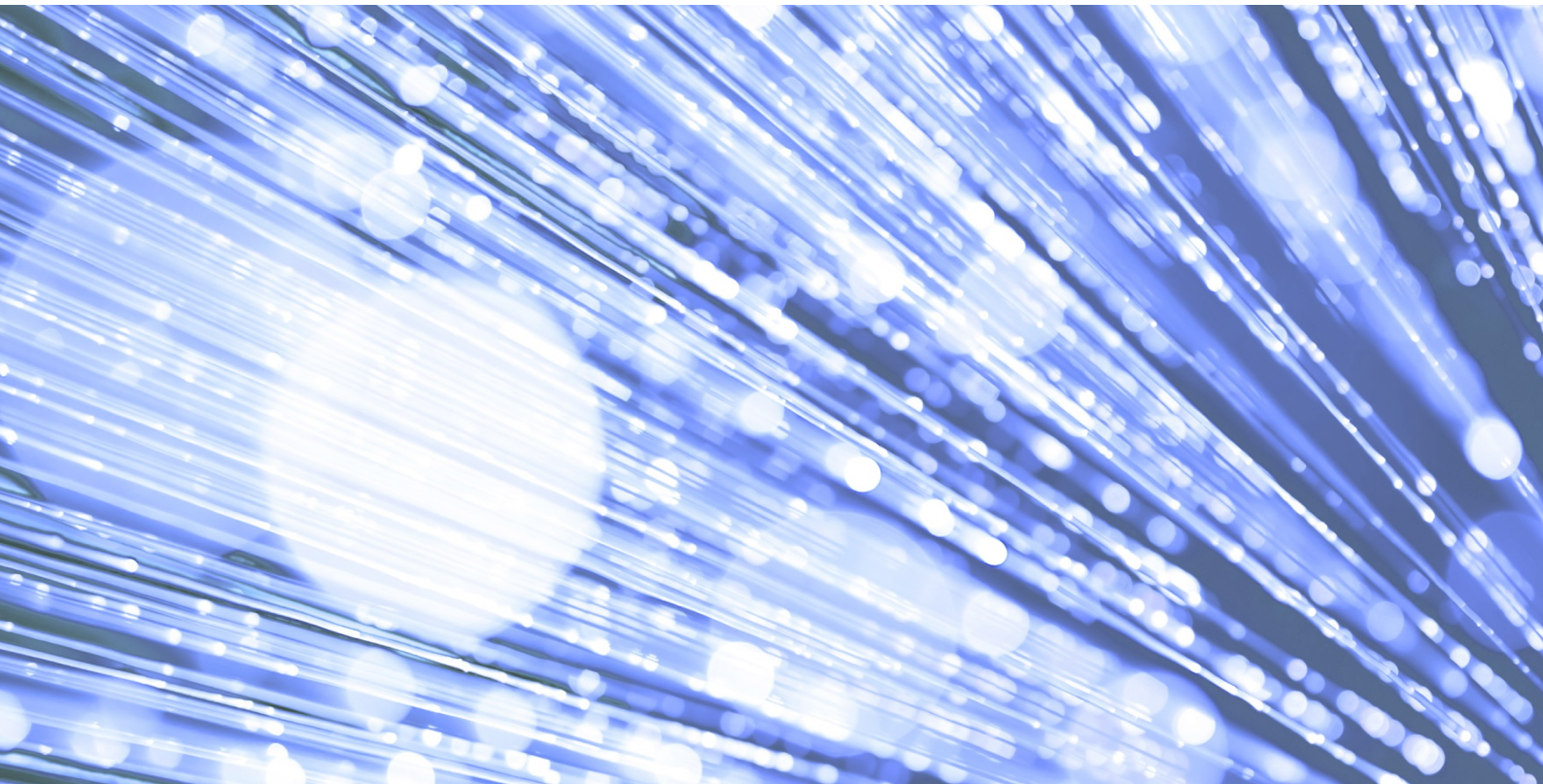


DAPB1520 Improving Access to Psychological Therapies (IAPT) Data Set v2.1 Requirements Specification

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Information and technology
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Data Alliance Partnership Board

Acting on behalf of the Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, the Data Alliance Partnership Sub Board (DAPSB) has approved a change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification
- Technical Output Specification (TOS).

