by mutual agreement'
imm46		EndedDeclined	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Suitable for service but patient declined treatment'
imm47		EndedDeceasedAssessedOnly	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Deceased (assessed only)'
imm48		EndedUnknownAssessedOnly	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Known (assessed Only)'
imm49		EndedSteppedUp	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Stepped up from low intensity service'
imm50		EndedSteppedDown	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Stepped down from high intensity service'
imm51		EndedCompleted	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell

			end code is 'Completed scheduled treatment'
imm52		EndedDroppedOut	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Dropped out of treatment (unscheduled discontinuation)'
imm53		EndedReferredNonIAPT	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Referred to non IAPT service'
imm54		EndedDeceasedTreated	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Deceased (assessed and treated)'
imm55		EndedUnknownTreated	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Known (assessed and treated)'
imm56		EndedInvalid	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is an invalid code
imm57		EndedNoReasonRecorded	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is not present
imm58		EndedSeenNotTreated	Referrals with an end date in the month having at least one appointment, but no treatment appointments (excluding follow up)
imm59/iqm03		EndedTreatedOnce	Referrals with an end date in the month that had a single treatment session (excluding follow up)
imm60/iqm04	Referrals that finished a course of treatment	FinishedCourseTreatment	Referrals with an end date in the month that had at least two treatment sessions (excluding follow up)
imm61		EndedNotSeen	Referrals with an end date in the month that had no appointments
imm62		FirstADSMOnly	Referrals with an end date in the month that finished a course of treatment and had only one anxiety measure recorded
imm63		NoADSM	Referrals with an end date in the month that finished a course of treatment and had no anxiety measures recorded
imm64		PairedADSM	Referrals with an end date in the month that finished a course of treatment and had paired anxiety measures recorded
imm65		FirstPHQOnly	Referrals with an end date in the month that finished a course of treatment and had only one PHQ9 score recorded

imm66		NoPHQ	Referrals with an end date in the month that finished a course of treatment and had no PHQ9 scores recorded
imm67		PairedPHQ	Referrals with an end date in the month that finished a course of treatment and had paired PHQ9 scores recorded
imm68		PairedADSMPHQ	Referrals with an end date in the month that finished a course of treatment and had paired anxiety measures and PHQ9 scores recorded
imm69		OffSickPay	Referrals with an end date in the month that finished a course of treatment where patient has moved off sick pay
imm70		AptFinishedCourseTreatment	Appointments for referrals with an end date in the month after at least two treatments
imm71	Average number of attended treatment appointments for referrals that finished a course of treatment	MeanAptFinishedCourseTreatment	Mean number of treatment appointments for referrals with an end date in the month after at least two treatments
imm72		MedianAptFinishedCourseTreatment	Median number of treatment appointments for referrals with an end date in the month after at least two treatments
imm73		MaxAptFinishedCourseTreatment	Maximum number of treatment appointments for referrals with an end date in the month after at least two treatments
imm74		MinAptFinishedCourseTreatment	Minimum number of treatment appointments for referrals with an end date in the month after at least two treatments
imm75		OpenReferralNoActivity60days	Open referrals with no activity at end of the month for fewer than 61 days
imm76		OpenReferralNoActivity61to90days	Open referrals with no activity at end of the month for 61-90 days
imm77		OpenReferralNoActivity91to120days	Open referrals with no activity at end of the month for 91-120 days
imm78		OpenReferralNoActivity120days	Open referrals with no activity at end of the month for more than 120 days
imm79/iq m05		NotCaseness	Referrals with an end date in the month that finished a course of treatment where the service user was not at caseness at initial assessment
Imm80	Number of referrals that were at caseness at the start of treatment		Subtract imm79 from imm60 and show as a count
imm81/iq m06		Recovery	Referrals with an end date in the month that finished a course of treatment where the service user has moved to recovery
imm82	Proportion of referral that		Divide imm80 by (imm60 - imm79) and show as a percentage.

