NHS Digital

Psychological Therapies

A guide to IAPT data and publications

Information and technology
for better health and care

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1. Introduction

Who is this document for?

This document is for anyone interested in understanding data about NHS-funded psychological therapies in England, including those in the Department of Health and Social Care (DHSC), IAPT services, commissioners and members of the public. It is intended to help users interpret and understand available information.

Navigating this document

This document is designed to provide all relevant information about psychological therapies data collected and published by NHS Digital in a single source. It aims to meet the needs of a wide range of users and so it has been laid out to allow users to focus on the specific information they need to know.

Feedback

This is a "living" document, meaning that we regularly update it based on feedback received. We welcome user feedback to help inform improvements to our products.

Comments on this document or any other aspect of IAPT data publications can be made through various media:

- 'Have your say' on the NHS Digital website
- Email: **enquiries@nhsdigital.nhs.uk**
- Telephone: 0300 303 5678

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2. What is IAPT?

Improving Access to Psychological Therapies (IAPT) is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE) for treating people with depression or anxiety. NICE-recommended therapies are delivered by a single competent clinician, with or without prescribed medication.

What types of condition does IAPT treat?

Core IAPT services provide treatment for people with the following common mental health problems:

Depression	A mental health problem characterised by pervasive low mood, a loss of interest and enjoyment in ordinary things, and a range of associated emotional, physical and behavioural symptoms. Depressive episodes can vary in severity, from mild to severe.
Generalised anxiety disorder	An anxiety disorder characterised by persistent and excessive worry (apprehensive expectation) about many different things, and difficulty controlling that worry. This is often accompanied by restlessness, difficulties with concentration, irritability, muscular tension and disturbed sleep.
Social anxiety disorder (social phobia)	Characterised by intense fear of social or performance situations that results in considerable distress and in turn impacts on a person's ability to function effectively in aspects of their daily life. Central to the disorder is the fear that the person will do or say something that will lead to being judged negatively by others and being embarrassed or humiliated. Feared situations are avoided or endured with intense distress.
Panic disorder	Repeated and unexpected attacks of intense anxiety accompanied by physical symptoms. There is a marked fear of future attacks and this can result in avoidance of situations that may provoke a panic attack.
Agoraphobia	Characterised by fear or avoidance of specific situations or activities that the person worries may trigger panic-like symptoms, or from which the person believes escape might be difficult or embarrassing, or where help may not be available. Specific feared situations can include leaving the house, being in open or crowded places, or using public transport.
Obsessive-compulsive disorder (OCD)	Characterised by the recurrent presence of either an obsession (a person's own unwanted thought, image or impulse that repeatedly enters the mind and is difficult to get rid of) or compulsions (repetitive behaviours or mental acts that the person feels driven to perform, often in an attempt to expel or 'neutralise' an obsessive thought). Usually a person has both obsessions and compulsions.
Specific phobias	An extreme and persistent fear of a specific object or situation that is out of proportion to the actual danger or threat. This can include a fear of heights, flying, particular animals, seeing blood or receiving an injection.
Post-traumatic stress disorder (PTSD)	The name given to one set of psychological and physical problems that can develop in response to particularly threatening or distressing events, such as physical, sexual or emotional abuse, severe accidents, disasters and military action. Typical features of PTSD include repeated and intrusive distressing memories that can cause a feeling of 'reliving or re-experiencing' the trauma, emotional detachment and social withdrawal, avoidance of reminders and sleep disturbance.
Health anxiety (hypochondriasis)	A central feature is a persistent preoccupation with the possibility that the person has, or will have, a serious physical health problem. Normal or commonplace physical symptoms are often interpreted as abnormal and distressing, or as indicators of serious illness.
Body dysmorphic disorder	Characterised by a preoccupation with an imagined defect in one's appearance or, in the case of a slight physical anomaly, the person's concern is markedly excessive. Time consuming behaviours such as mirror-gazing, comparing features with those of others, excessive camouflaging tactics, and avoidance of social situations and intimacy are

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	common, with a significant impact on the person's levels of distress and/or occupational and social functioning.
Mixed anxiety and depressive disorder	A mild disorder characterised by symptoms of depression and anxiety that are not intense enough to meet criteria for any of the conditions described above but are nevertheless troublesome. The diagnosis should not be used when an individual meets the criteria for a depressive disorder and one or more of the anxiety disorders above, such people should be described as comorbid for depression and the relevant anxiety disorder(s).

About the Employment Advisers in IAPT pilot programme

As part of the Spending Review 2015, investment in Employment Advisers (EA) in IAPT is being taken forward by the Work and Health Unit (WHU) – a collaboration between the Department of Work and Pensions (DWP) and the Department for Health and Social Care (DHSC).

The investment, used to increase the number of Employment Advisers embedded in IAPT services, will support more people with depression and anxiety to receive psychological therapy and employment support together. The EA in IAPT pilot will provide skills-based interventions, information and practical support to help people receiving IAPT services to remain in, return to, and find work.

There is guidance available in **Appendix B** for providers submitting EA in IAPT pilot data to NHS Digital, to help them understand the submission requirements.

About the integrated services pilot programme

In line with the implementation of **The Five Year Forward View for Mental Health**, IAPT will be extended to people who have long term physical health conditions in the context of depression and anxiety disorders, and will also aim to treat the following conditions:

Irritable bowel syndrome	A common functional gastrointestinal disorder. It is a chronic, relapsing and often lifelong disorder, characterised by the presence of abdominal pain or discomfort associated with defaecation, a change in bowel habit together with disordered defaecation (constipation or diarrhoea or both), the sensation of abdominal distension and may include associated non-colonic symptoms. May cause associated dehydration, lack of sleep, anxiety and lethargy, which may lead to time off work, avoidance of stressful or social situations and significant reduction in quality of life.
Chronic fatigue syndrome	Comprises a range of symptoms that include fatigue, malaise, headaches, sleep disturbances, difficulties with concentration and muscle pain. A person's symptoms may fluctuate in intensity and severity, and there is also great variability in the symptoms different people experience. It is characterised by debilitating fatigue that is unlike everyday fatigue and can be triggered by minimal activity. Diagnosis depends on functional impairment and the exclusion of other known causes for the symptoms.
Not otherwise specified medically unexplained symptoms (MUS)	Distressing physical symptoms that do not have an obvious underlying diagnosis and/or pathological process.

New psychological therapy provision will see physical and mental health care provision co-located. Therapy will be integrated into existing medical pathways and services – either primary or secondary care services. Such services are referred to as 'integrated' services.

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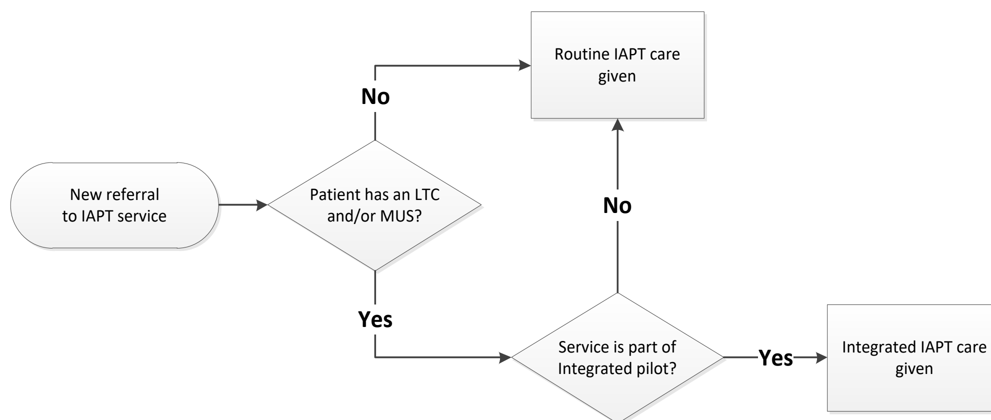
Integration not only applies to treating patients with comorbid mental and physical health conditions but also integrating into existing physical health care pathways and into co-located premises. It is more than simply using a room in a GP clinic – which is no different from routine IAPT service working practices – it is an integrated approach to patient- centred care. IAPT clinicians will learn to adapt their treatments with patients with comorbid anxiety/depression and LTCs and those with persistent distressing symptoms of an MUS.

Figure 1: The relationship between integrated and routine IAPT care pathways



There is guidance available in **Appendix C** for providers submitting integrated services in IAPT pilot data to NHS Digital, to help them understand the submission requirements.

What data are there about the IAPT programme?

The IAPT programme is supported by a regular return of data generated by providers of IAPT services when delivering those services to patients. These data are received by NHS Digital. NHS Digital manage the collection of data from providers of IAPT services and make these data publicly available, mainly through monthly reports.

Information about the IAPT programme is based broadly on three areas:

- **Activity:** such as how many referrals were received, treated or ended in the month, or how many appointments took place;
- **Waiting times:** how long referrals waited to be seen or treated by providers of IAPT services;
- **Outcomes:** whether referrals measurably improved following a course of IAPT therapy.

What are the targets of the IAPT programme?

NHS England manage the IAPT programme and have set the following targets for services:

- **Recovery:** 50% of eligible referrals should recover following a course of treatment;
- **Waiting times:** 75% of new referrals to IAPT services should enter treatment within 6 weeks, and 95% within 18 weeks;

- **Access:** The expansion of IAPT services aims to provide at least 1.5m adults with access to care each year by 2020/21. This means that IAPT services nationally will move from seeing around 15% of all people with anxiety and depression each year to 25%, and all areas will have more IAPT services.

Where to go next:

- For more information about the IAPT programme, see the NHS England IAPT webpage at **https://www.england.nhs.uk/mental-health/adults/iapt/**
- For information about NICE and the guidelines used in IAPT services, see the NICE webpage at **https://www.nice.org.uk**
- For more information about NHS Digital's role in the healthcare system, see the NHS Digital webpage at **https://www.digital.nhs.uk**
- To see published data about the IAPT programme, see our publication webpage at **https://www.digital.nhs.uk/iaptmonthly**
- To find out more detail about how recovery, waiting times and access rates are defined, see section **5** of this guidance.

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3. How does IAPT treatment work?

Patients can access IAPT services in various ways, most commonly through their GP or by self-referring. You can search IAPT services in England through the **NHS Choices website**.

Once a service receives a new referral, there are several stages:

Assessment

IAPT services should offer a person-centred assessment that provides the patient with information about the service, identifies the patient's problem(s) and suitability for the service, and determines the appropriate NICE-recommended treatment. Some problems are best treated elsewhere in the NHS or with other help (such as debt counselling) and patients are signposted to the relevant service. When problems are very mild, a good assessment and advice may be all that is required.

Treatment

Patients whose problems are likely to benefit from a course of IAPT treatment will have a series of appointments with the service. These can take place in person, by computer, or over the telephone.

The NICE-recommended treatment should be delivered that is appropriate to the patient's problem and patients should have a choice of appropriate treatments where this is possible.

For most problems, a 'stepped-care' model is used. This means that most mild to moderate cases of anxiety and depression are first offered lower intensity therapies, and 'stepped up' to higher intensity therapies if they do not respond to the initial treatment. More severe cases of anxiety and depression may receive higher intensity therapies from the beginning of treatment.

Treatment counts

Most referrals to IAPT services accept the offer of an assessment. Entering treatment is a count of everyone who was seen at least once, had an assessment, was given advice, was either signposted elsewhere or offered a multi-session course of IAPT treatment. Finishing a course of treatment is a count of everyone who had at least two treatment sessions in IAPT (including the initial assessment & advice) prior to discharge. Services aim to record and report the outcomes of all such individuals, irrespective of their reasons for discharge.

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Referral ends

Most referrals to IAPT services undergo a full course of IAPT treatment, and at the end of their treatment are discharged and assessed for outcomes. Not all referrals end having completed IAPT treatment, and there are various reasons for this – such as patients dropping out or patients being assessed as unsuitable for a service.

Where to go next:

- To search for IAPT services in England, see the **NHS Choices website**
- For more information about the IAPT programme, see the NHS England IAPT webpage at **https://www.england.nhs.uk/mental-health/adults/iapt/**
- For information about NICE and the guidelines used in IAPT services, see the NICE webpage at **https://www.nice.org.uk**
- To find out what information is collected about referrals to IAPT services, see section **4** of this guidance.
- To see published data about the IAPT programme, see our publication webpage at **https://www.digital.nhs.uk/iaptmonthly**

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4. What data are collected about patients accessing IAPT services?

IAPT services collect information about referrals to their services for providing patient care and improving and monitoring their services. This information is also sent to NHS Digital for the following purposes:

- To make aggregated data about the IAPT programme publicly available;
- To make aggregated data about the IAPT programme available to NHS England, commissioners of IAPT services and other bodies interested in monitoring the IAPT programme.

The following data are sent to NHS Digital by providers of IAPT services:

- **Information about patients accessing services** – such as their age, gender, ethnicity and religion;
- **Information about the referral pathway** – such as where the referral took place, when the referral started and ended, and the source of the referral;
- **Information about appointments that took place** – such as the date and time, the type of appointment, and scores from patient-reported outcome measures.

In addition to these data, services taking part in new pilot collections also send the following data to NHS Digital:

- Information about patients' employment and benefits status;
- Information about any long term physical health conditions or medically unexplained symptoms that the patient may have.

How are data collected?

Providers of IAPT services hold data on local patient administration systems (PAS) for the primary purpose of providing patient care. Each month, providers are asked to send NHS Digital an extract of these data representing referrals that were received, seen or closed in that month, as well as associated appointments that took place. Data are sent through a secure online portal.

Primary and refresh submission windows

Providers have two opportunities to submit a given month of data to NHS Digital; known as 'primary' and 'refresh' submission windows. Following each submission, providers are sent reports summarising whether records have passed validation rules (see below section). This allows providers to correct their primary submission in time for the refresh window.

The below image explains how the submission windows relate to activity data:

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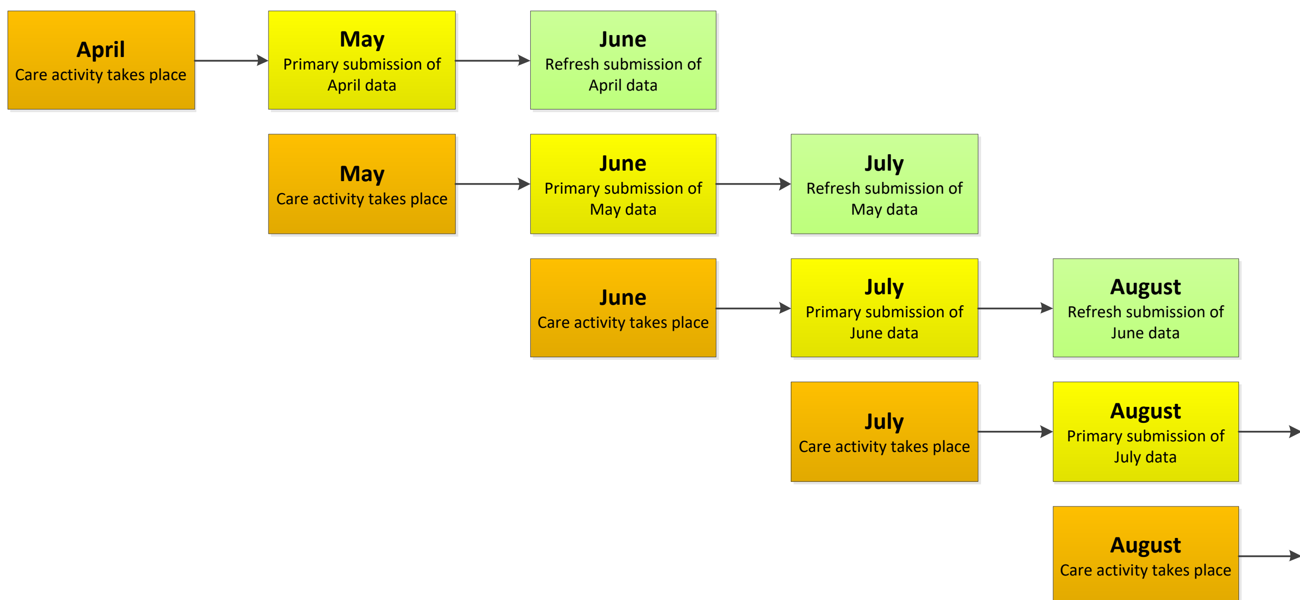

In most instances, providers will submit both a primary and a refresh submission, in which case the refresh submission will supersede the primary. Providers can also choose to send only a primary or only a refresh; in this case the one that is sent will be used for analysis. If a provider does not send any information for a month, this will result in no activity data being published for that provider in that month and will also have detrimental effects on their patient pathways.

Final and provisional data

Each month, NHS Digital publish a data quality report for data based on a primary submission only, meaning that at this point providers have a subsequent opportunity to update their data. For this reason, we refer to this as ‘provisional’ data.

All published data are based on refresh data having been received. A provider may choose not to send a refresh submission, in which case we take their primary submission as being correct. For this reason, we refer to these data as ‘final’ data.

How are data used by NHS Digital?

Once received, NHS Digital carry out the following activities:

- **Validation:** these are rules applied to the data to ensure it is of sufficient quality. For example, certain data items cannot be missing (like the referral’s unique ID, or an appointment’s date) otherwise the data would not be useable.

- **Pseudonymisation:** to ensure the protection of patients’ confidentiality, analysts at NHS Digital cannot see data items that would identify an individual (such as date of birth or NHS number). These data are replaced with ‘pseudo-identifiers’, which are numbers that allow analysts to identify a record consistently without knowing personal information.

- **Linkage:** As NHS Digital receive only a month of data at a time, for us to know information about the whole referral pathway it is necessary to link new data to previous months’ submissions so that we can identify appointments that occurred in the past that are related to a current referral.

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Once these activities are completed, NHS Digital can analyse the most up to date information about IAPT services. NHS Digital are bound by the UK Statistics Authority to make publicly available information that is collected about the IAPT programme. This is done predominantly through monthly reports that are released as Official Statistics. Official Statistics are those released by government and must adhere to standards covering methods used, patient confidentiality, quality and user feedback.

NHS Digital also holds a database of historical IAPT data. This is necessary for the following purposes:

- To answer questions not covered by the published data, such as Parliamentary Questions and Freedom of Information requests;
- To compile annual publications that include more detailed analyses that are not possible monthly.

Where to go next:

- To see published data about the IAPT programme, see our publication webpage at **https://www.digital.nhs.uk/iaptmonthly**
- For more information about the specific data items that are collected by NHS Digital about IAPT referrals, see section **10** of this guidance.
- For more information about validation, see section **10** of this guidance.
- For more information about the UK Statistics Authority and the Code of Practice for Official Statistics, see the USKA website at **http://www.statisticsauthority.gov.uk**

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5. What data are published about the IAPT programme?

Each month NHS Digital publishes a standard set of products to summarise the IAPT activity that took place in the latest available month of data. There is usually a delay of approximately 3 months between the end of the month that the data are describing and the month in which they are published – for example, April 2018 data was published in July 2018. The reason for this is to allow for the primary and refresh submission windows, as described in section **4** of this guidance.

Monthly publications are made available through **http://www.digital.nhs.uk/iaptmonthly**, alongside contextual information (this guidance) and metadata (see section **7** of this guidance for more information).

