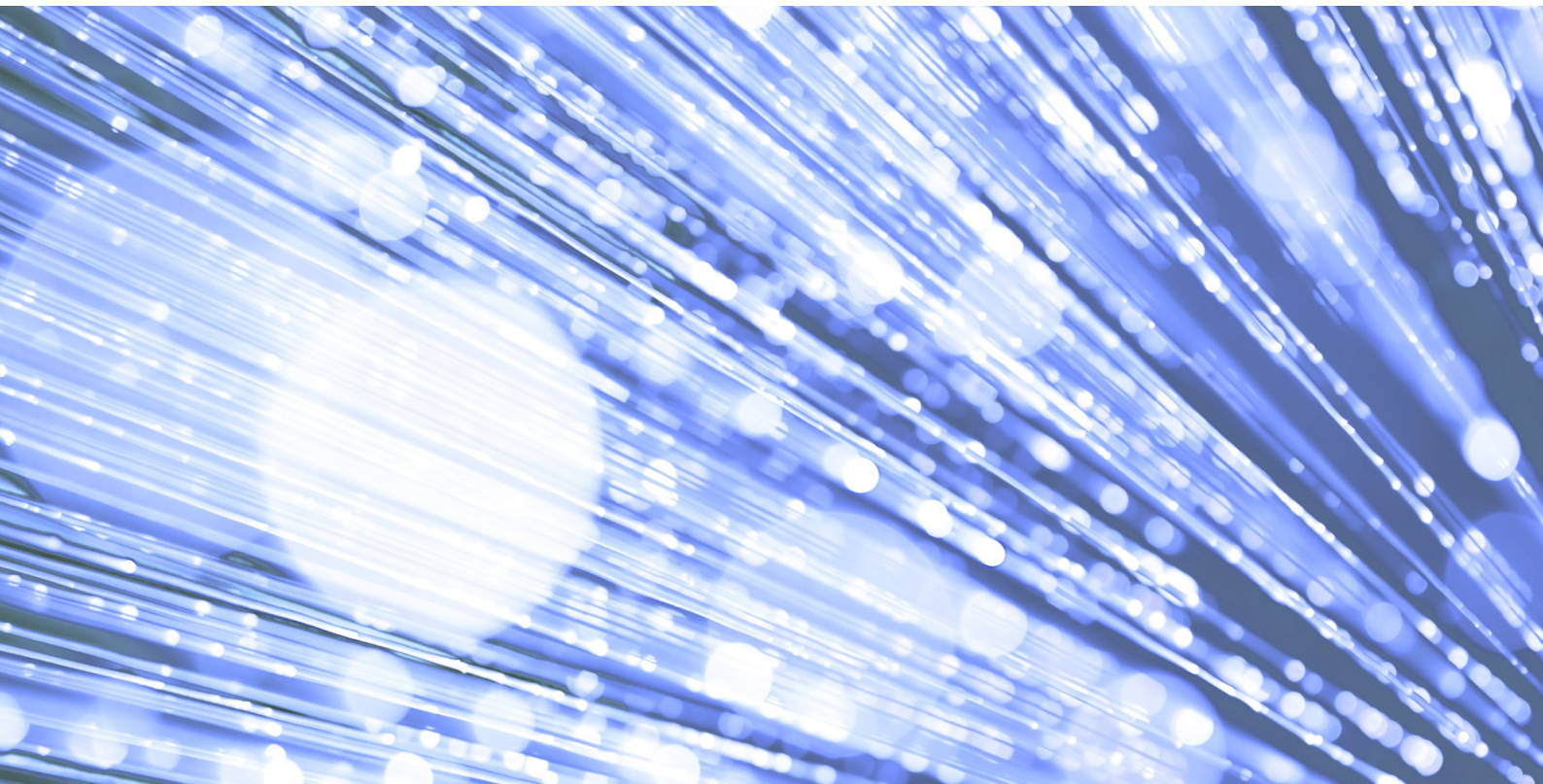


DCB1520 Improving Access to Psychological Therapies Data Set v2.0 Change Specification

Published 29 October 2019



Information and technology
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This information standard (DCB1520) has been approved for publication by the Department of Health and Social Care 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 Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Data Set Specification
- Change Specification.

An Information Standards Notice (DCB1520 Amd 14/2019) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions 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: 5 September 2019

Update: 29 October 2019

Following publication on 5 September 2019, the need for a minor correction to the data set was identified and [a Corrigendum has been issued](#). Note that there is no impact on either the published Requirements Specification or the Implementation Guidance. However an updated Change Specification (this document) and Data Set Specification have been issued and should be read in conjunction with the Corrigendum.



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Glossary of Terms

A full Glossary of Terms for the IAPT Data Set v2.0 Information Standard can be found within the Requirements Specification.