	finished a course of treatment that showed recovery	Note that this is now published as measure imm129.
imm83/iq m07	Improvement	Referrals with an end date in the month that show reliable improvement
imm84	Proportion of referral that finished a course of treatment that showed reliable improvement	Divide imm82 by (imm60 - imm79) and show as a percentage. Note that this is now published as measure imm130.
imm85/iq m08	Deterioration	Referrals with an end date in the month that show reliable deterioration
imm86	NoReliableChange	Referrals with an end date in the month that show no reliable change
imm87/iq m10	ReliableRecovery	Referrals with an end date in the month that show reliable recovery (has moved to recovery and show reliable improvement)
imm88	Proportion of referral that finished a course of treatment that showed reliable recovery	Divide imm86 by (imm60 - imm79) and show as a percentage. Note that this is now published as measure imm131.
imm95	SecondTreatment	Referrals with a Second treatment appointment in the month
imm96	GuideSelfHelpBookApts	Number of Guided Self Help (Book) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm97	NonGuideSelfHelpBookApts	Number of Non - Guided Self Help (Book) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm98	GuideSelfHelpCompApts	Number of Guided Self Help (Computer) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm99	NonGuideSelfHelpCompApts	Number of Non - Guided Self Help (Computer) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm100	BehavActLIApts	Number of Behavioural Activation (Low Intensity) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm101	StructPhysActApts	Number of Structured Physical Activity treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'

imm102	AntePostNatalCounselApts	Number of Ante/Post Natal Counselling treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm103	PsychoEducPeerSuppApts	Number of Psychoeducational Peer Support treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm104	OtherLIApts	Number of Other Low Intensity treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm105	EmploySuppLIApts	Number of Employment Support (Low Intensity) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm106	AppRelaxApts	Number of Applied Relaxation treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm107	BehavActHIApts	Number of Behavioural Activation (High Intensity) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm108	CoupleTherapyDepApts	Number of Couples Therapy for Depression treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm109	CollabCareApts	Number of Collaborative Care treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm110	CounselDepApts	Number of Counselling for Depression treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm111	BPDApts	Number of Brief Psychdynamic Psychotherapy (BPD) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm112	EyeMoveDesenReproApts	Number of Eye Movement Desensitisation Reprocessing treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'

imm113		
	MindfulApts	Number of Mindfulness treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm114		
	OtherHIApts	Number of Other High Intensity treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm115		
	EmploySuppHIApts	Number of Employment Support (High Intensity) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm116		
	CBTApts	Number of Cognitive Behaviour Therapy (CBT) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm117		
	IPTApts	Number of Interpersonal Psycho Therapy (IPT) treatment appointments in the month where attended or did not attend code is 'attended on time' or 'arrived late but was seen'
imm118		
	MeanHISessions	Mean number of High Intensity treatment appointments for referrals with an end date in the month after at least two treatments
imm119		
	MeanCBTSessions	Mean number of Cognitive Behaviour Therapy (CBT) treatment appointments for referrals with an end date in the month after at least two treatments
imm120		
	MeanBPDSessions	Mean number of Brief psychodynamic Psychotherapy (BPD) treatment appointments for referrals with an end date in the month after at least two treatments
imm121		
	MeanCounsellingSessions	Mean number of Counselling for Depression treatment appointments for referrals with an end date in the month after at least two treatments
imm122		
	MeanIPTSessions	Mean number of Interpersonal Psycho Therapy (IPT) treatment appointments for referrals with an end date in the month after at least two treatments
imm123		
	MeanCouplesSessions	Mean number of Couples Therapy for Depression treatment appointments for referrals with an end date in the month after at least two treatments
imm124		
	MeanBehavActSessions	Mean number of Behavioural Activation (High Intensity) treatment appointments for referrals with an end date in the month after at least two