Monthly publications have been available since April 2015 (January 2015 Final data). Publications prior to this were released on a quarterly basis. Historical IAPT publications are made available through **http://www.digital.nhs.uk/iaptmonthly**.

A note about KPIs

It is important to note the difference between Key Performance Indicators and current IAPT reports described above. The KPI reports ended at the end of 2012-13 and the above reports are now the authoritative source of information. Although many of our published measures are based on the old KPI figures, some constructions and methodologies have been updated over time and so current measures may not exactly replicate the KPI measures.

Since the KPI reports were discontinued many services continued to extract KPI reports from their systems for local monitoring. It is important for services to note however that while these reports may be useful for local monitoring, they are no longer relevant with regards to central processing. Particularly services should be aware that the reports produced by NHS Digital will be used to assess performance against IAPT programme targets described in section **2**.

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

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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

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				'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'

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			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

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				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 no assigned reason for end of care pathway	None	imm75	Open referrals with no activity at end of the month for fewer than 61 days
			imm76	Open referrals with no activity at 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	None	imm83/iqm07	Referrals with an end date in the month that show reliable improvement

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	treatment, with reliable improvement, reliable deterioration or no change in both PHQ9 and GAD7 (or other relevant anxiety measure)		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)

Official Statistics and the UK Statistics Authority

The United Kingdom Statistics Authority (UKSA) was set up following the Statistics and Registration Service Act, 2007. It is an independent body at arm's length from government, with a statutory objective of promoting and safeguarding the production and publication of official statistics that 'serve the public good'.

As a government organisation, NHS Digital's statistical publications are badged as Official Statistics. All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

To find out more about the Code of Practice for Official Statistics, see **www.statisticsauthority.gov.uk/code-of-practice.**

Data published about the Integrated Services pilot and the Employment Advisers in IAPT pilot are new and as such are badged as Experimental Statistics, which means that they are official statistics which are published to involve users and stakeholders in their development and to build in quality at an early stage.

Find out more about Experimental Statistics at **https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf**

Low numbers and suppression

To protect patient confidentiality in IAPT publications, any figures based on a count of less than 5 referrals is suppressed by replacing the number with an asterisk (*).

To prevent suppressed numbers from being calculated through differencing other published numbers from totals, all sub-national counts have been rounded to the nearest 5.

Rates are presented as percentages and are based on unrounded numbers. In publications from November 2016 (August 2016 final data), changes to the suppression methodology were introduced. Sub-national rates are now rounded to the nearest whole percent to prevent disclosure. National rates are rounded to one decimal place.

Bypass patients

Bypass patients are patients for whom no valid NHS Number and no valid date of birth are provided. If this occurs no attempt is made to match the person to an existing Person ID and they are assigned a bypass number as their IAPT Person ID. As a new IAPT Person ID is

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generated for these records with each submission so long as the NHS number and date of birth remain missing the referral will never be matched across submissions.

Changes to methodologies

NHS Digital communicates any changes to how we produce our statistics in advance of these changes. This communication is through Methodological Change Notices. Links to the Methodological Change Papers can be found at **https://www.digital.nhs.uk/iaptmonthly**.

Where to go next:

- To see published data about the IAPT programme, see our publication webpage at **https://www.digital.nhs.uk/iaptmonthly**
- For full details of measures published, their definition and their technical construction, see the IAPT Metadata Document published at **http://www.digital.nhs.uk/iaptmonthly**
- For further information about how to use the IAPT Metadata Document to interpret publications, see section **7** of this guidance.
- For further information about how to replicate key measures and for technical definitions of key measures, see section **5** of this document.
- To find out more about the Code of Practice for Official Statistics, see **www.statisticsauthority.gov.uk/assessment/code-of-practice**
- For the Public Health England Common Mental Health Disorder Profiling Tool (‘Fingertips tool’), see **http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders**

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6. Key measures and where to find them

The following measures are key to the IAPT programme and are highlighted in the monthly Executive Summary reports.

Measures of outcomes

NHS Digital publishes a range of measures that allow users to assess the extent to which there is a measurable change in patients' anxiety or depression after undergoing a course of IAPT treatment.

All measures of outcomes are based on referrals that have ended having completed a course of IAPT treatment (see section **6**). Outcomes are not assessed for open referrals, or for referrals that end without having completed a course of treatment.

Understanding clinical caseness

'Caseness' is the term used to describe a referral that scores highly enough on measures of depression and/or anxiety to be classed as a clinical case. It is measured by using the assessment scores that are collected at IAPT appointments; if a patient's score is above the clinical /non-clinical cut off (also known as the 'caseness threshold') on either anxiety, depression or both, then the referral is classed as a clinical case ('at caseness').

Further information about the various scores used to assess caseness can be found in section **9**.

Recovery

6.1.1.1 Definition

Recovery in IAPT is measured in terms of 'caseness' – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case of that condition. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment, measured by scores from patient questionnaires tailored to their specific condition.

The government target is that 50% of eligible referrals to IAPT services should move to recovery.

Recovery rates are published in the Monthly and Quarterly Activity Data File CSVs as column 'RecoveryRate'. The figures that make up the recovery rate calculation are also published as columns 'Recovery', 'FinishedCourseTreatment' and 'NotCaseness'.

The measure is technically defined as a count of the number of referrals that ended in the period having finished a course of treatment, and where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores' – see section **9**);
- where one or both of their first scores are above the relevant caseness threshold;
- both of their last scores are below the relevant caseness thresholds.

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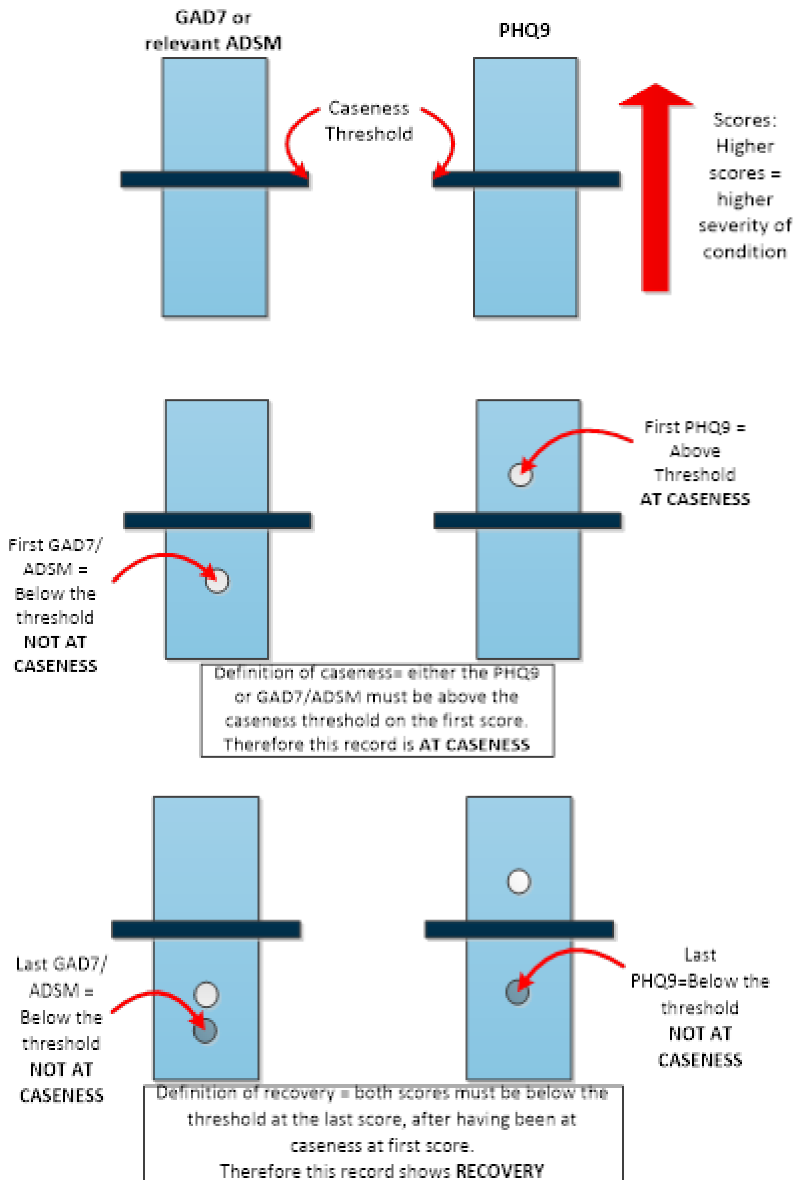
6.1.1.2 Further notes



The blue bars represent scales, along which scores are recorded. The higher a referral scores on the measures of anxiety and depression, the higher the severity of their clinical condition.

A referral is 'at caseness' at the start of treatment if *either* the first recorded PHQ-9 score *or* the first recorded relevant ADSM score, or both, are **above** the caseness threshold.

A referral has recovered at the end of a course of treatment if *both* the last recorded PHQ-9 score *and* the last recorded relevant ADSM score are **below** the caseness threshold.

The government target is that 50% of eligible referrals to IAPT services should move to recovery (see section 2).

6.1.1.3 Recovery rates

The calculation of recovery rates is shown below.

$$\frac{\textit{Number of referrals that moved to recovery}}{\left(\textit{Number of referrals that finished a course of treatment} - \textit{Number of referrals that finished a course of treatment and started treatment not at caseness}\right)} \times 100$$

Recovery rates are published in the Monthly and Quarterly Activity Data File CSVs as column 'RecoveryRate'.

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Reliable improvement

6.1.1.4 Definition

A referral has shown reliable improvement if there is a clinically significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on patient questionnaires tailored to their specific condition.

Reliable improvement rates are published in the Monthly and Quarterly Activity Data File CSVs as column 'ImprovementRate'. The figures that make up the reliable improvement calculation are also published as columns 'Improvement' and 'FinishedCourseTreatment'.

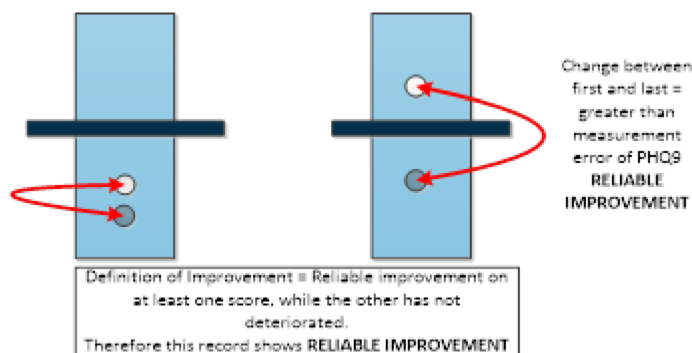
The measure is technically defined as a count of the number of referrals that ended in the period having finished a course of treatment, and where the following are true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores' – see section **9**);
- where there is a decrease from the first to the last score on either the PHQ-9 measure or the ADSM measure, or both, that is greater than the reliable change threshold for that measure;
- neither the PHQ-9 measure nor the ADSM measure has an increase from the first to the last score that is greater than the reliable change threshold for that measure.

6.1.1.5 Further notes

The assessment of recovery by examining simply whether a referral moves below the caseness threshold has several drawbacks. For example, there may be cases which do not move below the caseness threshold but still show a large improvement across their treatment. Conversely, referrals which were not above the caseness threshold at their first treatment may still have shown an improvement that is not reflected when looking solely at caseness. Further, scores for referrals that were 'borderline', meaning just over the caseness threshold on entering treatment, may only decrease by a small amount but still be counted as having recovered.

To account for these issues, we have also looked at the number of referrals that have shown reliable improvement, regardless of whether they were above the caseness threshold at the start of treatment. A referral is deemed to have shown reliable improvement if it shows a decrease in one or both assessment measure scores that surpasses the measurement error[1] of that questionnaire. In addition, neither measure can show an increase beyond the measurement error. Equally, if a referral shows an increase in one or both scores that is more than the measurement error, they can be described as having reliably deteriorated.



A referral has reliably improved at the end of a course of treatment if at least one score has decreased beyond the measurement error for that score, and the other measure has not increased beyond the measurement error.

[1] This is the amount by which a difference could be attributable to natural variance. For more information on measurement errors for specific questionnaires, see section **9**

6.1.1.6 Reliable improvement rates

$$\frac{\textit{Number of referrals that showed reliable improvement}}{\textit{Number of referrals that finished a course of treatment}} \times 100$$

Reliable improvement rates are published in the Monthly and Quarterly Activity Data File CSVs as column 'ImprovementRate'.

Reliable deterioration

6.1.1.7 Definition

This is defined as a count of the number of referrals that ended in the period having finished a course of treatment, and where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores');
- where there is an increase from the first to the last score on either the PHQ-9 measure or the ADSM measure, or both, that is greater than the reliable change threshold for that measure;
- neither the PHQ-9 measure nor the ADSM measure has a decrease from the first to the last score that is greater than the reliable change threshold for that measure.

No reliable change

6.1.1.8 Definition

This is defined as a count of the number of referrals that ended in the period having finished a course of treatment, and where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores' – see section **9**);
- either:
    - There is an increase from the first to the last score on either the PHQ-9 measure or the ADSM measure that is greater than the reliable change threshold for that measure, and the other has a decrease from the first to the last score that is greater than the reliable change threshold for that measure;
    - Neither measure has a change (neither an increase nor decrease) from the first to the last score that is greater than the reliable change threshold for that measure.

Reliable recovery

6.1.1.9 Definition

A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a clinically significant improvement in their condition.

Reliable recovery rates are published in the Monthly and Quarterly Activity Data File CSVs as column 'ReliableRecoveryRate'. The figures that make up the reliable recovery rate

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calculation are also published as columns ‘ReliableRecovery’, ‘FinishedCourseTreatment’ and ‘NotCaseness’.

The measure is technically defined as the number of referrals that ended in the month having finished a course of treatment, and where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as ‘paired scores’ – see section **9**);
- where one or both of their first scores are above the relevant caseness threshold;
- both of their last scores are below the relevant caseness thresholds;
- where there is a decrease from the first to the last score on either the PHQ-9 measure or the ADSM measure, or both, that is greater than the reliable change threshold for that measure;
- neither the PHQ-9 measure nor the ADSM measure has an increase from the first to the last score that is greater than the reliable change threshold for that measure.

6.1.1.10 Further notes

Reliable improvement and recovery can be combined to create an overall measure of reliable recovery – a count of those referrals who show both a change from caseness to not being caseness during the referral and which also show a reliable improvement in their score(s).

Combining the two measures also allows examination of the outcomes for ‘borderline’ referrals, such as those which showed recovery with no improvement, or those which did not show recovery but did show improvement. In some cases, it is even possible for an individual to show recovery but also deteriorate when evaluating both the PHQ-9 and ADSM.

6.1.1.11 Reliable recovery rates

$$\frac{\text{Number of referrals that both moved to recovery and showed reliable improvement}}{\left(\text{Number of referrals that finished a course of treatment} - \text{Number of referrals that finished a course of treatment and started not at caseness}\right)} \times 100$$

Reliable recovery rates are published in the Monthly and Quarterly Activity Data File CSVs as column ‘ReliableRecoveryRate’.

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Measures of waiting times

One of the stated targets of the IAPT programme is that for new referrals, 75% enter treatment within 6 weeks, and 95% within 18 weeks. These are based on the waiting time between the referral date and the first attended treatment appointment, for referrals finishing a course of treatment in the month.

Waiting times rates are published in the Monthly and Quarterly Activity Data File CSVs as column 'FirstTreatment6WeeksFinishedCourseRate' and 'FirstTreatment18WeeksFinishedCourseRate'. The figures that make up the waiting times rate calculation are also published as columns 'FirstTreatment6WeeksFinishedCourse', 'FirstTreatment18WeeksFinishedCourse', and 'FinishedCourseTreatment'.

Waiting time between referral date and first treatment date

6.1.1.12 Definition

Waiting times to first treatment appointment are measured simply as the number of days between the referral received date and the first, attended treatment appointment date.

In publications, waiting times are based on two different cohorts of patients:

- referrals entering treatment in the period (see section **6**);
- referrals finishing a course of treatment in the period (see section **6**).

6.1.1.13 Waiting times rates

One of the stated targets of the IAPT programme is that for new referrals, 75% enter treatment within 6 weeks, and 95% within 18 weeks. These are based on the waiting time between the referral date and the first attended treatment appointment, for referrals finishing a course of treatment in the period.

$$\frac{\textit{Number of referrals that finished treatment and waited less than 6 weeks to enter treatment}}{\textit{Number of referrals that finished a course of treatment}} \; X\ 100$$

Waiting times rates are published in the Monthly and Quarterly Activity Data File CSVs as columns 'FirstTreatment6WeeksFinishedCourseRate' and 'FirstTreatment18WeeksFinishedCourseRate'.

6.1.1.14 Mean waiting times

$$\frac{\textit{Total wait in days for all referrals that finished a course of treatment}}{\textit{Number of referrals that finished a course of treatment}} \; X\ 100$$

Mean waiting times are published in the Monthly Activity Data File CSVs as column 'MeanWaitFinishedCourse'.

Mean waiting times for referrals entering treatment in the month are also available, as column 'MeanWaitEnteredTreatment'.

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6.1.1.15 Median waiting times

The median waiting time in days is the middle value (50th percentile) in a ranked list of all waiting times for referrals ending in the period having finished a course of treatment. Where there is an even number of values, the median is calculated by a mean of the two values either side of the middle value.

Median waiting times are published in the Monthly Activity Data File CSVs as column 'MedianWaitFinishedCourse'.

Median waiting times for referrals entering treatment in the month are also available, as column 'MedianWaitEnteredTreatment'.

Measures of access

Access rates are determined by dividing the number of referrals to IAPT services in a given period (the numerator for the calculation) by the number of people suffering from IAPT-relevant disorders in the wider population (also known as prevalence – this is the denominator for the calculation).

The numerator for this rate is the number of referrals entering treatment, which is published in the Monthly and Quarterly Activity Data File CSVs as column 'FirstTreatment'.

The denominator is an estimate based on the Adult Psychiatric Morbidity Survey, Survey of Mental Health and Wellbeing, England, 2014[2]. This information is not held at the relevant geographies by NHS Digital and so is not included in our publications. The relevant data can be requested from NHS England.

Measures of activity

As well as outcomes and waiting times, NHS Digital also publishes a wide range of information about activity in the IAPT programme within the month. This section summarises the main measures. Descriptions of how to use the IAPT Metadata document to understand other measures of activity can be found in section **7**.

It is important to note that these numbers are not based on the same group of referrals as each other. For example, a referral that was received in January 2018 did not necessarily enter treatment in this month and is less likely again to have ended in the month.

Count of new referrals (referrals received)

6.1.1.16 Definition

This is simply the count of referrals with a referral received date in the period, regardless of any other activity.

Count of referrals entering treatment

6.1.1.17 Definition

This is simply the count of referrals with a first, attended treatment appointment in the period, regardless of any other activity.

[2] https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

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Count of referrals ending

6.1.1.18 Definition

This is simply the count of referrals with an end date in the period, regardless of any other activity.