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1. Overview

1.1 Summary

Standard	
Standard Number	DCB1520
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 • NHS Acute Trusts¹ • NHS Community Health Trusts¹ • Independent and third sector healthcare providers offering a service model that includes NHS funded patients¹ <p><u>Organisation Departments</u></p>

¹ Where there is direct provision of IAPT services

	<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 for other arm's-length bodies, NHS-funded adult 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.</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 webpageⁱ.</p> <p>IAPT data may also be linked to other data sets held by external bodies including Public Health England, NHS England and other researchers.</p>
Release	
Release Number	Amd 14/2019
Release Title	Version 2.0
Description	<p>An ongoing requirement exists to review the Improving Access to Psychological Therapies Data Set (IAPT) 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 current data collection, and inclusion of other key stakeholder requirements as follows:</p> <ol style="list-style-type: none"> 1. Structural changes to align with other NHS Digital modular data sets, including the MHSDS, including: <ul style="list-style-type: none"> ○ Increased use of clinical terminology (including SNOMED CT) to capture clinical activity ○ Improved relational modelling across data tables

	<ol style="list-style-type: none"> 2. Alignment of data items with changes to the NHS Data Model and Dictionary, such as with ODS, Gender and Sexual Orientation data items 3. Removal of data items that are no longer required nationally, such as the Opt-In Date 4. Revision of the referral end codes to reflect treatment pathways 5. Changes to support the collection of internet enabled therapies 6. Additional fields in relation to language and the use of interpreters 7. Collection of the qualifications held by Care Personnel 8. Incorporation of the Employment Advisers Pilot Data Set and further enhancement of the employment data items 9. Incorporation of items from the Long Term Conditions and Medically Unexplained Symptoms Pilot Data Set 10. Additional data items in the Care Contact table to understand the location of treatment and delivery of group sessions 11. Inclusion of the Overseas Visitor Charging Category (OVCC) fundamental standard (DCB3017) 12. Alignment of the patient consent guidance in line with other NHS Digital data sets, including the MHSDS 13. Clarification of data set scope regarding people under the age of 18s accessing adult IAPT services 14. 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 April 2020, IAPT systems MUST be fully conformant with this standard.</p> <p><u>Health and Care Organisations</u></p> <p>During February 2020, providers of NHS funded IAPT services MUST complete a state of readiness questionnaire and return this within the specified deadlines.</p> <p>From 1 April 2020 providers of NHS funded IAPT services MUST be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1 May 2020, providers of NHS funded IAPT services MUST commence IAPT submissions in accordance with this standard.</p>
Full Conformance Date	25 June 2020 - This is the date the final IAPT v2.0 submission window closes for April 2020 reporting period data. Providers must be able to make a valid submission prior to this date, which includes data collected from 1 April 2020.

1.2 Supporting documents

This document should be read in conjunction with the following:

Ref #	Title
1	IAPT v2.0 Requirements Specification

2	IAPT v2.0 Technical Output Specification
3	IAPT v2.0 Implementation Guidance
4	IAPT v2.0 User Guidance
5	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 listed above and where they can be found.

1.3 Related standards

Reference	Title
DCB0011	Mental Health Services Data Set (MHSDS)
DCB1605	Accessible Information
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
DCB2094	Sexual Orientation Monitoring
DCB3017	Overseas Visitor Charging Category (OVCC)

Further details regarding the above standards can be found on the [DCB Standards and Collections webpage](#)ⁱⁱ. This webpage also contains a list of all current DCB, SCCI and Information Standards Board (ISB) standards and collections.

2. Background and justification for release

The IAPT Data Set applies to, and is used by, a wide range of stakeholders for various secondary uses purposes in support of the IAPT Programme. As such, a need exists to regularly review the content of the data set, to ensure that stakeholders requirements continue to be met with minimal burden for data submitters.

NHS Digital maintain the content of the data set through consultation with these stakeholders, which include various sections of NHS England and NHS Improvement, Department of Health and Social Care (DHSC), Care Quality Commission (CQC), service providers, IT system suppliers and commissioners.

A number of changes are required to the data set for April 2020 to respond to changes in clinical practice or coding, changes to policy requirements, changes to the NHS Data Model and Dictionary in light of other Information Standards, and requests for amendments by care providers or system suppliers.

There are two high-level drivers for the development of this revised data set (Version 2.0), which are:

1. Alignment of the data set structure with a modular data set design, as previously adopted by the MHSDS and other related national data sets
2. Collection of 'new' data to facilitate evolving national reporting requirements

Further details on these drivers and justification for the changes being made to the data set are outlined below.

2.1 Structural Alignment

The Data Sets Development Service within NHS Digital are committed to improving the quality, usability and comparability of national data sets, whilst minimising burden for those undertaking data submissions. As part of this update, the opportunity has been taken to review the IAPT Data Set with other related data sets for consistency, with an objective of aligning design and modelling principles.

As part of this aim, agreement exists to merge the IAPT and MHSDS at a suitable opportunity in future, to provide a single source of mental health data in a common and comparable structure. However, in order to facilitate key requirements in the short term, an interim release of the IAPT Data Set has been agreed.

As well as considering the structural alignment, the terminology used will also be aligned between the data sets, such as how 'appointments' and 'care contacts' are defined and the descriptions used for tables. For example, the IAPT 'Person Table' will be aligned to 'Master Patient Index', as used in other data sets.

By including changes to align the IAPT Data Set with the MHSDS in this interim release, any future merger would be simplified.