		treatments
imm125	MeanOtherHISessions	Mean number of Other High Intensity treatment appointments for referrals with an end date in the month after at least two treatments
imm126	MeanLISessions	Mean number of Low Intensity treatment appointments for referrals with an end date in the month after at least two treatments
imm127	FirstTreatment6WeeksFinishedCourseRate	Proportion of referrals that finished a course of treatment that waited less than 6 weeks to enter treatment
imm128	FirstTreatment18WeeksFinishedCourseRate	Proportion of referrals that finished a course of treatment that waited less than 18 weeks to enter treatment
imm129	RecoveryRate	Proportion of referrals that finished a course of treatment having started at caseness that showed recovery
imm130	ImprovementRate	Proportion of referrals that finished a course of treatment that showed reliable improvement
imm131	ReliableRecoveryRate	Proportion of referral that finished a course of treatment having started at caseness that showed reliable recovery

Appendix C: Mapping to the new IAPT measures from old.

The table below maps the old quarterly measures to the new monthly file measures from the IAPT dataset.

Old Quarterly Line Number	Old Quarterly Line Description	KPI Equivalent	New monthly . quarterly measure reference numbers	New monthly measure descriptions
Line 1	Number of new referrals that began in the quarter	IAPT Omnibus KPI 3a	imm01/iqm01	Referrals with a referral request received date in the month
Line 2	Number of new referrals that began in the quarter for service users who have waited more than 28 days for first or second treatment	IAPT Omnibus KPI 3b	None	None
Line 3a-e	Number of new referrals that began in the quarter	None	imm01/ iqm01	Referrals with a referral request received date in the month
Line 4	Number of days from referral received to first assessment where the first assessment occurred within the reporting period	None	imm04	Referrals with first assessment in the month
			imm05	Referrals that waited fewer than 29 days for first assessment
			imm06	Referrals that waited between 29 to 56 days for first assessment
			imm07	Referrals that waited between 57 and 90 days for first assessment
			imm08	Referrals that waited more than 90 days for first assessment
			imm09	Referrals that with an end date before first assessment
			imm10	Referrals yet to have a first assessment at the end of the month
			imm11	Referrals yet to have a first assessment who have been waiting over 90 days at the end of the month
Line 5	Number of days from referral received to first treatment where the first treatment occurred within the reporting period	None	imm12/iqm03	Referrals with a first treatment appointment (entered treatment) in the month
			imm13	Referrals that entered treatment in the month that waited fewer than 29 days for first treatment
			imm14	Referrals that entered treatment in the month that waited between 29 to 56 days for first treatment
			imm15	Referrals that entered treatment in the month that waited between 57 and 90 days for first treatment
			imm16	Referrals that entered treatment in the month that waited more

				than 90 days for first treatment
			imm25	Referrals with an end date in the month before first treatment
			imm26	Referrals yet to have a first treatment at the end of the month
			imm27	Referrals yet to have a first treatment who have been waiting over 90 days at the end of the month
Line 6	Breakdown of all appointments that occurred in the quarter by attendance code	None	imm34	Appointments in the month
			imm35	Appointments in the month where attended or did not attend code is 'cancelled appointments - patient'
			imm36	Appointments in the month where attended or did not attend code is 'did not attend'
			imm37	Appointments in the month where attended or did not attend code is 'cancelled or postponed by health care provider'
			imm38	Appointments in the month where attended or did not attend code is 'attended on time'
			imm39	Appointments in the month where attended or did not attend code is 'arrived late but was seen'
			imm40	Appointments in the month where attended or did not attend code is 'arrived late and could not be seen'
Line 7	Number of referrals that ended in the quarter broken down by end code	None	imm41	Referrals with an end date in the month
			imm42	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Suitable for IAPT service, no action taken'
			imm43	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Suitable for IAPT service, signposted elsewhere'
			imm44	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Discharge by mutual agreement following advice and support'
			imm45	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Referred to another therapy service by mutual agreement'
			imm46	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Suitable for service but patient declined

	treatment'
imm47	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Deceased (assessed only)'
imm48	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Known (assessed Only)'
imm49	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Stepped up from low intensity service'
imm50	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Stepped down from high intensity service'
imm51	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Completed scheduled treatment'
imm52	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Dropped out of treatment (unscheduled discontinuation)'
imm53	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Referred to non IAPT service'
imm54	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Deceased (assessed and treated)'
imm55	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is 'Not Known (assessed and treated)'
imm56	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is an invalid code
imm57	Referrals with an end date in the month - Improving Access to Psychological Therapies care spell end code is not present