An Information Standards Notice (DAPB1520 Amd 13/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 20 July 2021

Update 6 October 2021

At the time of publication of version 2.1 (20 July 2021), users were expected to fully conform with this standard by 25 March 2022. Due to continuing investment in COVID-19 activity, NHS Digital has since extended the implementation and conformance dates of this standard by three months. Full conformance is now expected with the submission of the April 2022 reporting activity by 29 June 2022.

Where dates throughout this document refer to 1 January 2022, this should now be read as 1 April 2022; where dates refer to 1 February 2022 this should now be read as 1 May 2022; where dates refer to 25 March 2022 this should now be read as 29 June 2022.

The Requirements Specification, Change Specification, and Implementation Guidance have been updated to reflect this.



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Glossary of terms

This glossary of terms covers the full suite of Improving Access to Psychological Therapies (IAPT) Data Set v2.1 published documentation on the DAPB1520 webpage.

Term/ Abbreviation	Definition
ADSM	Anxiety Disorder Specific Measure
CCG	Clinical Commissioning Group
Clinical Governance	Clinical governance is defined by the Department of Health and Social Care ¹ as describing “the structures, processes and culture needed to ensure that healthcare organisations - and all individuals within them - can assure the quality of the care they provide and are continuously seeking to improve it”
CQC	The Care Quality Commission monitor, inspect and regulate health and social care services.
CYP	Children and Young People
CYP IAPT	Children and Young People’s Improving Access to Psychological Therapies
DAPB	<p>The Data Alliance Partnership has been established following instruction from the Secretary of State for Health and Social Care.</p> <p>Made up of key national organisations which use health and care data, the DAP is committed to maximising the benefits from using and sharing data already held in health and care systems in order to minimise the burden on frontline service providers. The mission is to <i>collect once and use for multiple purposes</i> to benefit health and care provision and planning.</p> <p>A Data Alliance Partnership Board (DAPB) with responsibility to oversee the process has been set up to support DAP member organisations achieve the DAP goals and approve information standards, collections and extractions.</p>
DARS	The NHS Digital Data Access Request Service (DARS) can offer clinicians, researchers, and commissioners the data required to help improve NHS services.
DCB	<p>Empowered by the Health and Social Care Act 2012, the Data Coordination Board (DCB) has delegated responsibility for approving information standards for the health and social care system in England. The DCB membership is drawn from a range of organisations operating within health and social care.</p> <p>The Data Alliance Partnership Board (DAPB) has taken over responsibility for the approval of standards from the DCB.</p>
Data Group	<p>A collection of data items that describe a distinct event or episode. This can also be referred to as a table of data.</p> <p>The Data Set is arranged by data groups.</p>
Data Item	A single component of a data set that holds one type of information and relates to a specific record.

