A guide to IAPT data and publications

Updated for the v2.0 dataset

Information and technology
for better health and care

CONTENTS

1. Introduction

Purpose of this document

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 concerning NHS Digital's IAPT data and publications.

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

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. Employment Support is available through the IAPT programme and specialists can offer integrated treatment to people with Long Term Conditions (LTCs) or Medically Unexplained Symptoms (MUS). NICE-recommended therapies are delivered by a single competent clinician, with or without prescribed medication and can take place in a variety of mediums, including face-to-face contact and digitally-enabled-therapy.

2.1 What types of condition does IAPT treat?

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

- Depression
- Generalised anxiety disorder
- Social anxiety disorder (social phobia)
- Panic disorder
- Agoraphobia
- Obsessive-compulsive disorder (OCD)
- Specific phobias
- Post-traumatic stress disorder (PTSD)
- Health anxiety (hypochondriasis)
- Body dysmorphic disorder
- Mixed anxiety and depressive disorder

Upgraded IAPT-LTC services will aim to treat people with the following conditions and focusing on depression and anxiety disorders, by staff who have received training in the treatment of these:

- Irritable bowel syndrome
- Chronic fatigue syndrome
- MUS not otherwise specified
- Other LTC conditions

> For a more detailed look at IAPT's services and programme see NHS England IAPT **webpage** and **manual**.

2.2 About the Employment Advisers IAPT 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 programme is implemented formally into the core IAPT v2.0 dataset, providing integral information to clinicians, with new requirements of additional employment fields.

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. EA in IAPT will provide skills-based interventions, information, and practical support to help people receiving IAPT services to remain in, return to, and find work.

> See more Employment Advisers requirements, submissions and measures in the IAPT Metadata Document.
> See more about EA data fields and relevant tables in the IAPT **Technical Specification**.

2.3 About integrated services

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.

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 Long-Term Conditions (LTCs) and those with persistent distressing symptoms of a Medically Unexplained Symptom (MUS).

Parts of the integrated services pilot are incorporated into the IAPT v2.0 dataset, with LTC records flowing through the LTC table, MUS symptoms data flowing through a separate table, and a new LTC indicator flag to distinguish an IAPT service from an integrated IAPT-LTC service.

> See more LTC requirements, submissions and measures in the IAPT Metadata Document.
> See more about LTC data fields and relevant tables in the IAPT **Technical Specification**.

2.4 About digitally enabled therapies

Digitally enabled therapy is psychological therapy that is provided via the internet with the support of a clinician. There is evidence to show that these therapies can achieve comparable outcomes to face-to-face therapy, when the same therapy content is delivered in an online format that allows much of the learning to be achieved through patient self-study, reinforced and supported by a suitably trained clinician. Many people also prefer to access therapy in this way. NHS England is working with NICE to support a new digitally enabled therapy assessment programme, as highlighted in the **NHS Long Term Plan**.

As well as maximising the geographic reach of the IAPT programme, delivering treatment via digital platforms means that treatment can be accessed anywhere and at any time. It can also help to decrease the stigma that still surrounds seeking access to mental health services.

There is no national data standard for comparing non-digital (face-to-face) versus digital delivery (online or through mobile applications) of therapies. During a digital delivery of a course of treatment it is possible shorter but more frequent care contacts occur, thus services' providers are required to regularly submit activity logs of digital care contacts details.

> For more information on digitally enabled therapies and the process of this programme, visit NHS England **webpage**.

2.5 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 care contacts 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.

2.6 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.

2.7 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 care contacts 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 at first, 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.

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 **3** of this guidance.
- To see published data about the IAPT programme, see our publication webpage at **https://www.digital.nhs.uk/iaptmonthly**

3. 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, languages 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 care contacts that took place** – such as the date and time, the type of care contact, and scores from patient-reported outcome measures.
- **Information about patients' employment and benefits status.**
- **Information about any long-term physical health conditions or medically unexplained symptoms that the patient may have.**
- **Information about internet enabled therapies**.
- **Information about care personnel qualifications -** to support a richer picture of the IAPT workforce and enable better planning.

3.1 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 care contacts that took place. Data are sent through SDCS Cloud.

SDCS Cloud is a completely new tool. It uses a two-factor authentication as the secure method of confirming user identity using a combination of two different factors.

It is also an internet-facing service that does not require an N3 or HSCN connection, making it easier for more providers to submit data.

3.2 Final and provisional data

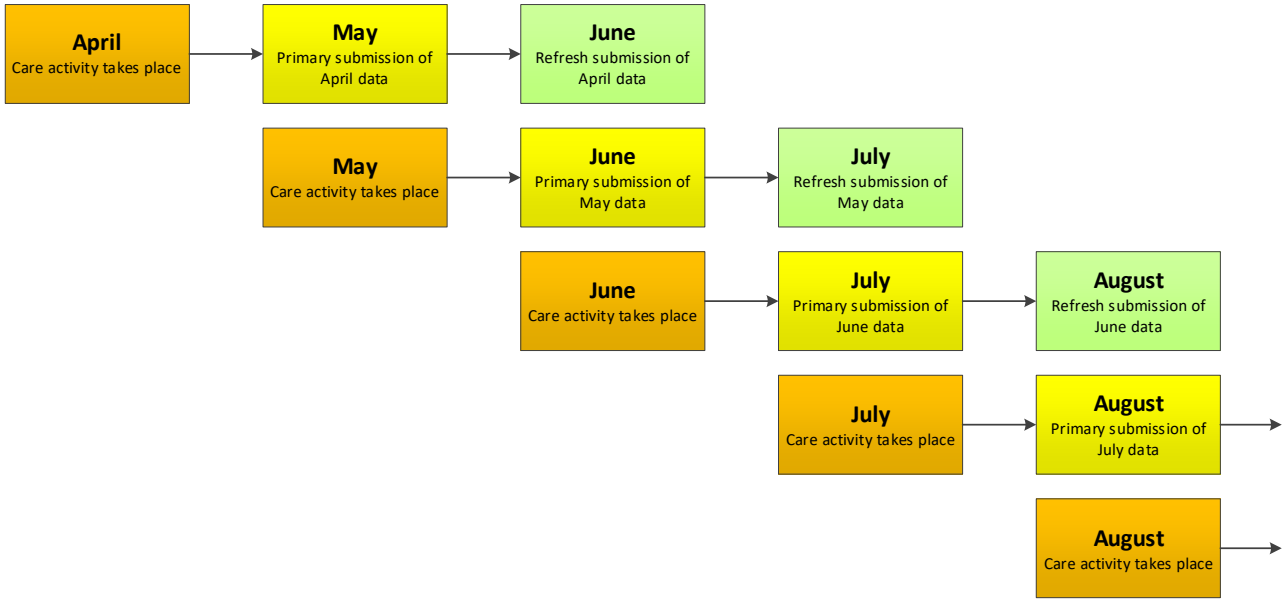
Each month, NHS Digital publish a data quality report for data based on a primary submission only, meaning that at this point providers have a subsequent opportunity to update their data. For this reason, we refer to this as ‘provisional’ data.

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.

3.3 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:



In most cases, providers will submit both primary and refresh submissions, in which case the refresh submission will supersede the primary. Providers can 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.

3.4 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 a care contact's date) otherwise the data would not be useable. See IAPT dataset **Technical Output Specification** for more information on mandatory data items.
- **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 care contacts that occurred in the past that are related to a current referral. IAPT v2.0 is hosted in a central Data Processing Service (DPS) that holds a central Master Patient Index (MPI) that is common to all datasets. MPI uses a probabilistic (fuzzy) matching methodology to uniquely ID a patient based on multiple characteristics.

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 or quarterly.

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 and validation, see the IAPT dataset **Technical Output Specification**.
- For more information about the SDCS Cloud, see the webpage at **https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud**
- 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**

4. 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 2020 data was published in July 2020. The reason for this is to allow for the primary and refresh submission windows for the IAPT data (see section **3**).

Monthly publications have been available since April 2015 (January 2015 Final data). Publications prior to this were released on a quarterly basis.

> All publications, including historical and KPIs, are made available through **http://www.digital.nhs.uk/iaptmonthly,** alongside contextual information (this guidance) and metadata (see the IAPT Metadata Document).

4.1 A note about KPIs

Key Performance Indicators (KPIs) ended at the end of 2012-13 and the above reports are now the authoritative source of information. KPI reports are available as part of the historical IAPT publications.

4.2 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.**

4.3 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.

4.4 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 (MCN). As IAPT V1.5 dataset upgraded to v2.0, an MCN was created containing information, analysis and figures focusing on the two version changes. The IAPT v2.0 MCN can be found here..

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**.
- For further information about how to use the **IAPT Metadata Document** to interpret publications, see section **5** 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.
- 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**

5. Understanding IAPT DQ and published data

The Monthly and Quarterly Activity Data File CSVs (see section 4) 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 parameters.

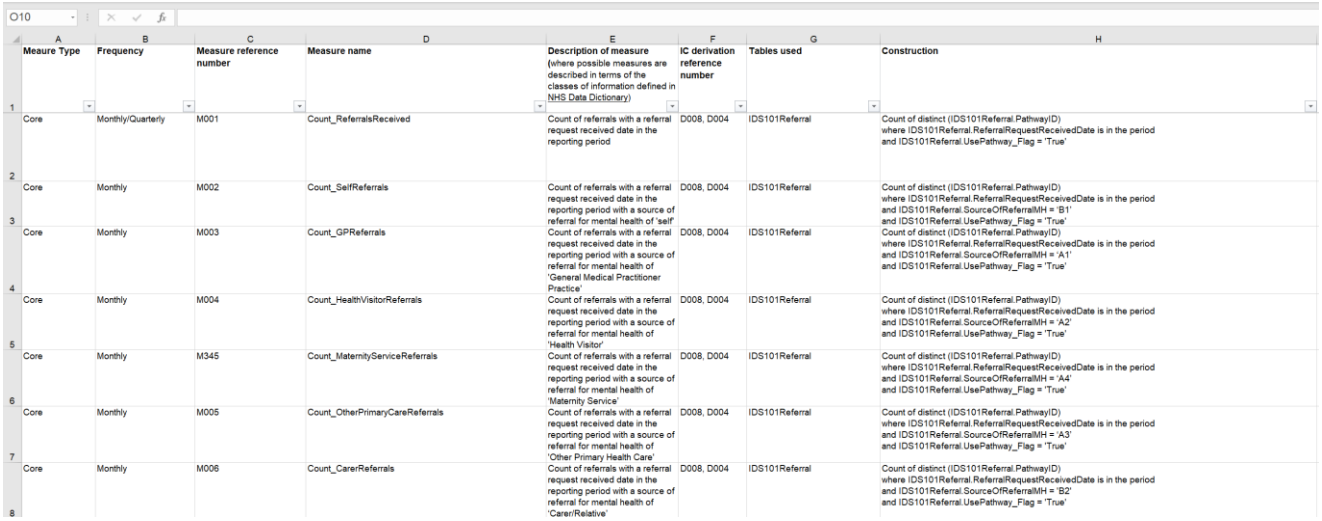
This section describes how to effectively use the IAPT Metadata Document in conjunction with the Activity Data Files. The IAPT Metadata Document is published here: Improving access to psychological therapies data set reports.