Line 8	Number of referrals that ended in the quarter having finished a course of treatment (having had at least two attended treatment appointments)	IAPT Omnibus KPI 5, 6a and 6b	imm60/iqm04	Referrals with an end date in the month that had at least two treatment sessions (excluding follow up)
Line 9	PHQ9 and anxiety measure data completeness for referrals that ended in the quarter having finished a course of treatment	IAPT Omnibus KPI 6a and 6b	imm62	Referrals with an end date in the month that finished a course of treatment and had only one anxiety measure recorded
			imm63	Referrals with an end date in the month that finished a course of treatment and had no anxiety measures recorded
			imm64	Referrals with an end date in the month that finished a course of treatment and had paired anxiety measures recorded
			imm65	Referrals with an end date in the month that finished a course of treatment and had only one PHQ9 score recorded
			imm66	Referrals with an end date in the month that finished a course of treatment and had no PHQ9 scores recorded
			imm67	Referrals with an end date in the month that finished a course of treatment and had paired PHQ9 scores recorded
			imm68	Referrals with an end date in the month that finished a course of treatment and had paired anxiety measures and PHQ9 scores recorded
Line 10	Psychotropic medication data completeness for referrals that ended in the quarter having finished a course of treatment	None	iqm04	Referrals that ended in the quarter having completed a course of treatment by psychotropic medicine status
Line 11	Number of referrals that ended in the quarter having finished a course of treatment, where the service user has moved off sick pay	IAPT Omnibus KPI 7	imm69	Referrals with an end date in the month that finished a course of treatment where patient has moved off sick pay
Line 12	Duration of treatment for those referrals ending in the quarter that had at least one treatment	None	None	None
Line 13	Length of time of no activity for referrals with no date of end of care pathway and	None	imm75	Open referrals with no activity at end of the month for fewer than 61 days
			imm76	Open referrals with no activity at

	no assigned reason for end of care pathway			end of the month for 61-90 days
			imm77	Open referrals with no activity at end of the month for 91-120 days
			imm78	Open referrals with no activity at end of the month for more than 120 days
Line 14a-e	Number of referrals that ended in the quarter having finished a course of treatment	None	imm60	Referrals with an end date in the month that had at least two treatment sessions (excluding follow up)
Line 15	Number of referrals that ended in the quarter having finished a course of treatment, where the service user has moved to recovery	IAPT Omnibus KPI 6a	imm81/iqm06	Referrals with an end date in the month that finished a course of treatment where the service user has moved to recovery
Line 16	Number of referrals that ended in the quarter having finished a course of treatment, where the service user was not at caseness at initial assessment	IAPT Omnibus KPI 6b	imm79/iqm05	Referrals with an end date in the month that finished a course of treatment where the service user was not at caseness at initial assessment
Line 17	Number of referrals that ended in the quarter having finished a course of treatment, with reliable improvement, reliable deterioration or no change in both PHQ9 and GAD7 (or other relevant anxiety measure)	None	imm83/iqm07	Referrals with an end date in the month that show reliable improvement
			imm85/iqm08	Referrals with an end date in the month that show reliable deterioration
			imm86	Referrals with an end date in the month that show no reliable change
Line 18	Number of referrals that ended in the quarter having finished a course of treatment, with reliable recovery	None	imm87/iqm10	Referrals with an end date in the month that show reliable recovery (has moved to recovery and show reliable improvement)

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