6.1.1.19 Further notes

Referrals can end having had different levels of contact with the service, such as:

- finished a course of treatment;
- ended without being seen by the service;
- ended having only one treatment appointment;
- ended having been seen but not treated by the service.

Count of referrals finishing a course of treatment

6.1.1.20 Definition

This is the count of referrals with an end date in the period having two or more attended treatment appointments between the referral received date and referral end date.

6.1.1.21 Further notes

Referrals finishing a course of treatment is a subset of all referrals ending in a period. Referrals finishing a course of treatment is the cohort from which outcomes measures, and certain measures of waiting times, are calculated.

Other measures

Cohen's d effect size

In IAPT annual publications, the mean and standard deviation are published for the GAD-7 and PHQ-9 scores at the start and end of treatment, where the mean is the average score for patients at the start and end of treatment and the standard deviation gives a measure of the dispersion in the data values.

When the standard deviation is small, there is a small amount of variation in the data values and the data points tend to be close to the mean. When the standard deviation is large there tends to be large variation in the data values, they tend to have a wide variation in values, many being further away from the mean.

Since 2015-16, we have also used Cohen's d effect size[3] for the WSAS, PHQ-9 and GAD-7 scores. The Cohen's d effect size measures the magnitude of the effect size. In annual reports it is being used to assess the change in average scores between the start and the end of treatment. Unlike tests for statistical significance, this test is independent of sample size and will produce a standardised difference between them means at the start and end of treatment.

[3] Cohen, J. (1977). *Statistical power analysis for the behavioural sciences.* Routledge.

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6.1.1.22 Calculating Cohen's d effect size

$$\mathrm{d} = \frac{\mathrm{Mgroup1} - \mathrm{Mgroup2}}{\mathrm{SD}}$$

Where d = Cohen's d effect size, M = mean and SD = standard deviation.

In IAPT annual publications we have used the following:

$$\text{Cohen's d} = \frac{\text{Mean score pretreatment} - \text{Mean score posttreatment}}{\text{standard deviation at pretreatment for England}}$$

By using the standard deviation for England in all effect size calculations, we can assess and compare the difference in scores between areas.

Cohen defined effect size into 3 broad categories:

- d=0.2 small effect
- d=0.5 medium effect size
- d=0.8 large effect size

The larger the effect size, the bigger difference there is between the mean scores at the start and end of treatment. In IAPT, when the effect size it large, there is higher probability that a person's score at the end of treatment will be lower than the score for a person at the start of treatment.

When the Cohen's d score is negative, the mean scores at the end of treatment are higher than the scores at the start of treatment for that area.

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7. Finding and understanding published IAPT data

The Monthly and Quarterly Activity Data File CSVs (see section 5) present a wide range of information; but using them in isolation can make it difficult to find and understand the measures you need.

For this reason, we have published a comprehensive IAPT Metadata Document that provides detailed information about each individual measure published in the Activity Data Files, including their definition, technical construction, and relevant caveats and parameters.

This section describes how to effectively use the IAPT Metadata Document in conjunction with the Activity Data Files. The IAPT Metadata Document is published at **http://www.digital.nhs.uk/iaptmonthly**.

Worked example

I want to understand how to calculate recovery rates.

Using the 'Monthly data measures' tab of the Metadata

Open the IAPT Metadata Document. There is a tab called 'Monthly data measures'. Within this tab, you will find a table containing the following columns:

A1 | Improving Access to Psychological Therapies (IAPT)

Improving Access to Psychological Therapies (IAPT)

Metadata document monthly data measures

For all measures ensure IC_Use_Pathway_Flag is "Y". "*" denotes see glossary for details.

	Name and where used					
Monthly measure reference number	**Executive Summary (National)**	**Monthly CSV data file field name**	**Related quarterly measure reference number**	**IC derivation reference numbers**	**Related DQ metric IDs**	**Description of measure** (where possible measures are described in ter information defined in NHS Data Di
n/a		CCG	n/a	RE04	n/a	The organisation code of the CCG the measures relate
n/a		Provider	n/a	n/a	n/a	The organisation code (code of provider) the measures
n/a		GroupType	n/a	n/a	n/a	The organisational group type the measures relate to (' "Provider" or "CCG/Provider")
n/a		Month	n/a	n/a	n/a	The reporting month
imm01	Referrals received	ReferralsReceived	iqm01	HE01, RE01, RE02	1, 7, 8, 11, 14, 101, 102, 108, 109, 111, 112, 123	Referrals with a referral request received date in the m
imm02		SelfReferrals	n/a	HE01, RE01, RE02	1, 7, 8, 11, 14, 17, 101, 102, 108, 109, 111, 112, 123	Referrals with a referral request received date in the m referral for mental health of 'self'
imm03	Proportion of referrals that were self referrals					Imm02 divided by imm01 and shown as a percentage
imm04		FirstAssessment	n/a	HE01, RE01, RE02, RE05	1, 2, 7, 8, 11, 14, 23, 101, 102, 103, 108, 109, 111, 112, 123, 125	Referrals with first assessment in the month
imm05		FirstAssessment28days	n/a	HE01, RE01, RE02, RE05	1, 2, 7, 8, 11, 14, 23, 101, 102, 103, 108, 109, 111, 112, 123, 125	Referrals that waited fewer than 29 days for first asses
imm06		FirstAssessment29to56days	n/a	HE01, RE01, RE02,	1, 2, 7, 8, 11, 14, 23, 101, 102, 103, 108, 109, 111,	Referrals that waited between 29 to 56 days for first as

7.1.1.1 Monthly measure reference number

This is a unique identifier for each measure in the Monthly Activity Data File CSV.

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7.1.1.2 Executive Summary (national)

This gives an indication as to whether the measure is also published in the monthly Executive Summary reports.

7.1.1.3 Monthly CSV data file field name

This column gives the name of the measure as it appears in the column heading of the Monthly Activity Data File CSV. If you are looking at a column in the CSV and don't know what it refers to, you can search for it using this field.

For this worked example, you can find recovery rate information by searching for the following field names in this column:

- RecoveryRate
- Recovery
- FinishedCourseTreatment
- NotCaseness

7.1.1.4 Related quarterly measure reference

This gives the unique identifier for a measure in the Quarterly Activity Data File CSV that is equivalent to the monthly measure. For example, 'RecoveryRate' appears in both CSV files and so will have a value in this field indicating where it can be found in the Quarterly Activity Data File.

7.1.1.5 IC derivation reference numbers

NHS Digital create new fields in processing based on submitted values that facilitate more efficient analysis. For example, IC_COUNT_APPOINTMENTS is a new field in our data that is derived by counting the submitted appointments for each referral. Where published measures use derived fields in their calculation, they are listed in this field and further details given in the 'IAPT v1.5 derivations' tab of the IAPT Metadata Document.

Instructions on how to interpret the 'IAPT v1.5 derivations' tab are given in **0** of this guidance.

7.1.1.6 Related DQ metric IDs

This field gives a list of unique identifiers for data quality metrics that are relevant to the measure. These are described fully in the 'Related DQ measures' tab of the IAPT Metadata Document.

Instructions on how to use the 'Related DQ measures' in conjunction with published Data Quality reports are given in section **7** of this guidance.

7.1.1.7 Description of measure

This gives a plain English description of what the measure means. For example, the 'Recovery' measure description is "referrals with an end date in the month that finished a course of treatment and where the service user has moved to recovery".

7.1.1.8 Construction

This gives the technical construction of the measure; that is, what fields in the IAPT dataset have been used and how they have been queried in order to create this statistic. For example, the 'Recovery' construction is given as follows:

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Recovery

ɔ Psychological Therapies (IAPT)

ıonthly data measures

:_Use_Pathway_Flag is "Y". "*" denotes see glossary for details.

Name and where used		Related quarterly measure reference number	IC derivation reference numbers	Related DQ metric IDs	Description of measure (where possible measures are described in terms of the classes of information defined in NHS Data Dictionary)	Co (For all measures ensu
xecutive Summary (National)	Monthly CSV data file field name					
	Recovery	iqm06	HE01, RE01, RE02, RE09, RE27, RE28, RE29, RE30, RE31	1, 2, 7, 8, 11, 14, 16, 21, 22, 23, 34, 92, 101, 102, 103, 108, 109, 111, 113, 117, 121, 123, 125	Referrals with an end date in the month that finished a course of treatment where the service user has moved to recovery	Count of distinct (IC_PATHWAY_ID) where ENDDATE is within the period and IC_v1_5_COMPLETED_TREATMENT_FLAG = "y" and IC_LAST_PHQ9 is not null and IC_LAST_ADSM_SCORE is not null and (IC_FIRST_PHQ9 at caseness) or (IC_FIRST_ADSM_SCORE at caseness) and IC_LAST_PHQ9 and IC_LAST_ADSM_SCORE not at caseness*

Count of distinct (IC_PATHWAY_ID) where ENDDATE is within the period
and IC_v1_5_COMPLETED_TREATMENT_FLAG = "y"
and IC_LAST_PHQ9 is not null
and IC_LAST_ADSM_SCORE is not null
and (IC_FIRST_PHQ9 at caseness) or (IC_FIRST_ADSM_SCORE at caseness)
and IC_LAST_PHQ9 and IC_LAST_ADSM_SCORE not at caseness

This field makes heavy use of both submitted data items and derived fields. For a full list of submitted fields and how to interpret them, see section **10** of this guidance describing how to use the IAPT v1.5 Technical Output Specification.

Further details about derived fields are given in the 'IAPT v1.5 derivations' tab of the IAPT Metadata Document. Instructions on how to interpret the 'IAPT v1.5 derivations' tab are given in section **7** of this guidance.

Using the 'IAPT v1.5 derivations' tab of the Metadata

The 'IAPT v1.5 derivations' tab of the IAPT Metadata Document is there to help you interpret the derived fields that have been used by NHS Digital to calculate the measure. Using the 'Recovery' measure as an example, the technical construction of this measure uses the following derivations:

- IC_PATHWAY_ID
- IC_v1_5_COMPLETED_TREATMENT_FLAG
- IC_FIRST_PHQ9
- IC_FIRST_ADSM_SCORE
- IC_LAST_PHQ9
- IC_LAST_ADSM_SCORE

Descriptions of what each of these derivations mean are given in the 'IAPT v1.5 derivations' tab. Within this tab, you will find a table containing the following columns:

A1 Improving Access to Psychological Therapies (IAPT)

Improving Access to Psychological Therapies (IAPT)

Metadata document IAPT v1.5 derivations

Table(s) added to	V1.5 derivation item name	Proposed Derivation Number	Data type (length)	Description	Rule	Derived/ transformed	Based on data ite
Header	IC_USE_SUBMISSION_FLAG	HE01	character (1)	Used to prioritise a refresh submission over a primary submission.	IC_USE_SUBMISSION_FLAG = "Y" where RANKING = 1 (highest ranked header record which will be the refresh file if this exists based on the following subset). Partitions Header records by H.MONTH_ID and P.ORGCODEPROVIDER and orders by H.FILETYPE desc where H.MONTH_ID = MAX(H.MONTH_ID)	Derived	H.MONTH_ID, P.ORGCODEPROVIDER, H.FI
Referral, Appointment	IC_PATHWAY_ID	RE01	integer	Uniquely identifies a referral pathway for a single person and provider across reporting periods.	Incremental value assigned to new R.SERVICEID and R.IAPT_PERSON_ID combinations. If such a combination has been received in a previous reporting period the record is assigned the same R.IC_PATHWAY_ID value.	Derived	R.SERVICEID, R.IAPT_PERSON_ID
Referral	IC_USE_PATHWAY_FLAG	RE02	character (1)	Identifies the most recent instance of an IC_PATHWAY_ID in the period. Takes account of multiple providers submitting identical IAPT Person ID -Service ID combinations.	IC_USE_PATHWAY_FLAG = "Y" where Row_number = 1 (highest ranked referral based on the following subset): Partitions referrals by R.IAPT_PERSON_ID, R.SERVCIEID and orders by FILE_TYPE (primary or refresh) desc, REFRECDATE desc, ENDDATE (or reporting period end date if ENDDATE is NULL) desc, REFERRAL_ID desc.	Derived	R.IAPT_PERSON_ID, R.SERVCIEID, R.REFRE R.REFERRAL_ID
Referral	IC_USE_QTR_REFERRAL_FLAG	RE03	character (1)	Flags the most recent instance of the IC_PATHWAY_ID in the quarter. Since IAPT is a monthly submission, up to 3 instances of a	IC_USE_QTR_REFERRAL_FLAG = "Y" where Row_Number = 1 (highest ranked referral instance based on the following subset): Partition referrals by Quarter_ID and A.IC_PATHWAY_ID and order by H.MONTH_ID desc	Derived	H.Quarter_ID, A.IC_PATHWAY_ID, H.MON

7.1.1.9 Table(s) added to

This lists the submitted IAPT tables that the derivation has been added to. This is useful to for those wanting to recreate our derivations using their own extract of IAPT data.

7.1.1.10 V1.5 derivation item name

You will find the name of each derivation here; for example, IC_v1_5_COMPLETED_TREATMENT_FLAG.

7.1.1.11 Proposed derivation number

This is the reference number of the derivation, which can also be found in the 'IC derivation reference numbers' column of the 'Monthly data measures' tab (see Section **7** of this guidance for further details).

7.1.1.12 Data type (length)

This indicates what type of data the derivation is. For example, a character field, which allows text as well as numbers, or an integer, which is a wholly numeric field. The number in brackets indicates the length of the field – so a 'Character (1)' field would permit only values one character long (for example 'Y' or 'N', but not 'Yes' and 'No'). This is useful for those wanting to recreate our derivations using their own extract of IAPT data.

7.1.1.13 Description

A plain English description of the derivation's purpose. For example, IC_v1_5_COMPLETED_TREATMENT_FLAG is described as "indicates whether a referral which ended in the period has finished a course of treatment".

7.1.1.14 Rule

The technical construction of the derivation, using both submitted data values and other derivations. For a full list of submitted fields and how to interpret them, see section **10** of this guidance describing how to use the IAPT v1.5 Technical Output Specification.

For example, the technical construction of the IC_v1_5_COMPLETED_TREATMENT_FLAG is given as:

IC_v1_5_COMPLETED_TREATMENT_FLAG = "Y"
where R.ENDDATE IS NOT NULL
and R.IC_COUNT_TREATMENT_APPOINTMENTS >= 2

This means that the ENDDATE (a submitted field that gives the end date of the referral) is present and the IC_COUNT_TREATMENT_APPOINTMENTS (another derivation that gives the count of attended treatment appointments for each referral) is at least two. If both are true, the referral is flagged as 'Y', indicating that it has completed a course of IAPT treatment.

The prefix "R." in the example above indicates an alias given to each table in the dataset. Aliases for each table are as follows:

R = Referral
P = Person
A = Appointment
H = Header
D = Disability
W = Waiting Time Pauses
AQ = Assessment
TQ = Treatment

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For more details about each table in the IAPT dataset, see section **10** of this guidance describing how to use the IAPT v1.5 Technical Output Specification.

7.1.1.15 Derived/transformed

Derivations created by NHS Digital take two forms: derived fields and transformed fields. This column indicates which derivations are derived fields and which are transformed fields.

A derived field is one that is newly created based on some sort of calculation from other data items. For example, IC_v1_5_COMPLETED_TREATMENT_FLAG is a derived field because it uses several criteria to flag referrals as having completed a course of treatment or not.

A transformed field is one that is a transformation of a submitted field, usually for "cleaning" it to make it easier to analyse. For example, IC_PROVDIAG is a cleaned version of the submitted PROVDIAG field, which is the recorded problem descriptor, which puts values into a standardised format and removes invalid values for analysis.

7.1.1.16 Based on data items

Indicates which fields, both submitted fields and other derivations, that this derivation is based on. For a full list of submitted fields and how to interpret them, see section **10** of this guidance describing how to use the IAPT v1.5 Technical Output Specification.

For example, the IC_v1_5_COMPLETED_TREATMENT_FLAG derivation is based on ENDDATE (a submitted data item) and IC_COUNT_TREATMENT_APPOINTMENTS (another derivation).

7.1.1.17 Known uses/ potential uses

Gives an indication of where the derivation is used in publications, or else its potential other uses. For example, the IC_v1_5_COMPLETED_TREATMENT_FLAG is used in the calculation of all outcome's measures, including recovery.

Using the 'Related DQ measures' tab of the Metadata

The 'Related DQ measures' tab can be used in conjunction with both the Monthly and Quarterly Activity Data Files and the monthly Data Quality Reports to help users understand the quality of the underlying data that is used to calculate published measures. This tab contains the following columns:

Improving Access to Psychological Therapies (IAPT)

Metadata document related DQ measures

DQ Metadata ID	DQ Measure Name	DQ Dataset Metric Name	Numerator Construction	Denominator Construction	Notes
1	Submission Coverage	Submission Coverage	Submission received {0 non-submission | 1 submission}	Provider submitted data in at least one of the last 2 monthly submissions {1}	Period. The providers.
2	Dataset Coverage	Appointment	Submission with a valid Appointment table {0 no valid appointment records | 1 valid appointment records}	Appointment Table {1}	If valid appc the Appoint submitting
3	Dataset Coverage	Disability	Submission with a valid Disability table {0 no valid disability records | 1 valid disability records}	Disability Table {1}	If valid disal
4	Dataset Coverage	Waiting Time Pauses	Submission with a valid WaitingTimePauses table {0 no valid pause records | 1 valid pause records}	WaitingTimePauses Table {1}	If valid wait

7.1.1.18 DQ Metadata ID

This is the reference number of the Data Quality measure, which can also be found in the 'Related DQ metric IDs' column of the 'Monthly Data Measures' and 'Quarterly Data Measures' tabs of the Metadata document (see section **7** of this guidance for further details).

These reference numbers are also given in the various tabs of the published Data Quality Reports.

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7.1.1.19 DQ Measure Name

This gives the name of the Data Quality measure, which can be found in the various tabs of the published Data Quality Reports.

7.1.1.20 DQ Dataset Metric Name

This gives a summary name of the measure to help users understand what item(s) the measure is assessing the data quality of.

7.1.1.21 Numerator construction

Gives the technical construction in the calculation of the numerator for this measure. Data quality measures found in the monthly DQ Reports are predominantly rates (that is, numerator divided by denominator).

For example, a DQ metric relevant to the 'RecoveryRate' CSV measure is *108 – Pathway Continuity*. This gives an indication of the proportion of referral records that should have been submitted in the month but were not, where the numerator is submitted referrals and the denominator is all open referrals.

7.1.1.22 Denominator construction

Gives the technical construction in the calculation of the denominator for this measure. Data quality measures found in the monthly DQ Reports are predominantly rates (that is, numerator divided by denominator).

For example, a DQ metric relevant to the 'RecoveryRate' CSV measure is *'108 – Pathway Continuity'.* This gives an indication of the proportion of referral records that should have been submitted in the month but were not, where the numerator is submitted referrals and the denominator is all open referrals.

7.1.1.23 Notes

Gives some additional context or information necessary for understanding this measure.

PAVE reports

Providers trying to reconcile their local information with published IAPT data may not be able to match publications. There are several potential reasons why local figures do not match published data. The most common reason is due to NHS Digital suppression rules (see section **5**), which mean that published data for all except England totals are rounded to the nearest 5. Another common reason is that local data are on live systems, and a referral's status may have changed since the data were last submitted to NHS Digital.