5.1 Worked example of how to use the published documents

This practical example shows how to use the metadata file to understand the calculation of recovery rates.

5.1.1 Using the IAPT Metadata Document

Open the document and you will see a table with the following columns:



	A	B	C	D	E	F	G	H
1	Meaure Type	Frequency	Measure reference number	Measure name	Description of measure (where possible measures are described in terms of the classes of information defined in NHS Data Dictionary)	IC derivation reference number	Tables used	Construction
2	Core	Monthly/Quarterly	M001	Count_ReferralsReceived	Count of referrals with a referral request received date in the reporting period	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.UsePathway_Flag = 'True'
3	Core	Monthly	M002	Count_SelfReferrals	Count of referrals with a referral request received date in the reporting period with a source of referral for mental health of 'self'	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.SourceOfReferralMH = 'B1' and IDS101Referral.UsePathway_Flag = 'True'
4	Core	Monthly	M003	Count_GPReferrals	Count of referrals with a referral request received date in the reporting period with a source of referral for mental health of 'General Medical Practitioner Practice'	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.SourceOfReferralMH = 'A1' and IDS101Referral.UsePathway_Flag = 'True'
5	Core	Monthly	M004	Count_HealthVisitorReferrals	Count of referrals with a referral request received date in the reporting period with a source of referral for mental health of 'Health Visitor'	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.SourceOfReferralMH = 'A2' and IDS101Referral.UsePathway_Flag = 'True'
6	Core	Monthly	M345	Count_MaternityServiceReferrals	Count of referrals with a referral request received date in the reporting period with a source of referral for mental health of 'Maternity Service'	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.SourceOfReferralMH = 'A4' and IDS101Referral.UsePathway_Flag = 'True'
7	Core	Monthly	M005	Count_OtherPrimaryCareReferrals	Count of referrals with a referral request received date in the reporting period with a source of referral for mental health of 'Other Primary Health Care'	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.SourceOfReferralMH = 'A3' and IDS101Referral.UsePathway_Flag = 'True'
8	Core	Monthly	M006	Count_CarerReferrals	Count of referrals with a referral request received date in the reporting period with a source of referral for mental health of 'Carer/Relative'	D008, D004	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ReferralRequestReceivedDate is in the period and IDS101Referral.SourceOfReferralMH = 'B2' and IDS101Referral.UsePathway_Flag = 'True'

5.1.1.1 Measure Type

This column identifies whether the measure is a core measure, whether it is related to employment advisor support or whether it is related to integrated care/long-term condition data.

5.1.1.2 Frequency

This tells you whether the measure is included in the monthly and/or quarterly IAPT publications.

5.1.1.3 Monthly measure reference number

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

5.1.1.4 Measure 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 for 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:

- Percentage_Recovery
- Count_Recovery
- Count_FinishedCourseTreatment
- Count_NotAtCaseness

5.1.1.5 Description of measure

This gives a plain English description of what the measure means. For example, the 'Count_Recovery' measure description is "Count of referrals with a discharge date in the period that finished a course of treatment where the service user moved to recovery".

5.1.1.6 IC Derivation Reference Number

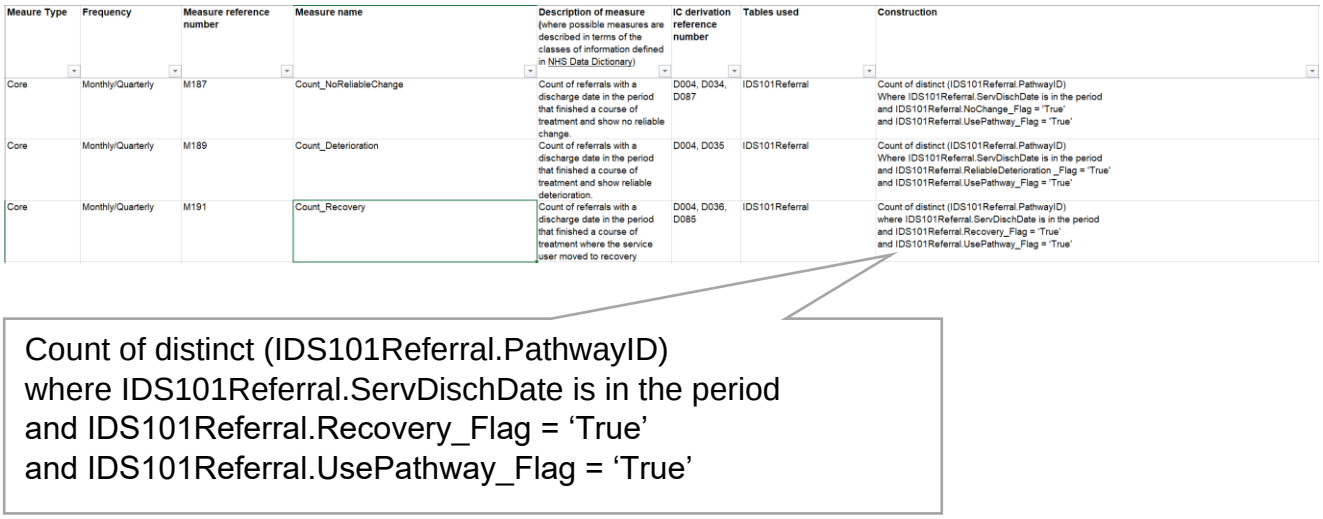
NHS Digital create new fields in processing based on submitted values that facilitate more efficient analysis. For example, CareContact_Count is a field in our data that is derived by counting the submitted appointments for each referral. Where published measures use derived fields in their calculation, they are listed in this field and further details are given in the TOS where the relevant derivations to each table are listed in grey at the bottom of each sheet.

5.1.1.7 Tables Used

This field tells you which tables within the dataset have been used for creating the measure.

5.1.1.8 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 'Count_Recovery' construction is given as follows:



Meaure Type	Frequency	Measure reference number	Measure name	Description of measure (where possible measures are described in terms of the classes of information defined in NHS Data Dictionary)	IC derivation reference number	Tables used	Construction
Core	Monthly/Quarterly	M187	Count_NoReliableChange	Count of referrals with a discharge date in the period that finished a course of treatment and show no reliable change.	D004, D034, D087	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) Where IDS101Referral.ServDischDate is in the period and IDS101Referral.NoChange_Flag = 'True' and IDS101Referral.UsePathway_Flag = 'True'
Core	Monthly/Quarterly	M189	Count_Deterioration	Count of referrals with a discharge date in the period that finished a course of treatment and show reliable deterioration.	D004, D035	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) Where IDS101Referral.ServDischDate is in the period and IDS101Referral.ReliableDeterioration _Flag = 'True' and IDS101Referral.UsePathway_Flag = 'True'
Core	Monthly/Quarterly	M191	Count_Recovery	Count of referrals with a discharge date in the period that finished a course of treatment where the service user moved to recovery	D004, D036, D085	IDS101Referral	Count of distinct (IDS101Referral.PathwayID) where IDS101Referral.ServDischDate is in the period and IDS101Referral.Recovery_Flag = 'True' and IDS101Referral.UsePathway_Flag = 'True'

Count of distinct (IDS101Referral.PathwayID)
where IDS101Referral.ServDischDate is in the period
and IDS101Referral.Recovery_Flag = 'True'
and IDS101Referral.UsePathway_Flag = 'True'

This field makes use of both submitted data items and derived fields. For a full list of submitted fields and how to interpret them, please refer to the TOS. For information on how to use the TOS to understand the submitted data, please refer to section 8.7 of this document.

5.2 Querying extracts in lieu of PAVE reports

Previously, providers received a PAVE report that flagged individual Pathway_IDs as Y/N for inclusion in counts. This report no longer exists, but providers can use the derived fields in post-deadline extracts for the same purpose. For example, when calculating the number of referrals who recovered you can use the following derived fields:

Current name in post-deadline extract	Previous name in PAVE report
PathwayID	IC_PATHWAY_ID
Recovery_Flag	Referral_has_recovered
UsePathway_Flag	IC_USE_PATHWAY_FLAG

5.2.1 Obtaining the Post-Deadline Extract

Once a provider has submitted a successful file and it has been processed, a pre-deadline extract can be downloaded to show what data would be carried forward if this was the final submission. Further processing is later required to produce the post-deadline extracts (this takes place after the submission deadline).

Following post-deadline processing (once the submission window has closed), the Strategic Data Collection Service in the cloud (SDCS Cloud) generates a post-deadline extract for providers, which contains the elements of their data taken into data storage plus additional derivations from the submitted data.

Further information and guidance on accessing SDCS Cloud to obtain the post-deadline extract file can be found here: https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud.

Specifically, under user guidance titled ‘Download the SDCS Cloud user guidance’, and the subsection on ‘Data Quality Reporting’.

5.2.2 Using the Post-Deadline Extract in lieu of PAVE reports

The post-deadline extract (PDE) can be used in conjunction with the IAPT Metadata Document to recreate published measures locally. The table below lists the fields to filter from the PDE to recreate 13 published measures. The information was obtained from the IAPT Metadata Document.

For full details of measures published, their definition and their technical construction, see the IAPT Metadata Document. These measures only use fields from IDS101Referral table. The IAPT data set consists of multiple tables which are included in the post-deadline extract. For further information on the tables see IAPT Data Model for Data Set Version 2.0.

Measure reference number	Measure Name	Columns to filter from Post-Deadline Extract
M001	Count_ReferralsReceived	ReferralRequestReceivedDate is within the reporting period UsePathway_Flag = 'True'
M031	Count_FirstTreatment	TherapySession_FirstDate is within the reporting period UsePathway_Flag = 'True'
M076	Count_FinishedCourseTreatment	ServDischDate is within the reporting period CompletedTreatment_Flag = ‘True’ UsePathway_Flag = ‘True’
M191	Count_Recovery	ServDischDate is within the reporting period Recovery_Flag = ‘True’ UsePathway_Flag = ‘True’
M185	Count_Improvement	ServDischDate is within the reporting period ReliableImprovement_Flag = ‘True' UsePathway_Flag = ‘True’
M179	Count_NotAtCaseness	ServDischDate is within the reporting period NotCaseness_Flag = ‘True’ UsePathway_Flag = ‘True’
M202	Count_PairedPHQAndADSMOrGAD	ServDischDate is within the reporting period CompletedTreatment_Flag = ‘True’ PHQ9_LastScore is not null ADSM_LastScore is not null UsePathway_Flag = ‘True’
M192	Percentage_Recovery	**Numerator**: ServDischDate is within the reporting period Recovery_Flag = ‘True’ UsePathway_Flag = ‘True’
		Denominator 1: ServDischDate is within the reporting period CompletedTreatment_Flag = ‘True’ UsePathway_Flag = ‘True’ (Minus) **Denominator 2:** ServDischDate is within the reporting period NotCaseness_Flag = ‘True’ UsePathway_Flag = ‘True’

