Announcement of methodological change:

Improving Access to Psychological Therapies (IAPT) Reports
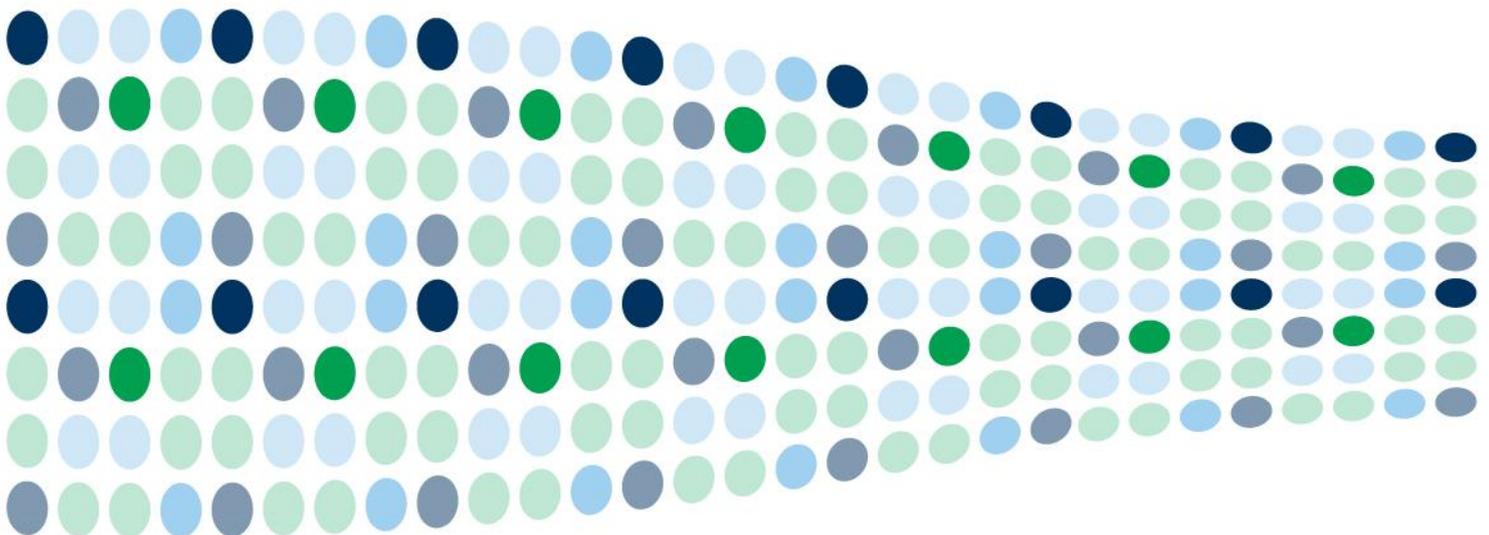
We are the trusted national provider of high-quality information, data and IT systems for health and social care.

www.hscic.gov.uk
enquiries@hscic.gov.uk
@hscic

Author:	**Community and Mental Health team, Health and Social Care Information Centre**
Responsible statistician:	**Claire Thompson, Principal Information Analyst**
Version:	**V1.0**
Date of publication:	**February 2015**

Contents

Announcement of methodological change

Introduction

This paper announces and describes changes to our routine IAPT reporting. Currently data quality reports with limited activity measures are published monthly, whilst more detailed activity measures are published on a quarterly basis. From April 2015 (beginning with January final, February refresh data) onwards we will publish data on a monthly basis to reflect the frequency of data collection and provide more timely access to data.

The quarterly publication series will be discontinued but in designing the monthly series we have ensured that the new publication will continue to address user needs. In addition some figures will continue to be released quarterly as a supplement to the monthly file, in order to allow breakdowns of activity data by demographic characteristics and problem descriptors (these cannot be produced monthly due to issues with small numbers). The new reports will include some new information and will present data in new formats to maximise usability.

Background

The IAPT dataset is a regular return of data generated by providers of IAPT services in the course of delivering these services to patients. The data also includes information from Independent Sector Organisations who are providers of NHS funded IAPT services.

