Questions from IAPT Commissioner WebEx - 23/02/2015

Q1. Trust had some data submission issue which negatively impacted us relating to our Assurance status. Having liaised with NHS England, we were informed that the data would be updated to reflect actual activity rather than what was uploaded at the time by the provider?
A. There is no facility to update the data held by HSCIC. However, if not yet published, we can add information to our data quality statements. Please let us know about any problems with your providers' submissions as soon as possible. NHS England would need to be consulted about the data they hold and publish.

Q2. NHS England recently sent out a list of questions asking. Do plans reflect the new standards for access and completion of therapy (6 and 18 weeks)? Is there a new target to complete treatment within 18 weeks?
A. The new waiting time targets will be measured on referrals that have completed a course of treatment. There is no expectation that treatment will be completed within 18 weeks. This sounds like a misunderstanding of the target.

Q3. Will the new monthly release be based on April data (i.e. available later in the year) or produced in April for earlier periods? Will it include previous years' activity as benchmark, particularly for measures like 6 week and 18 week to first therapeutic session?
A. The first publication of the new monthly release will report on January 2015 data. There are no plans to include data from any earlier reporting periods. There is however potential to report on 6 and 18 week waits within the 14/15 annual report due for publication later in 2015.

Q4. Will the new monthly release be based on April data (i.e. available later in the year) or produced in April for earlier periods? Will it include previous years' activity as benchmark, particularly for measures like 6 week and 18 week to first therapeutic session?
A. See question 3 above.

Q5. We always appear to have issues between local and HSCIC reports, but cannot identify reasons.... I don't have details but am aware there is a problem. Is this a wider issue and if so are the reasons clear?
A. There are common reasons for providers and commissioners not matching HSCIC figures, but there is no inherent reason why they cannot match (bearing in mind that HSCIC's published figures are rounded to the nearest 5 or suppressed if below 5). The guidance on replicating our analysis covers some of the most frequent areas for difference, available at http://www.hscic.gov.uk/media/16405/IAPT-Reporting-FAQs/pdf/IAPT_Reporting_FAQs.pdf

Q6. Hi, for clarification, will the 6 and 18 weeks information be available in the monthly file?
A. The new monthly file will include 6 and 18 week waits. For a full list of measures in the file see the Methodological Change Paper here: http://www.hscic.gov.uk/media/16289/Improving-Access-to-Psychological-Therapies/pdf/MethChange20150216_MonthlyIAPT.pdf

Q7. The published CCG is currently based on that submitted by provider. Open Exeter already holds patient demographic data. Is there any validation done for IAPT dataset based on the NHS number and patient registration details?
A. Open Exeter does not check whether a CCG entered in the Org Code Commissioner field is the correct one for the patient. However, they do derive CCG of GP practice based on the recorded GP practice and this additional item is included in record level extracts from Exeter.

Q8. The published CCG is currently based on that submitted by provider. Open Exeter already holds patient demographic data. Is there any validation done for IAPT dataset based on the NHS number and patient registration details?
A. Please see Question 7 of this document.

Q9. Can we [have] the KPI methodology and definitions sent to us? Especially the IAPT Access Rate and IAPT Recovery Rate
A. KPIs are no longer valid and we believe that 'KPI' reports on local systems do not align with the measures we have been commissioned to publish from the national IAPT dataset. All the methods for calculating our published measures are included in our releases and, in addition, the document 'Understanding and replicating our published reports', which is available at http://www.hscic.gov.uk/media/16405/IAPT-Reporting-FAQs/pdf/IAPT_Reporting_FAQs.pdf, clarifies some common misconceptions about key measures

Q10. What does that mean - 'Providers to be able to match your figures?'
A. Providers often find that their attempts to replicate our published figures are unsuccessful. Common reasons for this, as well as further information can be found in the document 'Understanding and replicating our published reports', which is available at http://www.hscic.gov.uk/media/16405/IAPT-Reporting-FAQs/pdf/IAPT_Reporting_FAQs.pdf

Q11. Will the Provider Analysis Validation Extract (PAVE) report be available to commissioners?
A. We agree that the PAVE report would be useful to Commissioners. This 'CAVE' report could only be produced on Final and Published data. We need to develop this and identify the most appropriate delivery mechanism for the report. The production of the provider

report and new publication products is our current priority, but we will be looking at timescales for other developments in the near future.