M186	Percentage_Improvement	**Numerator**: ServDischDate is within the reporting period ReliableImprovement_Flag = 'True' UsePathway_Flag = 'True'
		Denominator: ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' UsePathway_Flag = 'True'
M036	Count_FirstTreatment6Weeks	TherapySession_FirstDate is within the reporting period (TherapySession_FirstDate – ReferralRequestReceivedDate) <= 42 UsePathway_Flag = 'True'
M037	Count_FirstTreatment18Weeks	TherapySession_FirstDate is within the reporting period (TherapySession_FirstDate – ReferralRequestReceivedDate) <= 126 UsePathway_Flag = 'True'
M052	Count_FirstTreatment6WeeksFinished CourseTreatment	ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' (TherapySession_FirstDate - ReferralRequestReceivedDate) <=42 UsePathway_Flag = 'True'
M054	Count_FirstTreatment18WeeksFinishe dCourseTreatment	ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' (TherapySession_FirstDate - ReferralRequestReceivedDate) <=126 UsePathway_Flag = 'True'
M053	Percentage_FirstTreatment6WeeksFin ishedCourseTreatment	**Numerator**: ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' (TherapySession_FirstDate - ReferralRequestReceivedDate) <= 42 UsePathway_Flag = 'True'
		Denominator: ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' UsePathway_Flag = 'True'
M055	Percentage_FirstTreatment18WeeksFi nishedCourseTreatment	**Numerator** ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' (TherapySession_FirstDate - ReferralRequestReceivedDate) <=126 UsePathway_Flag = 'True'
		Denominator ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' UsePathway_Flag = 'True'

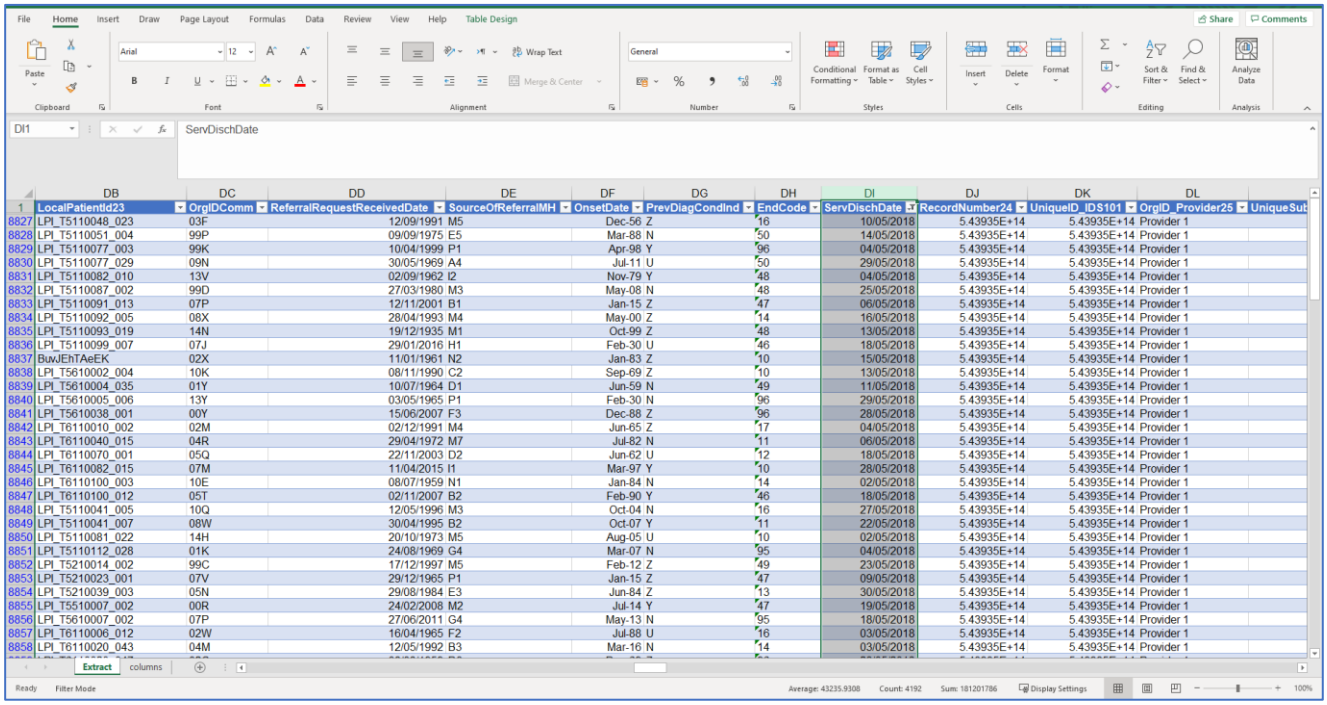
5.2.3 Worked example for a count measure

1. Obtain post-deadline extract and load XML file into an appropriate programme to query the file. A number of programmes may be utilised such as SQL server or Microsoft Excel. The example below uses Microsoft Excel.

2. Identify columns to filter from the PDE. The example below is based on M191 Count_Recovery (Count of referrals with a discharge date in the period that finished a course of treatment where the service user moved to recovery).

Measure reference number	Measure Name	Columns to filter from Post-Deadline Extract
M191	Count_Recovery	ServDischDate is within the reporting period Recovery_Flag = 'True' UsePathway_Flag = 'True'

3. Apply the filter for the relevant fields. The screenshot below shows a filter applied to ServDischDate. This date should be within the reporting period of the data.



	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL
1	LocalPatientId23	OrgIDComm	ReferralRequestReceivedDate	SourceOfReferralMH	OnsetDate	PrevDiagCondInd	EndCode	ServDischDate	RecordNumber24	UniqueID_IDS101	OrgID_Provider25
8827	LPI_T5110048_023	03F	12/09/1991	M5	Dec-56	Z	16	10/05/2018	5.43935E+14	5.43935E+14	Provider 1
8828	LPI_T5110051_004	99P	09/09/1975	E5	Mar-88	N	50	14/05/2018	5.43935E+14	5.43935E+14	Provider 1
8829	LPI_T5110077_003	99K	10/04/1999	P1	Apr-98	Y	96	04/05/2018	5.43935E+14	5.43935E+14	Provider 1
8830	LPI_T5110077_029	09N	30/05/1969	A4	Jul-11	U	50	29/05/2018	5.43935E+14	5.43935E+14	Provider 1
8831	LPI_T5110082_010	13V	02/09/1962	I2	Nov-79	Y	48	04/05/2018	5.43935E+14	5.43935E+14	Provider 1
8832	LPI_T5110087_002	99D	27/03/1980	M3	May-08	N	48	25/05/2018	5.43935E+14	5.43935E+14	Provider 1
8833	LPI_T5110091_013	07P	12/11/2001	B1	Jan-15	Z	47	06/05/2018	5.43935E+14	5.43935E+14	Provider 1
8834	LPI_T5110092_005	08X	28/04/1993	M4	May-00	Z	14	16/05/2018	5.43935E+14	5.43935E+14	Provider 1
8835	LPI_T5110093_019	14N	19/12/1935	M1	Oct-99	Z	48	13/05/2018	5.43935E+14	5.43935E+14	Provider 1
8836	LPI_T5110099_007	07J	29/01/2016	H1	Feb-30	U	46	18/05/2018	5.43935E+14	5.43935E+14	Provider 1
8837	BuvJEhTAeEK	02X	11/01/1961	N2	Jan-83	Z	10	15/05/2018	5.43935E+14	5.43935E+14	Provider 1
8838	LPI_T5610002_004	10K	08/11/1990	C2	Sep-69	Z	10	13/05/2018	5.43935E+14	5.43935E+14	Provider 1
8839	LPI_T5610004_035	01Y	10/07/1964	D1	Jun-59	N	49	11/05/2018	5.43935E+14	5.43935E+14	Provider 1
8840	LPI_T5610005_006	13Y	03/05/1965	P1	Feb-30	N	96	29/05/2018	5.43935E+14	5.43935E+14	Provider 1
8841	LPI_T5610038_001	00Y	15/06/2007	F3	Dec-88	Z	96	28/05/2018	5.43935E+14	5.43935E+14	Provider 1
8842	LPI_T6110010_002	02M	02/12/1991	M4	Jun-65	Z	17	04/05/2018	5.43935E+14	5.43935E+14	Provider 1
8843	LPI_T6110040_015	04R	29/04/1972	M7	Jul-82	N	11	06/05/2018	5.43935E+14	5.43935E+14	Provider 1
8844	LPI_T6110070_001	05Q	22/11/2003	D2	Jun-62	U	12	18/05/2018	5.43935E+14	5.43935E+14	Provider 1
8845	LPI_T6110082_015	07M	11/04/2015	I1	Mar-97	Y	10	28/05/2018	5.43935E+14	5.43935E+14	Provider 1
8846	LPI_T6110100_003	10E	08/07/1959	N1	Jan-84	N	14	02/05/2018	5.43935E+14	5.43935E+14	Provider 1
8847	LPI_T6110100_012	05T	02/11/2007	B2	Feb-90	Y	46	18/05/2018	5.43935E+14	5.43935E+14	Provider 1
8848	LPI_T5110041_005	10Q	12/05/1996	M3	Oct-04	N	16	27/05/2018	5.43935E+14	5.43935E+14	Provider 1
8849	LPI_T5110041_007	08W	30/04/1995	B2	Oct-07	Y	11	22/05/2018	5.43935E+14	5.43935E+14	Provider 1
8850	LPI_T5110081_022	14H	20/10/1973	M5	Aug-05	U	10	02/05/2018	5.43935E+14	5.43935E+14	Provider 1
8851	LPI_T5110112_028	01K	24/08/1969	G4	Mar-07	N	95	04/05/2018	5.43935E+14	5.43935E+14	Provider 1
8852	LPI_T5210014_002	99C	17/12/1997	M5	Feb-12	Z	49	23/05/2018	5.43935E+14	5.43935E+14	Provider 1
8853	LPI_T5210023_001	07V	29/12/1965	P1	Jan-15	Z	47	09/05/2018	5.43935E+14	5.43935E+14	Provider 1
8854	LPI_T5210039_003	05N	29/08/1984	E3	Jun-84	Z	13	30/05/2018	5.43935E+14	5.43935E+14	Provider 1
8855	LPI_T5510007_002	00R	24/02/2008	M2	Jul-14	Y	47	19/05/2018	5.43935E+14	5.43935E+14	Provider 1
8856	LPI_T5610007_002	07P	27/06/2011	G4	May-13	N	95	18/05/2018	5.43935E+14	5.43935E+14	Provider 1
8857	LPI_T6110006_012	02W	16/04/1965	F2	Jul-88	U	16	03/05/2018	5.43935E+14	5.43935E+14	Provider 1
8858	LPI_T6110020_043	04M	12/05/1992	B3	Mar-16	N	14	03/05/2018	5.43935E+14	5.43935E+14	Provider 1

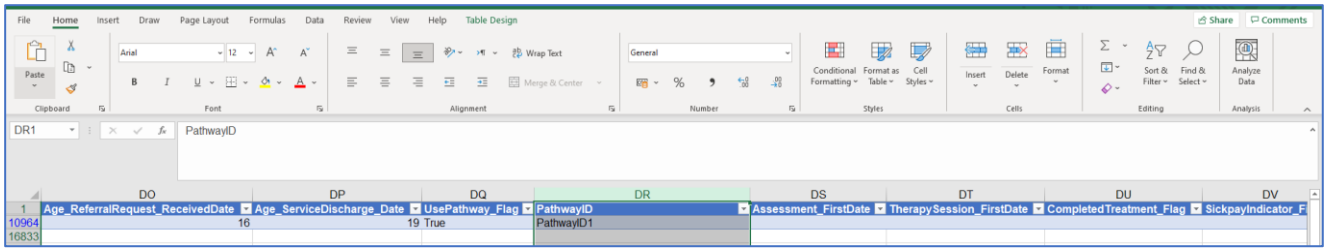
Screenshot taken from test data.