¹ <https://www.gov.uk/government/news/clinical-governance-guidance>

Term/ Abbreviation	Definition
Data Landing Platform	The secure data collection system chosen to facilitate the submission of data to NHS Digital, as specified within the Technical Guidance.
Data Set	The full collection of data groups. See 'Technical Output Specification'
DHSC	Department of Health and Social Care
DSAS	Data Standards Assurance Service ensures that the Information Standard meets the requirement of the Health and Social Care Act 2012 and meets the approval criteria specified by the DAPB.
DPIA	Data Protection Impact Assessment
ETOS	<p>The Enhanced Technical Output Specification (ETOS) contains all the information included in the Technical Output Specification, which will remain static as part of this Information Standard release. The Enhanced Technical Output Specification also includes additional information relating to the validations carried out at the data landing platform and the derived data items that are included in the provider and commissioner extracts. The validations and derivations are not controlled through the DAPB process and can therefore be subject to change.</p> <p>To be referred to alongside the Data Model.</p> <p>This document refers to the TOS throughout as opposed to the Data Set Specification.</p>
EPR	Electronic Patient Records
GDPR	General Data Protection Regulation
HSCA	The Health and Social Care Act 2012
HSCIC	<p>The Health and Social Care Information Centre (HSCIC) was formed in April 2013 and established as an Executive Non-Departmental Public Body (ENDPB) under the Health and Social Care Act 2012. Through the Act, the HSCIC has a significant statutory duty to support the health and care system with regard to:</p> <ul style="list-style-type: none"> • collecting, storing, analysing, and disseminating England's health and care data • providing a trusted safe haven for some of an individual's most sensitive information • building and delivering the technical systems that enable data both to be used to support an individual's care and to deliver better, more effective care for the community as a whole. <p>The HSCIC is also known as NHS Digital.</p>
IAPT	Improving Access to Psychological Therapies
ICD	International Classification of Diseases (ICD) is the international standard diagnostic classification for all general epidemiological, health management purposes and clinical use.
IDB	Intermediate Database (a Microsoft Access Database) used to submit data to the data landing platform.
Information Standard	An information standard is a formal document approved and issued by the Data Alliance Partnership Board (DAPB). It defines technical criteria, content, methods, processes and practices for implementation across health and social care in England.
ISN	An Information Standards Notice is a notice of an Information Standard approved by the Data Alliance Partnership Board (DAPB). When a health and social care organisation in England receives an ISN, they will ensure

Term/ Abbreviation	Definition
	that they and their contractors comply with the standard in a reasonable time (as defined within the ISN). ISNs were previously published by the Standardisation Committee for Care Information (SCCI).
ISB	<p>The NHS Information Standards Board for Health and Social Care closed on 31 March 2014. Responsibility for the governance of information standards then transferred to the Standardisation Committee for Care Information (SCCI).</p> <p>SCCI closed on 31 March 2017, after which responsibility transferred to the Data Coordination Board (DCB).</p> <p>In November 2020, the Secretary of State for Health announced the establishment of the Data Alliance Partnership Board (DAPB), which now has responsibility for approving Information Standards, collections and extractions.</p>
LTC	Long Term Condition
MUS	Medically Unexplained Symptom
MHSDS	The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. MHSDS is subject to a separate information standard, see DCB0011: Mental Health Services Data Set .
MHCC	Mental Health Care Cluster
NHS Digital	The preferred name for the HSCIC, with effect from 1 August 2016.
NICE	National Institute for Health and Care Excellence
ODS	Organisation Data Service
OVCC	Overseas Visitor Charging Category
PAS	Patient Administration System and Electronic Patient Records (EPR) used by trusts and independent third sector healthcare providers to record patient data.
Reporting Period	The period (usually a calendar month) for which a particular data upload refers.
ROM	Routine Outcome Measures
SNOMED CT	SNOMED CT is a structured clinical vocabulary for use in an electronic health record. It is the most comprehensive and precise clinical health terminology product in the world. SNOMED CT has been selected and approved as the terminology to be adopted by the NHS in England.
SCCI	<p>The Standardisation committee for Care Information (SCCI) was a committee with membership drawn from a range of health and social care organisations with responsibility for overseeing the development, assurance and approval of information standards, data collections and data extractions used within the health and social care system.</p> <p>New national governance arrangements for information standards, data collections and data extractions came into effect on 1 April 2017.</p> <p>On 1 April 2017, the Data Coordination Board (DCB) took over responsibility for the approval of standards from SCCI.</p>

Term/ Abbreviation	Definition
	<p>In November 2020, the Secretary of State for Health announced the establishment of the Data Alliance Partnership Board (DAPB), which will now has responsibility for approving Information Standards.</p>
TOS	<p>The Technical Output Specification fully defines each data item within the data set. This document splits the data set into a number of data groups (tables), each containing data items and values.</p> <p>The 'Change control' tab within this document defines the individual changes made to tables and data items as part of the Change Request.</p> <p>The Technical Output Specification is further enhanced with technical information in the form of the Enhanced Technical Output Specification (please see above).</p>

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1. Overview

This product precisely defines the patient level Improving Access to Psychological Therapies (IAPT) Data Set information standard. The Summary section below describes the standard; the following Requirements and Conformance Criteria sections explain what is required of care providers and systems to conform to the standard, and the way this will be tested respectively.