Q12. Why should we not use IC derivations on extract? I still fail to understand why if you use the derived fields to produce reports, why we can't then use them?
A. The HSCIC analysis team in Leeds do not use the calculated fields in the Exeter extracts (e.g. first and last scores) in their analysis. Although these may be used to get approximate figures, in most cases they will not produce figures that match our published figures. Data quality plays part in this. The derivations at Exeter have not been designed to support the multitude of scenarios that are occurring in 'real data',(e.g. including 'unlikely' events such as appointments occurring before Referral Request Received Date). If you wish to match our figures then we suggest you follow the guidance in our document 'Understanding and replicating our published reports'.

Q13. Can the monthly reports use primary data so the reports are more timely? Currently there is 2/3 month lag
A. The new monthly reports will still use final data in order to preserve data quality. Being produced on a monthly basis will inherently make them more timely.

Q14. Will the 28 days target still apply for 15/16 or will it be replaced by <6 weeks <18 weeks? Thanks
A. NHS England is the authority on targets. We will continue to publish the same waits as previously, as well as the 6 and 18 weeks waits.

Q15. Are there definitions of caseness etc. in terms of test scores?
A. Yes, the current quarterly constructions do include definitions of caseness thresholds relating to different provisional diagnoses.

Q16. What system could we use to set up the derivations and constructions? MS Access?
A. MS Access could be used to do this. The IAPT team at the HSCIC use Microsoft SQL Server.

Q17. Why is the recovery rate not in the monthly reports?
A. The numerator and denominator for calculated measures are both present in our files.

Q18. There is a field in the referral table called date of 1st therapy treatment is this the same as the derived field?
A. There is a field in the post-deadline extract called DATE_FIRST_THERAPEUTIC_SESSION, this is not the same as IC_ DATE_FIRST_THERAPEUTIC_SESSION, which the IAPT team derive at the HSCIC. We recommend deriving the field using the logic provided in the derivations

sheet in our quarterly reports and monthly activity reports, as the field in the extract may be less accurate.

Q19. How do Commissioners apply for access to the Portal?
A. Commissioners can apply for access to the portal by completing the following form and returning it to the address shown: http://systems.hscic.gov.uk/ssd/prodserv/iaptduc.pdf

Q20. Are you aware is there is a 'new Psychiatric Morbidity Survey going to be carried out; and
A. NHS England has advised that a new APMS is being conducted now which may provide up to date prevalence data by 2017.

Q21. The Adult Psychiatric Morbidity Survey is produced by the National Centre for Social Research. More information can be found at http://www.natcen.ac.uk/our-research/research/adult-psychiatric-morbidity-survey/

Q22. Why is Mental Health excluded from the 18 Weeks RTT standards?
A. You can find out more about current policy here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

Q23. Will a recording of the WebEx be made available too please , IT problems here so "late on parade"
A. Yes, a link to the recording has been included in the same email as this document.

Q24. Does that mean that the CCG quality premium will be based on information that comes out in July?
A. This is a question for NHS England.

Q25. Why HSCIC publish figures rounded to the nearest 5, as this is of no use to commissioners to compare local reports to those published, especially for the KPIs – does NHS England receive the actual unrounded figures, as these are being used to monitor KPI % performance over Q4? – are there plans to publish actual figures in future.
A. Our figures are rounded to the nearest 5 to prevent identification of individuals. The greatest difference between unrounded and rounded figures will be 3. Our new reports include data at different reporting levels so that subtotals are not distorted by rounding. Unrounded data is not passed on to NHS England and there are no plans to publish unrounded data in the future. KPIs are no longer valid and the current methodology is not compatible with the KPI methodology. The last KPI publication issued was Quarter 4 2012/2013.

Q26. How can patients be identified from these numbers anyway, regardless of how low they are?
A. The combination of published information may lead to the disclosure of information about an individual. As we publish more measures this risk increases unless we implement disclosure control methods, such as rounding.

Q27. If we can use MS Access - would it not be possible for you to create us a blank database with all the constructions and derivations set up. So that each CCG could drop its Open Exeter downloads into it and get the calculated measures out instantly?
A. No. Every organisation will have their own procedures for storing and accessing Exeter extracts and we do not provide or support tools for local use. However the idea of the PAVE reports is to provide referral level information, consistent with what we publish, in an accessible format.

Q28. Will we be getting the prevalence dataset by CCG for 2015/16 like we did last year?
A. This is a question for NHS England.