The IAPT dataset is received by the Health and Social Care Information Centre (HSCIC) as record level data from clinical systems. From quarter 1 2012/13 the HSCIC has published monthly data quality reports and quarterly data covering access, activity and outcomes in the service.

A new version of the IAPT dataset was mandated in July 2014 (version 1.5). The version 1.5 specification is published on the Information Standards Board (ISB) website here:

http://www.isb.nhs.uk/documents/isb-1520/amd-02-2013/index_html

The main changes brought about by this update to the dataset are discussed in a methodological change paper found here:

http://www.hscic.gov.uk/media/15415/Methodological-change-2014-Improving-Access-to-Psychological-Therapies-IAPT-Reports/pdf/MethChange20141028_IAPT.pdf

There is a high level of demand for more timely IAPT data reporting, and in the light of results from public and stakeholder consultation, we are redesigning this publication in order to continue to best meet the needs of all our users. We have encouraged engagement from data users, running a number of events asking data providers and stakeholders for their views, and have liaised with major stakeholders such as the IAPT central team at NHS England in designing the measures in the newly proposed monthly file. We also ran a consultation[1] regarding this change, and have incorporated the findings of this in the design of these new reports. Additionally we have received numerous enquiries from data users such as academics and members of the public asking for

---

[1] http://www.hscic.gov.uk/iaptconsult

more detailed and granular data, and further geographic data. We have designed this publication in order to best meet these needs. Further developments will be made in future IAPT versions. We will regularly review our IAPT statistics to ensure that they remain relevant and a useful source of IAPT information, and continue to welcome feedback on this publication at any time via: enquiries@hscic.nhs.uk

The main changes in the dataset are as follows:

- Frequency of reporting – All activity data will be produced monthly. Only breakdowns by demographic characteristics and problem descriptor[2] will be published quarterly, as well as prescribing activity.
- New products – The new reports will include a csv file of activity measures, an executive summary and a data quality report each month, as well as a supplementary csv file and excel spreadsheet each quarter. In addition there will be a static metadata document and data quality reference guide to help in the interpretation and replication of the figures.
- Discontinued products – The monthly IAPT reports in their current format will be replaced by this new product. The existing quarterly reports will be discontinued, although some data will be made available each quarter to supplement the monthly reports.
- Name change – The monthly reports will become 'Monthly Improving Access to Psychological Therapies (IAPT) Reports', rather than "Monthly Improving Access to Psychological Therapies Data Quality reports" in order to represent the change in content.

In addition there are some small changes to methodology for some measures which were previously reported quarterly but which will now be reported monthly, in order to increase their utility. The details of these can be found in the product descriptions below.

New Products

There are a number of new products that will be published as part of this change as follows:

- Monthly csv of activity measures
- Monthly executive summary
- Monthly data quality report
- Static metadata file
- Static data quality reference guide
- Supplementary quarterly csv of additional activity measures
- Supplementary quarterly excel spreadsheet of additional activity measures

Monthly csv of activity measures
Each month a csv file will be produced which will contain over 70 activity measures. The measures within this file will be presented at England, CCG, provider and CCG-provider combination levels. A full list of the measures to be included and their descriptions can be found in Appendix A.

Some of the measures differ slightly in methodology to their counterparts in the existing quarterly reports.

---

[2] Previously known as provisional diagnosis, this term was updated from Quarter 2 2014/15 due to concerns about the term diagnosis.

The time waited between first and second treatment measures are based on line 2 of the current quarterly Improving Access to Psychological Therapies reports, however, the construction has been expanded to include all referrals with a second appointment in the period. This differs from the quarterly reports which only look at those referrals where both the first and second appointment occurs in the quarter. This change will allow users of the data to have a more complete picture of the time waited by service users between their first and second appointment in the period.

There is also a slight change in the calculation for the existing waiting times measures to bring them in line with the method to be used for calculating the new 6 and 18 weeks measures. This provides for a wait of 0 days.