4. Apply the filters to the additional columns – Recovery_Flag = 'True' + UsePathway_Flag = 'True'.

5. Navigate to column PathwayID. A count of the remaining records will provide a figure of the records included in the measure, subject to rounding and suppression rules (M191 Count_Recovery).

   The screenshot below demonstrates this, and this approach can be replicated for additional measures, either through Microsoft Excel or an alternative programme such as SQL Server.

   To link the records back to locally submitted data, identify column ServiceRequestId for the remaining records. This is a unique identifier for a Service Request, usually generated automatically by the local system upon recording a new Referral, although it could be manually assigned.



Screenshot taken from test data.

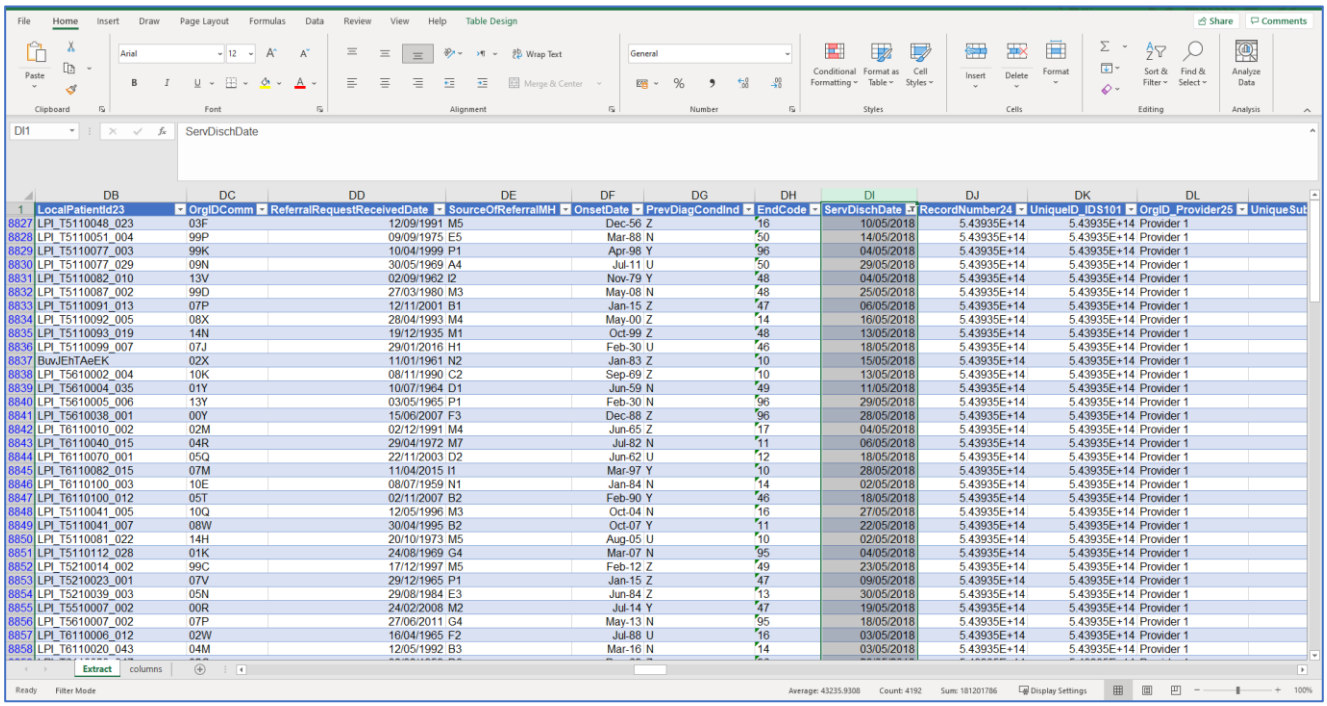
5.2.4 Worked example for a percentage measure

1. Obtain post-deadline extract and load XML file into an appropriate programme to query the file. A number of programmes may be utilised such as SQL server or Microsoft Excel. The example below uses Microsoft Excel.

2. Identify columns to filter from the PDE. The example below is based on M186: Percentage_Improvement (Proportion of referrals with a discharge date in the period that finished a course of treatment that showed reliable improvement expressed as a percentage).

Measure reference number	Measure Name	Columns to filter from Post-Deadline Extract
M186	Percentage_Improvement	**Numerator**: ServDischDate is within the reporting period ReliableImprovement_Flag = 'True' UsePathway_Flag = 'True'
		Denominator: ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' UsePathway_Flag = 'True'

3. Apply the filter for the relevant fields to construct the **denominator**. The screenshot below shows a filter applied to ServDischDate. This date should be within the reporting period of the data.



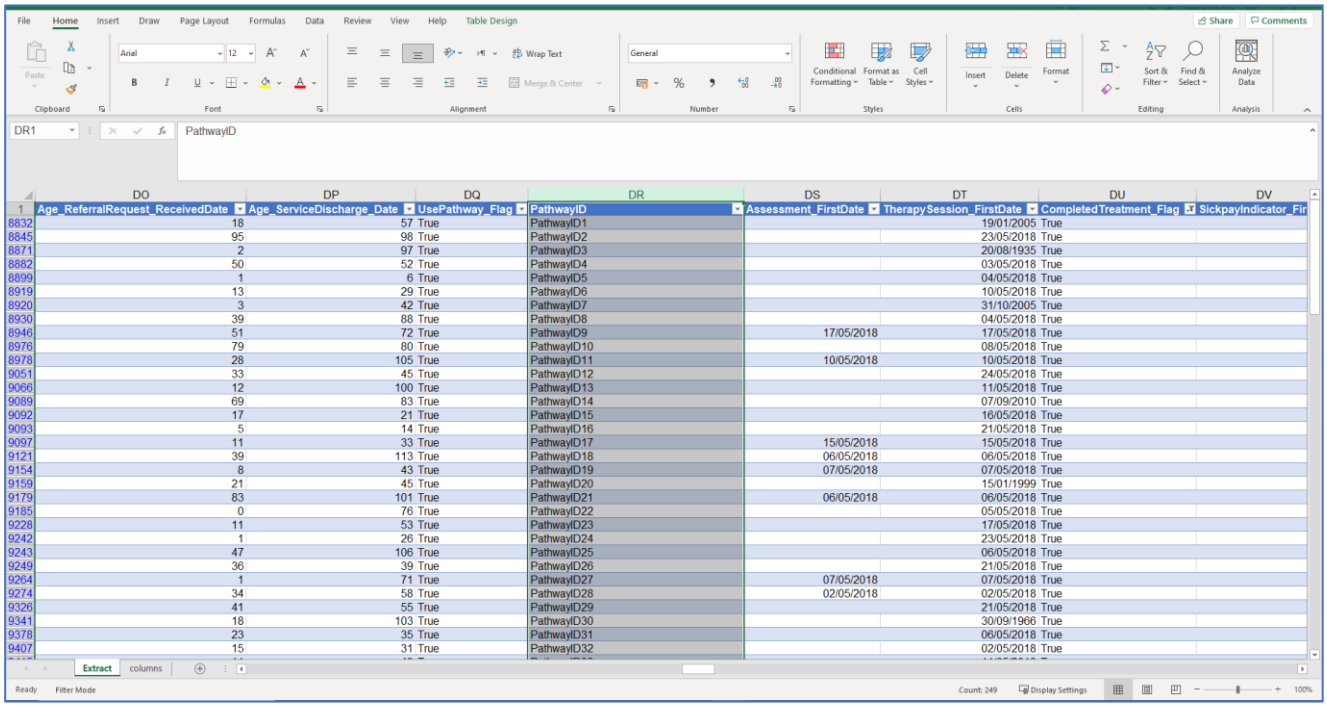
Screenshot taken from test data.

4. Apply the filters to the additional columns – CompletedTreatment_Flag = ‘True’ + UsePathway_Flag = ‘True’.

5. Navigate to column PathwayID. A count of the remaining records will provide a figure of the records included in the **denominator** for the measure (example shown for M186 Percentage_Improvement).

   The screenshot below demonstrates this, and this approach can be replicated for additional measures, either through Microsoft Excel or an alternative programme such as SQL Server.

   To link the records back to locally submitted data, identify column ServiceRequestId for the remaining records. This is a unique identifier for a Service Request, usually generated automatically by the local system upon recording a new Referral, although it could be manually assigned.



	DO	DP	DQ	DR	DS	DT	DU	DV
1	Age_ReferralRequest_ReceivedDate	Age_ServiceDischarge_Date	UsePathway_Flag	PathwayID	Assessment_FirstDate	TherapySession_FirstDate	CompletedTreatment_Flag	SickpayIndicator_Fir
8832	18	57	True	PathwayID1		19/01/2005	True	
8845	95	98	True	PathwayID2		23/05/2018	True	
8871	2	97	True	PathwayID3		20/08/1935	True	
8882	50	52	True	PathwayID4		03/05/2018	True	
8899	1	6	True	PathwayID5		04/05/2018	True	
8919	13	29	True	PathwayID6		10/05/2018	True	
8920	3	42	True	PathwayID7		31/10/2005	True	
8930	39	88	True	PathwayID8		04/05/2018	True	
8946	51	72	True	PathwayID9	17/05/2018	17/05/2018	True	
8976	79	80	True	PathwayID10		08/05/2018	True	
8978	28	105	True	PathwayID11	10/05/2018	10/05/2018	True	
9051	33	45	True	PathwayID12		24/05/2018	True	
9066	12	100	True	PathwayID13		11/05/2018	True	
9089	69	83	True	PathwayID14		07/09/2010	True	
9092	17	21	True	PathwayID15		16/05/2018	True	
9093	5	14	True	PathwayID16		21/05/2018	True	
9097	11	33	True	PathwayID17	15/05/2018	15/05/2018	True	
9121	39	113	True	PathwayID18	06/05/2018	06/05/2018	True	
9154	8	43	True	PathwayID19	07/05/2018	07/05/2018	True	
9159	21	45	True	PathwayID20		15/01/1999	True	
9179	83	101	True	PathwayID21	06/05/2018	06/05/2018	True	
9185	0	76	True	PathwayID22		05/05/2018	True	
9228	11	53	True	PathwayID23		17/05/2018	True	
9242	1	26	True	PathwayID24		23/05/2018	True	
9243	47	106	True	PathwayID25		06/05/2018	True	
9249	36	39	True	PathwayID26		21/05/2018	True	
9264	1	71	True	PathwayID27	07/05/2018	07/05/2018	True	
9274	34	58	True	PathwayID28	02/05/2018	02/05/2018	True	
9326	41	55	True	PathwayID29		21/05/2018	True	
9341	18	103	True	PathwayID30		30/09/1966	True	
9378	23	35	True	PathwayID31		06/05/2018	True	
9407	15	31	True	PathwayID32		02/05/2018	True	

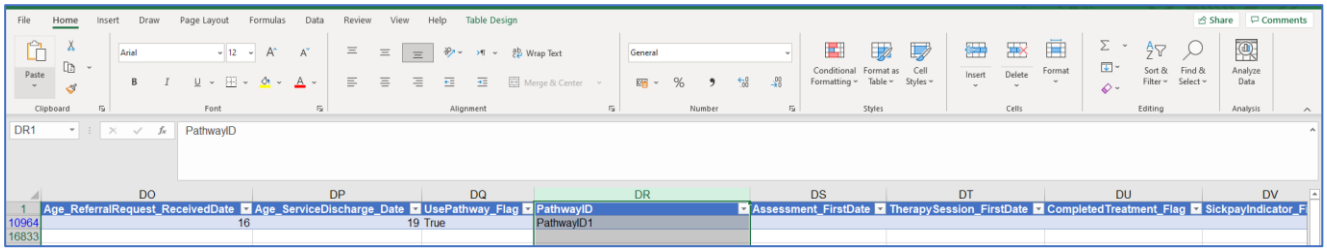
Screenshot taken from test data.