2.1.1 Modular data design

Much of the alignment with the MHSDS is in fact alignment with a modular data design that is being adopted across a range of national data sets. This modelling focuses on a patient, referral, care contact and care activity backbone, using standardised 'modules' common

across data sets. Each data set has adaptations and 'add-on' modules specific to the care setting.

The approach allows these 'modules' to be used consistently across other care settings going forwards (with other mental health services and much wider) and improve opportunities for comparable reporting and data linkage across care settings.

2.1.2 Incorporation of clinical terminology

SNOMED CT is the required terminology to support direct management of care, as identified in the policy document [Personalised Health and Care 2020: A Framework for Action](#)ⁱⁱⁱ.

The Information Standard for SNOMED CT (SCCI0034^{iv}) mandates the use of this terminology within all electronic patient level recording and communications by April 2020 for mental health services.

In support of this standard, SNOMED CT is being introduced into the data set design. This can benefit a range of users of the data set significantly, such as by:

- Allowing providers a choice between multiple schemes to submit Care Activity information. Of which, providers can submit what they record over and above specific national information requirements. This enables wider information requirements (e.g. commissioner data flows) to be better met through the data set going forward.
- Using SNOMED CT to capture outcome measures reduces the need for individual tables for each measure. A single table can capture multiple measures using a common structure.
- The data set can respond more quickly to changes in clinical practice and information requirements. Terminology is updated at regular intervals and the data set automatically can capture the latest terms without the need for changing the data set through the DCB process.

2.2 Collection of new/amended data

The IAPT Data Set has been collected since 2012 and during this time national reporting has expanded in line with improved data coverage. IAPT v1.5 (2014) introduced changes such as to support enhanced stepped care and assessment tool reporting, which have enabled greater insight into patient outcomes and the efficacy of therapies offered.

Since v1.5 went live, a number of reporting requirements have been identified that required additional data to be collected. Some of this data, notably employment and long term conditions data, has been collected on an interim basis through separate pilot collections. Version 2.0 includes additional data tables and items to meet these reporting requirements in the long term, such as through incorporation of the pilots within the mandated data set structure.

A number of changes directly relate to [The NHS Long Term Plan](#)^v which sets out ambitions in relation to access and new digitally-enabled models of therapy.

Please see section 3.2 for detailed background and justification for the additional or amended data included in this release.

3. Detail of changes

This section provides additional detail in relation to the individual changes made to the data set in support of the high-level drivers.

3.1 Structural Alignment

3.1.1 Header Table

The introduction of the Header table allows enhanced administrative information to be captured regarding the submission, which is not linked at a patient-level.

Aim: To capture administrative detail regarding the submission in a single record.

Benefits: Reduce the need to duplicate items across tables (e.g. provider code).

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS000 Header		Addition			New table
IDS000 Header	DATA SET VERSION NUMBER	Addition			To ensure the correct version is submitted during transition periods.
IDS000 Header	ORGANISATION IDENTIFIER (CODE OF PROVIDER)	Amendment	Previously collected in the following tables: 'PERSON' 'DISABILITY' 'REFERRAL' 'APPOINTMENT' 'WAITINGTIMEPAUSE' 'TREATMENTQUESTIONNAIRE' 'ASSESSMENT QUESTIONNAIRE'	Moved singularly to 'Header' table	To reduce duplication of linkage fields.
IDS000 Header	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	Addition			To enable sight (and support) of submission arrangements between providers.
IDS000 Header	PRIMARY DATA COLLECTION SYSTEM IN USE	Addition			This will help ensure more targeted support to providers depending on what system they are using.
IDS000 Header	REPORTING PERIOD START DATE	Addition			To ensure the correct reporting period is being submitted.
IDS000 Header	REPORTING PERIOD END DATE	Addition			To ensure the correct reporting period is being submitted.
IDS000 Header	DATE AND TIME DATA SET CREATED	Addition			For audit purposes.

3.1.2 Increased use of clinical terminology

To aid realisation of the benefits highlighted in section 2.1.2, the following uses of clinical terminology will be enabled within Version 2.0:

- Presenting complaints (previously referred to as Provisional Diagnoses) can now be submitted using a select choice of Schemas.
- Assessment Tools must now be submitted using SNOMED CT. There are multiple ways to link this data within the data set such as against a specific Referral or Care Activity.
- More detailed Care Activity information can now be submitted, using a select choice of Schemas. Procedures, observable entities and findings are all recordable.
- Social and Personal Circumstances can now be submitted using SNOMED CT, which allows the flow of Master Patient Index data items and personal information in line with published SNOMED CT subsets.

SNOMED CT already contains a wealth of terms relevant for psychological therapies. A number of terms also required authoring to enable reporting requirements to be met through the data set. Where terms have required authoring, these will be made available in the October 2020 SNOMED CT release. As such, these codes will not be immediately available at the point this information standard is published. NHS Digital will communicate the availability of these terms via the [IAPT Data Set webpage](#)^{vi} and [monthly information update](#)^{vii}.

3.1.2.1 Care contacts and activities

The Appointment table has been aligned with a Care Contact and Care Activity design adopted across other national data sets.