The monthly CSV file also introduces a number of new measures as follows:

- **The number of referrals which entered treatment in the period with a waiting time of 6 and 18 weeks or under to enter treatment**: This measure has been introduced to allow services to track performance against the new waiting times targets announced in "Mental health services: achieving better access by 2020"[3]
- **The number of referrals which finished a course of treatment in the period with a waiting time of 6 and 18 weeks or under to enter treatment**: This measure has been introduced to allow services to track performance against the new waiting times targets announced in "Mental health services: achieving better access by 2020"[4]
- **The number of referrals that ended in the quarter having at least one appointment but no treatment appointments**: this measure has been introduced after first being reported in the 2013/14 annual report to give a more complete picture of referrals that ended in the period without having finished a course of treatment (at least two treatment appointments)
- **The number of referrals that ended in the quarter having a single treatment appointment**: this measure has been introduced after first being reported in the 2013/14 annual report to give a more complete picture of referrals that ended in the period without having finished a course of treatment (at least two treatment appointments)
- **Total number of appointments for referrals that finished a course of treatment**: This measure has been introduced to allow the calculation of averages
- **Average number of appointments for referrals that finished a course of treatment**: This measure has been introduced in order to allow services to monitor the number of sessions received by their service users, and whether this is in line with NICE guidance
- **Maximum number of appointments for referrals that finished a course of treatment:** This measure has been introduced in order to allow services to monitor the number of sessions received by their service users, and whether this is in line with NICE guidance
- **Minimum number of appointments for referrals that ended after a course of treatment:** This measure has been introduced in order to allow services to monitor the number of sessions received by their service users, and whether this is in line with NICE guidance

Monthly executive summary

Each month an executive summary will be released to compliment the new monthly csv file. This document will contain a number of key measures to give a national view of the data, similarly to the current quarterly executive summary. It will also provide some national time series analysis, and other relevant summary information for the month, including calculated measures such as recovery rates.

---

[3] https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020
[4] https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020

Monthly data quality report

Currently the monthly IAPT publications include a data quality report which gives information on the number of valid, other, default, invalid and missing records submitted by providers for selected fields. This will be continued in the new monthly reports, and in addition a number of new measures will be introduced. Currently providers receive a notice pre-publication each month regarding data quality which contains details of their performance on a number of data quality measures. The new published monthly data quality report will now incorporate a number of these additional measures to provide further information on the consistency of a provider's data to all data users. The data quality reports will be available for both primary and final data each month. A full list of the data quality measures included can be found in Appendix C.

Metadata file

In order to help data users understand and interpret the data, and to allow providers and commissioners to replicate their data using their post-deadline extracts (available after submission from the Bureau Service Portal[5]), the monthly release will be supported by a static metadata file held on the HSCIC website. This file will contain the names and descriptions of every field in the monthly and quarterly csv files, a logical construction regarding how it is calculated, and information regarding which data quality measures would impact on each particular measure. This document will also flag the measures which can be used to calculate key performance measures such as recovery and waiting times.

Data quality reference guide

This document will cover common data quality issues which are known to affect the dataset, and the impact these are likely to have on the data. It will be designed as an aid to interpreting the reports, and to give users a good understanding of the quality of the data and what to be aware of when working with it. The document will also contain a breakdown of all data quality measures included in the monthly data quality report, with information on how these are constructed and which activity measures they are likely to impact.

Supplementary quarterly machine readable file containing additional activity measures

Due to the small numbers involved when breaking down activity measures by demographic characteristics or problem descriptor, it is not possible to supply this information monthly, and therefore this information will instead be made available in a supplementary quarterly release. In current reports these breakdowns are available only for the number of referrals received and for the number of referrals which finished a course of treatment. In order to increase utility the number of activity measures supplied using this breakdown will be increased to include the following:

- Referrals with a first treatment in the period
- Referrals which ended in the period having had a single treatment appointment
- Referrals which ended in the period having finished a course of treatment
- Referrals which finished a course of treatment in the period and were not at caseness at first assessment
- Referrals which finished a course of treatment in the period and had recovered