6. Clear all filters applied to columns.

7. Apply the filter for the relevant fields to construct the **numerator**. In the same way as the denominator, apply a filter to the field ServDischDate. This date should be within the reporting period of the data.

8. Apply the filters to the additional columns – ReliableImprovement_Flag = ‘True’ + UsePathway_Flag = ‘True’.

9. Navigate to column PathwayID. A count of the remaining records will provide a figure of the records included in the **numerator** for the measure (example shown for M186 Percentage_Improvement). This can be replicated for additional measures.



Screenshot taken from test data.

10. Calculate Percentage_Improvement using the numerator and denominator figures calculated in Step 8 and Step 12. The steps above can be followed to reconstruct additional percentage measures within the published IAPT dataset.
    a. Note that the numerator/ denominator may be constructed in either order.

5.2.5 Additional worked example for a percentage measure

1. Obtain post-deadline extract and load XML file into an appropriate programme to query the file. A number of programmes may be utilised such as SQL server or Microsoft Excel. The example below uses Microsoft Excel.

2. Identify columns to filter from the PDE. The example below is based on M192: Percentage_Recovery (Proportion of referrals with a discharge date in the period that finished a course of treatment where the service user moved to recovery expressed as a percentage. Denominator is count of referrals finishing in the period minus those finishing a course of treatment who were not at caseness at initial assessment).

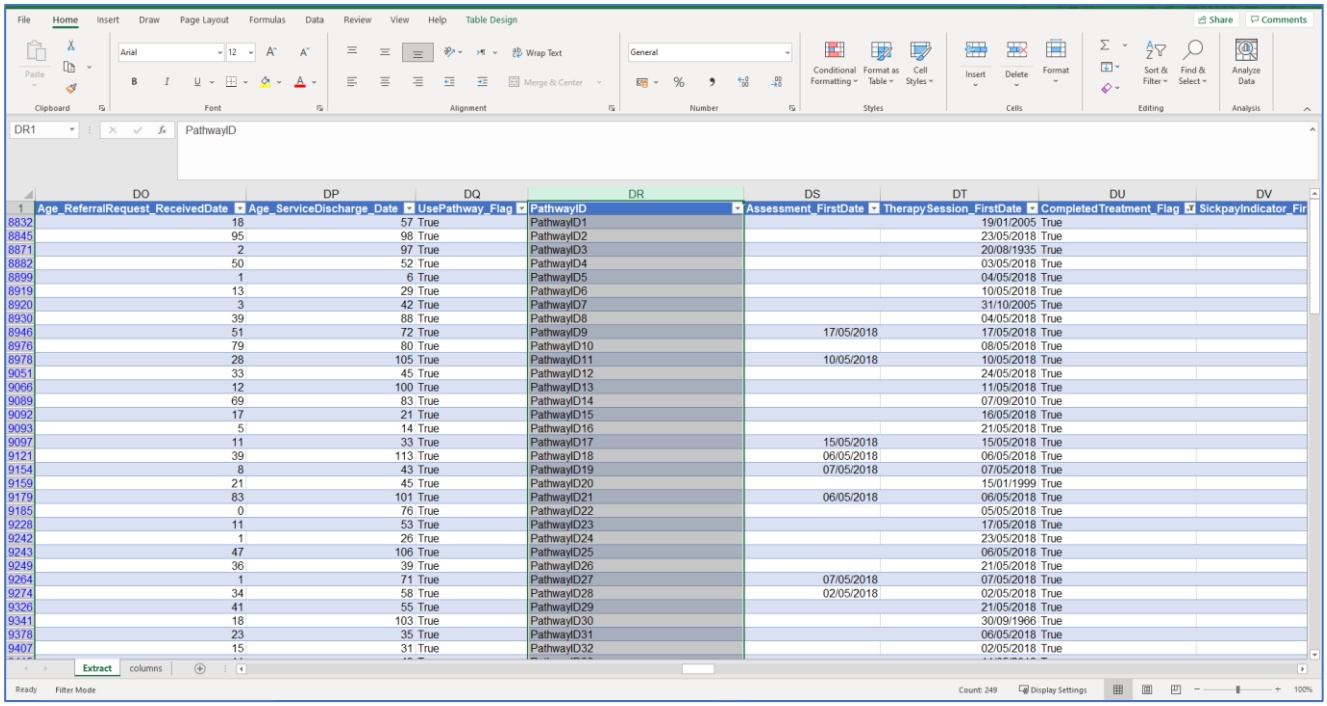
Measure reference number	Measure Name	Columns to filter from Post-Deadline Extract
M192	Percentage_Recovery	**Numerator**: ServDischDate is within the reporting period Recovery_Flag = 'True' UsePathway_Flag = 'True'
		Denominator 1: ServDischDate is within the reporting period CompletedTreatment_Flag = 'True' UsePathway_Flag = 'True' (Minus) **Denominator 2:** ServDischDate is within the reporting period NotCaseness_Flag = 'True' UsePathway_Flag = 'True'

3. Apply the filter for the relevant fields to construct the **denominator**. The first step (similar to previous worked examples above) is to filter on ServDischDate. This date should be within the reporting period of the data.

4. Apply the filters to the additional columns – CompletedTreatment_Flag = 'True' + UsePathway_Flag = 'True'.

5. Navigate to column PathwayID. Count the remaining records to provide an initial figure for the records included in the **denominator** for the measure.

Make a note of this figure (this will be referenced as Denominator 1 in this example). Note, this is not the final denominator figure for M192 Percentage_Recovery.



	DO	DP	DQ	DR	DS	DT	DU	DV
1	Age_ReferralRequest_ReceivedDate	Age_ServiceDischarge_Date	UsePathway_Flag	PathwayID	Assessment_FirstDate	TherapySession_FirstDate	CompletedTreatment_Flag	SickpayIndicator_Fir
8832	18	57	True	PathwayID1		19/01/2005	True	
8845	95	98	True	PathwayID2		23/05/2018	True	
8871	2	97	True	PathwayID3		20/08/1935	True	
8882	50	52	True	PathwayID4		03/05/2018	True	
8899	1	6	True	PathwayID5		04/05/2018	True	
8919	13	29	True	PathwayID6		10/05/2018	True	
8920	3	42	True	PathwayID7		31/10/2005	True	
8930	39	88	True	PathwayID8		04/05/2018	True	
8946	51	72	True	PathwayID9	17/05/2018	17/05/2018	True	
8976	79	80	True	PathwayID10		08/05/2018	True	
8978	28	105	True	PathwayID11	10/05/2018	10/05/2018	True	
9051	33	45	True	PathwayID12		24/05/2018	True	
9066	12	100	True	PathwayID13		11/05/2018	True	
9089	69	83	True	PathwayID14		07/09/2010	True	
9092	17	21	True	PathwayID15		16/05/2018	True	
9093	5	14	True	PathwayID16		21/05/2018	True	
9097	11	33	True	PathwayID17	15/05/2018	15/05/2018	True	
9121	39	113	True	PathwayID18	06/05/2018	06/05/2018	True	
9154	8	43	True	PathwayID19	07/05/2018	07/05/2018	True	
9159	21	45	True	PathwayID20		15/01/1999	True	
9179	83	101	True	PathwayID21	06/05/2018	06/05/2018	True	
9185	0	76	True	PathwayID22		05/05/2018	True	
9228	11	53	True	PathwayID23		17/05/2018	True	
9242	1	26	True	PathwayID24		23/05/2018	True	
9243	47	106	True	PathwayID25		06/05/2018	True	
9249	36	39	True	PathwayID26		21/05/2018	True	
9264	1	71	True	PathwayID27	07/05/2018	07/05/2018	True	
9274	34	58	True	PathwayID28	02/05/2018	02/05/2018	True	
9326	41	55	True	PathwayID29		21/05/2018	True	
9341	18	103	True	PathwayID30		30/09/1966	True	
9378	23	35	True	PathwayID31		06/05/2018	True	
9407	15	31	True	PathwayID32		02/05/2018	True	

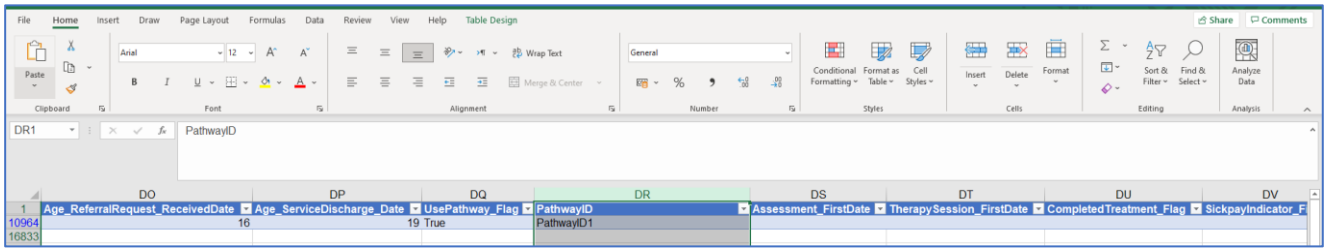
Screenshot taken from test data.

6. Clear all filters applied to columns.

7. Apply the filters for the relevant fields to identify referrals finishing a course of treatment who were not at caseness at initial assessment (this will be referenced as Denominator 2 in this example). The first step is to filter on ServDischDate. This date should be within the reporting period of the data.

8. Apply the filters to the additional columns – NotCaseness_Flag = ‘True’ + UsePathway_Flag = ‘True’.

9. Navigate to column PathwayID. Count the remaining records to provide a figure for referrals finishing a course of treatment who were not at caseness at initial assessment (Denominator 2). Make a note of this figure.



	DO	DP	DQ	DR	DS	DT	DU	DV
1	Age_ReferralRequest_ReceivedDate	Age_ServiceDischarge_Date	UsePathway_Flag	PathwayID	Assessment_FirstDate	TherapySession_FirstDate	CompletedTreatment_Flag	SickpayIndicator_F
10964	16	19	True	PathwayID1				
16833								

Screenshot taken from test data.