This document is the formal definition of the standard.

The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

1.1. Summary

Standard	
Standard Number	DAPB1520
Standard Title	Improving Access to Psychological Therapies (IAPT) Data Set
Description	<p>The Improving Access to Psychological Therapies (IAPT) Data Set is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent, and comparable information for people accessing NHS funded IAPT services located in England.</p> <p>This national data set has been developed with the IAPT Programme to support service delivery and inform clinical decision-making and encourage improved access to talking therapies for people with common mental health problems such as depression and anxiety disorders.</p> <p>As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care, for example: commissioning, service improvement and service design. It defines the data items, definitions, and associated value sets to be extracted or derived from local information systems. These national definitions allow providers to extract data from their local systems in a consistent manner, which supports national and local reporting to be undertaken.</p>
Applies to	<p><u>Patients</u></p> <p><u>In Scope</u></p> <p>All activity relating to people accessing NHS commissioned adult IAPT services for depression and anxiety in England.</p> <p>This includes activity relating to people under the age of 18 accessing NHS commissioned adult IAPT services.</p> <p><u>Out of Scope</u></p> <p>Activity relating to the provision of Children and Young People's (CYP) IAPT services is out of scope of this data set and should be included within the Mental Health Services Data Set (MHSDS).</p> <p><u>Organisation Types</u></p> <p>The standard must be used across the range of service providers and organisations that provide IAPT services including:</p> <ul style="list-style-type: none"> • NHS Mental Health Trusts

	<ul style="list-style-type: none"> • NHS Acute Trusts² • NHS Community Health Trusts² • Independent and third sector healthcare providers offering a service model that includes NHS funded patients² <p><u>Organisation Departments</u></p> <p>The standard primarily, but not exclusively, must be read and used by all heads of IAPT services, and other clinical and support services that have an active involvement in delivering IAPT care.</p> <p><u>Professionals</u></p> <p>The standard primarily, but not exclusively, applies to the following professionals working in or supporting IAPT services:</p> <ul style="list-style-type: none"> • Care Professionals • Employment Advisers • Administrative personnel • Information and IT Professionals. <p><u>IT Systems</u></p> <p>The standard predominantly, but not exclusively, relates to clinical systems designed to support IAPT services, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).</p>
Processing (analysis, publication and data linkage)	<p>The data held in the IAPT Data Set will be made available within NHS Digital for analysis, and also to other arm's-length bodies, NHS-funded IAPT service providers and commissioners and the wider mental health community, to support research and innovation and understand the impact of IAPT care on patient outcomes and experiences.</p> <p>Requests for data from the IAPT Data Set will be managed through NHS Digital's Clear Data Access Tools and Data Access Request Service (DARS).</p> <p>Information will be published in line with NHS Digital's duty to publish under section 260(1) of the Health and Social Care Act 2012, unless it falls within section 260(2) of the Act.</p> <p>IAPT data may also be linked to data held by NHS Digital from various other data sets and collections to provide richer information and enhance existing and develop new publications, and to respond to requests for data and information. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the NHS Digital Data Collections and Data Sets webpage³.</p> <p>IAPT data may also be linked to other data sets held by external bodies including Public Health England, NHS England and NHS Improvement and other researchers.</p>