This allows the flow of one or many NICE approved therapies linked to a single Care Contact.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
4 - APPOINTMENT		Amendment	4 - APPOINTMENT	IDS201CareContact IDS202Care Activity	Table split into a contact-activity relational model. Alignment of national terminology for care contacts
IDS201 Care Contact	CARE CONTACT IDENTIFIER	Addition			Inclusion of a unique identifier for the care contact
IDS201 Care Contact	APPOINTMENT DATE	Deletion			
IDS201 Care Contact	APPOINTMENT TIME	Deletion			
IDS201 Care Contact	CARE CONTACT DATE	Addition			Replaces APPOINTMENT DATE
IDS201 Care Contact	CARE CONTACT TIME	Addition			Replaces APPOINTMENT TIME
IDS201 Care Contact	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Addition			To allow contact-level commissioner recording.
IDS201 Care Contact	CLINICAL CONTACT DURATION OF APPOINTMENT	Deletion			

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS201 Care Contact	CLINICAL CONTACT DURATION OF CARE CONTACT	Addition			Replaces CLINICAL CONTACT DURATION OF APPOINTMENT
IDS201 Care Contact	PLANNED CARE CONTACT INDICATOR	Addition			To differentiate between planned appointments and unplanned contacts.
IDS201 Care Contact	FACE TO FACE COMMUNICATION MODE	Deletion			To ensure communication mode is available for all mediums, not just face-to-face.
IDS201 Care Contact	CARE CONTACT PATIENT THERAPY MODE	Addition			
IDS201 Care Contact	THERAPY TYPE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES) 1-4	Deletion			All 4 Therapy Types fields now replaced by Coded Procedure in the Care Activity table.
IDS202 Care Activity	CARE ACTIVITY IDENTIFIER	Addition			
IDS202 Care Activity	CARE CONTACT IDENTIFIER	Addition			
IDS202 Care Activity	CLINICAL CONTACT DURATION OF CARE ACTIVITY	Addition			
IDS202 Care Activity	CODED PROCEDURE AND PROCEDURE STATUS (SNOMED CT)	Addition			
IDS202 Care Activity	FINDING SCHEME IN USE	Addition			
IDS202 Care Activity	CODED FINDING (CODED CLINICAL ENTRY)	Addition			
IDS202 Care Activity	CODED OBSERVATION (SNOMED CT)	Addition			
IDS202 Care Activity	OBSERVATION VALUE	Addition			
IDS202 Care Activity	UCUM UNIT OF MEASUREMENT	Addition			

3.1.2.2 Social and personal circumstances

A new table has been introduced to capture any relevant 'social and personal circumstances' for the person. These circumstances will flow using SNOMED CT alongside the date that the circumstance was recorded.

Religion and Sexual Orientation will both move from the PERSON table into this new table. SNOMED CT 'refsets' exist for both of these items within the NHS Data Model and Dictionary that map to the previous dictionary code lists.

Please note, as part of this change, the existing Sexual Orientation (Current) data item will change to the Person Stated Sexual Orientation Code data item, which will now flow using the national SNOMED CT refset. This will align the data set to the [DCB2094: Sexual Orientation Monitoring](#)^{viii} fundamental information standard.

Aim: To flow religious group and sexual orientation as a 'Social and personal circumstance' in line with national information standards.

Benefits:

To align the Data Set with related information standards for these items.

To make the data set more reactive to changes in national code lists and to capture circumstances of national interest. For example, the code lists will come out of the physical data model which means that if the NHS needs to alter the lists, there is no need to change the structure of a large number of data sets.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
1 - PERSON	RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION GROUP CODE	Deletion			
1 - PERSON	SEXUAL ORIENTATION (CURRENT)	Deletion			
IDS011 Social and Personal Circumstances		Addition			New table
IDS011 Social and Personal Circumstances	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS011 Social and Personal Circumstances	SOCIAL AND PERSONAL CIRCUMSTANCE (SNOMED CT)	Addition			To be populated with the relevant social and personal circumstances for the person, such as Religion and Sexual Orientation, using an appropriate SNOMED CT code.
IDS011 Social and Personal Circumstances	SOCIAL AND PERSONAL CIRCUMSTANCE RECORDED DATE	Addition			Date field allows indication of when (and how frequent) this information is reviewed.

3.1.2.3 Coded Scored Assessments

Routine Outcome Measures (ROMs), such as the Patient Health Questionnaire (PHQ-9) and General Anxiety Disorder Assessment (GAD7), will now flow in the data set as 'Coded Scored Assessments', mapped to SNOMED CT.

NHS Digital will provide the mapping to SNOMED CT within the Technical Output Specification for the scores that must be submitted.

Detailed guidance for flowing ROMs within the Coded Scored Assessment structure can be found within the [IAPT v2.0 User Guidance](#)^{ix}.

Aim: To flow all ROMs to the data set as a Coded Scored Assessment mapped to SNOMED CT.