10. Calculate the final denominator figure: Denominator 1 – Denominator 2.

11. Clear all filters applied to columns.

12. Apply the filter for the relevant fields to construct the **numerator**. In the same way as the denominator, apply a filter to the field ServDischDate. This date should be within the reporting period of the data.

13. Apply the filters to the additional columns – Recovery_Flag = 'True' + UsePathway_Flag = 'True'.

14. Navigate to column PathwayID. A count of the remaining records will provide a figure of the records included in the **numerator** for the measure. This can be replicated for additional measures.

15. Calculate Percentage_Recovery using the numerator and denominator figures calculated in Step 10 and Step 14. The steps above can be followed to reconstruct additional percentage measures within the published IAPT dataset.
    a. Note that the numerator/ denominator may be constructed in either order.

5.2.5 DQ Report CSV

Each month a DQ CSV that provides information about valid, other, default, invalid or missing (VODIM) data is published for both primary and refresh submissions at provider and national levels. The CSV has the following layout:

ReportingPeriodStartDate	ReportingPeriodEndDate	Org_Code	DataTable	UID	DataItem	Valid	Default	Invalid	Missing	Denominator
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001070	POSTCODE OF USUAL ADDRESS	50	*	10	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001090	PERSON STATED GENDER CODE	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001100	ETHNIC CATEGORY	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001120	LANGUAGE CODE (PREFERRED)	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001130	EDUCATIONAL ESTABLISHMENT TYPE (IMPROVING ACCESS TO PSYCH	*	60	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001140	EX-BRITISH ARMED FORCES INDICATOR	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001170	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001180	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	*	*	*	60	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	I001901	LOCAL PATIENT IDENTIFIER (EXTENDED)	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS001 Master Patient Index	IDS001	IDS001 Table Submission	1	0	0	0	1
01/09/2020	30/09/2020	8J724	IDS002 GP Practice Registrat	I002010	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	60	*	*	*	60
01/09/2020	30/09/2020	8J724	IDS002 GP Practice Registrat	I002020	START DATE (GMP PATIENT REGISTRATION)	60	*	*	*	60

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**.
- For further information about how to replicate key measures and for technical definitions of key measures, see section **6** of this document.

6. Key measures and where to find them

The following measures are key to the IAPT programme and are highlighted in the monthly publications.

6.1 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. Outcomes are not assessed for open referrals, or for referrals that end without having completed a course of treatment.

> Since IAPT v2.0 dataset, Internet Enabled Therapies (IET) sessions are included within the IAPT outcome calculations. See MCN for more information.

6.2 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 care contacts; 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 **7.4**.

6.3 Recovery

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.

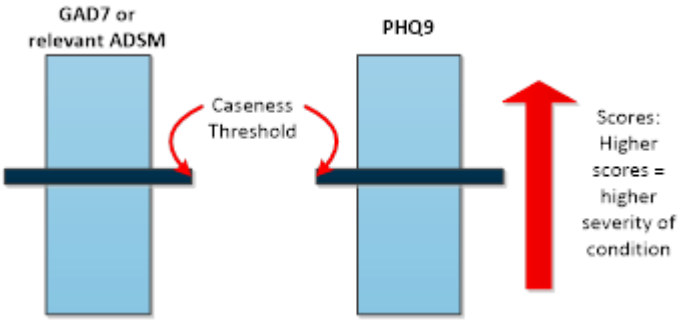
> The government target is that 50% of eligible referrals to IAPT services should move to recovery (see NHS England **IAPT manual**).

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

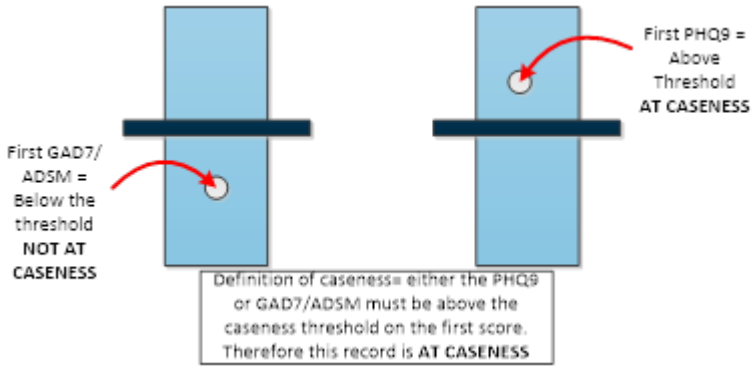
The measure is technically defined as a count of the number of referrals that ended in the period having finished a course of treatment, and where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores' – see section 7).
- 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.

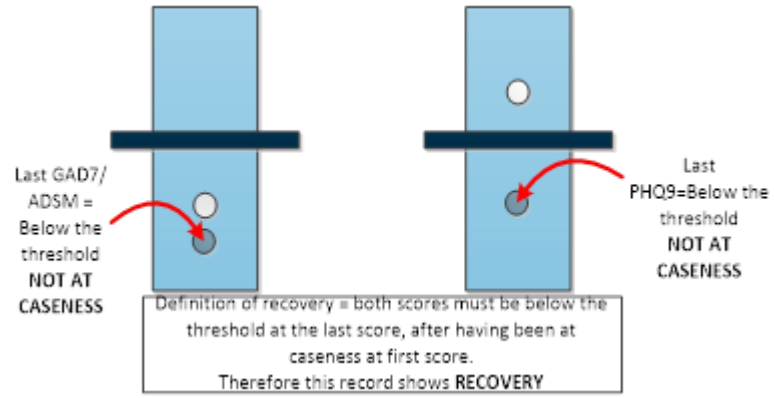
Further notes



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.

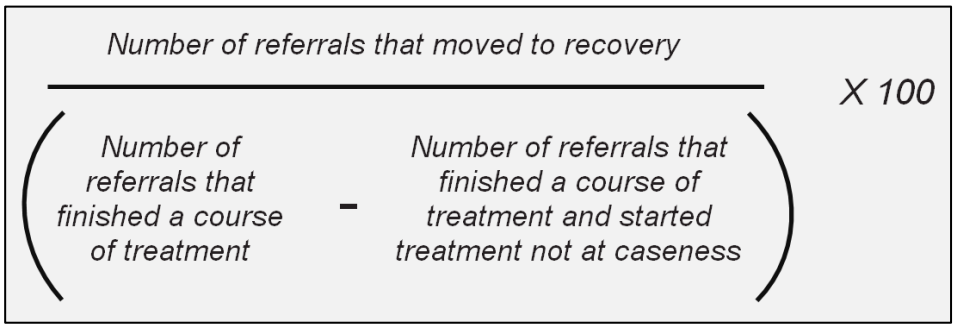


A referral has recovered at the end of a course of treatment if *both* the last recorded PHQ-9 score *and* the last recorded relevant ADSM score are **below** the caseness threshold.

> The government target is that 50% of eligible referrals to IAPT services should move to recovery (see NHS England **IAPT manual**).

Recovery rates

The calculation of recovery rates is shown below.



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

6.5 Reliable improvement

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 'Percentage_ReliableImprovement''. The figures that make up the reliable improvement calculation are also published as columns 'Count_Improvement' and 'Count_FinishedCourseTreatment'.

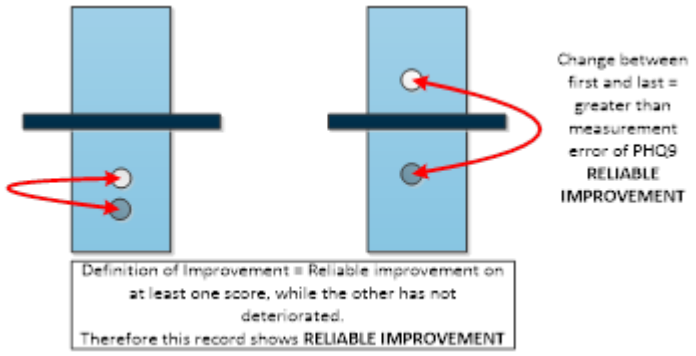
The measure is technically defined as a count of the number of referrals that ended in the period having finished a course of treatment, and where the following are true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores' – see section **7**).
- 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.

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.

Reliable improvement rates

The calculation of reliable improvement rates is shown below.

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

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

6.6 Reliable deterioration

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.

[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 7.

6.7 No reliable change

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 **7**).
- 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.

6.8 Reliable recovery

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 'Percentage_ReliableRecovery'. The figures that make up the reliable recovery rate calculation are also published as columns 'Count_ReliableRecovery', 'Count_FinishedCourseTreatment' and 'Count_NotAtCaseness'.

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 **7**).
- 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.

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.

Reliable recovery rates

The calculation of reliable recovery rates is shown below.

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

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

6.8 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 care contact, 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 'Percentage_FirstTreatment6WeeksFinishedCourseTreatment' and 'Percentage_FirstTreatment18WeeksFinishedCourseTreatment'. The figures that make up the waiting times rate calculation are also published as columns 'Count_FirstTreatment6WeeksFinishedCourseTreatment', 'Count_FirstTreatment18WeeksFinishedCourseTreatment', and 'Count_FinishedCourseTreatment'.

6.9 Waiting time between referral date and first treatment date

Definition

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

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

- referrals entering treatment in the period.
- referrals finishing a course of treatment in the period.

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 care contact, for referrals finishing a course of treatment in the period.

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

Waiting times rates are published in the Monthly and Quarterly Activity Data File CSVs as columns ‘Percentage_FirstTreatment6WeeksFinishedCourseTreatment’ and ‘Percentage_FirstTreatment18WeeksFinishedCourseTreatment’.

Mean waiting times

The calculation of mean waiting times is shown below.

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

Mean waiting times are published in the Monthly Activity Data File CSVs as column ‘Mean_WaitFinishedCourseTreatment’.

Mean waiting times for referrals entering treatment in the month are also available, as column ‘Mean_WaitEnteredTreatment’.

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 'Median_WaitFinishedCourseTreatment'.

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

6.10 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 'Count_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.

6.11 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.

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 2020 did not necessarily enter treatment in this month and is less likely again to have ended in the month.

6.12 Count of new referrals (referrals received)

Definition

This is simply the count of referrals with a referral received date 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

6.13 Count of referrals entering treatment

Definition

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

6.14 Count of referrals ending

Definition

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

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 care contact.
- ended having been seen but not treated by the service.

6.15 Count of referrals finishing a course of treatment

Definition

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

> In IAPT v2.0 dataset this measure has been updated to exclude Employment Support (Employment Advisers programme) care contacts.

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.

6.16 Other measures

Cohen’s d effect size v2.0

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 the means at the start and end of treatment.

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.

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

Where to go next:

- For more information about how Patient Reported Outcome Measures are used in IAPT reporting, see section 7 of this document.
- For full details of measures published, their definition and their technical construction, see the **IAPT Metadata Document**.
- For more detailed guidance on submission processes and the IAPT dataset, see **IAPT Webpage**.
- For more information about the specific data items that are collected by NHS Digital about IAPT referrals and validation, see the IAPT dataset **Technical Output Specification**.

7. Patient Reported Outcome Measures (PROMs)

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 PROMs that are collected during IAPT care contacts, or during Internet Enabled Therapy (IET), and how they are used in NHS Digital's IAPT publications.

7.1 What PROMs are patients asked to complete?

At each contact with the provider, or as part of Internet Enabled Therapy, 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 (see section **7.9**).