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NHS Digital send providers a Provider Analysis Validation Extract (PAVE) report each month to help them to reconcile local differences with published data. The specification for PAVE reports is available from **http://www.digital.nhs.uk/iaptmonthly**.

Where to go next:

- To see published data about the IAPT programme, see our publication webpage at **https://www.digital.nhs.uk/iaptmonthly**
- For full details of measures published, their definition and their technical construction, see the IAPT Metadata Document published at **http://www.digital.nhs.uk/iaptmonthly**
- For further information about how to use the IAPT Metadata Document to find out more about the quality of IAPT data, see section **7** of this guidance.
- For further information about how to replicate key measures and for technical definitions of key measures, see section **6** of this document.

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8. Finding and understanding published IAPT DQ information

As part of monthly IAPT publications (see section **5**), we publish comprehensive information about the quality of the data underpinning published measures. These include a **Data Quality Notes document**, listing all known specific DQ issues, and monthly Data Quality Reports.

These reports contain a wide variety of measures and for this reason it can be difficult to interpret what individual measures mean or how they have been constructed. The ‘Related DQ measures’ tab of the IAPT Metadata document (see section **7**) can be used for this purpose.

RAG ratings in DQ Reports

Most of the information found within the DQ Reports is colour coded using a RAG (Red Amber Green) rating system. The thresholds for these are consistent across all measures and are provided purely for indicative purposes. The colour coding does not consider the importance of a data item or any context about what we would expect the completeness of a given data item to be. For example, a data item not currently used in analysis may be expected to be of comparatively lower completeness relative to a key item used in the calculation of outcomes. The RAG ratings do not consider this.

What data quality information can be found in monthly DQ Reports?

The monthly Data Quality Reports contain several tabs, each containing different types of metric as follows:

Dataset coverage

This tab contains six metrics that show the completeness of dataset tables (see section **10** for a list of tables and data items that are routinely submitted as part of the IAPT dataset). Note that the Referral and Person tables are not included here as they are mandatory and will always be present in any valid submission.

The various columns show the proportion of successful provider submissions in each month that contain the described table. Expanding the rows using the ‘+’ icon on the left side of the screen will show provider-level data, which is a boolean value of either 0 or 100, indicating that the table was either present or not present in their submission.

The below screenshot shows an example of the ‘Dataset coverage’ tab from a monthly Data Quality Report, with the DQ Metric ID numbers and metric names highlighted in red:

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Dataset coverage (table submitted %): November 2016 to November 2017 Final

Metrics showing if each dataset table has been submitted

>= 80	70 - 79	60 - 69	50 - 59	40 - 49	< 40

Metric	Provider	Nov16	Dec16	Ja
NATIONAL		87	86	
1 - Submission Coverage		97	98	
2 - Appointment		100	99	
3 - Disability		98	99	
4 - Waiting Time Pauses		75	73	
5 - Assessment Questionnaire		70	68	
6 - Treatment Questionnaire		81	81	

Data source: Improving Access to Psychological Therapies (IAPT) Dataset

[1]Figures displayed in this table are rounded to the nearest whole percentage. National values to one decimal place may be viewed by selecting individual cells. Shading is based on unrounded values.

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Validity by data item

This tab contains a range of metrics that show, for key dataset items (for example appointment type, postcode or employment status), the proportion of submitted records that were valid according to defined rules (see section **10** for a list of tables and data items that are routinely submitted as part of the IAPT dataset).

The various columns show the proportion of submitted records in each month that contain valid data for that item. Expanding the rows using the '+' icon on the left side of the screen will show provider-level data.

Validity by organisation

This is the same information as in the 'Validity by data item' tab (see above) but organised by provider rather than by the name of the data item. It contains a range of metrics that show, for key dataset items (for example appointment type, postcode or employment status), the proportion of submitted records that were valid according to defined rules (see section **10** for a list of tables and data items that are routinely submitted as part of the IAPT dataset).

The various columns show the proportion of submitted records in each month that contain valid data for that provider. Expanding the rows using the '+' icon on the left side of the screen will show data for each item within that provider.

VODIM (count) – national

VODIM stands for Valid, Other, Default, Invalid, Missing, with the following definitions:

- Valid – a record whose value matches a pre-determined set of criteria. For example, a valid submission of a therapy type takes a value between 20-29 or 40-51.
- Other – where applicable, a record is classified as 'Other' if the valid value refers to a category that does not refer to something specific. For example, a valid therapy type of 28 means "other low intensity therapy", which whilst valid does not reference a specific type of therapy given.
- Default – Similar to 'Other', 'Default' means that the valid value refers to an 'unknown' category.
- Invalid – Any other submitted value that is neither valid, other or default.

- Missing – where no value has been entered for a data item.

Examples of VODIM values

The below table gives examples of values that would be considered as each of the VODIM categories, using the Gender item in the Person table:

Submitted value	VODIM category	Why?
1	Valid	The only permissible valid values for this field are 1 and 2, in an an1 format (alphanumeric with length of 1 character).
9	Other	This is a permissible but non-valid value, specifically denoting 'Not specified' for this field (note the difference from Default below).
0	Default	This is a permissible but non-valid value, specifically denoting 'Not known' for this field (note the difference from Other above).
M	Invalid	This does not fit the data type or format required for the dataset, and so would be considered invalid.
[Blank submission]	Missing	Nothing has been submitted for this data item, though other aspects of the person record have been populated.

VODIM (%) – national

Provides the same information as the 'VODIM (count) – national' tab, but here percentages are given rather than counts; that is, the proportion of Valid, Other, Default, Other, and Missing shown as a percentage of all records received for that data item.

VODIM (count) – provider

Provides the same information as the 'VODIM (count) – national' tab, but for each individual IAPT service provider.

VODIM (%) – provider

Provides the same information as the 'VODIM (%) – national' tab, but for each individual IAPT service provider.

Volume consistency

This tab shows the increase or decrease in the number of records submitted in each of the core dataset tables across the last 12 months, at both England and at IAPT service provider level.

The various columns show the number of submitted records in each month and the percentage change from the number submitted in the previous month. Expanding the rows using the '+' icon on the left side of the screen will show provider-level data.

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Pathway & indicator consistency

This tab presents a range of metrics that show the level of completeness of key information or the consistency of information for the same record across the last two submission windows.

The last two metrics, 'Entering treatment' and 'Completed treatment', are not RAG rated (see section 8). It would not be expected or desired that all submitted records enter or complete treatment in a single submission, and so these values indicate the proportion of submitted records that did so but does not use a RAG rating to suggest that this is a high or low proportion.

Expanding the rows using the '+' icon on the left side of the screen will show provider-level data.

Integrity

This tab shows the percentage of submitted records where data items adhere to specific business rules (submission requirements). For example, a record with an end reason should also have an end date.

Expanding the rows using the '+' icon on the left side of the screen will show provider-level data.

Where to go next:

- For full details of Data Quality Notes see the IAPT Data Quality Notes published at **http://www.digital.nhs.uk/iaptmonthly**
- To see published data about the IAPT programme, see our publication webpage at **http://www.digital.nhs.uk/iaptmonthly**
- For full details of measures published, their definition and their technical construction, see the IAPT Metadata Document published at **http://www.digital.nhs.uk/iaptmonthly**
- For further information about how to use the IAPT Metadata Document to interpret publications, see section 7 of this guidance.
- For further information about how to replicate key measures and for technical definitions of key measures, see section 6 of this document.

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9. Patient Reported Outcome Measures (PROMs) in IAPT

Central to the idea of outcomes in the IAPT programme is the ability to quantify and measure improvement (or otherwise) in patients accessing IAPT services. This is done using a range of Patient Reported Outcome Measures (PROMs). These are questionnaires issued to patients at each contact with an IAPT provider, and which ask the patient to assess, on a scale, how severe various aspects of their condition are, or how their condition is impacting different aspects of their life.

These PROMs have two functions. Primarily, they further inform the clinician treating the patient about the characteristics of their condition, allowing them to tailor treatment accordingly. Secondly, in reporting of IAPT data the change between the first and last PROMs scores can be used to assess outcomes (see section **6**).

This section explains the various PROMs that are collected during IAPT appointments, and how they are used in NHS Digital's IAPT publications.

What PROMs are patients asked to complete?

At each contact with the provider, patients are asked to complete two questionnaires that assess the severity of their condition. Since the IAPT programme is designed to treat anxiety and depression, patients should complete a depression questionnaire (known as PHQ-9) and an Anxiety Disorder Specific Measure (ADSM) – the ADSM issued will be dependent on the patient's problem descriptor; that is, the condition they are provisionally diagnosed as having. For more information about problem descriptors, see section **11**.

Each questionnaire asks a series of questions with answers in the form of a scale, so that patients can rate their experience of various symptoms as non-existent to severe. Scores from each question are combined into a total score, which clinicians can use to inform their assessment of the patient's condition.

Caseness thresholds

Each of the PHQ-9 and ADSM questionnaires has a defined "caseness" threshold. Caseness is the term used to describe a patient whose symptoms of anxiety or depression are severe enough to be considered a clinical case of that condition. On the range of possible scores from each questionnaire, there is a specific point above which a patient's score would make them a clinical case of that condition, or "at caseness". Caseness thresholds are different for every questionnaire, as described in the table below.

Caseness is used in the calculation of patient outcomes in IAPT – for more information, see section **6.1.1** of this document.

Reliable change thresholds

As well as a caseness threshold (see above), each questionnaire also has a reliable change threshold, or a measurement error. This is a change between two scores on the same measure that would be regarded as a clinically significant (note, not statistically significant) change in the patient's condition – this could be a positive or a negative change. For example, a patient with two completed Obsessive Compulsive Inventory questionnaires, one with a score of 50 and the other with a score of 10, the difference between these scores (40) would exceed the reliable change threshold (32 for this measure) and so the patient would be said to have had a clinically significant change.

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Reliable change thresholds are used in the calculation of patient outcomes in IAPT – for more information, see section 6 of this document.

When should each questionnaire be used?

The table below describes the circumstances under which each type of questionnaire should be issued to the patient, as well as the range of possible scores, the caseness thresholds and the reliable change thresholds:

Questionnaire name	When it should be used	Score range	Caseness threshold	Reliable change threshold
Patient Health Questionnaire (PHQ-9)	Always – assesses symptoms of depression.	0 – 27	10	6
Agoraphobia Mobility Inventory	When problem descriptor is Agoraphobia	0.00 – 5.00	>2.3	0.73
Social Phobia Inventory	When problem descriptor is Social Phobias	0 – 68	19	10
Panic Disorder Severity Scale	When problem descriptor is Panic Disorder	0 – 28	8	>5
Impact of Events Scale	When problem descriptor is Post-Traumatic Stress Disorder (PTSD)	0 – 88	33	9
Obsessive Compulsive Inventory	When problem descriptor is Obsessive-Compulsive Disorder (OCD)	0 – 168	40	32
Health Anxiety Inventory – Short Week	When problem descriptor is Hypochondriacal Disorder	0 – 54	18	4
Generalised Anxiety Disorder Questionnaire (GAD7)	When problem descriptor is Generalised Anxiety Disorder or Mixed Anxiety and Depression, or where the problem descriptor does not have an ADSM.	0 – 21	8	4

When are scores used in IAPT publications?

As explained above, in reporting of IAPT data the change between the first and last PROMs scores can be used to assess outcomes (see section 6).

One of the criteria for the assessment of outcomes is that the referral has ‘paired scores’; that is, enough PROMs recorded to allow the assessment of change between scores. As a minimum, the assessment of outcomes requires a pair of PHQ-9 scores (to assess a change in symptoms of depression) and a pair of ADSM scores (to assess a change in symptoms of anxiety). Where these are not present, outcomes will not be assessed.

The below flowchart explains how referrals are assessed in reporting dependent on the scores received.

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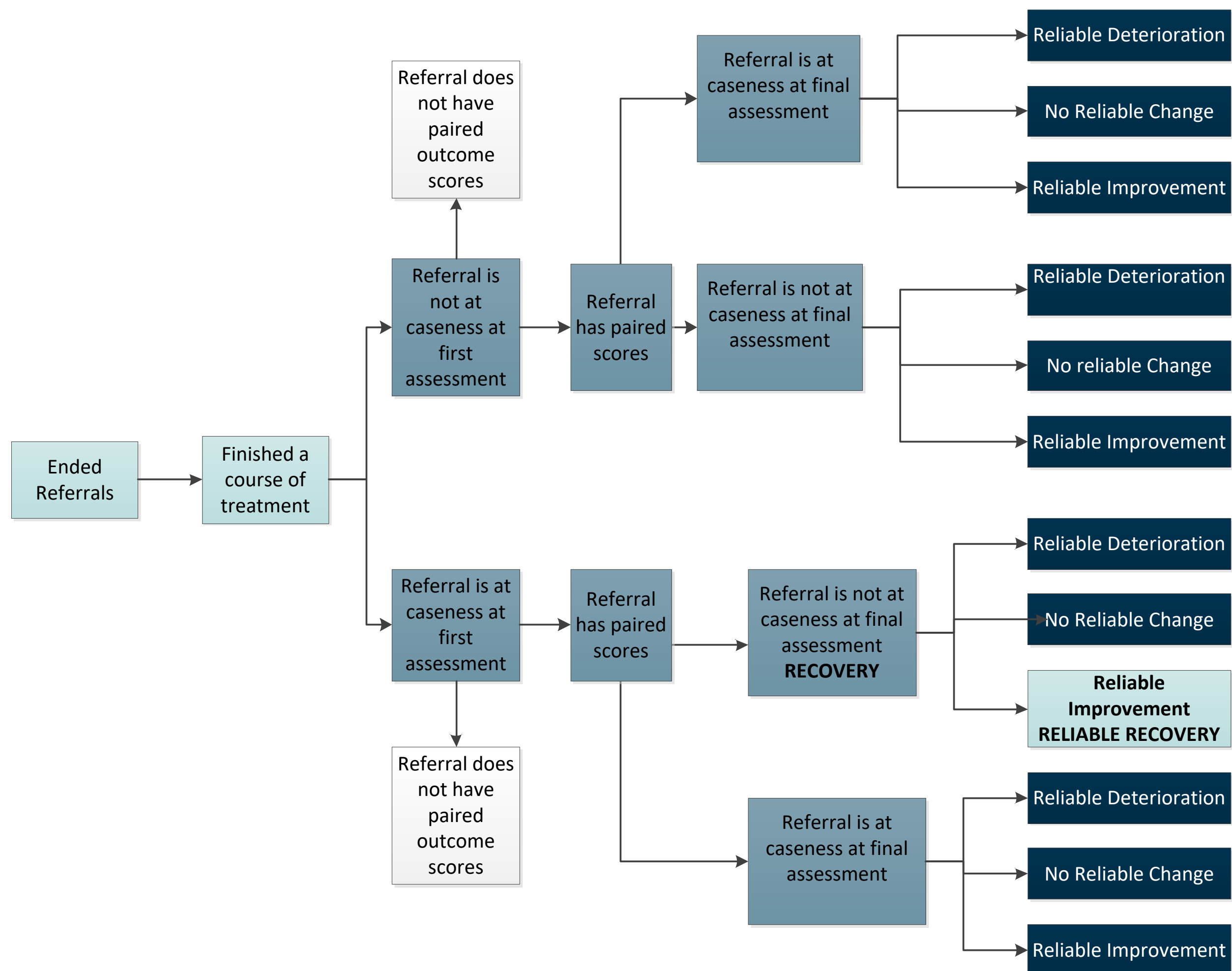

What if there are different ADSMs for the same referral?

The ADSM that should be given to the patient is the one that is most appropriate for their condition (problem descriptor – see section 11). A judgement about what condition the patient has is first made at an assessment appointment and can subsequently be refined over time; for example, an initial assessment of "Generalised Anxiety Disorder" may later be refined to "Obsessive-Compulsive Disorder" once more is known about the specific circumstances of the patient.

Such changes can mean that two or more ADSMs are collected during a patient's referral, each reflecting the condition as it was understood at the time. A consistent method has been applied when analysing data to ensure that the most appropriate ADSM is used to assess the patient's outcomes:

- First, what is the **last recorded** problem descriptor? So, if a referral's initial problem descriptor was recorded as "Generalised Anxiety Disorder" but later refined to "Obsessive-Compulsive Disorder", "Obsessive-Compulsive Disorder" would be used.
- Next, do two or more scores for the ADSM relevant to this problem descriptor exist? If so, use this ADSM.
- If not, do two or more scores on the GAD7 measure exist? If so, use GAD7.
- If not, then the referral is not assessed for outcomes.

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Other PROMs that are collected in IAPT

The PROMs described in section 9 are those used in the calculation of outcomes. However, there are several other questionnaires that patients are asked to complete. This section explains these measures, their purpose, and where they are used in IAPT reports.

PROMs used in the Integrated Services pilot

The Integrated Services pilot collection asks patients to complete additional PROMs relevant to their medically unexplained symptom (if there is one) and their co-morbid long term physical health condition (if there is one). These additional measures are as follows:

PROMs for medically unexplained symptoms

Scores from these PROMs are used in the calculation of an additional, comparative recovery measure for the integrated services publication, and therefore have an associated caseness threshold.

Questionnaire name	When it should be used	Score range	Caseness threshold
Francis IBS Symptom Severity Scale	When the primary medically unexplained symptom is Irritable Bowel Syndrome	0 – 500	≥ 75
Chalder Fatigue Questionnaire	When the primary medically unexplained symptom is Chronic Fatigue Syndromes/ Myalgic Encephalopathy	0 – 33	≥ 19
PHQ-15	When a not otherwise specified medically unexplained symptom is recorded	0 – 30	≥ 10

PROMs for long term conditions

In addition, there are PROMs for different long term physical health conditions. Currently no analysis is done by NHS Digital on these scores.

Questionnaire name	When it should be used	Score range
Brief Pain Inventory	Where a long-term condition of Chronic Pain, Including Fibromyalgia is recorded	0 – 70
Diabetes Distress Scale	When a long-term condition of Diabetes is recorded	17 – 102
COPD Assessment Test (CAT)	When a long-term condition of Chronic Obstructive Pulmonary Disease (COPD) is recorded	0 – 40

The Work and Social Adjustment Scale (WSAS)

The Work and Social Adjustment Scale (WSAS) is made up of five dimensions (questions) that ask the patient to indicate on a scale the extent to which their condition has affected aspects of their life. The dimensions are work, relationships, social leisure activities, private leisure activities and home management.

Where to go next:

- For more information about how Patient Reported Outcome Measures are used in IAPT reporting, see section 6 of this document.
- For more information about the specific data items that are collected by NHS Digital about IAPT referrals, see section 10 of this guidance.

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10. The IAPT dataset

This section describes the data items that are submitted to NHS Digital by IAPT services, their format and how they are validated upon submission.

Note that this section does not describe published IAPT data or how to produce published measures using the dataset. This information is described in sections **5** (describing publications) and **6** (describing key measures, where to find them and how to replicate them).