Benefits: The data set becomes more reactive to any changes in the use of ROMs, so there would be no need to alter the structure of the tables. It will also align with other national data sets that use the same common approach.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
4 - APPOINTMENT	PHQ-9 TOTAL SCORE	Deletion			
4 - APPOINTMENT	GAD7 SCORE	Deletion			
4 - APPOINTMENT	GENERALISED ANXIETY DISORDER SCORE	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (WORK)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (HOME MANAGEMENT)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (SOCIAL LEISURE ACTIVITIES)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (PRIVATE LEISURE ACTIVITIES)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (RELATIONSHIPS)	Deletion			
4 - APPOINTMENT	AGORAPHOBIA: MOBILITY INVENTORY SCORE (WHEN ACCOMPANIED)	Deletion			
4 - APPOINTMENT	AGORAPHOBIA: MOBILITY INVENTORY SCORE (WHEN ALONE)	Deletion			
4 - APPOINTMENT	AGORAPHOBIA SCORE	Deletion			
4 - APPOINTMENT	GENERALIZED ANXIETY DISORDER PENN STATE WORRY SCORE	Deletion			
4 - APPOINTMENT	HEALTH ANXIETY INVENTORY SHORT WEEK SCALE SCORE	Deletion			
4 - APPOINTMENT	OBSESSIVE COMPULSIVE DISORDER INVENTORY SCORE	Deletion			
4 - APPOINTMENT	PANIC DISORDER SEVERITY SCALE SCORE	Deletion			
4 - APPOINTMENT	POST TRAUMATIC STRESS DISORDER IMPACT OF EVENTS SCALE REVISED SCORE	Deletion			
4 - APPOINTMENT	SOCIAL PHOBIA INVENTORY SCORE	Deletion			
4 - APPOINTMENT	SOCIAL PHOBIA SCORE	Deletion			
4 - APPOINTMENT	SPECIFIC PHOBIA SCORE	Deletion			
6 - TREATMENT QUESTIONNAIRE		Deletion			Deletion of table
7 - ASSESSMENT QUESTIONNAIRE		Deletion			Deletion of table
IDS606 Coded Scored Assessment (Referral)		Addition			New table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS606 Coded Scored Assessment (Referral)	SERVICE REQUEST IDENTIFIER	Addition			To link to the related referral
IDS606 Coded Scored Assessment (Referral)	CODED ASSESSMENT TOOL TYPE (SNOMED CT)	Addition			This will contain the SNOMED CT code for the question being scored.
IDS606 Coded Scored Assessment (Referral)	PERSON SCORE	Addition			This contain the score to the question.
IDS606 Coded Scored Assessment (Referral)	ASSESSMENT TOOL COMPLETION DATE	Addition			
IDS606 Coded Scored Assessment (Referral)	ASSESSMENT TOOL COMPLETION TIME	Addition			
IDS607 Coded Scored Assessment (Care Activity)		Addition			New table
IDS607 Coded Scored Assessment (Care Activity)	CARE ACTIVITY IDENTIFIER	Addition			To link to the related Care Activity
IDS607 Coded Scored Assessment (Care Activity)	CODED ASSESSMENT TOOL TYPE (SNOMED CT)	Amendment			
IDS607 Coded Scored Assessment (Care Activity)	PERSON SCORE	Amendment			

3.1.3 Modular data design

A number of data items have now moved out of the Person/Referral/Appointment tables into a relational structure. This does not alter the underlying data and it should not directly impact on how data is collected locally. For example, employment details may still be captured using an appointment screen. However, employment data will now require extraction from local systems into the new Employment table within the IDB instead, for national reporting purposes.

Aims: To align with MHSDS and other national data sets.

Benefits: The approach allows these 'modules' to be used consistently across other care settings in future (other mental health services and much wider). Associating dates within the relational modules allows greater understanding of when this information was last reviewed and how values change throughout episodes of care.

3.1.3.1 General Practice Registration Table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS001 Master Patient Index	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	Deletion	Moved from the 'PERSON' table;	Moved to 'GP Practice Registration' table	
IDS002 GP Practice Registration		Addition			New table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS002 GP Practice Registration	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	Addition	Moved from the 'PERSON' table;	Moved to 'GP Practice Registration' table	
IDS002 GP Practice Registration	START DATE (GMP PATIENT REGISTRATION)	Addition			To allow more accurate GP Registration recording during the reporting period.
IDS002 GP Practice Registration	END DATE (GMP PATIENT REGISTRATION)	Addition			
IDS002 GP Practice Registration	ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)	Addition			

3.1.3.2 Employment Status

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
4 - APPOINTMENT	EMPLOYMENT STATUS	Deletion			Moved to new Employment Status table.
4 - APPOINTMENT	EMPLOYMENT SUPPORT SUITABILITY INDICATOR	Deletion			
4 - APPOINTMENT	EMPLOYMENT SUPPORT REFERRAL DATE	Deletion			
4 - APPOINTMENT	STATUTORY SICK PAY INDICATOR	Deletion			
IDS004 Employment Status		Addition			New table
IDS004 Employment Status	EMPLOYMENT STATUS	Addition			
IDS004 Employment Status	EMPLOYMENT STATUS RECORDED DATE	Addition			To record the date the status was reviewed (equivalent to the Appointment Date in v1.5).
IDS004 Employment Status	EMPLOYMENT SUPPORT SUITABILITY INDICATOR	Addition			
IDS004 Employment Status	EMPLOYMENT SUPPORT REFERRAL DATE	Addition			
IDS004 Employment Status	STATUTORY SICK PAY RECEIPT INDICATOR	Addition			Note minor change in data item name.