---

[5] Information on how to access this facility can be found at www.hscic.gov.uk/iapt

- Referrals which finished a course of treatment in the period and had shown reliable improvement
- Referrals which finished a course of treatment in the period and had shown reliable deterioration
- Referrals which finished a course of treatment in the period and had shown no reliable change
- Referrals which finished a course of treatment in the period and had shown reliable recovery

In order to ensure the data is accessible, the format of this information will differ from existing quarterly reports and will be made available as a machine readable csv file. Detail on the fields included in this report can be found in Appendix B.

Please note that although the above measures will be presented in this file broken down by demographic characteristics or problem descriptor, overall totals will also be available for each organisation, giving a quarterly total for these measures only.

Supplementary quarterly excel spreadsheet of additional activity measures

In order to ensure the data can be manipulated and easily understood, the quarterly breakdowns will also be made available in a formatted excel file. This file will include dropdown functionality to allow users to easily reach the level of granularity they wish to see. This file will also include a full breakdown of the change in psychotropic medication status for referrals with a finished course of treatment, to mirror the existing line 10. This data is only available each quarter due to the small numbers involved, which would be too small to display in monthly reports.

Appendix A: Monthly CSV File field list

Field Name	Description
CCG	CCG code
Provider	Provider code
GroupType	Whether the row is England, Provider, CCG or CCG-Provider level
Month	Month of submission
ReferralsReceived	Number of new referrals that began in the month
SelfReferrals	Number of new referrals with a referral source of self-referral
FirstAssessment	Total referrals with first assessment in month
FirstAssessment28days	Total referrals waiting fewer than 29 days for first assessment
FirstAssessment29to56days	Total referrals waiting between 29 to 56 days for first assessment
FirstAssessment57to90days	Total referrals waiting between 57 and 90 days for first assessment
FirstAssessmentOver90days	Total referrals waiting more than 90 days for first assessment
EndedBeforeAssessment	Total referrals that ended before first assessment
WaitingForAssessment	Total referrals yet to have a first assessment
WaitingForAssessmentOver90days	Total referrals yet to have a first assessment who have been waiting over 90 days
FirstTreatment	Total referrals with a first treatment appointment (entering treatment)
FirstTreatment28days	Total referrals which entered treatment in the period waiting fewer than 29 days for first treatment
FirstTreatment29to56days	Total referrals which entered treatment in the period waiting between 29 to 56 days for first treatment
FirstTreatment57to90days	Total referrals which entered treatment in the period waiting between 57 and 90 days for first treatment

Field Name	Description
FirstTreatmentOver90days	Total referrals which entered treatment in the period waiting more than 90 days for first treatment
FirstTreatment6Weeks	Total referrals which entered treatment in the period waiting 42 days or less for first treatment
FirstTreatment18Weeks	Total referrals which entered treatment in the period waiting 126 days or less for first treatment
FirstTreatment6WeeksFinished Course	Total referrals which finished a course of treatment in the period waiting 42 days or less for first treatment
FirstTreatment18WeeksFinished Course	Total referrals which finished a course of treatment in the period waiting 126 days or less for first treatment
EndedBeforeTreatment	Total referrals ended before first treatment
WaitingForTreatment	Total referrals yet to have a first treatment
WaitingForTreatmentOver90days	Total referrals yet to have a first treatment who have been waiting over 90 days
FirstToSecondTreatmentOver28days	Total referrals waiting over 28 days between first and second treatment appointment (where the second treatment appointment occurred within the month)
FirstToSecondTreatmentOver90days	Total referrals waiting over 90 days between first and second treatment appointment (where the second treatment appointment occurred within the month)
MeanWaitEnteredTreatment	Mean waiting time for those referrals that entered treatment in the period
MedianWaitEnteredTreatment	Median waiting time for those referrals that entered treatment in the period
MeanWaitFinishedCourse	Mean waiting time for those referrals that finished a course of treatment in the period
MedianWaitFinishedCourse	Median waiting time for those referrals that finished a course of treatment in the period
Appointments	Total Appointments in reporting period
AptCancelledPatient	Total cancelled Appointments - Patient