Tables in the IAPT dataset

Providers of IAPT services submit data through a submission portal each month, as explained in section **4**. These data are submitted as seven distinct tables:

- **Referral** – this table contains information about the referral itself, such as the source of the referral (for example a GP or self-referral), when it began, and when it ended. One row of data is submitted to this table each month for each referral that was open at the end of, or ended during, the month.
- **Appointment** – this table contains information about patient contacts that took place in the month, such as the appointment date and time, any PROMs that were collected (see section **9**), and what type of appointment it was (for example assessment, treatment). One row of data is submitted to this table each month for each appointment that took place in the month.
- **Person** – this table contains information about the person who accessed the service, such as their age, their ethnicity and their gender. One row of data is submitted to this table each month for each person that had a referral that was open at the end of, or ended during, the month.
- **Disability** – this table lists disabilities (if any) that a patient accessing IAPT services reported. One row of data is submitted to this table each month for each disability reported by each person that had a referral that was open at the end of, or ended during, the month.
- **Assessment** – this table contains responses to the Assessment Patient Experience Questionnaire. One row of data is submitted to this table each month for each questionnaire that was completed in the month by a person that had a referral that was open at the end of, or ended during, the month.
- **Treatment** – this table contains responses to the Treatment Patient Experience Questionnaire. One row of data is submitted to this table each month for each questionnaire that was completed in the month by a person that had a referral that was open at the end of, or ended during, the month.
- **Waiting Time Pauses** – this table contains records of patient-initiated pauses in the waiting time clock; that is, an occurrence outside of the provider's control that meant they were unable to contact the patient (such as the patient being on holiday) that would affect their ability to treat the patient within the 6-week target. One row of data is submitted to this table each month for each pause that occurred for a person that had a referral that was open at the end of, or ended during, the month.

In addition, providers taking part in the Integrated Services pilot collection are expected to submit an additional four tables to the dataset:

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- **LTC Appointment** – this table contains additional information related to an appointment record in the 'core' Appointment table above, such as additional PROMs relevant to long term conditions and medically unexplained symptoms (see section **9**). One row of data is submitted to this table each month for each appointment that took place in the month.

- **Medically Unexplained Symptoms** – this table contains a record of the main (primary) medically unexplained symptom (if any) for each patient seen in an Integrated service. One row of data is submitted to this table each month for each referral that was open at the end of, or ended during, the month.

- **Long Term Conditions** – this table contains a record of all long term physical health conditions (if any) for each patient seen in an Integrated service. One row of data is submitted to this table each month for each long-term condition reported for each referral that was open at the end of, or ended during, the month.

- **CSRI** – this table contains a record of responses to the Client Services Receipt Inventory questionnaire. One row of data is submitted to this table each month for each response to each question for each questionnaire for each referral that was open at the end of, or ended during, the month.

In addition, providers taking part in the Employment Advisers (EA) in IAPT pilot collection are expected to submit an additional table to the dataset:

- **EA Appointment** – this table contains additional information related to an appointment record in the 'core' Appointment table above, such as the patient's employment and benefits status. One row of data is submitted to this table each month for each appointment that took place in the month.

Using the Technical Output Specifications to understand submitted data

A Technical Output Specification (TOS) is a document that defines the data items within a dataset. There are currently three TOS documents for the IAPT dataset; all three are published at **https://digital.nhs.uk/iapt**.

- **IAPT data set version 1.5 Technical Output Specification**
  This describes the seven main tables listed in section **10** above.

- **IAPT data set LTC pilot specification**
  This describes the additional four tables relevant to the integrated services pilot, as listed in section **10** above.

- **EA in IAPT pilot data set Technical Output Specification**
  This describes the additional EA appointment table relevant to the Employment Advisers in IAPT pilot, as listed in section **10** above.

Note that these documents do not attempt to describe how the data items should be submitted – this is covered in the Technical Guidance, also published at **https://digital.nhs.uk/iapt**.

There are several tabs within these files:

- Blue tabs are for guidance, such as how to navigate the document;

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- Grey tabs are for each of the seven dataset tables, and explain the form of the data items that should be submitted by providers to NHS Digital;
- Purple tabs summarise the validations, warnings and diagnostics that the submission portal automatically generates to help inform providers about how successful their IAPT submission was (see section 4);
- Red tabs are for each of the tables that form the national extract of IAPT data. The national extract is produced following the closure of the monthly submission window. It collates all provider data that passed validation into a single data extract that contains IAPT activity that took place across England in the month, which is used as the basis for NHS Digital analysis. As well as the submitted data, it also contains some derivations that facilitate analysis, such as counts of the number of appointments for each referral.

The grey tabs contain the following information about the form of the dataset:

- **Requirements ID:** A unique reference number for each field;
- **Data item name:** The name of the field;
- **Access/xml Name:** The name of the field as it appears in the Intermediate Database (IDB). This is the name of the MS Access or xml file through which IAPT data must be submitted.
- **Definition:** An explanation of what the field contains.
- **Format:** This is the data type of the field, such as “an2” (alphanumeric value consisting of two characters) or “CCYY-MM-DD” (a date in a specified format);
- **National codes:** Some fields have a set of valid values which should be adhered to. For example, the Gender field should take the values 0, 1, 2 or 9 only. Some fields are not limited to set values, such as NHS number;
- **Value descriptions:** An explanation of what the code in the ‘National codes’ column means;
- **M/R/O:** An indication of whether the field is mandatory (meaning it must be present), required (should be present where the information is collected), or other;
- **Validation rules:** a summary of the types of validations that are automatically applied to the field on submission:
    - **Received data item blank:** Explains the action taken if the field is blank;
    - **Format error:** Explains the action taken if the format of the item is not in line with that specified in the ‘Format’ column;
    - **National Code Error:** Explains the action taken if the field does not contain a valid code as stipulated in the ‘National codes’ column;
- **Field Level Error/ Warning Messages:** Explains any messages that would be generated for the provider upon submission where a validation rule had been breached;
- **Data inclusion rules:** describes any necessary logic or consistency between fields that must be adhered to in the dataset.

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The purple tabs contain information about validation and warning rules. Validations are rules that must be passed to ensure the record is included in the national extract, and are split by which table they apply to, or else if they apply to the whole IDB. Warnings are data errors or inconsistencies that need to be addressed but are not sufficient basis to reject the record or file itself.

In addition, there is a 'Diagnostics' tab that explains some data quality measures that are sent to providers upon submission.

These tabs contain the following information about validations and warnings:

- **Ref no:** Unique reference number;
- **Data item:** Name of the validation or warning;
- **Construction:** the dataset logic that would cause the validation or warning;
- **Error/ warning message:** the message received by the provider upon submission where the validation or warning has occurred;
- **Help text:** additional information that helps providers understand the reason for the validation or warning.

The red tabs contain the following information about each of the tables that form the extracts of IAPT data. The extracts consist of data from each of the seven submitted tables, plus a 'Header' table that contains information about the submission itself and is used in analysis to identify what submission the data have come from:

- **Extract:** Contains a Y/N to indicate whether the field exists in each type of extract as follows:
    - **National pseudo:** This is the national extract of all providers' IAPT data submitted in the month. It is pseudonymised so that individual patients cannot be identified;
    - **Provider pre-deadline:** Providers receive this extract of their own data following their submission and while the submission window is still open;
    - **Provider post-deadline:** Providers receive this extract of their own data following the submission window closure;
    - **Commissioner:** Commissioners of IAPT services can apply to see extracts of data in services commissioned by them;
- **Access name:** The name of the field as it appears in the Intermediate Database (IDB). Is blank where the field is not a submitted data item;
- **CSV & XML column header name:** This is the name of the field as it appears in the extract itself;
- **Data item name:** the name of the field;
- **Primary key/ Foreign key:** An indication of whether the field is a primary key (a unique identifier for an individual row) or foreign key (a unique identifier for a field in the dataset from another table) for the table;
- **Source table and other notes:** an indication of the submitted dataset table the field is taken from;

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- **Format:** the data type of the field;
- **Submitted or derived:** An indication of whether the field is one that is submitted as part of the dataset or whether it has been derived from one or more data items;
- **Item level data inclusion rules and notes on derivations:** a description of any rules that apply to derivations in terms of what data is included.

Where to go next:

- For full details of measures published, their definition and their technical construction, see the IAPT Metadata Document published at **http://www.digital.nhs.uk/iaptmonthly**
- For further information about the EA in IAPT pilot, see *Work, health and disability green paper: improving lives*, available from **https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives/work-health-and-disability-green-paper-improving-lives**
- For further information about the integrated services pilot, see NHS England's website at **https://www.england.nhs.uk/mental-health/adults/iapt/mus/**
- For further information about how to replicate key measures and for technical definitions of key measures, see section **6** of this document.
- For more detailed guidance on submission processes and the IAPT dataset, see **https://digital.nhs.uk/iapt**.

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11. IAPT-specific conditions

Patients can attend IAPT services with a range of conditions, both mental and physical. However, the IAPT dataset has the provision to record a single ‘problem descriptor’; this is the primary, or main, condition from which the patient is suffering, and should reflect what the IAPT service is treating the patient for – that is, a problem for which the IAPT service is able to treat them.

There are a range of problem descriptors that can be recorded that reflect specific types of anxiety or depression and for which there exist patient reported outcome measures (see section **9**). However, any problem at all can be recorded in the IAPT dataset and so it is important to ensure that there is a consistent logic for handling problems recorded in the dataset so that the right measures are used in the analysis of outcomes (see section **6**).

IAPT providers must submit the problem the patient is suffering from, as assessed by an IAPT professional, in the form of an International Classification of Diseases and Related Health Problems (ICD-10) code. The relationship between problem descriptors and patient reported outcome measures is described in the table below, further information regarding the mapping of ICD-10 codes to problem descriptors can be found in Appendix A

Problem descriptor	PROMs used to assess outcomes
Depression	PHQ-9, GAD7
Agoraphobia	PHQ-9, Agoraphobia Mobility Inventory
Social phobias	PHQ-9, Social Phobia Inventory
Specific (isolated) phobias	PHQ-9, GAD7
Panic disorder [episodic paroxysmal anxiety]	PHQ-9, Panic Disorder Severity Scale
Generalized anxiety disorder	PHQ-9, GAD7
Mixed anxiety and depressive disorder	PHQ-9, GAD7
Obsessive-compulsive disorder	PHQ-9, Obsessive-Compulsive Inventory
Post-traumatic stress disorder	PHQ-9, Impact of Events Scale
Other anxiety and stress-related disorder	PHQ-9, GAD7
Hypochondriacal disorder (Health Anxiety)	PHQ-9, GAD7 *
Other mental health disorders	PHQ-9, GAD7
Any other condition	PHQ-9, GAD7

* An additional outcome measure is published as part of the integrated services pilot which uses additional Patient Reported Outcome Measures; see section **9**

Where to go next:

- For further information about how ICD-10 codes are used to assess patient outcomes, see section **6** of this document.
- For more information about ICD-10, see **http://apps.who.int/classifications/icd10/browse/2010/en**.

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12. Frequently Asked Questions

How do we construct our measures?

Definitions of all our measures can be found in section **6**.

I am a provider and my local figures do not match those published - why is this?

There are several potential reasons why local figures do not match published data. The most common reason is due to NHS Digital suppression rules, which mean that published data for all geographies except England are rounded to the nearest 5. Another common reason is that local data are on live systems, and a referral's status may have changed since the data were last submitted to NHS Digital.

NHS Digital send providers a Provider Analysis Validation Extract (PAVE) report each month to help them to reconcile local differences with published data. The specification for PAVE reports is available from **http://www.digital.nhs.uk/iaptmonthly**.

Where can I find access rates?

See section **6**.

Where can I find KPI data?

The KPI reports ended at the end of 2012/13 and the NHS Digital IAPT reports are now the authoritative source of information. Although many of our published measures are based on the old KPI figures, some constructions and methodologies have been updated over time and so our figures may not exactly replicate the old figures. The link to the KPI publications can be found at **https://digital.nhs.uk/iaptmonthly**.

Published rates for the organisation I'm looking at don't match when I try to calculate them manually in the data. Why is this?

Published rates (*RecoveryRate*, *ImprovementRate*, *ReliableRecoveryRate*, *FirstTreatment6WeeksFinishedCourseRate*, *FirstTreatment18WeeksFinishedCourseRate*), are based on unrounded numbers, whereas counts are rounded to the nearest 5 to protect patient confidentiality. It is therefore not possible to manually calculate the true rates from published data, except at England level.

Where can I find past publications?

All historical IAPT publications are available from links on **https://digital.nhs.uk/iaptmonthly**.

When will IAPT data next be published?

The NHS Digital Publications Calendar (**https://digital.nhs.uk/search/publicationStatus/false?area=data&sort=date**) pre-announces all publication dates, including those for IAPT, at least 3 months in advance.

I can't find the measure I'm looking for in the Activity Data File CSV.

Because of the size and complexity of the IAPT dataset, as well as the level of interest in the IAPT programme, publications now contain a very large number of measures. To find a specific measure you are looking for, you can use the IAPT Metadata Document to search for a plain English description, and then find the corresponding column name in the Monthly or Quarterly Activity Data File CSV. See section **7** for further details.

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Where can I find annual reports about IAPT?

Links can be found to all IAPT publications, including annual reports at **https://digital.nhs.uk/iaptmonthly**.

Where can I find out more about the clinical definitions, for example of therapy types used?

NHS Digital is responsible for the collection and publication of IAPT data only. For information about the IAPT programme generally, visit **https://www.england.nhs.uk/mentalhealth/adults/iapt/**.

Where can I learn more about the data quality of publications?

Monthly publications include two comprehensive data quality reports, one for the final data for the current month, and one related to the primary submission of next month's data (provisional data). These can be found within the 'Resources' section of each month's publication page.

In addition to these, a data quality statement, outlining considerations relevant to all IAPT publications, is available at **http://www.digital.nhs.uk/iaptmonthly**.

See section **8** for further details.

What do we mean by 'Final' and 'Provisional' data?

See section **4**.

Can I compare data to previous publications?

Data from April 2015 Final onwards use the same methodology and so are comparable, subject to the considerations outlined in the IAPT Data Quality Statement available from **http://www.digital.nhs.uk/iaptmonthly**.

Publications prior to April 2015 Final were released on a quarterly basis and are not comparable with monthly publications for this reason.

Comparisons with data prior to July 2014 are not always possible, due to changes in the IAPT dataset. These changes are outlined in 'Methodological Change Note – IAPT version 1.5 reports' and 'Methodological Change Note – IAPT monthly reports', available from **http://www.digital.nhs.uk/iaptmonthly**.

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Useful links and resources

Key resources

For an explanation of all measures in the Monthly & Quarterly Activity Data File CSVs, see the **IAPT Metadata Document**

For the specification of the IAPT dataset, see the **IAPT v1.5 Technical Output Specification**

For the Public Health England Common Mental Health Disorder Profiling Tool ('Fingertips tool'), see **https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders**

For the IAPT Manual, see the NHS IAPT website with supporting information: **https://www.england.nhs.uk/mental-health/adults/iapt/**

Or access the manual directly here: **https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/**

For the Mental Health Data Hub, see: **https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub**

NHS Digital IAPT webpages

For links to all historical IAPT publications and for context and resources related to monthly IAPT publications: **http://www.digital.nhs.uk/iaptmonthly**

For resources related to the IAPT dataset: **https://digital.nhs.uk/iaptmonthly**.

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13. Glossary

Access

The expansion of IAPT services will aim to provide at least 1.5m adults with access to care each year by 2020/21. This means that IAPT services nationally will move from seeing around 15% of all people with anxiety and depression each year to 25%, and all areas will have more IAPT services. NHS Digital calculates the numerator for access rates – which is the number of referrals entering treatment in a given period – but the denominator (the prevalence of depression and anxiety in the England population) has been determined by NHS England. This is based on figures from the Adult Psychiatric Morbidity Survey, 2000.

Anxiety Disorder Specific Measure (ADSM)

Anxiety Disorder Specific Measures are questionnaires that are sensitive measures of the severity of anxiety disorders. See section 9 for further details.

Assessment appointment

All IAPT appointments should be classified by their purpose. An assessment appointment is an attended appointment where the recorded appointment type is either ‘assessment’ or ‘assessment and treatment’.

Caseness

Caseness is the term used to describe a referral that scores highly enough on measures of depression and anxiety to be classed as a clinical case. It is measured by using the scores that are collected at IAPT appointments; if a patient’s score is above the clinical / non-clinical cut off on either their anxiety score, their depression score, or both, then the referral is classed as a clinical case. See section 6 for further details.

Completed course of treatment

See ‘Finished course of treatment’ below.

Entered treatment

To enter treatment, a referral must have a first treatment appointment recorded in the period. Some measures based on the first treatment appointment (for example, waiting times) look at a cohort of referrals that ended in the year, as this group represents referrals that have undergone the full IAPT pathway.

Finished course of treatment

A referral that has finished a course of treatment is one that has ended having had at least two attended treatment appointments during the referral. Follow-up appointments do not count; these should take place after the end of a course of treatment. All patients who have finished a course of treatment are eligible for assessment of outcome (recovery, reliable improvement, no reliable change, or reliable deterioration).

GAD7

The Generalised Anxiety Disorder-7 questionnaire is IAPT’s default questionnaire for assessing the severity of anxiety. It was originally developed as a measure of Generalised Anxiety Disorder and can be used as an Anxiety Disorder Specific Measure (ADSM) for this clinical condition. However, it can also pick up changes in other anxiety disorders and is therefore used to measure change in anxiety where the relevant ADSM has not been given at least twice. The GAD7 should be recorded at every appointment.

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National Institute for Health and Clinical Excellence (NICE)

NICE's role is to improve outcomes for people using the NHS and other public health and social care services. NICE approve and oversee therapy types used in the IAPT programme.

PHQ-9 questionnaire

The Public Health Questionnaire-9 is IAPT's measure of the severity of depression and should be recorded at each appointment.

Problem descriptor

This describes the specific problem being assessed by the IAPT service for a given referral (for example, Obsessive Compulsive Disorder). The terminology was changed from 'provisional diagnosis' as it was felt that a formal diagnosis cannot always be made at initial contact with a patient, and that this sometimes only becomes apparent over the course of several appointments. For this reason, the problem descriptor can be updated in each submission. In the analysis of outcomes, the problem descriptor used is the last recorded one.

Recovery (moving to recovery)

Recovery is one of the key outcome measures in IAPT, and services are monitored in terms of the proportion of eligible patients who recover (known as the 'recovery rate' or 'moved to recovery rate').

To be eligible for the assessment of recovery, a patient must have completed a course of IAPT treatment (see definition 'Finished course of treatment') having started their course of treatment at 'caseness' (see definition 'Caseness'). A patient has then moved to recovery if they are no longer at caseness at the end of their treatment.

See section 6 for further details.

Referral

To access IAPT services, an individual requires a referral. Referrals are often provided by General Practitioners (GPs), but there are many other sources of referral, including self-referral by the individual requiring the service. Once a referral has been received by a service provider, it should follow the recommended stepped care pathway.

One patient can only have one open referral at a given provider at any one time but could have multiple referrals across different providers or multiple referrals with the same provider across time. For this reason, a count of referrals is used, rather than a count of people, in IAPT publications.