² Where there is direct provision of IAPT services

³ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets>

Release	
Release Number	Amd 13/2021
Release Title	Version 2.1
Description	<p>An ongoing requirement exists to review the Improving Access to Psychological Therapies (IAPT) Data Set to ensure the content remains 'fit for purpose'. The changes included in this release relate to new government policy initiatives, resolution of issues within the previous data collection, and inclusion of other key stakeholder requirements. The changes to be made are as follows:</p> <ol style="list-style-type: none"> 1. Alignment with MHSDS on the capture of gender 2. Facilitate the capture of medical history information by adding a Medical History table - IDS601 Medical History (Previous Diagnosis). 3. Addition of a new table to capture the type of accommodation that is the patient's main or permanent residence – IDS003 Accommodation Status. 4. Minor changes to the IDS004 Employment Status and IDS201 Care Contact tables to ensure the Employment Advisors in IAPT program remains 'fit for purpose'. 5. Changes to the mandation status of two data items from Required to Mandatory: <ul style="list-style-type: none"> • 'Person Birth Date' in the IDS001 Master Patient Index table • 'Employment Status Recorded Date' in the IDS004 Employment Status table 6. Deletion of data items no longer required. 7. Other minor maintenance changes to respond to issues raised by, for example, the NHS Data Model and Dictionary Service.
Implementation Completion Date	<p><u>System Conformance</u></p> <p>From 1 January 2022, IAPT systems MUST be capable of capturing the information as defined in the TOS for local use.</p> <p>From 1 February 2022, IAPT systems MUST be able to extract data recorded in local systems to enable IAPT submissions in accordance with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>From 1 January 2022 providers of NHS funded IAPT services MUST be able to collect the information as defined in the TOS for local use.</p> <p>From 1 February 2022, providers of NHS funded IAPT services MUST commence IAPT submissions in accordance with this standard.</p>
Full Conformance Date	25 March 2022 - This is the date the final IAPT v2.1 submission window closes for January 2022 reporting period data. Providers must be able to make a valid submission prior to this date, which includes data collected from 1 January 2022.

1.2. Supporting documents

This document should be read in conjunction with the following:

Ref #	Title
1	IAPT v2.1 Change Specification
2	IAPT v2.1 Technical Output Specification (TOS)
3	IAPT v2.1 Implementation Guidance
4	IAPT v2.1 Enhanced Technical Output Specification (ETOS)
5	IAPT v2.1 User Guidance
6	IAPT v2.1 Data Model
7	NHS Data Model and Dictionary Change Request

Please see section 2.5 of the *Implementation Guidance* for a full list and descriptions of each related document and where they can be found.

1.3. Related standards

Reference	Title
DCB0011	Mental Health Services Data Set (MHSDS)
ISB0149-02	NHS Number for Secondary Care
ISB0149-01	NHS Number for General Practice
SCCI0034	SNOMED CT
SCCI0021	International Classification of Diseases
DCB0090	Health and Social Care Organisation Reference Data
DCB1605	Accessible Information
DCB2094	Sexual Orientation Monitoring
DCB3017	Overseas Visitor Charging Category (OVCC)

Further details regarding the above standards can be found on the [DAPB Standards and Collections webpage](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections)⁴. This webpage also contains a list of all current DAPB, DCB, SCCI and Information Standards Board (ISB) standards and collections.

⁴ <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections>

2. Requirements

2.1. Health and care organisations

2.1.1. Timeframe

- Req1) From 1 January 2022 providers of IAPT services in scope of this Information Standard **MUST** be able to collect the information locally that they intend to use to produce the monthly IAPT v2.1 extract, as defined in the TOS.
- Req2) From 1 February 2022 providers of IAPT services in scope of this Information Standard **MUST** begin ongoing monthly IAPT submissions as per the instructions in the IAPT Implementation Guidance.

2.1.2. Scoping

- Req3) Providers new to submitting the IAPT Data Set **MUST** review the 'In scope' and 'Out of scope' sections of this Requirements Specification to establish whether the standard applies to the services they offer.
- Req4) All providers **SHOULD** review all related documents to ensure they fully understand the background, objectives, and scope of this information standard.