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.

> Since IAPT v2.0 dataset, PROM scores from unattended appointments are included in the calculation of patient recovery and other outcome measures. For more changes on PROM scores see the MCN Document.

7.2 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 **6.2** of this document.

7.3 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.

> Reliable change thresholds are used in the calculation of patient outcomes in IAPT – for more information, see section **6.5** of this document.

7.4 When should each questionnaire be used?

The table below describes the circumstances under which each type of questionnaire should be issued to the patient, 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 (MI)	When problem descriptor is Agoraphobia	1.00 – 5.00	>2.3	0.73
Social Phobia Inventory (SPIN)	When problem descriptor is Social Phobias	0 – 68	19	10
Panic Disorder Severity Scale (PDSS)	When problem descriptor is Panic Disorder	0 – 28	8	>5
PTSD PCL-5 questionnaire	When problem descriptor is Post-Traumatic Stress Disorder (PTSD)	0-80	≥32	≥10
Obsessive Compulsive Inventory (OCI)	When problem descriptor is Obsessive-Compulsive Disorder (OCD)	0 – 168	40	32
Health Anxiety Inventory – Short Week (HAI)	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

7.5 PROMs for medically unexplained symptoms and LTC conditions

Scores from these PROMs are used in the calculation of an additional, comparative recovery measure and therefore have an associated caseness threshold. In addition, there are PROMs for different LTC conditions or MUS symptoms:

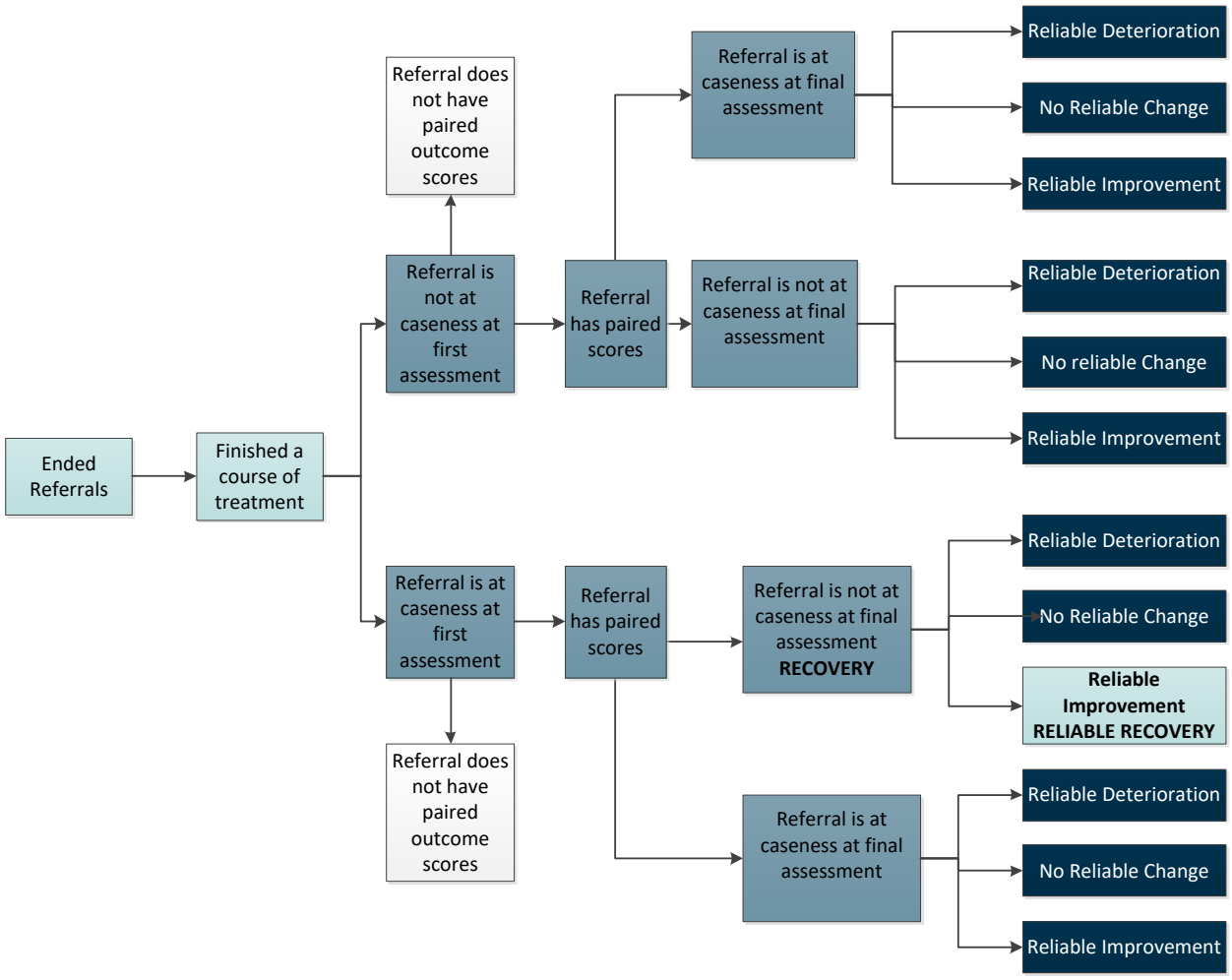
Questionnaire name	When it should be used	Score range	Caseness threshold
Francis IBS Symptom Severity Scale	When the primary medically unexplained symptom is Irritable Bowel Syndrome	0 – 500	≥ 75
PHQ-15	When a not otherwise specified medically unexplained symptom is recorded	0 – 30	≥ 10

7.6 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:



7.7 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 **7.9**). A judgement about what condition the patient has is first made at an assessment care contact 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.

7.8 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.

> For more information on the WSAS measures, see IAPT Technical Output Specification, IAPT Manual and Metadata Document.

7.9 IAPT problem descriptors

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.

> The relationship between problem descriptors and patient reported outcome measures (PROMs) is described in the IAPT Manual.

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 **6**). 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 outcome measures.

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.

> Further information regarding the mapping of ICD-10 codes to problem descriptors can be found in Appendix A. For more information about ICD-10, see http://apps.who.int/classifications/icd10/browse/2010/en.

Where to go next:

- For more information about key measures are used in IAPT reporting, see section **6** of this document.
- For full details of measures published, their definition and their technical construction, see the **IAPT Metadata Document**.
- For more detailed guidance on submission processes and the IAPT dataset, see **here**.
- For more information about the specific data items that are collected by NHS Digital about IAPT referrals and validation, see the IAPT dataset **Technical Output Specification**.

8. 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.

Information about published IAPT data and how to produce published measures using the dataset can be found in in sections **4** (describing publications) and **6** (describing key measures, where to find them and how to replicate them).

The Dataset Development Service within NHS Digital is committed to maintain, improve, and create new dataset features that align with national datasets. Undertaking the review of the IAPT v1.5 dataset presented the opportunity to set the framework for creating an IAPT dataset that will be compatible with MHSDS in the future. For example, IAPT 'Person Table' was re-designed as 'Master Patient Index', as used in other national datasets.

> For a more detailed look at the Dataset Development Service and the progress on current and future IAPT dataset versions, see the **webpage**.

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

8.1 Patient Details

These tables contain relevant information on a patient-level, following the design of 'Person table' from the IAPT v1.5 dataset. New tables were implemented, such as 'Social and Personal Circumstances' and 'GP Practice Registration' to capture relevant personal information and specific GP Practice details, aligning this information with national information standards.

- **Master Patient Index** – This table contains information about the patient such as their age, their ethnicity, and their gender. The following tables contain patient details supplementary to the Master Patient Index:
- **Employment Status** - This table contains information about the patient, including their employment status, hours worked and their receipt status for various benefits.
- **Social and Personal Circumstances** – This table contains the SNOMED CT concept ID which is used to identify a Social and Personal Circumstance for a person.
- **Disability Type** – Contains the disability code for the patient.
- **GP Practice Registration** – Contains information about the patient including their General Medical Practice Code and related information.
- **Overseas Visitor Charging Category –** Contains information regarding the chargeable status of the patient.

8.2 Referral Details

As part of the stepped-care model, in v1.5 IAPT providers were required to submit an Organisation Code to distinguish a patient from transferring up or down to a different service.

- **Service or Team 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.
- **Waiting time pauses –** this table contains information about any pauses applied during the waiting time for treatment and includes suspension dates and reasons.
- **Onward Referral –** This table contains information about any onward referrals attached to the referral, including dates and destination organisation.

8.3 Care Contacts and Activities

The IAPT v1.5 Appointment Table has been re-designed into Care Contact and Care Activity, aligning this design with current National datasets. This allows for one or multiple NICE approved therapies to be linked to a single Care Contact and relevant care contact information to flow through these tables.

IAPT v2.0 introduces the Internet Enable Therapy activities' records, introducing the requirement to capture digital delivery of therapies.

- **Care Contact –** This table contains information relating to each care contacts made as part of the referral, including dates, care contact type, attendance status and long-term condition indicator.
- **Care Activity Identifier –** This table contains information relating to the care activities undertaken as part of a care contact. This table includes the type, duration, and SNOMED CT Concept Identifier for each Care Activity.
- **Internet Enabled Therapy Care Professional Activity Log** - This table contains summarised activity during a specified time period for the Care Professional supporting Internet Enabled Therapy for a patient.

8.4 Care Clusters

IAPT services aim to cluster patients as soon as they enter treatment, with the benefit of determining appropriate treatment based on local pathways and improving resource allocation.

- **Care Cluster** – This table contains details of the Care Cluster resulting from a clustering tool assessment.

8.5 Clinical Coded Terminology

SNOMED CT covers a wide range of psychological terminologies and assessments, which can be captured and flowed through a number of fields in IAPT v2.0. More information on Routine Outcome Measures (ROMs) and Assessments can be found in section **7**.

- **Long Term Physical Health Condition –** This table contains details of any Long-Term Physical Health Conditions for a patient which are stated by the patient or recorded in medical notes. These do not necessarily have to have been diagnosed by the organisation submitting the data.
- **Presenting Complaints** – This table contains information relating to the primary and secondary presenting complaints recorded for a patient, made by the service that the patient was referred or admitted to.
- **Coded Scored Assessment (Referral)** – This table contains details of scored assessments that are issued and completed as part of a Service Request, but do not take place at a specific contact. Contains the SNOMED CT concept ID which is used to identify an assessment in SNOMED CT.
- **Coded Scored Assessment (Care Activity)** – This table contains information relating to scored assessments that are issued and completed as part of a specific Care Activity. Contains the SNOMED CT concept ID which is used to identify an assessment in SNOMED CT.

8.6 Header and Reference Data

Allows for the capture of submission related information and administrative detail, which is not linked at a patient level.

- **Header** – This table contains header details for the submission
- **Care Personnel Qualification** – This table contains details of each qualification attained or planned to be attained by the Care Personnel.

8.7 Using the Technical Output Specification to understand submitted data

A Technical Output Specification (TOS) is a document that defines the data items within a dataset. As of the conversion of the IAPT dataset to version 2.0, there is a single TOS which is published at **https://digital.nhs.uk/iapt**.