There are three key stages for referrals in IAPT publications; referral received date, first treatment appointment date, and referral end date.

Reliable change (Reliable Improvement and Reliable Deterioration)

The severity of a patient's condition in IAPT is assessed using tailored questionnaires (ADSM and PHQ-9 scores). All measures of symptoms are subject to error. Consequently, small changes in questionnaire scores may not indicate a real change in clinical state. A change of scores between the beginning and end of a course of treatment is considered a reliable change if it exceeds the measurement error of the questionnaire.

Conversely, patients have shown no reliable change if they fail to show reliable change on *both* anxiety and depression measures, or if reliable improvement is shown on one whilst reliable deterioration is shown on the other.

See section 6 for further details.

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Appendix A – The International Classification of Diseases and Related Health Problems (ICD-10)

The International Classification of Diseases and Related Health Problems (ICD-10) is an internationally-agreed classification structure for all diseases and health problems and is used to translate diagnoses of diseases and other health problems from words into an alphanumeric code, which permits easy storage, retrieval and analysis of the data.

In the context of IAPT, providers must submit the problem the patient is suffering from, as assessed by an IAPT professional, in the form of an ICD-10 code. Having codes in a standard format like this allows NHS Digital and extract customers to easily reconcile which patients have conditions for which appropriate outcome measures exist, and therefore assess whether the patient has measurably improved against these measures.

The relationship between problem descriptors and ICD-10 codes is described in the table below:

Problem descriptor	ICD-10 code	ICD-10 description*
Depression	F32.0	Mild depressive episode
	F32.1	Moderate depressive episode
	F32.2	Severe depressive episode without psychotic symptoms
	F32.3	Severe depressive episode with psychotic symptoms
	F32.8	Other depressive episodes
	F32.9	Depressive episode, unspecified
	F33.0	Recurrent depressive disorder, current episode mild
	F33.1	Recurrent depressive disorder, current episode moderate
	F33.2	Recurrent depressive disorder, current episode severe without psychotic symptoms
	F33.3	Recurrent depressive disorder, current episode severe with psychotic symptoms
	F33.4	Recurrent depressive disorder, currently in remission
	F33.8	Other recurrent depressive disorders
	F33.9	Recurrent depressive disorder, unspecified
Agoraphobia	F40.0	Agoraphobia
Social phobias	F40.1	Social phobias
Specific (isolated) phobias	F40.2	Specific (isolated) phobias
Panic disorder [episodic paroxysmal anxiety]	F41.0	Panic disorder [episodic paroxysmal anxiety
Generalized anxiety disorder	F41.1	Generalized anxiety disorder

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Mixed anxiety and depressive disorder	F41.2	Mixed anxiety and depressive disorder
Obsessive-compulsive disorder	F42.0	Predominantly obsessional thoughts or ruminations
	F42.1	Predominantly compulsive acts [obsessional rituals]
	F42.2	Mixed obsessional thoughts and acts
	F42.8	Other obsessive-compulsive disorders
	F42.9	Obsessive-compulsive disorder, unspecified
Post-traumatic stress disorder	F43.1	Post-traumatic stress disorder
Other anxiety and stress-related disorder	F40.8	Other phobic anxiety disorders
	F40.9	Phobic anxiety disorder, unspecified
	F41.3	Other mixed anxiety disorders
	F41.8	Other specified anxiety disorders
	F41.9	Anxiety disorder, unspecified
	F43.0	Acute stress reaction
	F43.2	Adjustment disorders
	F43.8	Other reactions to severe stress
	F43.9	Reaction to severe stress, unspecified
Hypochondriacal disorder (Health Anxiety)	F45.2	Hypochondriacal disorder
Other mental health disorders	Other 'F' code not above	
Any other condition	Other valid ICD-10 code not above	

* ICD-10 codes and descriptions are from the latest taken from the World Health Organisation (WHO) international Classification of Diseases ICD-10 Version 2016 database. https://icd.who.int/browse10/2016/en

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Appendix B - Employment Advisers in IAPT pilot

Introduction

This guidance is intended to help services participating in the Employment Advisers in IAPT pilot to understand the data submission and statistical reports. It should be read in conjunction with Working Health Unit guidance.

This guidance has three main sections:

- Submitting EA pilot data to NHS Digital
- Ensuring submitted records are of high data quality
- Ensuring that data are consistent

Summary

Submitting data

Providers should submit the mandated/ core IAPT dataset as normal

A corresponding EA record should exist for **every appointment** in the mandated/ core dataset

Local patient ID, service ID, appointment date and time **must be consistent** between the EA record and the mandated appointment record or the two will not link

Completeness

All fields in the EA table should be complete for all records, except for the Employment Support Type & last employment support indicator – these are only for contacts with an Employment Adviser.

Consistency

Appointments with an Employment Adviser should have a recorded therapy type of **Employment Support** in the mandated/ core dataset **and** an **Employment Support Type** in the corresponding EA record

Employment status should be recorded in every appointment in the mandated/ core dataset **and** should match the **Employment Support Type** and the **Employment Attendance Status**

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Submitting EA pilot data to NHS Digital

This section describes how to submit data about the pilot in a way that will allow records to be linked with other IAPT data (such as referral and person information).

Why?

If data are not submitted correctly, then we cannot identify any information about patients and the referral pathways, and the **records will be excluded** from analysis and publications. This means that data about the service in NHS Digital's reports will not represent the activity taking place.

What needs to be submitted

Every IAPT service provider submits records about appointments that took place between the patient and a care profession in the mandated IAPT dataset, and the quality of this data is high. This means that NHS Digital are able to link appointments data to the patient and referral data to which they relate and use this information to create our statistical reports, including calculating performance against standards such as waiting times and recovery.

In addition, IAPT services participating in the EA pilot are expected to submit additional data about appointments that took place in their service. These are submitted as a different database table that can be joined to the appointment record in the mandated dataset. Services in the EA pilot are expected to submit this additional information for **every appointment**.

How?

The IAPT Intermediate Database (IDB) file contains a distinct table for the EA pilot records – EA1APPOINTMENT. Where a record exists in the mandated/ core Appointment table, a corresponding record should exist in the EA1APPOINTMENT table. For each record, **as a minimum** the following fields must match exactly for corresponding records in the two tables:

- LPTID (local patient identifier)
- SERVICEID (local service ID)
- APPOINTMENT (appointment date)
- APPOINTMENTTIME (appointment time)

If any of these fields are inconsistent between corresponding records in the EA1APPOINTMENT and the mandated/ core Appointment tables, the records will be assigned different APPOINTMENT_IDs (a unique, pseudonymised identifier for a single appointment for a single individual). This means that the two appointment records will be treated as separate appointments and can never be reconciled.

NHS Digital are not able to consider appointments with non-matching APPOINTMENT_IDs as it is not possible to link the appointment data back to data about the patient and referral.

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How can I check that submitted records are linking?

There are two main ways that IAPT services can check whether the linkage of their submitted records has been successful:

- Post-submission validation reports
- NHS Digital Official Statistics monthly reports

Post-submission validation reports

Post-submission validation reports are provided by the Open Exeter Bureau Service Portal. On submission, and additionally post-submission window closure, providers are given a report assessing the validity of their submission.

These reports consist of a set of warnings and rejections, which providers can use to check against their submission and, if necessary, to make corrections and resubmit. Rejections occur when mandatory submission criteria have not been met (for example, an appointment date is missing), meaning that the record will not flow to NHS Digital. Warnings are generated where an issue has occurred with an important, but not mandatory, issue has occurred (for example, a missing employment status).

For a list of dataset fields, their acceptable values, and descriptions of the validation warnings, see the 'IAPT v1.5 Technical Output Specification' and the 'EA in IAPT Pilot Data Set – Technical Output Specification', both published at www.digital.nhs.uk/iapt.

For help finding or understanding the content of post-submission validation reports, please contact the NHS Digital Open Exeter team at exeter.helpdesk@nhs.net.

NHS Digital Official Statistics monthly publications

NHS Digital make data about the EA in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to 'Monthly and Quarterly publications'. You will then be able to select the desired report from a list ordered by the month to which they relate.

Within the EA in IAPT pilot data file, there is a Data Quality Measures tab, containing a suite of measures that assess the quality of many aspects of providers' submissions, including linkage. In particular, providers should note the following measures:

- DQ1A – Number of core appointments that link to EA appointments
- DQ1B – Number of core appointments that do not link to EA appointments

Providers with a large amount of records in DQ1B, particularly if this is consistently high across months, should assess their data collection and submission processes against the requirements described above.

For help finding or understanding NHS Digital's monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include "IAPT" in the subject header).

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Ensuring submitted records are of high data quality

This section describes how to submit records that are complete and contain valid values, enabling accurate reporting of activity in the pilot.

Why?

In addition to the requirements to submit and correctly link data described above, submitted records in the EA1APPOINTMENT table also need to be of sufficient completeness to enable NHS Digital's analysis and to enable accurate assessment of the pilot.

What needs to be submitted?

The table below lists the fields contained within the EA1APPOINTMENT table, as well as their function, allowable values, and guidance on completion:

Field name	Valid values	Default values	Purpose	Notes on completion
EMPATTENDSTATUS	1, 2	9	Current attendance status of a person in employment.	Should be blank if the patient is not employed.
WEEKHOURSWORKED	01, 02, 03, 04	97, 98, 99	The number of hours worked in a typical week by a person	Should **never** be blank – use 98 if patient is not employed.
BENEFITSSTATUS	Y, N	U, Z	The patient's benefits status.	Should **never** be blank – use N if not receiving benefit(s), U if unknown and Z if patient declined to respond.
JSASTATUS	Y, N	U, Z	The patient's Jobseeker's Allowance status.	
ESASTATUS	Y, N	U, Z	The patient's Employment and Support Allowance status.	
UCSTATUS	Y, N	U, Z	The patient's Universal Credit status.	
PIPSTATUS	Y, N	U, Z	The patient's Personal Independence Payment status.	
OTHERBENEFITSSTATUS	Y, N	U, Z	The patient's Other Benefits status.	
EMPSUPPORTTYPE	1, 2, 3		The type of employment support given or planned to be given to the patient.	Should be blank if the appointment is not with an Employment Adviser.
LASTEMPSUPPAPPIND	Y, N		An indicator to identify whether the appointment is the last in a course of employment support.	Should be blank unless this is, or is expected to be, the last employment support app't for the patient.

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Published measures about the EA pilot

The following measures are published in a set of tables, available from http://www.digital.nhs.uk/iaptreports.

The information provided here aims to provide a clear explanation of measures and their rationale. Detailed technical constructions of each measure are provided in the data tables (see above link).

Data measures included in this publication

Number of referrals included in analysis of EA pilot:

Ref.	Measure	Rationale
DM1A	Number of referrals having at least one attended appointment (during the referral pathway, or a follow up appointment(s) after the referral end date), none of which successfully link to a corresponding appointment in the EA pilot table.	This provides the number of referral records in the routine/ core IAPT dataset that should have been included in analysis of the EA pilot, but have not.
DM1B	Number of referrals having at least one attended core appointment, that is during the referral pathway, or a follow up appointment after the referral end date, that successfully links to a corresponding appointment in the EA pilot table.	This provides the number of referral records in the routine/ core IAPT dataset that have been included in analysis of the EA pilot, and is therefore the base cohort for other analyses (with the exception of DM1A) in this publication.
DM1C	Number of referrals with valid[4] attended core appointment records that successfully link to a corresponding appointment in the EA pilot table, where the therapy type is recorded as employment support and the corresponding appointment in the EA pilot table has a valid Employment Support Indicator.	This provides the number of referrals that are recorded in the core IAPT tables and the EA pilot tables as in receipt of Employment support.
DM1D	Number of referrals with valid[4] attended core appointment records that successfully link to a corresponding appointment in the EA pilot table, where the therapy type is null or recorded as not employment support and the corresponding appointment in the EA pilot table has a null Employment Support Indicator.	This provides the number of referrals that are recorded in the core IAPT tables and the EA pilot tables as not in receipt of Employment support.
DM1E	Number of referrals with valid[5] attended core appointment records that successfully link to a	This provides the number of referrals that are recorded in the core IAPT tables and the

[4] Appointments have been classed as valid where the appointment occurs within the referral pathway and is not a follow up or the appointment occurs outside of the referral pathway and is a follow up appointment.
[5] Appointments have been classed as valid where the appointment occurs within the referral pathway and is not a follow up or the appointment occurs outside of the referral pathway and is a follow up appointment.

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	corresponding appointment in the EA pilot table, where the therapy type is recorded as employment support and the corresponding appointment in the EA pilot table has a non-valid or null Employment Support Indicator, or the therapy type recorded is not employment support or is null and the corresponding appointment in the EA pilot table has a valid or invalid Employment Support Indicator	EA pilot tables where the employment status is unknown.

Employment adviser activity[6] in the month

Ref.	Measure	Rationale
DM2	Referrals having one or more attended appointments in an EA pilot service in the month. Note this is a subset of DM1A.	Reports the number of referrals in EA pilot services with some activity in the month.
DM2A	Of those included in DM2, the number of referrals with no Employment Support appointments. Note this is a subset of DM2.	Reports the number of referrals in EA pilot services in receipt of IAPT therapy only in the month.
DM2B	Of those included in DM2, the number of referrals with at least one Employment Support appointment. Note this is a subset of DM2.	Reports the number of referrals in EA pilot services in receipt of Employment Support alongside IAPT therapy in the month.
DM2C	Of those included in DM2B, the number of referrals who received their first Employment Support appointment in the month. Note this is a subset of DM2B.	Reports the number of referrals in EA pilot services who began receiving Employment Support for the first time in the month.
DM2D	The number of referrals who received their last Employment Support appointment in the month.	Reports the number of referrals in EA pilot services who finished receiving Employment Support in the month. DM2D includes referrals where the last Employment Support flag is set in an unattended appointment in the month.

Outcomes for IAPT therapy only[6 7] referrals finishing treatment in the month

Ref.	Measure	Rationale
DM3	The number of referrals who finished their treatment in the month and who had not received Employment Support prior to the end of the referral.	Reports the number of referrals finishing in the month that received IAPT therapy only up to the end of the referral. Only scores recorded before the end of the referral can

[6] See **here** for further information about inclusion criteria for Employment Support and IAPT therapy only.
[7] For further information and definitions of the outcome measure terms please see the ‘Guide to IAPT data and publications’ published at http://www.digital.nhs.uk/iaptreports

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		contribute to the outcome calculations listed below.
DM3A	Of those included in DM3, the number of referrals who started not at caseness. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only and started not at caseness.
DM3B	Of those included in DM3, the number of referrals who showed reliable improvement. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only and showed reliable improvement.
DM3C	Of those included in DM3, the number of referrals who showed reliable improvement as a proportion of those who finished a course of treatment in the month and received IAPT therapy only (DM3).	Reports the reliable improvement rate for referrals finishing in the month that received IAPT therapy only.
DM3D	Of those included in DM3, the number of referrals whose scores at the start and end of treatment showed no reliable change. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only and showed no reliable change.
DM3E	Of those included in DM3, the number of referrals whose scores at the start and end of treatment showed reliable deterioration. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only and showed reliable deterioration.
DM3F	Of those included in DM3, the number of referrals whose scores at the start and end of treatment had moved to recovery. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only and moved to recovery.
DM3G	Of those included in DM3, the number of referrals who moved to recovery as a proportion of those who finished a course of treatment in the month and received IAPT therapy only (DM3) minus those that were not at caseness at the start of their treatment (DM3A).	Reports the recovery rate for referrals finishing in the month that received IAPT therapy only.
DM3H	Of those included in DM3, the number of referrals whose scores at the start and end of treatment moved to recovery and showed reliable improvement. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only and showed reliable recovery.
DM3I	Of those included in DM3, the number of referrals who moved to recovery AND showed reliable improvement (DM3H) as a proportion of those who finished a course of treatment in the month and received IAPT therapy only	Reports the reliable recovery rate for referrals finishing in the month that received IAPT therapy only.

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	(DM3) minus those that were not at caseness at the start of their treatment (DM3A).	

Outcomes for employment support[8] [9] referrals finishing treatment in the month

Ref.	Measure	Rationale
DM4	The number of referrals who finished their treatment in the month that received Employment Support before the end of the referral, i.e. not just in follow up appointments.	Reports the number of referrals finishing in the month that received EA support before the end of the referral. Only scores recorded before the end of the referral contribute to the outcome calculations below.
DM4A	Of those included in DM4, the number of referrals who finished their treatment in the month and started not at caseness. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received EA support and started not at caseness.
DM4B	Of those included in DM4, the number of referrals who showed reliable improvement. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received EA support and showed reliable improvement.
DM4C	Of those included in DM4, the number of referrals who showed reliable improvement (DM4B) as a proportion of those who finished a course of treatment in the month and received EA support (DM4).	Reports the reliable improvement rate for referrals finishing in the month that received EA support.
DM4D	Of those included in DM4, the number of referrals whose scores at the start and end of treatment showed no reliable change. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received EA support and showed no reliable change.
DM4E	Of those included in DM4, the number of referrals whose scores at the start and end of treatment showed reliable deterioration. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received EA support and showed reliable deterioration.
DM4F	Of those included in DM4, the number of referrals whose scores at the start and end of treatment had moved to recovery. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received EA support and moved to recovery.
DM4G	Of those included in DM4, the number of referrals who moved to recovery (DM4F) as a proportion of those who finished a course of treatment in the month and	Reports the recovery rate for referrals finishing in the month that received EA support.

[8] See **here** for further information about inclusion criteria for Employment Support.
[9] For further information and definitions of the outcome measure terms please see the 'Guide to IAPT data and publications' published at http://www.digital.nhs.uk/iaptreports

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	received EA support (DM4) minus those that were not at caseness at the start of their treatment (DM4A).	
DM4H	Of those included in DM4, the number of referrals whose scores at the start and end of treatment moved to recovery and showed reliable improvement. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received EA support and showed reliable recovery.
DM4I	Of those included in DM4, the number of referrals who moved to recovery AND showed reliable improvement (DM4H) as a proportion of those who finished a course of treatment in the month and received EA support (DM4) minus those that were not at caseness at the start of their treatment (DM4A).	Reports the reliable recovery rate for referrals finishing in the month that received EA support.

First and Last Employment Status for IAPT therapy only[10] referrals finishing treatment in the month

Ref.	Measure	Rationale
DM5A	Of those included in DM3, the number of referrals where the first recorded valid employment status was Employed and In Work. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose first employment status was “employed and in work”.
DM5B	Of those included in DM3, the number of referrals where the first recorded valid employment status was Employed and Off Sick. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose first employment status was “employed and off sick”.
DM5C	Of those included in DM3, the number of referrals where the first recorded valid employment status was Not Employed. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose first employment status was “not employed”.
DM5D	Of those included in DM3, the number of referrals where the first recorded valid employment status was Unknown. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose first employment status was unknown.
DM5E	Of those included in DM3, the number of referrals where the last recorded valid employment status was employed and In Work. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose last employment status was “employed and in work”.

[10] See **here** for further information about inclusion criteria for Employment Support and IAPT therapy only.