2.1.3. Feasibility assessment

- Req5) Providers of IAPT services **MUST** review the IAPT Data Set v2.1 TOS and accompanying User Guidance to understand the scope and definition of each data item.
- Req6) Providers of IAPT services **SHOULD** familiarise themselves with the IAPT Data Set v2.1 intermediate database (IDB) to understand how data items are grouped for the data submission file.
- Req7) Providers of IAPT services **SHOULD** carry out a 'data mapping exercise' to understand how well their existing electronic systems align to the TOS and take appropriate action to ensure that the standard is fully met. The self-assessment [System Conformance Checklist](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set)⁵ tool is available on the NHS Digital website to support this mapping exercise.
- Req8) The IAPT Data Set standard defines the extract to flow from provider systems to NHS Digital. It is not a specification for a clinical system. Providers of IAPT services **SHOULD NOT** solely use this data set to define their clinical and operational data capture.

⁵ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set>

2.1.4. Information governance

- Req9) Data Controllers responsible for IAPT services **MUST** ensure they are fully conversant with pertinent information governance legislation and guidance, including [patient opt-outs](#)⁶ and [GDPR](#)⁷.
- Req10) Providers of IAPT services (including the Caldicott Guardian) **SHOULD** review the NHS Digital [Keeping patient data safe webpages](#)⁸ to ensure they are fully conversant with pertinent information governance legislation and guidance, including:
- Consent and the national data opt-out
 - Compliance against statutory requirements
 - Potential safety/confidentiality/risk considerations.
- Further information can be found in the Implementation Guidance.
- Req11) Providers of IAPT services **MUST** make available information and guidance to patients stating that their clinical care data may be re-used, including through linkage with other data sources, for the purpose of data analysis and reporting.
- Req12) Providers of IAPT services **MUST** ensure that local data systems and warehouses comply with appropriate data security controls by ensuring they achieve [Data Security and Protection Toolkit standards](#)⁹.
- Req13) Any staff responsible for controlling the dissemination of data **MUST** read the Implementation Guidance to understand the information governance approach and act accordingly. This will help inform the handling of sensitive data and ensuring identifiable data is not included in fields marked for inclusion in external extracts, as identified in the enhanced TOS. Understanding, behaviours, and accountability **SHOULD** be appropriate to the level and nature of responsibility.
- Req14) Any immediate information governance concerns relating to the IAPT Data Set **SHOULD** be addressed to the standard's developers at NHS Digital, or the [Independent Group Advising on the Release of Data \(IGARD\)](#)¹⁰ if the concerns relate to data dissemination.

2.1.5. Clinical governance

- Req15) The data set **MAY** be used for local clinical governance purposes such as:
- Monitoring of year on year service improvement by governing and audit bodies
 - Benchmarking performance to drive service improvements.

⁶ <https://digital.nhs.uk/services/national-data-opt-out-programme>

⁷ <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance>

⁸ <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe>

⁹ <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit>

¹⁰ <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/independent-group-advising-on-the-release-of-data>

2.1.6. Clinical risks

- Req16) Providers of IAPT services **SHOULD** always seek to understand the context of published national reports and be aware that the information presented depends greatly upon the quality of information submitted.
- Req17) When procuring new systems or modifying agreements with existing system suppliers, providers of IAPT services **SHOULD** ensure that supplier organisations are compliant with the clinical safety standards [DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems¹¹](#) and [DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems¹²](#).

2.1.7. Demonstrating readiness

- Req18) Several months after publication of this information standard a state of readiness questionnaire will be circulated to assess conformance with this standard. This **MUST** be completed by providers of IAPT services and returned to NHS Digital within the specified deadline.