3.1.3.3 Care Cluster Table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
3 - REFERRAL	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)	Deletion			
IDS803 Care Cluster		Addition			New table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS803 Care Cluster	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS803 Care Cluster	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)	Amendment			
IDS803 Care Cluster	START DATE (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			
IDS803 Care Cluster	START TIME (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			
IDS803 Care Cluster	END DATE (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			
IDS803 Care Cluster	END TIME (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			

3.1.3.4 Onward Referrals

As part of the stepped care model, IAPT services are required to flow an Organisation Code (Stepped to Provider) field in the v1.5 data set to identify where a patient is stepped up or down to an external service.

Other national data sets have the concept of an Onward Referral, which covers any internal or external referral made from service to another service. As part of the structural alignment across data sets, it is proposed to replace the above field with the Onward Referral module.

Aims: To align with MHSDS and other national data sets in identifying onward referrals, in particular for the stepping of patients between organisations.

Benefits: Alignment of data sets will reduce the burden of collection and analysis of national data.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Change Reason
3 - REFERRAL	ORGANISATION CODE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES STEPPED TO PROVIDER)	Deletion			
IDS105 Onward Referral		Addition			New table
IDS105 Onward Referral	SERVICE REQUEST IDENTIFIER	Addition			
IDS105 Onward Referral	ONWARD REFERRAL DATE	Addition			
IDS105 Onward Referral	ONWARD REFERRAL TIME	Addition			
IDS105 Onward Referral	ONWARD REFERRAL REASON	Addition		Addition of new codes to item: 05 - Stepped up from low intensity Improving Access to Psychological Therapies Service 06 - Stepped down from high intensity Improving	The existing data item will include two new IAPT-specific codes for stepped care.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Change Reason
				Access to Psychological Therapies Service	
IDS105 Onward Referral	ORGANISATION IDENTIFIER (RECEIVING)	Addition			

3.1.4 Differences in mandation in new structure

A small number of items will be made mandatory in IAPT v2.0. However, although these items will now be mandatory, various default codes exist to ensure that the data can be populated in every scenario.

Various items will also 'appear' to have been updated to mandatory (E.g. Employment Status will now be a mandatory item in Employment table). In these instances, the item is only mandatory *IF* a record is entered into that table. If this information is not available, the table itself can be left black for that person.

Aims: To bring mandation of items in line with the high level data set principles.

Benefits: Improved data quality within these tables, ensuring all records submitted have the 'minimum' fields completed.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS002 GP Practice Registration	GENERAL MEDICAL PRACTICE CODE	Amendment	Required	Mandatory	The GP table is a mandatory table; however, default codes exist to enable the table to flow for every person.
IDS007 Disability Type	DISABILITY CODE	Amendment	Required	Mandatory	Although this item is now mandatory, the table itself is Required and doesn't require submission for every person.
IDS101 Referral	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Amendment	Required	Mandatory	This field is now a mandatory field in the Referral table. Default codes exist to cover all scenarios and guidance on determining the commissioner can be found from the NHS Data Model and Dictionary ^x webpage for this data element.

3.2 Removal of data items no longer required

NHS Digital are committed to minimising data collection burden across all data sets and collections. As part of this, a review of all existing data items within the IAPT Data Set was undertaken to identify opportunities for minimisation.

The following data items have been identified as being no longer required for national purposes. NHS Digital will continue to regularly review the use of all IAPT data items throughout ongoing maintenance and development of the data set.

Aims: Ensure the data set continues to reflect the minimum data required on a national basis

Benefits: Minimal data submission burden for providers

Group/Table	Item Name / Level	Previous	New	Additional change detail
IDS001 Master Patient Index	LONG TERM PHYSICAL HEALTH CONDITION INDICATOR (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)			Replaced by the collection of individual long term conditions via the Long Terms Conditions (Previous Diagnosis) table. See LTC section below .
IDS101 Referral	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES OPT IN DATE			No longer required nationally.
IDS201 Care Contact	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES STEPPED CARE INTENSITY DELIVERED			This data item is no longer required nationally and can be derived.
	SERVICE REQUEST ACCEPTANCE INDICATOR			This item is no longer required for national reporting.
2 - DISABILITY 3 – REFERRAL 4 - APPOINTMENT	NHS NUMBER			No longer required due to relational structure.
2 - DISABILITY 3 – REFERRAL 4 – APPOINTMENT	ORGANISATION CODE (CODE OF PROVIDER)			No longer required due to relational structure.
4 – APPOINTMENT 5 - WAITINGTIMEPAUSES	LOCAL PATIENT IDENTIFIER (EXTENDED)			No longer required due to relational structure.

3.3 Collection of new/amended data

This section provides further detail in relation to the new or amended data items that are required to support additional analytical requirements for the data set.

3.3.1 Revision to End Codes

Revisions are required to the list of End Codes as the current list does not fully meet national reporting requirements.