Field Name	Description
AptDNA	Total DNA Appointments
AptCancelledProvider	Total cancelled Appointments - Health Care Provider
AptAttended	Total attended Appointment - on time
AptAttendedLate	Total attended appointment - late
AptLateNotSeen	Total unseen appointment - Patient late
EndedReferrals	Total referrals ending in the reporting period
EndedNotSuitable	Referrals that ended in the reporting period - Not Suitable for IAPT service, no action taken
EndedSignposted	Referrals that ended in the reporting period - Not Suitable for IAPT service, signposted elsewhere
EndedMutualAgreement	Referrals that ended in the reporting period - Discharge by mutual agreement following advice and support
EndedReferredElsewhere	Referrals that ended in the reporting period - Referred to another therapy service by mutual agreement
EndedDeclined	Referrals that ended in reporting period - Suitable for service but patient declined treatment
EndedDeceasedAssessedOnly	Referrals that ended in reporting period - Deceased (assessed only)
EndedUnknownAssessedOnly	Referrals that ended in reporting period - Not Known (assessed Only)
EndedSteppedUp	Referrals that ended in reporting period - Stepped up from low intensity service
EndedSteppedDown	Referrals that ended in reporting period - Stepped down from high intensity service
EndedCompleted	Referrals that ended in reporting period - Completed scheduled treatment
EndedDroppedOut	Referrals that ended in reporting period - Dropped out of treatment (unsheduled discontinuation)
EndedReferredNonIAPT	Referrals that ended in reporting period - Referred to non IAPT service
EndedDeceasedTreated	Referrals that ended in reporting period - Deceased (assessed and treated)

Field Name	Description
EndedUnknownTreated	Referrals that ended in reporting period - Not Known (assessed and treated)
EndedInvalid	Referrals that ended in reporting period - invalid code
EndedNoReasonRecorded	Referrals that ended in reporting period - no end reason code
EndedSeenNotTreated	Number of closed referrals having at least one appointment, but no treatment appointments (excluding follow up)
EndedTreatedOnce	Number of closed referrals having a single treatment session (excluding follow up)
FinishedCourseTreatment	Number of closed referrals having at least two treatment sessions (excluding assessment and follow up)
EndedNotSeen	Number of closed referrals with no appointments
FirstADSMOnly	Total referrals with finished course of treatment and only one ADSM
NoADSM	Total referrals with finished course of treatment and no ADSM
PairedADSM	Total referrals with finished course of treatment and paired ADSM
FirstPHQOnly	Total referrals with finished course of treatment and only one PHQ9
NoPHQ	Total referrals with finished course of treatment and no PHQ9
PairedPHQ	Total referrals with finished course of treatment and paired PHQ9
PairedADSMPHQ	Total referrals with finished course of treatment and paired PHQ9 and ADSM
OffSickPay	Total referrals with finished course of treatment where patient has moved off sick pay
AptFinishedCourseTreatment	Total number of appointments for referrals that ended in the period after at least two treatments
MeanAptFinishedCourseTreatment	Mean number of appointments for referrals that ended in the period after at least two treatments

Field Name	Description
MedianAptFinishedCourseTreatment	Median number of appointments for referrals that ended in the period after at least two treatments
MaxAptFinishedCourseTreatment	Maximum number of appointments for referrals that ended in the period after at least two treatments
MinAptFinishedCourseTreatment	Minimum number of appointments for referrals that ended in the period after at least two treatments
OpenReferralNoActivity60days	Total open referrals with no activity at end of reporting period for fewer than 61 days
OpenReferralNoActivity61to90days	Total open referrals with no activity at end of reporting period for 61-90 days
OpenReferralNoActivity91to120days	Total open referrals with no activity at end of reporting period for 91-120 days
OpenReferralNoActivityOver120days	Total open referrals with no activity at end of reporting period for more than 120 days
Recovery	Number of closed referrals that had a course of treatment (at least 2 treatment sessions) where the service user has moved to recovery
NotCaseness	Referrals not at caseness at initial assessment
Improvement	Referrals with reliable improvement
Deterioration	Referrals with reliable deterioration
NoReliableChange	Referrals with no reliable change
ReliableRecovery	Referrals with reliable recovery