2.1.8. Data Collection and submission

- Req19) Providers of IAPT services **MUST** ensure that the information they intend to use to produce the monthly IAPT Data Set v2.1 extract is captured locally in an accurate and timely manner.
- Req20) Providers of IAPT services **SHOULD** review the TOS to understand the data validation rules that will be applied to each data group on arrival at the data landing platform to all incoming data submission files. Validation rules not adhered to may result in appropriate groups or the entire submission being rejected.
- Req21) Providers of IAPT services **MUST** develop a submission extract as defined by the TOS and supporting Technical and User Guidance documents.
- Req22) Providers of IAPT services **MUST** submit the IAPT Data Set v2.1 extract as defined in the TOS.
- Req23) Providers of IAPT services **SHOULD** check pre-deadline validation and data quality reports provided by NHS Digital after each submission, correct errors and make re-submissions at the earliest opportunity. Further details on error correction and re-submissions are explained on the [SDCS Cloud Web page](#).
- Req24) Providers of IAPT services **MUST NOT** attempt to submit data items not defined in the TOS.

The requirements defined in this section are likely to be fulfilled by IAPT service informatics staff.

¹¹ <https://digital.nhs.uk/isce/publication/dcb0129>

¹² <https://digital.nhs.uk/isce/publication/dcb0160>

2.1.9. Resources

Req25) Heads of IAPT services **MUST** ensure their service is appropriately resourced to conform to the requirements stated in this Requirements Specification.

2.1.10. Communication

Req26) Chief executives **MUST** be held accountable to comply with the dates instructed by the mandate. Chief executives **SHOULD** therefore ensure awareness by all clinicians and operational staff involved in care delivery by cascading the mandated standard and an appropriate project brief to all IAPT leads and other relevant staff.

Req27) Instructions **MUST** also be communicated to the organisation's informatics leads to initiate collaborative work with informatics services and IAPT services as soon as possible.

2.1.11. Issues and maintenance

Req28) To support the implementation of this information standard, providers of IAPT services **SHOULD** highlight any persistent issues and feed these back to the standard's developers, as per the contact details listed in section '8.1 Support' of the Implementation Guidance. Feedback will be used by the developers to improve the implementation and data collection processes for future consideration towards a data set change or, indeed, further implementation phases.

2.2. Systems

2.2.1. Timeframe

Req29) From 1 January 2022 IAPT services **MUST** ensure their IT systems are able to capture the information locally that is intended for use to produce the monthly IAPT Data Set v2.1 extract, as defined in the TOS. This includes information required to derive data items as defined within the standard.

Req30) From 1 February 2022 IAPT services **MUST** ensure their IT systems are able to derive the data items defined within this standard, where they are not collected directly. This includes mapping of local codes to national codes, and the ability to extract this information as envisaged within this standard, e.g. without interim workarounds.

2.2.2. Scoping

Req31) Providers of IAPT services **SHOULD** ensure that their IT system suppliers review all related documents to fully understand the background, objectives, and scope of this information standard.

2.2.3. Feasibility assessment

- Req32) Providers of IAPT services **SHOULD** ensure that their IT system suppliers review the TOS and User Guidance to understand the scope and definition of each data item.
- Req33) Providers of IAPT services **SHOULD** ensure that their IT system suppliers familiarise themselves with the IDB to understand how data items are grouped for the data submission file.
- Req34) Providers of IAPT services **SHOULD** ensure that their IT system suppliers provide tools to enable a 'data mapping exercise' to be carried out and where possible complete the mappings to the national codes on behalf of the IAPT providers. A self-assessment System Conformance Checklist tool is available on the [NHS Digital website](#) to support this mapping exercise.
- Req35) The IAPT Data Set v2.1 TOS is a specification for a secondary uses data set. It does not define patient systems. Whilst providers of IAPT services **SHOULD** ensure that their IT system suppliers use this data set to support their system development, they **SHOULD NOT** use the data set exclusively and **SHOULD** also consider the full requirements of the care setting where it is used.
- Req36) Increase in burden for providers in capturing and extracting the information defined in the TOS as a result of system changes in support of the mandated standard **SHOULD** be proportionate.
- Req37) When considering potential system developments, supporting good data quality **MUST** be considered, in conjunction with minimising the burden on system users.

2.2.4. Information governance

Section 3.2.1 of the Implementation Guidance explains the information governance issues surrounding the data set.