Aims:

- 1) To understand whether patients, who have not completed a full course of treatment, have had their needs addressed.
- 2) To distinguish between patients that are:
 - Referred but not seen
 - Seen but not taken on for a course of treatment, where this is defined as having less than 2 care contacts coded as “assessed and treated” and/or “treated”
 - Taken on for a course of treatment, which is defined as having 2 or more care contacts coded as “assessed and treated” and/or “treated”
- 3) To align the data item name with NHS Data Model and Dictionary editorial principles

Benefits: Improved understanding of patient outcomes at the end of a referral. Closer alignment to local information requirements to reduce burden of data mapping.

Item Name / Level	Previous	New
Name change:	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CARE SPELL END CODE	DISCHARGE FROM IAPT SERVICE REASON
DISCHARGE FROM IAPT SERVICE REASON	<p>ASSESSED ONLY</p> <p>10 - Not suitable for IAPT service - no action taken or directed back to referrer</p> <p>11 - Not suitable for IAPT service - signposted elsewhere with mutual agreement of patient</p> <p>12 - Discharged by mutual agreement following advice and support</p> <p>13 - Referred to another therapy service by mutual agreement</p> <p>14 - Suitable for IAPT service, but patient declined treatment that was offered</p> <p>15 - Deceased (assessed only)</p> <p>97 - Not Known (assessed only)</p> <p>ASSESSED AND TREATED</p> <p>40 - Stepped up from low intensity IAPT service</p> <p>41 - Stepped down from high intensity IAPT service</p> <p>42 - Completed scheduled treatment</p> <p>43 - Dropped out of treatment (unscheduled discontinuation)</p> <p>44 - Referred to non IAPT service</p> <p>45 - Deceased (assessed and treated)</p> <p>98 - Not Known (assessed and treated)</p>	<p>REFERRED BUT NOT SEEN</p> <p>50 - Not assessed</p> <p>SEEN BUT NOT TAKEN ON FOR A COURSE OF TREATMENT</p> <p>10 - Not suitable for IAPT service - no action taken or directed back to referrer</p> <p>11 - Not suitable for IAPT service - signposted elsewhere with mutual agreement of patient</p> <p>12 - Discharged by mutual agreement following advice and support</p> <p>13 - Referred to another therapy service by mutual agreement</p> <p>14 - Suitable for IAPT service, but patient declined treatment that was offered</p> <p>16 - Incomplete Assessment (Patient dropped out)</p> <p>17 - Deceased (Seen but not taken on for a course of treatment)</p> <p>95 - Not Known (Seen but not taken on for a course of treatment)</p> <p>SEEN AND TAKEN ON FOR A COURSE OF TREATMENT</p> <p>46 - Mutually agreed completion of treatment</p> <p>47 - Termination of treatment earlier than Care Professional planned</p> <p>48 - Termination of treatment earlier than patient requested</p>

	49 - Deceased (Seen and taken on for a course of treatment) 96 - Not Known (Seen and taken on for a course of treatment)
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3.3.2 Internet Enabled Therapy Care Professional Activity Log

The IAPT Data Set requires regular review to ensure it continues to reflect evolving models of care delivery. On this occasion, updates are required to correspond with the endorsement of internet enabled therapies, as highlighted in the [NHS Long Term Plan](#)^{xi}:

“By 2020, we aim to endorse a number of technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders for use in IAPT services across the NHS”. – Page 93

Internet enabled therapy is psychological therapy that is provided online or through mobile applications, in their own time, with the support of a fully trained care professional. There is evidence to show these therapies can achieve comparable outcomes to face-to-face therapy, when the same content is delivered in an online format which allows much of the learning to be achieved through patient self-study, reinforced and supported by a suitably trained care professional.

Internet enabled therapy will lead to increased access, possible through increasing the choice of accessibility. This will benefit patients with mobility issues, those in rural communities and make it easier for those people who struggle to find the time to travel for therapeutic appointments.

The national data requirements for this activity vary when compared with non-digital delivery of therapies, where regular face-to-face sessions are undertaken and recorded. Instead, considerably more frequent but shorter contacts may take place during the completion of the therapy. There is no national requirement to submit all of these shorter contacts within the Data Set, however the Care Contact table has been amended to allow the flow of these contacts where naturally recorded. Instead, services are required to submit regular logs of the clinical time spent by care professionals supporting delivery of such therapy.

Services involved in the digital evaluation pilot will be familiar with the recording of these activity logs. For version 2.0 of the IAPT Data Set, a formal structure will be in place to record this same data, as follows below.

Aims: Incorporation of data requirements from the digital evaluation pilot

Benefits: More accurate national data flow of digital activities to enable improved evaluation of effectiveness against non-digital delivery methods.