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DM5F	Of those included in DM3, the number of referrals where the last recorded valid employment status was Employed and Off Sick. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose last employment status was "employed and off sick".
DM5G	Of those included in DM3, the number of referrals where the last recorded valid employment status was Not Employed. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose last employment status was "not employed".
DM5H	Of those included in DM3, the number of referrals where the last recorded valid employment status was Unknown. Note this is a subset of DM3.	Reports the number of referrals finishing in the month that received IAPT therapy only whose last employment status was unknown.

First and Last Employment Status for employment support[11] referrals finishing treatment in the month

Ref.	Measure	Rationale
DM6A	Of those included in DM4, the number of referrals where the first recorded valid employment status was Employed and In Work. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose first employment status was "employed and in work".
DM6B	Of those included in DM4, the number of referrals where the first recorded valid employment status was Employed and Off Sick. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose first employment status was "employed and off sick".
DM6C	Of those included in DM4, the number of referrals where the first recorded valid employment status was Not Employed. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose first employment status was "not employed".
DM6D	Of those included in DM4, the number of referrals where the first recorded valid employment status was Unknown. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose first employment status was unknown.
DM6E	Of those included in DM4, the number of referrals where the last recorded valid employment status was Employed and In Work. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose last employment status was "employed and in work".
DM6F	Of those included in DM4, the number of referrals where the last	Reports the number of referrals finishing in the month that received Employment

[11] See **here** for further information about inclusion criteria for Employment Support.

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	recorded valid employment status was Employed and Off Sick. Note this is a subset of DM4.	Support whose last employment status was "employed and off sick".
DM6G	Of those included in DM4, the number of referrals where the last recorded valid employment status was Not Employed. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose last employment status was "not employed".
DM6H	Of those included in DM4, the number of referrals where the last recorded valid employment status was Unknown. Note this is a subset of DM4.	Reports the number of referrals finishing in the month that received Employment Support whose last employment status was unknown.

First and Last Employment Status for employment support[12] referrals finishing employment support in the month

Ref.	Measure	Rationale
DM7A	Of those included in DM2D, the number of referrals where the first recorded valid employment status was Employed and In Work. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose first employment status was "employed and in work".
DM7B	Of those included in DM2D, the number of referrals where the first recorded valid employment status was Employed and Off Sick. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose first employment status was "employed and off sick".
DM7C	Of those included in DM2D, the number of referrals where the first recorded valid employment status was Not Employed. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose first employment status was "not employed".
DM7D	Of those included in DM2D, the number of referrals where the first recorded valid employment status was Unknown. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose first employment status was unknown.
DM7E	Of those included in DM2D, the number of referrals where the last recorded valid employment status was Employed and In Work. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose last employment status was "employed and in work".
DM7F	Of those included in DM2D, the number of referrals where the last recorded valid employment status was Employed and Off Sick. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month that received Employment Support whose last employment status was "employed and off sick".

[12] See **here** for further information about inclusion criteria for Employment Support.

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DM7G	Of those included in DM2D, the number of referrals where the last recorded valid employment status was Not Employed. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose last employment status was “not employed”.
DM7H	Of those included in DM2D, the number of referrals where the last recorded valid employment status was Unknown. Note this is a subset of DM2D.	Reports the number of referrals finishing employment support in the month whose last employment status was unknown.

Work and Social Adjustment Scale (WSAS) measures for employment support[13] referrals finishing treatment in the month

Ref.	Measure	Rationale
DM8A	Of those included in DM4, the number of referrals that had at least two recorded WSAS scores on the WSAS work dimension.	Reports the number of referrals who finished their treatment in the month that received Employment Support before the end of the referral and at least two scores on the WSAS work dimension.
DM8B	For referrals included in DM8A, the mean of the first WSAS work dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS work dimension.
DM8C	For referrals included in DM8A, the median of the first WSAS work dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS work dimension.
DM8D	For referrals included in DM8A, the mean of the last WSAS work dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS work dimension.
DM8E	For referrals included in DM8A, the median of the last WSAS work dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS work dimension.
DM8F	Of those included in DM4, the number of referrals that had at least two recorded WSAS scores on the WSAS home management dimension.	Reports the number of referrals who finished their treatment in the month that received Employment Support before the end of the referral and at least two scores on the WSAS home management dimension.
DM8G	For referrals included in DM8F, the mean of the first WSAS home management dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS home management dimension.

[13] See **here** for further information about inclusion criteria for Employment Support.

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DM8H	For referrals included in DM8F, the median of the first WSAS home management dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS home management dimension.
DM8I	For referrals included in DM8F, the mean of the last WSAS home management dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS home management dimension.
DM8J	For referrals included in DM8F, the median of the last WSAS home management dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS home management dimension.
DM8K	Of those included in DM4, the number of referrals that had at least two recorded WSAS scores on the WSAS social leisure activities dimension.	Reports the number of referrals who finished their treatment in the month that received Employment Support before the end of the referral and at least two scores on the WSAS social leisure activities dimension.
DM8L	For referrals included in DM8K, the mean of the first WSAS social leisure activities dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM8M	For referrals included in DM8K, the median of the first social leisure activities dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM8N	For referrals included in DM8K, the mean of the last WSAS social leisure activities dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM8O	For referrals included in DM8K, the median of the last WSAS social leisure activities dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM8P	Of those included in DM4, the number of referrals that had at least two recorded WSAS scores on the WSAS private leisure activities dimension.	Reports the number of referrals who finished their treatment in the month that received Employment Support before the end of the referral and at least two scores on the WSAS private leisure activities dimension.
DM8Q	For referrals included in DM8P, the mean of the first WSAS private	Reports the mean of the first recorded WSAS scores for referrals ending in the

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	leisure activities dimension recorded scores.	month with at least some EA support before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM8R	For referrals included in DM8P, the median of the first private leisure activities dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM8S	For referrals included in DM8P, the mean of the last WSAS private leisure activities dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM8T	For referrals included in DM8P, the median of the last WSAS private leisure activities dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM8U	Of those included in DM4, the number of referrals that had at least two recorded WSAS scores on the WSAS relationships dimension.	Reports the number of referrals who finished their treatment in the month that received Employment Support before the end of the referral and at least two scores on the WSAS relationships dimension.
DM8V	For referrals included in DM8U, the mean of the first WSAS relationships dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS relationships dimension.
DM8W	For referrals included in DM8U, the median of the first relationships dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS relationships dimension.
DM8X	For referrals included in DM8U, the mean of the last WSAS relationships dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS relationships dimension.
DM8Y	For referrals included in DM8U, the median of the last WSAS relationships dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month with at least some EA support before the referral enddate and at least two scores on the WSAS relationships dimension.

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Work and Social Adjustment Scale (WSAS) measures for IAPT therapy[14] referrals finishing treatment in the month

Ref.	Measure	Rationale
DM9A	Of those included in DM3, the number of referrals that had at least two recorded WSAS scores on the WSAS work dimension.	Reports the number of referrals who finished their treatment in the month having IAPT therapy only before the end of the referral and at least two scores on the WSAS work dimension.
DM9B	For referrals included in DM9A, the mean of the first WSAS work dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS work dimension.
DM9C	For referrals included in DM9A, the median of the first WSAS work dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS work dimension.
DM9D	For referrals included in DM9A, the mean of the last WSAS work dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS work dimension.
DM9E	For referrals included in DM9A, the median of the last WSAS work dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS work dimension.
DM9F	Of those included in DM3, the number of referrals that had at least two recorded WSAS scores on the WSAS home management dimension.	Reports the number of referrals who finished their treatment in the month having IAPT therapy only before the end of the referral and at least two scores on the WSAS home management dimension.
DM9G	For referrals included in DM9F, the mean of the first WSAS home management dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS home management dimension.
DM9H	For referrals included in DM9F, the median of the first WSAS home management dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS home management dimension.
DM9I	For referrals included in DM9F, the mean of the last WSAS home management dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS home management dimension.
DM9J	For referrals included in DM9F, the median of the last WSAS home	Reports the median of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the

[14] See here for further information about inclusion criteria for Employment Support and IAPT therapy only

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	management dimension recorded scores.	referral enddate and at least two scores on the WSAS home management dimension.
DM9K	Of those included in DM3, the number of referrals that had at least two recorded WSAS scores on the WSAS social leisure activities dimension.	Reports the number of referrals who finished their treatment in the month having IAPT therapy only before the end of the referral and at least two scores on the WSAS social leisure activities dimension.
DM9L	For referrals included in DM9K, the mean of the first WSAS social leisure activities dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM9M	For referrals included in DM9K, the median of the first social leisure activities dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM9N	For referrals included in DM9K, the mean of the last WSAS social leisure activities dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM9O	For referrals included in DM9K, the median of the last WSAS social leisure activities dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS social leisure activities dimension.
DM9P	Of those included in DM3, the number of referrals that had at least two recorded WSAS scores on the WSAS private leisure activities dimension.	Reports the number of referrals who finished their treatment in the month having IAPT therapy only before the end of the referral and at least two scores on the WSAS private leisure activities dimension.
DM9Q	For referrals included in DM9P, the mean of the first WSAS private leisure activities dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM9R	For referrals included in DM9P, the median of the first private leisure activities dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM9S	For referrals included in DM9P, the mean of the last WSAS private leisure activities dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM9T	For referrals included in DM9P, the median of the last WSAS private	Reports the median of the last recorded WSAS scores for referrals ending in the

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	leisure activities dimension recorded scores.	month having IAPT therapy only before the referral enddate and at least two scores on the WSAS private leisure activities dimension.
DM9U	Of those included in DM3, the number of referrals that had at least two recorded WSAS scores on the WSAS relationships dimension.	Reports the number of referrals who finished their treatment in the month having IAPT therapy only before the end of the referral and at least two scores on the WSAS relationships dimension.
DM9V	For referrals included in DM9U, the mean of the first WSAS relationships dimension recorded scores.	Reports the mean of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS relationships dimension.
DM9W	For referrals included in DM9U, the median of the first relationships dimension recorded scores.	Reports the median of the first recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS relationships dimension.
DM9X	For referrals included in DM9U, the mean of the last WSAS relationships dimension recorded scores.	Reports the mean of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS relationships dimension.
DM9Y	For referrals included in DM9U, the median of the last WSAS relationships dimension recorded scores.	Reports the median of the last recorded WSAS scores for referrals ending in the month having IAPT therapy only before the referral enddate and at least two scores on the WSAS relationships dimension.

How can I check whether submitted records are valid?

Post-submission validation reports will generate warnings where records are submitted with invalid data in these fields. Data is classed as invalid if it is a value outside the list of allowable values in the table above. As the fields listed above are not mandatory dataset items, they will still flow to NHS Digital even if they have invalid or missing data, so it is important that providers use the post-submission validation reports to check the quality of their submitted records.

For help finding or understanding the content of post-submission validation reports, please contact the NHS Digital Open Exeter team at exeter.helpdesk@nhs.net.

NHS Digital make data about the EA in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to ‘Monthly and Quarterly publications’. You will then be able to select the desired report from a list ordered by the month to which they relate.

Within the EA in IAPT pilot data file, there is a Data Quality Measures tab, containing a suite of measures that assess the quality of many aspects of providers’ submissions, including data quality and completeness. In particular, providers should note the following measures (note that only linked appointments as described in the previous section are counted in these measures):

- DQ2A – Validity of employment attendance status
- DQ2B – Validity of number of weekly hours worked

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- DQ2C – Validity of benefits status
- DQ2D – Validity of Jobseeker's Allowance status
- DQ2E – Validity of Employment and Support Allowance status
- DQ2F – Validity of Universal Credit status
- DQ2G – Validity of Personal Independence Payment status
- DQ2H – Validity of other benefits status
- DQ2I – Validity of employment support given/ planned to be given to patient
- DQ2J – Validity of indicator to identify whether the employment support appointment is the last in the pathway

Each of these measures are split in up to five categories, only one of which each record can be counted in. A description of these categories is given below:

- Valid – the number of records where the data field has been populated and has a value matching the valid values list described in the table above;
- Default – the number of records where the data field has been populated and has a value matching the default values list described in the table above (note that there are no default values for the EMPSUPPORTTYPE and LASTEMPSUPPAPPIND fields);
- Invalid – the number of records where the data field has been populated and has a value that matches neither the valid nor default values described in the table above;
- Missing – the number of records where the data field has not been populated (i.e. left blank).

Providers with large amounts of invalid and/or missing data, particularly if this is consistently high across months, should assess their data collection and submission processes against the requirements described above. Note that DQ2A has been adjusted so that it only considers records where the patient's employment status is employed (and where we would therefore expect a value to be present in this field).

For help finding or understanding NHS Digital's monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include "IAPT" in the subject header).

Ensuring that data are consistent

This section describes how to submit records that describe consistent information about patients' appointments, to enable accurate reporting of activity in the pilot.

Why?

In addition to the requirements for submission and completeness described above, submitted records are also expected to be consistent in the details about the patient and appointment that they describe across various data fields. There are a range of consistencies that have been identified in the dataset, and NHS Digital are developing these into new data quality measures in the monthly Official Statistics reports.

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What data are being assessed for consistency?

Providers are expected to internally ensure the quality of their submissions, including their internal consistency across all data fields to ensure their accuracy. **As a minimum**, NHS Digital and the Working Health Unit require that patients' **employment status** and whether they are **in receipt of employment support** are consistent in linked appointment records. The tables below describe how NHS Digital are defining whether a patient is employed and whether they are in receipt of employment support, in terms of the data items recorded in the mandated/ core Appointment table and the EA1APPOINTMENT table. Note that where inconsistencies or missing data are present in these items, the record's status will be unknown and will not contribute to NHS Digital's Official Statistics reports.

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Criteria for defining a patient's employment status at the appointment

Employment status	Mandated/ core Appointment criteria	EA1APPOINTMENT criteria
Employed and in work	EMPSTATUS (employment status) is 01 (Employed)	EMPATTENDSTATUS (employment attendance status) is 1 (Employed and in work)
Employed and off work through sickness leave	EMPSTATUS is 01 (Employed) or 04 (Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance)	EMPATTENDSTATUS is 2 (Employed and off work through sickness leave)
Not employed	EMPSTATUS is 02 (Unemployed and seeking work)	EMPATTENDSTATUS is NULL (i.e. blank/ missing)
Not actively seeking work or employment status not known	EMPSTATUS is NULL or is not 01, 02 or 04	No additional criteria
	EMPSTATUS is 01	EMPATTENDSTATUS is 9 (Not stated) or is NULL
	EMPSTATUS is 04	EMPATTENDSTATUS is not 2 or is NULL

Criteria for defining whether employment support was given at an appointment

Employment support status	Mandated/ core Appointment criteria	EA1APPOINTMENT criteria
Received employment support	THERTYPE1 is 29/49 (employment support) or THERTYPE2 is 29/49 or THERTYPE3 is 29/49 or THERTYPE4 is 29/49	EMPSUPPORTTYPE is 1,2 or 3 (has received employment support)
Did not receive employment support	THERTYPE1 is not 29/49 or is NULL (i.e. blank/ missing) and THERTYPE2 is not 29/49 or is NULL and THERTYPE3 is not 29/49 or is NULL and THERTYPE4 is not 29/49 or is NULL	EMPSUPPORTTYPE is NULL
Employment support status unknown	THERTYPE1 is not 29/49 or is NULL and THERTYPE2 is not 29/49 or is NULL and THERTYPE3 is not 29/49 or is NULL and THERTYPE4 is not 29/49 or is NULL	EMPSUPPORTTYPE is invalid or EMPSUPPORTTYPE is 1,2 or 3
	THERTYPE1 is 29/49 or THERTYPE2 is 29/49 or THERTYPE3 is 29/49 or THERTYPE4 is 29/49	EMPSUPPORTTYPE is invalid or is NULL

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How can I check whether submitted records are consistent?

NHS Digital make data about the EA in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to ‘Monthly and Quarterly publications’. You will then be able to select the desired report from a list ordered by the month to which they relate.

Within the EA in IAPT pilot data file, there is a Data Quality Measures tab, containing a suite of measures that assess the quality of many aspects of providers’ submissions, including consistency. In particular, providers should note the following measures:

- DQ3A – Number of appointments where EMPSUPPORTTYPE is valid and THERTYPE is 29 or 49
- DQ3B – Number of appointments where EMPSUPPORTTYPE does not have a corresponding THERTYPE

Providers with a large amount of records in DQ3B, particularly if this is consistently high across months, should assess their submitted records for accuracy, as the information provided in the dataset in inconsistent.

In addition, there are measures in the ‘Data Measures’ tab of the same file that aggregate the appointment data to referral level, enabling us to identify referrals that have received employment support at least once in an IAPT service. In particular, providers should note the following measure:

- Number of linked referrals where employment support is unknown in the pathway

Providers with a large amount of records in this field, particularly if this is consistently high across months, should assess their submitted records for accuracy, as the referrals included do not have appointment data with sufficiently consistent or complete information to identify whether or not employment support has been given at least once.

Lastly, NHS Digital also publish, in the same location, measures of referrals’ first and last employment status, including where the first and last status is not known due to inconsistent or incomplete appointment data. Providers with a large amount of records in this field, particularly if this is consistently high across months, should assess their submitted records for accuracy, as the referrals included do not have appointment data with sufficiently consistent or complete information to identify a valid employment status at a single appointment.

For help finding or understanding NHS Digital’s monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include “IAPT” in the subject header).

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Aligning NHS Digital reporting and WHU management information

This section describes how NHS Digital's published data measures are calculated, where these measures pertain to similar information submitted by providers to the Working Health Unit for management information purposes. This is to ensure that reporting is consistent.

What information should align?

The following data measures are currently published by NHS Digital that have equivalent measures in the WHU Management Information file:

NHS Digital measure	WHU Management Information measure
FirstTreatment in Monthly Activity Data File csv	Total number of people entering IAPT treatment this month
FinishedCourseTreatment in Monthly Activity Data File csv	Total number of people completing IAPT treatment this month
Number of referrals first receiving Employment Support in the month in EA pilot data file	Total number of people starting to receive Employment Support this month

FirstTreatment

This measure is included in the Monthly Activity Data File csv found in each monthly Official Statistics publication, and also available through the interactive visualisation tool accessible in the publication landing page. Referrals are counted in this measure if their first, attended treatment appointment occurs in the month, regardless of subsequent activity.

This measure is constructed solely using data items in the mandated/ core dataset and does not consider whether the data link to corresponding records in the EA1APPOINTMENT table. A detailed technical construction for this measure is provided in the IAPT Metadata File, published at www.digital.nhs.uk.

The count of records in this field should approximately match the number of records provided in the WHU measure *'Total number of people entering IAPT treatment this month'*. Counts may differ where there are multiple referrals for the same individual entering treatment in the month – this is because the NHS Digital measure counts referrals, and the WHU measure counts people.

FinishedCourseTreatment

This measure is included in the Monthly Activity Data File csv found in each monthly Official Statistics publication, and also available through the interactive visualisation tool accessible in the publication landing page. Referrals are counted in this measure if they have an end date occurring in the month and have a minimum of two attended treatment appointments in the pathway (i.e. between the referral received date and the end date).