Appendix B: Quarterly CSV File field list

Field Name	Description
CCG	Code of the CCG
Provider	Code of the Provider Organisation
GroupType	England, Provider, CCG or CCG-Provider level
VariableType	Age, Gender, Ethnicity, Problem Descriptor, Disability, Religion and Sexual orientation
VariableA	Age band values, Gender values, Ethnicity letter values, 3 digit problem descriptor, Disability values, Religion values, Sexual orientation Values
Variable B	Just used for four digit Problem Descriptor codes, and full ethnicity codes
ReferralsReceived	Total number of referrals received in the period
FirstTreatment	Total referrals with a first treatment appointment (entering treatment) in the period
EndedTreatedOnce	Number of closed referrals having a single treatment session (excluding follow up)
FinishedCourseTreatment	Number of closed referrals having at least two treatment sessions (excluding assessment and follow up)
NotCaseness	Number of referrals not at caseness at initial assessment
Recovery	Number of closed referrals that had a course of treatment (at least 2 treatment sessions) where the service user has moved to recovery
Improvement	Referrals with reliable improvement
Deterioration	Referrals with reliable deterioration
NoReliableChange	Referrals with no reliable change
ReliableRecovery	Referrals with reliable recovery

Appendix C: Data Quality Measure list

Measure Name	Description
NHS Number	VODIM Measure: Details the validity of the provided NHS Number
Postcode of Usual Address	VODIM Measure: Details the validity of the provided Postcode of Usual Address
Person Gender Code Current	VODIM Measure: Details the validity of the provided Gender code for the person
Ethnic Category	VODIM Measure: Details the validity of the provided Ethnic Category
General Medical Practice Code	VODIM Measure: Details the validity of the provided GP Practice code
Religious or Other Belief Affiliation System	VODIM Measure: Details the validity of the provided Religious or other belief affiliation system
Sexual orientation	VODIM Measure: Details the validity of the provided sexual orientation
Organisation Code of Commissioner	VODIM Measure: Details the validity of the provided organisation code of commissioner
Mental Health Care Cluster	VODIM Measure: Details the validity of the provided Mental Health Care Cluster
Provisional Diagnosis	VODIM Measure: Details the validity of the provided Problem Descriptor
Source of Referral	VODIM Measure: Details the validity of the provided Source of referral
Reason for End of IAPT Care Pathway	VODIM Measure: Details the validity of the provided end of IAPT care pathway
Organisation Code (IAPT Stepped To Provider)	VODIM Measure: Details the validity of the provided Organisation Code (IAPT Stepped to Provider)
Disability	VODIM Measure: Details the validity of the provided Disability
Patient Health Questionnaire (PHQ9) Score	VODIM Measure: Details the validity of the provided Patient Health Questionnaire (PHQ9) Score
Generalised Anxiety Disorder (GAD7) Score	VODIM Measure: Details the validity of the provided Generalised Anxiety Disorder (GAD7) Score
Appointment Purpose	VODIM Measure: Details the validity of the provided Appointment Purpose
Therapy Type (Treatments)	VODIM Measure: Details the validity of the provided Therapy type (Treatments)
Stepped Care Intensity Delivered	VODIM Measure: Details the validity of the provided Stepped Care Intensity Delivered
Employment Status	VODIM Measure: Details the validity of the provided Employment Status
Use of Psychotropic Medication	VODIM Measure: Details the validity of the