This describes the tables listed in section 8 above, as described in the TOS with respective tabs:

- Grey tabs are for version control.
- Red tabs are for summary of changes, guidance, such as how to navigate the document and table linkage.

- Purple tabs are for validation indicators, builds information and Routine Outcome Measures (ROM) information.
- White tabs are for the Header and Reference tables.
- Yellow tabs show the Patient Details.
- Lilac tabs show the Care Contacts and Care Activities tables.
- Blue tabs show information relating to Care Clusters.
- Green tabs show Clinical Coded Terminology tables.

8.8 Understanding SNOMED CT

SNOMED CT is an important tool used in electronic healthcare records, allowing clear and consistent information to be available across various healthcare domains. It can benefit both patients and clinicians, by supporting treatment decisions based on accurate patient record information and offering detailed content about healthcare services to administrators and policy makers.

> The **Information Standards Notice** for SNOMED CT has a requirement for a single terminology across the NHS in support of direct management of healthcare to be incorporated for Mental Health services and requirements by 2020.

IAPT v2.0 design has implemented SNOMED CT, allowing providers to fully capture multiple records of Care Activity information, in accordance with national requirements. The dataset's framework design does not require adjusting to frequent changes of SNOMED CT codes to follow the latest terminology and clinical standards.

Where to go next:

- For full details of measures published, their definition and their technical construction, see the **IAPT Metadata Document**.
- 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 **Submitting IAPT data - NHS Digital**
- For more information on SNOMED CT **https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct**

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.

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 (*Percentage_Recovery*, *Percentage_Improvement*, *Percentage_ReliableRecovery*, *Percentage_FirstTreatment6WeeksFinishedCourseTreatment, Percentage_FirstTreatment18WeeksFinishedCourseTreatment*), 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** pre-announces all publication dates, including those for IAPT, at least 3 months in advance.

I cannot 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 5.1.1 for further details.

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**.

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

See section **3**.

Can I compare data to previous publications?

Publications starting January 2021 onwards, are not entirely comparable to previous publications due to the IAPT dataset and methodology changes, according to the **MCN**.

Data from April 2015 Final – December 2020 Final 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 v1.5 reports' and 'Methodological Change Note – IAPT monthly reports', available from **http://www.digital.nhs.uk/iaptmonthly**.

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 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/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set**

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 7 for further details.

Assessment care contact

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

Care Contact

This term includes all types of appointments that can take place as part of a referral for IAPT services.

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 care contacts; 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 care contact recorded in the period. Some measures based on the first treatment care contact (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 change in definition, excluding EA care contacts

A referral that has finished a course of treatment is one that has ended having had at least two attended treatment care contacts during the referral. Follow-up care contacts 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 care contact.

Internet Enabled Therapy (IET)

In this treatment approach, much of the learning that is required to help people deal with emotional difficulties can be achieved by them working through materials on the internet with ongoing contact with a therapist (by telephone, secure messaging, and so on) to provide Encouragement, clarify misunderstandings, and further enhance learning.

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 care contact.

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 care contacts. 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 care contact 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.

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
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**

Appendix B – Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)

The Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT) is a systematically organised collection of medical terms that provides terms, codes, synonyms, and definitions used in clinical documentation and reporting. Some fields in the IAPT dataset now accept SNOMED-CT codes.

The relationship between descriptors and SNOMED-CT codes, as well as a mapping for descriptors between IAPT v1.5 and v2.0 is described in the table below:

Therapy Types

	IAPT v1.5		IAPT v2.0	
	Data Group	**Data item**	**Data Group**	**Data item**
	4 - APPOINTMENT	Therapy Type 1-4	IDS202CareActivity	Coded Procedure and Procedure Status (SNOMED CT)
Category	**National Code**	**National Code Definition**	**SNOMED CT Concept ID**	**SNOMED CT Concept Preferred Term**
Low Intensity	20	Guided Self Help (Book)	748051000000105	Guided self-help using book
	21	Non-guided Self Help (Book or print)	748101000000105	Non-guided self-help using book
	22	Guided Self Help (Computer)	748041000000107	Guided self-help using computer
	23	Non-Guided Self Help (Computer)	748091000000102	Non-guided self-help using computer
	25	Structured Physical Activity	748061000000108	Structured physical activity programme
	27	Psychoeducational peer support	702545008	Psychoeducation
	28	Other Low Intensity	1026111000000108	Improving Access to Psychological Therapies low intensity therapy
	New for v2.0	Community Sign-posting	975131000000104	Signposting
High Intensity	40	Applied relaxation	1127281000000100	Applied relaxation

	42	Couples Therapy for Depression	1129471000000105	Couple therapy for depression
	43	Collaborative care (for people with depression and a chronic physical health condition)	842901000000108	Multidisciplinary case management
	44	Counselling for Depression	286711000000107	Counselling for depression
	45	Brief psychodynamic psychotherapy	314034001	Psychodynamic psychotherapy
	46	Eye Movement Desensitisation Reprocessing	449030000	Eye movement desensitization and reprocessing therapy
	47	Mindfulness	933221000000107	Mindfulness-based therapy
	48	Other High Intensity (not specified above)	1026131000000100	Improving Access to Psychological Therapies high intensity therapy
	50	Cognitive Behaviour Therapy (CBT)	304891004	Cognitive - behaviour therapy
	51	Interpersonal Psychotherapy (IPT)	443730003	Interpersonal psychotherapy
Employment Support	Amended for v2.0	Employment Support	1098051000000103	Employment support

Long Term Conditions

IAPT LTC/MUS Pilot		**IAPT v2.0**	
Data Group	**Data item**	**Data Group**	**Data item**
C - LTCLONGTERMCONDITION	Long Term Condition	IDS602 Long Term Physical Health Condition	LONG TERM PHYSICAL HEALTH CONDITION (CODED CLINICAL ENTRY)
National Code	**National Code Definition**	**SNOMED CT Concept ID**	**SNOMED CT Concept Preferred Term**
10	Diabetes	73211009	Diabetes mellitus
11	Chronic Obstructive Pulmonary Disease (COPD)	13645005	Chronic obstructive lung disease
12	Asthma	195967001	Asthma
13	Other Respiratory Disease	50043002	Disorder of respiratory system
14	Heart disease	56265001	Heart disease

15	Cancer	363346000	Malignant neoplastic disease
16	Musculoskeletal Disorder (MSK)	928000	Disorder of musculoskeletal system
17	Chronic pain, including fibromyalgia	373673007	Disorder characterized by pain
18	Epilepsy	84757009	Epilepsy
19	Skin condition including Eczema	95320005	Disorder of skin
20	Digestive tract conditions	53619000	Disorder of digestive system
96	Other	Service to submit relevant SNOMED CT concept for the condition	
97	None	748031000000103	No history of long term condition
98	Unknown	No longer required for national submission	
99	Not Stated	No longer required for national submission	

Patient Recorded Outcome Measures (PROMs)

Coded Assessment Tool Type (SNOMED CT)		
Assessment Tool Name	**Preferred Term (SNOMED-CT)**	**Active Concept ID (SNOMED CT)**
Body Image Questionnaire (BIQ)	BIQ (Body Image Questionnaire) score	1128221000000100
Brief Pain Inventory (BPI)	Brief pain inventory score	443223005
COPD Assessment Test (CAT)	Chronic obstructive pulmonary disease assessment test score	446660005
Diabetes Distress Scale (DDS)	Diabetes Distress Scale 17 item score	910931000000101
Generalised Anxiety Disorder 7 (GAD-7)	Generalised anxiety disorder 7 item score	445455005
Health Anxiety Inventory (HAI) - Week	Health anxiety inventory short week score	446793008
IAPT Treatment Patient Experience Questionnaire	IAPT (Improving Access to Psychological Therapies) treatment PEQ (Patient Experience Questionnaire) question 1 score	747901000000107
	IAPT (Improving Access to Psychological Therapies) treatment PEQ (Patient Experience Questionnaire) question 2 score	747911000000109
	IAPT (Improving Access to Psychological Therapies) treatment PEQ (Patient Experience Questionnaire) question 3 score	747921000000103
	IAPT (Improving Access to Psychological Therapies) treatment PEQ (Patient Experience Questionnaire) question 4 score	747931000000101

	IAPT (Improving Access to Psychological Therapies) treatment PEQ (Patient Experience Questionnaire) question 5 score	747941000000105
	IAPT (Improving Access to Psychological Therapies) treatment PEQ (Patient Experience Questionnaire) question 6 score	747951000000108
IAPT Assessment Patient Experience Questionnaire	IAPT (Improving Access to Psychological Therapies) assessment PEQ (Patient Experience Questionnaire) choice question 1 score	747861000000100
	IAPT (Improving Access to Psychological Therapies) assessment PEQ (Patient Experience Questionnaire) choice question 2 score	747871000000107
	IAPT (Improving Access to Psychological Therapies) assessment PEQ (Patient Experience Questionnaire) choice question 3 score	747881000000109
	IAPT (Improving Access to Psychological Therapies) assessment PEQ (Patient Experience Questionnaire) choice question 4 score	904691000000103
	IAPT (Improving Access to Psychological Therapies) assessment PEQ (Patient Experience Questionnaire) satisfaction question 1 score	747891000000106
iMTA Productivity Cost Questionnaire (iPCQ)	iPCQ (Institute for Medical Technology Assessment Productivity Cost Questionnaire) - question 7 score	748161000000109
	iPCQ (Institute for Medical Technology Assessment Productivity Cost Questionnaire) - question 8 score	760741000000102
	iPCQ (Institute for Medical Technology Assessment Productivity Cost Questionnaire) - question 9 score	761051000000105
Irritable Bowel Syndrome - Symptom Severity Scale score (IBS-SSS)	Irritable Bowel Syndrome - Symptom Severity Scale score	1083671000000108
Mobility Inventory (MI) for Agoraphobia	Mobility inventory for agoraphobia when accompanied score	473354003
	Mobility inventory for agoraphobia when alone score	473355002
Obsessive Compulsive Inventory (OCI)	Obsessive compulsive inventory score	450324005

Panic Disorder Severity Scale (PDSS)	Panic disorder severity scale score	450326007
Patient Health Questionnaire-9 (PHQ-9)	Patient health questionnaire 9 score	720433000
Patient Health Questionnaire-15 (PHQ-15)	Patient Health Questionnaire 15 score	1065441000000103
Penn State Worry Questionnaire (PSWQ)	Penn State worry questionnaire score	446517006
PTSD (post-traumatic stress disorder) checklist for DSM-5 (Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition) (PCL-5)	PTSD (post-traumatic stress disorder) checklist for DSM-5 (Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition) (PCL-5) total symptom severity score	491581000000104
Social Phobia Inventory (SPIN)	Social phobia inventory score	445552006
Work and Social Adjustment Scale	Improving Access to Psychological Therapies programme Work and Social Adjustment Scale - work score	932621000000100
	Improving Access to Psychological Therapies programme Work and Social Adjustment Scale - home management score	932581000000100
	Improving Access to Psychological Therapies programme Work and Social Adjustment Scale - social leisure activities score	932611000000106
	Improving Access to Psychological Therapies programme Work and Social Adjustment Scale - private leisure activities score	932591000000103
	Improving Access to Psychological Therapies programme Work and Social Adjustment Scale - relationships score	932601000000109