- Req38) Providers of IAPT services **MUST** ensure that their IT system suppliers include a mechanism to allow providers to identify records where there is a legal requirement to restrict the flow of identifiable information for a patient.

2.2.5. Clinical risks

- Req39) Providers of IAPT services **SHOULD** remind their IT system suppliers to ensure that any changes resulting from the implementation of version 2.1 are compliant with the safety standards DCB0129 and DCB0160.

2.2.6. Constructing a data submission file

- Req40) The [SDCS Cloud Web page](#) provides information on how to create a monthly submission file. Providers of IAPT services **SHOULD** ensure that their IT system suppliers review this and the requirements for health and care organisations above.

2.2.7. Data quality feedback

- Req41) Providers of IAPT services **SHOULD** ensure that their IT system suppliers review the [SDCS Cloud Web page](#) and TOS on the NHS Digital IAPT website to understand the data validation rules that will be applied at the data landing platform to all incoming data submission files. Validation rules not adhered to may result in appropriate groups or the entire data submission file being rejected, depending on the particular validation rule.
- Req42) From 1 January 2022, providers of IAPT services **MUST** ensure that their IT systems have the ability to produce data quality reports to support production of their submission files in line with the TOS.

2.2.8. Demonstrating readiness

- Req43) Several months after publication a Conformance Questionnaire will be provided to assess conformance with this standard. A Conformance Checklist can also be found on the IAPT webpages. Providers of IAPT services **SHOULD** ensure that this is completed by their IT system suppliers and returned to NHS Digital within the specified deadline.

3. Conformance criteria

The following conformance criteria describe tests that will be used to measure conformance with the standard by health and care organisations. These conformance criteria make reference to the requirements listed in section 2 above.

- 1) NHS Digital have received the completed state of readiness questionnaire by the specified deadline. This will be circulated to care providers and system suppliers several months after publication of this information standard and prior to the implementation completion date. The questionnaire will be used to assess conformance with the stated requirements. (Requirements: Health and Care organisations: Req3, Req4, Req5, Req7, Req9, Req10, Req11, Req12, Req13, Req14, Req18, Req25. Systems: Req31, Req32, Req33, Req34, Req35, Req36, Req43).
- 2) NHS Digital have received a valid submission via the data landing platform during the [submission window](#)¹³ for the January 2022 reporting period, which conforms to the IAPT Data Set v2.1 TOS. (Requirements: Health and Care organisations: Req1, Req2, Req6, Req19, Req20, Req21, Req22, Req24, Req25, Req26, Req27. Systems: Req29, Req30, Req40).
- 3) NHS Digital have received additional valid submissions via the data landing platform during the submission window for the January 2022 reporting period, which conforms to the IAPT Data Set v2.1 TOS, which shows improvement in data quality from the initial submission. (Requirements: Health and Care Organisations: Req23 and Req25. Systems: Req37, Req41, Req42).
- 4) NHS Digital receives extract data via the data landing platform on a monthly basis throughout the period that the IAPT Data Set v2.1 standard remains current. (Requirements: Health and Care Organisations: Req1, Req2, Req6, Req19, Req20, Req21, Req22, Req25. Systems: Req29 and Req30).
- 5) NHS Digital receives submissions that show improvement in data quality, via the data landing platform, on a monthly basis, throughout the period that the IAPT Data Set v2.1 mandated standard remains current via additional submissions within the submission window. (Requirements: Health and Care Organisations: Req16, Req23, Req25. Systems: Req41 and Req42).
- 6) NHS Digital have received comprehensive, good quality submissions, reflective of the type of service submitting. Submissions conform to the information governance principles identified in the requirements above, measured by routine data quality reporting and absence of incidents impacting on NHS Digital. (Requirements: Health and Care Organisations: Req9, Req10, Req11, Req12, Req13, Req14, Req16. Systems: Req38 and Req39).

Conformance of the standard may also be monitored by other stakeholders at a national or local level. Monitoring may review conformance in line with the above conformance criteria or the detailed individual requirements listed in section 2.

¹³ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set>