Statutory Sickpay Indicator	provided Use of Psychotropic Medication Statutory Sickpay Indicator
Work and Social Adjustment Scale (WSAS) Work Score	VODIM Measure: Details the validity of the provided Work and Social Adjustment Scale (WSAS) Work Score
Work and Social Adjustment Scale (WSAS) Home Management Score	VODIM Measure: Details the validity of the provided Work and Social Adjustment Scale (WSAS) Home Management Score
Work and Social Adjustment Scale (WSAS) Social Leisure Activities Score	VODIM Measure: Details the validity of the provided Work and Social Adjustment Scale (WSAS) Social Leisure Activities Score
Work and Social Adjustment Scale (WSAS) Private Leisure Activities Score	VODIM Measure: Details the validity of the provided Work and Social Adjustment Scale (WSAS) Private Leisure Activities Score
Work and Social Adjustment Scale (WSAS) Relationships Score	VODIM Measure: Details the validity of the provided Work and Social Adjustment Scale (WSAS) Relationships Score
Anxiety Disorder Specific Measure Scores	VODIM Measure: Details the validity of the provided Anxiety Disorder Specific Measure Scores
Activity Suspension Reason	VODIM Measure: Details the validity of the provided Activity Suspension Reason
Submission Coverage	Identifies organisations who did not provide a submission in the month
Appointment	Identifies organisations who submitted an empty appointment table in the month
Disability	Identifies organisations who submitted an empty Disability table in the month
Waiting Time Pauses	Identifies organisations who submitted an empty Waiting Time Pauses table in the month
Assessment Questionnaire	Identifies organisations who submitted an empty Assessment Questionnaire table in the month
Treatment Questionnaire	Identifies organisations who submitted an empty Treatment Questionnaire table in the month
Person	Consistency Measure: Provides information in the difference in volumes of person records between periods
Referral	Consistency Measure: Provides information in the difference in volumes of referral records between periods
Appointment	Consistency Measure: Provides information in the difference in volumes of Appointment

	records between periods
Disability	Consistency Measure: Provides information in the difference in volumes of Disability records between periods
Waiting Time Pauses	Consistency Measure: Provides information in the difference in volumes of Waiting Time Pause records between periods
Assessment Questionnaire	Consistency Measure: Provides information in the difference in volumes of Assessment Questionnaire records between periods
Treatment Questionnaire	Consistency Measure: Provides information in the difference in volumes of Treatment Questionnaire records between periods
Entering Treatment	Consistency Measure: Provides information in the difference in volumes of records that entered treatment between periods
Completed Treatment	Consistency Measure: Provides information in the difference in volumes of records that finished a course of treatment between periods
Pathway Continuity (Missing or Broken Provider Pathway)	The number of referrals open in the previous period which have not been submitted in the current period
Person Identifier Continuity (Broken Provider Pathway)	The number of referrals where the pathway could not be matched to previous periods due to a change in person identifiers, leading to a broken pathway
Person Identifier Completeness (Bypass)	The number of bypass patients in the submission, which means that the pathway has broken and cannot be matched across periods due to a problem with the NHS Number and postcode.
Date Referral Received Continuity	The number of records where the referral received data has changed since the referral was first submitted
Date of End of Care Pathway Continuity	The number of records where the end date has changed since it was first submitted
Date of End of IAPT Care Pathway	The number of records where a reason for end of care pathway is submitted, suggesting the referral has ended, but the end date has not been submitted and so the referral will not be classed as ending in analysis.
Organisation Code of Commissioner Locality	The number of records where the CCG of GP Practice matches the organisation Code of Commissioner
Appointment Date within Referral Period	Indicator of referrals where an appointment that was not a follow up occurred outside the referral (and so is not included in analysis)
Stepped Care Transition	Indicates the number of records that were stepped up to the same provider. Referrals that

	are transferred within the same provider to a different step of care should not be ended and re-referred.
Reason for End of IAPT Care Pathway for Stepped to Provider	Indicates whether a referral has an organisation code stepped to provided, but the end code does not indicate a step of care.

18

Published by the Health and Social Care Information Centre

Part of the Government Statistical Service

Responsible Statistician

Claire Thompson, Principal Information Analyst

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0845 300 6016

enquiries@hscic.gov.uk