This measure is constructed solely using data items in the mandated/ core dataset and does not consider whether the data link to corresponding records in the EA1APPOINTMENT table. A detailed technical construction for this measure is provided in the IAPT Metadata File, published at www.digital.nhs.uk.

The count of records in this field should approximately match the number of records provided in the WHU measure *'Total number of people completing IAPT treatment this month'*. Counts

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may differ where there are multiple referrals for the same individual finishing a course of treatment in the month – this is because the NHS Digital measure counts referrals, and the WHU measure counts people.

Number of referrals first receiving Employment Support

This measure is included in the 'Data Measures' tab of the EA in IAPT pilot data file found in each monthly Official Statistics publication. Referrals are counted in this measure if the first, attended treatment appointment identified as employment support (see definition in above section 'Ensuring that data are consistent'), regardless of prior or subsequent activity.

This measure is constructed using data items from both the mandated/ core dataset and the EA1APPOINTMENT table. It is based solely on appointments that are linked (see above section 'Submitting EA pilot data to NHS Digital'). A detailed technical construction for this measure is provided in the 'Data Measures Metadata' tab of the EA in IAPT pilot data file.

The count of records in this field should approximately match the number of records provided in the WHU measure *'Total number of people starting to receive Employment Support this month'*. Counts may differ where there are multiple referrals for the same individual first receiving employment support the month – this is because the NHS Digital measure counts referrals, and the WHU measure counts people.

Where can I find further information and support?

NHS Digital make data about the EA in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to 'Monthly and Quarterly publications'. You will then be able to select the desired report from a list ordered by the month to which they relate.

For help finding or understanding NHS Digital's monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include "IAPT" in the subject header).

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Appendix C – Integrated Services in IAPT pilot

Introduction

This guidance is intended to help services participating in the Integrated Services in IAPT pilot to understand the data submission and statistical reports.

This guidance has three main sections:

- Submitting Integrated services data to NHS Digital
- Ensuring submitted records are of high data quality
- Ensuring that data are consistent

Summary

Submitting data

- Providers should submit the mandated/core IAPT dataset as normal.
- A corresponding integrated services **appointment** should only exist for those patients within the providers who have, at some point in their overall care pathway, been treated for anxiety and/ or depression alongside a long-term condition, a medically unexplained symptom, or both.
- Local patient ID, service ID, appointment date and time **must be consistent** between the integrated services record and the mandated appointment record or the two will not link

Completeness

All fields in the integrated services tables should be completed for patients receiving care in an integrated service. An error in filtering the data prior to submitting to NHS Digital could cause all the patients in certain providers being recorded as having received treatment in an integrated service.

Consistency

Appointments in the integrated services data set should will also be present in the routine IAPT data submission and will therefore have a **primary problem** recorded that identifies their specific condition.

A single referral can have **no more than one medically unexplained symptom recorded**, though it is also possible to have none. This should be the primary medically unexplained symptom only. This is to ensure that the relevant measure is used in the assessment of outcomes.

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List of medically unexplained symptoms and long term conditions in scope

Patients undergoing integrated care will also be present in the routine IAPT data submission; and will therefore have a primary problem recorded that identifies their specific condition[15].

For those in integrated care with a long term condition (LTC), the purpose of treatment is to treat the patient's anxiety or depression in the context of their long term condition. Though they would be given an LTC questionnaire relevant to their long term condition that would be used by their care professional to assess the severity of that condition, the LTC questionnaire scores would not be used in assessing recovery from their anxiety or depression. Recovery for these patients will continue to be assessed using PHQ-9 and GAD7 or ADSM questionnaires.

For those in integrated care with a medically unexplained symptom (MUS), 'Somatization Disorder' (ICD-1016 code F45.0) should be selected as the primary problem to identify their specific condition. The relevant MUS-specific outcome measure can then be used for the calculation of recovery (provided paired scores are available).

For full details of the calculation of the recovery measures presented in this report, see **here** and the 'Metadata – data measures' tab of the accompanying spread sheet.

Medically unexplained symptoms

A single referral can have no more than one medically unexplained symptom recorded, though it is also possible to have none. This should be the primary medically unexplained symptom only. This is to ensure that the relevant measure is used in the assessment of outcomes.

The outcome measures for medically unexplained symptoms can be used to calculate recovery, and therefore needs to be completed at every session.

Medically unexplained symptom	Assessment measure	Caseness threshold
Irritable Bowel Syndrome	Francis IBS Symptom Severity Scale	≥ 75
Chronic Fatigue Syndromes/ Myalgic Encephalopathy (ME)	Chalder Fatigue Questionnaire	≥ 19
MUS – not otherwise specified	PHQ-15	≥ 10

[15] For further details, see https://www.england.nhs.uk/mental-health/adults/iapt/mus/
[16] http://apps.who.int/classifications/icd10/browse/2010/en

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Long term conditions

A single referral can have none, one, or several long term conditions recorded. LTC measures will not be used to calculate recovery from the primary mental health problem. Best practice suggests these should be completed as a minimum at the beginning and end of treatment to support and guide treatment interventions.

Name
Diabetes
Chronic Obstructive Pulmonary Disease (COPD)
Asthma
Other respiratory disease
Heart Disease
Cancer
Musculoskeletal Disorder (MSK)
Chronic pain, including Fibromyalgia
Epilepsy
Skin condition including Eczema
Digestive tract conditions
Other (tick box)

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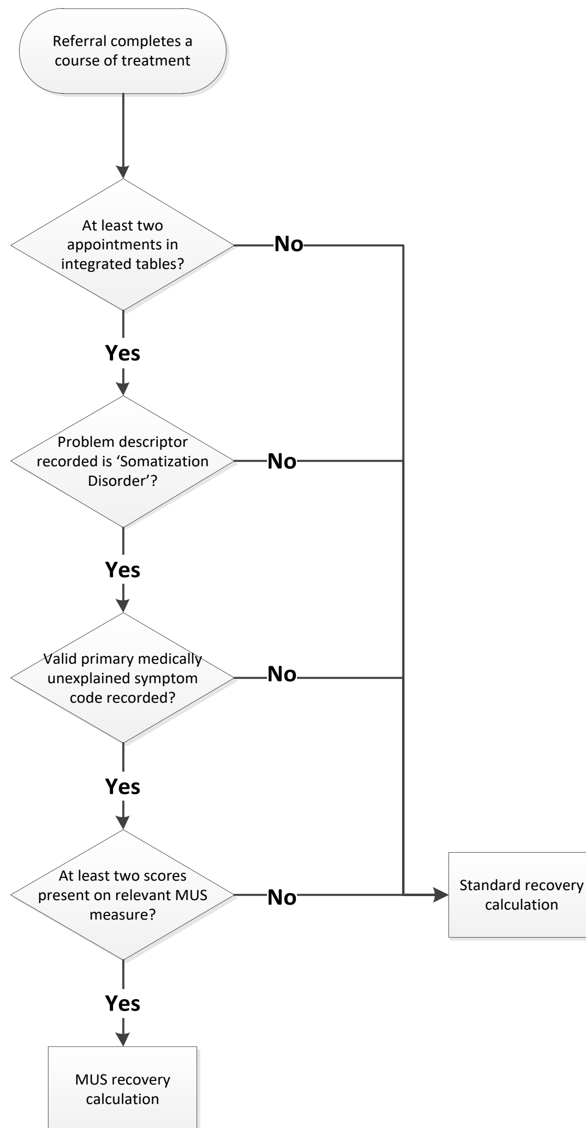
Calculation of MUS_recovery for patients in integrated services

Standard recovery in IAPT is calculated based on the presence of paired scores being present on both the depression (PHQ-9) and anxiety (GAD7 or relevant anxiety disorder specific measure) both being present, and at least one of these measures having a first score that is above the caseness threshold. Further details about the standard IAPT recovery calculation are available in the Executive Summary reports that form part of routine IAPT publications.

This measure is presented in the accompanying data tables for the group of integrated patients. In addition to this measure, a second measure has been developed for comparison, based on the presence of paired scores on a further measure relevant to a specific medically unexplained symptom (see **here** for further details of the MUS-specific scores). For this group of patients, the process of calculating recovery is illustrated in the below diagram.



Submitting Integrated Services pilot data to NHS Digital

This section describes how to submit data about the pilot in a way that will allow records to be linked with other IAPT data (such as referral and person information).

Why?

If data are not submitted correctly, then we cannot identify any information about patients and the referral pathways, and the **records will be excluded** from analysis and publications. This means that data about the service in NHS Digital's reports will not represent the activity taking place.

What needs to be submitted

Every IAPT service provider submits records about appointments that took place between the patient and a care profession in the mandated IAPT dataset, and the quality of this data is high. This means that NHS Digital are able to link appointments data to the patient and referral data to which they relate and use this information to create our statistical reports, including calculating performance against standards such as waiting times and recovery.

In addition, IAPT services participating in the integrated services pilot are expected to submit additional data about appointments that took place in their service. These are submitted as a different database table that can be joined to the appointment record in the mandated dataset. Services in the integrated services pilot are expected to submit this additional information for **every integrated services appointment only**.

How?

The IAPT Intermediate Database (IDB) file contains a distinct table for the integrated services pilot records – LTCAPPOINTMENT. For each record, **as a minimum** the following fields must match exactly for corresponding records in the two tables:

- LPTID (local patient identifier)
- SERVICEID (local service ID)
- APPOINTMENT (appointment date)
- APPOINTMENTTIME (appointment time)

If any of these fields are inconsistent between corresponding records in the LTCAPPOINTMENT and the mandated/ core Appointment tables, the records will be assigned different APPOINTMENT_IDs (a unique, pseudonymised identifier for a single appointment for a single individual). This means that the two appointment records will be treated as separate appointments and can never be reconciled.

NHS Digital are not able to consider appointments with non-matching APPOINTMENT_IDs as it is not possible to link the appointment data back to data about the patient and referral.

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How can I check that submitted records are linking?

There are two main ways that IAPT services can check whether the linkage of their submitted records has been successful:

- Post-submission validation reports
- NHS Digital Official Statistics monthly reports

Post-submission validation reports

Post-submission validation reports are provided by the Open Exeter Bureau Service Portal. On submission, and additionally post-submission window closure, providers are given a report assessing the validity of their submission.

These reports consist of a set of warnings and rejections, which providers can use to check against their submission and, if necessary, to make corrections and resubmit. Rejections occur when mandatory submission criteria have not been met (for example, an appointment date is missing), meaning that the record will not flow to NHS Digital. Warnings are generated where an issue has occurred with an important, but not mandatory, issue has occurred (for example, a missing employment status).

For a list of dataset fields, their acceptable values, and descriptions of the validation warnings, see the 'IAPT v1.5 Technical Output Specification' and the 'IAPT data set LTC pilot specification', both published at www.digital.nhs.uk/iapt.

For help finding or understanding the content of post-submission validation reports, please contact the NHS Digital Open Exeter team at exeter.helpdesk@nhs.net.

NHS Digital Official Statistics monthly publications

NHS Digital make data about the integrated services in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to 'Monthly and Quarterly publications'. You will then be able to select the desired report from a list ordered by the month to which they relate.

Within the integrated services in IAPT pilot data file, there is a Data Quality Measures tab, containing a suite of measures that assess the quality of many aspects of providers' submissions.

For help finding or understanding NHS Digital's monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include "IAPT" in the subject header).

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Ensuring submitted records are of high data quality

This section describes how to submit records that are complete and contain valid values, enabling accurate reporting of activity in the pilot.

Why?

In addition to the requirements to submit and correctly link data described above, submitted records in the LTCAPPOINTMENT table also need to be of sufficient completeness to enable NHS Digital's analysis and to enable accurate assessment of the pilot.

Data measures included in this publication

The following measures are published in a set of tables, available from http://www.digital.nhs.uk/iaptreports.

The information provided here aims to provide a clear explanation of measures and their rationale. Detailed technical constructions of each measure are provided in the data tables (see above link).

This publication provides comparative measures of recovery that can be used to compare the patients' outcomes within the participating providers. A recovery is provided using the standard methodology for routine (core) IAPT applied to integrated patients only. This rate can be compared to the recovery rate in the Monthly Activity Data File CSV (see column RecoveryRate), which represents the recovery rate for all patients within that provider, regardless of whether or not they were seen as integrated patients. This shows the extent to which the integrated patient group's recovery differs from the overall group.

In addition, this publication presents a second recovery measure that uses a different methodology to the standard measure, incorporating additional patient questionnaire scores related to specific types of medically unexplained symptoms. This is known as 'MUS_recovery'; and can be compared to the standard recovery measure for the integrated patient group within that provider. This shows the extent to which the integrated patient group's recovery differs if it is assessed using their medically unexplained symptom data rather than their anxiety-disorder specific data where both are present.

Data measures

The included data measures are currently as follows:

- Number of referrals with a first integrated contact in the month;
- Number of referrals having a first integrated treatment appointment in the month;
- Number of integrated referrals finishing a course of treatment in the month;
- Number of core-only referrals finishing a course of treatment in the month
- Standard recovery calculation for integrated patients:
  - Number of finished integrated referrals that started treatment at caseness (for standard recovery calculation);
  - Number of finished integrated referrals that started treatment not at caseness (for standard recovery calculation);
  - Number of finished integrated referrals that moved to recovery (for standard recovery calculation);
  - Moved to recovery rate for integrated referrals (for standard recovery calculation);
- MUS_Recovery calculation incorporating MUS scores for integrated patients:

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    - Number of finished integrated referrals that started treatment at caseness (for MUS_recovery calculation);
    - Number of finished integrated referrals that started treatment not at caseness (for MUS_recovery calculation);
    - Number of finished integrated referrals that moved to recovery (for MUS_recovery calculation);
    - Moved to recovery rate for integrated referrals (for MUS_recovery calculation);
- Standard recovery calculation for core-only patients:
    - Number of finished referrals that started treatment at caseness (for standard moved to recovery calculation) which had no integrated activity;
    - Number of finished referrals that started treatment not at caseness (for standard moved to recovery calculation) which had no integrated activity;
    - Number of finished referrals that moved to recovery (for standard moved to recovery calculation) which had no integrated activity;
    - Moved to recovery rate for referrals (for standard moved to recovery calculation) which had no integrated activity.

As these are experimental statistics, there is scope for the above measures and their methodologies to change over time, and users should exercise caution when comparing different months of integrated data. These data do not affect routine IAPT reports.

These measures can be found in the 'Data Measures' tab of the Excel workbook. It is recommended that users also read the 'Metadata – Data measures' tab to understand the constructions of these measures.

Data quality measures

A series of data quality measures are also published on a monthly basis to allow users to make an assessment of the utility of the data. These measures are currently as follows:

- Number of appointments submitted in the month in Core tables only;
- Number of appointments submitted in the month in integrated tables;
- Number of integrated appointments with a valid MUS recorded;
- Number of integrated appointments where PRIMEDUNEXPSYM is in 10,11,12 and relevant MUS-specific measure has been submitted and is valid;
- Number of integrated appointments where PRIMEDUNEXPSYM in 10,11,12 and no or invalid MUS-specific measurement recorded;
- Number of integrated appointments where PRIMEDUNEXPSYM in 10,11,12 and primary problem descriptor is Somatization disorder;
- Number of integrated appointments where 1 or more valid LTC recorded;
- Number of integrated appointments where LTC = diabetes;
- Number of integrated appointments where LTC = COPD;
- Number of integrated appointments where LTC = Asthma;
- Number of integrated appointments where LTC = Other Respiratory Disease;
- Number of integrated appointments where LTC = Heart Disease;
- Number of integrated appointments where LTC = Cancer;
- Number of integrated appointments where LTC = Musculoskeletal Disorder (MSK);
- Number of integrated appointments where LTC = Chronic pain, including fibromyalgia;
- Number of integrated appointments where LTC = Epilepsy;
- Number of integrated appointments where LTC = Skin condition including Eczema;
- Number of integrated appointments where LTC = Digestive tract condition;
- Number of integrated appointments where LTC in 96, 98, 99 (other, unknown, not stated);

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- Number of finished integrated referrals where PRIMUNEXPSYM = 10 and have paired, valid scores on Francis IBS Symptom Severity Scale;
- Number of finished integrated referrals where PRIMUNEXPSYM = 11 and have paired, valid scores on Chalder Fatigue Questionnaire;
- Number of finished integrated referrals where PRIMUNEXPSYM = 12 and have paired, valid scores on PHQ-15;
- Number of finished integrated referrals where LTC = 10 and have paired, valid scores on Diabetes Distress Scale;
- Number of finished integrated referrals where LTC = 11 and have paired, valid scores on COPD Assessment Test (CAT);
- Number of finished integrated referrals where LTC = 17 and have paired, valid scores on Brief Pain Inventory;
- Number of integrated appointments with one or more entries in the CSRI table.

As these are experimental data quality measures, there is scope for the above measures and their methodologies to change over time, and users should exercise caution when comparing different months of integrated data. These data quality measures do not affect those in routine IAPT reports.

These measures can be found in the ‘Data Quality Measures’ tab of the Excel workbook. It is recommended that users also read the ‘Metadata – Data quality’ tab to understand the constructions of these measures.

How can I check whether submitted records are valid?

Post-submission validation reports will generate warnings where records are submitted with invalid data in these fields. Data is classed as invalid if it is a value outside the list of allowable values in the table above. As the fields listed above are not mandatory dataset items, they will still flow to NHS Digital even if they have invalid or missing data, so it is important that providers use the post-submission validation reports to check the quality of their submitted records.

For help finding or understanding the content of post-submission validation reports, please contact the NHS Digital Open Exeter team at exeter.helpdesk@nhs.net.

NHS Digital make data about the Integrated Services in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to ‘Monthly and Quarterly publications’. You will then be able to select the desired report from a list ordered by the month to which they relate.

Within the Integrated Services in IAPT pilot data file, there is a Data Quality Measures tab, containing a suite of measures that assess the quality of many aspects of providers’ submissions, including data quality and completeness.

For help finding or understanding NHS Digital’s monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include “IAPT” in the subject header).

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Ensuring that data are consistent

This section describes how to submit records that describe consistent information about patients' appointments, to enable accurate reporting of activity in the pilot.

Why?

In addition to the requirements for submission and completeness described above, submitted records are also expected to be consistent in the details about the patient and appointment that they describe across various data fields.

What data are being assessed for consistency?

Providers are expected to internally ensure the quality of their submissions, including their internal consistency across all data fields to ensure their accuracy.

Note that where inconsistencies or missing data are present in these items, the record's status will be unknown and will not contribute to NHS Digital's Official Statistics reports.

How can I check whether submitted records are consistent?

NHS Digital make data about the integrated services pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to 'Monthly and Quarterly publications'. You will then be able to select the desired report from a list ordered by the month to which they relate.

For help finding or understanding NHS Digital's monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include "IAPT" in the subject header).

Where can I find further information and support?

NHS Digital make data about the Integrated Services in IAPT pilot available monthly as part of the Official Statistics publications. These can be found at www.digital.nhs.uk/iaptreports and by navigating to 'Monthly and Quarterly publications'. You will then be able to select the desired report from a list ordered by the month to which they relate.

For help finding or understanding NHS Digital's monthly Official Statistics reports, please contact the IAPT Analysis team at enquiries@digital.nhs.uk (please include "IAPT" in the subject header).

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