Group/Table	Item Name / Level	Item Amend Type	Previous	New	Additional change detail
IDS205 Internet Enabled Therapy Care Professional Activity Log					New table
IDS205 Internet Enabled Therapy Care Professional Activity Log	SERVICE REQUEST IDENTIFIER	Addition			

IDS205 Internet Enabled Therapy Care Professional Activity Log	START DATE (INTERNET ENABLED THERAPY ACTIVITY LOG)	Addition			
IDS205 Internet Enabled Therapy Care Professional Activity Log	END DATE (INTERNET ENABLED THERAPY ACTIVITY LOG)	Addition			
IDS205 Internet Enabled Therapy Care Professional Activity Log	INTERNET ENABLED THERAPY PROGRAMME	Addition			
IDS205 Internet Enabled Therapy Care Professional Activity Log	DURATION OF INTERNET ENABLED THERAPY IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CARE PROFESSIONAL CLINICAL TIME	Addition			
IDS205 Internet Enabled Therapy Care Professional Activity Log	CARE PERSONNEL LOCAL IDENTIFIER	Addition			
IDS205 Internet Enabled Therapy Care Professional Activity Log	INTERNET ENABLED THERAPY INTEGRATED SOFTWARE ENGINE USED INDICATOR	Addition			
IDS201 Care Contact	CONSULTATION MEDIUM USED	Amendment		Addition of: 08 Online instant messaging	
IDS201 Care Contact	INTERNET ENABLED THERAPY PROGRAMME	Addition			

3.3.3 Language

Aims: The inclusion of language data items will identify the preferred language of the person and the language ultimately used throughout the delivery of treatment. A data item has also been included to indicate the use of interpreters at appointments.

Benefits: Enable national sight of demand and supply for treatment in other languages and to better understand causes for appointments being cancelled by the provider due to unavailability of interpreters.

By delivering therapies in the patients first (or preferred) language we are reducing the chance of this demographic dropping out of treatment before a full care pathway is delivered. It will reduce the chance of misunderstanding and greatly increases the chance of successful treatment.

Working with interpreters will help facilitate communication and provide effective and accessible psychological therapies to Black, Asian and minority ethnics where English is not their first language. The use of professional interpreters ensures there is no errors in translation and can result in similar outcomes to where therapy is delivered directly to the patient.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS001 Master Patient Index	LANGUAGE CODE (PREFERRED)	Addition			

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS201 Care Contact	LANGUAGE CODE (TREATMENT)	Addition			
IDS201 Care Contact	INTERPRETER PRESENT AT CARE CONTACT INDICATION CODE	Addition			

3.3.4 Care Personnel Qualifications

To support a national view of the delivery of therapies by qualified Care Personnel, a Care Personnel Qualification table has been added. This new table will hold the details of qualifications held by the service's Care Professionals and Employment Adviser's involved in the delivery of care. Each qualification will be recorded against a Care Personnel Local Identifier, which will be used for linkage with the activities delivered as part of the referral. No additional details of the Care Personnel are required.

Aim: To enable linkage between the qualifications of Care Personnel and the NICE approved therapies delivered.

Benefits: A richer picture of the IAPT workforce to enable better workforce planning. It will help to identify whether the workforce is appropriately trained, with the right skill mix, to deliver NICE recommended care. It is suggested that approximately 40% of the workforce in a core IAPT service should be psychological wellbeing practitioners (PWPs) and 60% high intensity therapists, although the breakdown is slightly different for IAPT-LTC services.

It will allow us to see if all care professionals have completed, or undertaking, an IAPT accredited training course with the nationally agreed curricula aligned to NICE guidance.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS902 Care Personnel Qualification		Addition			New table
IDS902 Care Personnel Qualification	CARE PERSONNEL LOCAL IDENTIFIER	Addition			To link the qualifications to activity delivered by the Care Personnel.
IDS902 Care Personnel Qualification	QUALIFICATION ATTAINMENT LEVEL (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Addition			
IDS902 Care Personnel Qualification	EMPLOYEE QUALIFICATION AWARDED DATE	Addition			
IDS902 Care Personnel Qualification	EMPLOYEE QUALIFICATION PLANNED COMPLETION DATE	Addition			
IDS202 Care Activity	CARE PERSONNEL LOCAL IDENTIFIER	Addition			To link the qualifications to activity delivered by the Care Personnel.
4 - APPOINTMENT	CARE PROFESSIONAL ROLE CODE FOR IAPT	Deletion			Superseded by collection of Qualifications

3.3.5 Employment Advisers (EA) in Increasing Access to Psychological Therapies (IAPT) Pilot

As part of the Spending Review 2015, investment in Employment Advisers (EA) in IAPT was taken forward by the Work (Department for Work and Pensions) and Health (Department of Health) Joint Unit (WHU) to increase the number of EAs embedded in IAPT services.

Collection of Employment Advisers in IAPT pilot data commenced in October 2017, by way of an add-on table in IAPT v1.5. This table will now be incorporated formally into the main data set to continue the collection of data which provides a crucial means of evaluating the impact of EAs in IAPT.

Additional employment fields are also required to provide additional information regarding the person's employment status.

Aims:

- 1) To incorporate the Employment Advisers pilot items into the main data set
- 2) To incorporate additional employment fields

Benefits: Incorporating the pilot table formally within the data set will ensure a simpler process for providers and for analysts for the collection of this data. The collection this data support evaluation of cost-effectiveness for the initiative and ensure appropriate assessment of future funding for employment support.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS004 Employment Status	WEEKLY HOURS WORKED	Addition			From the pilot
IDS004 Employment Status	SELF EMPLOYED INDICATOR	Addition			New data requirement
IDS004 Employment Status	SICKNESS ABSENCE INDICATOR	Addition			From the pilot. Previously called Employment Attendance Status.
IDS004 Employment Status	BENEFITS RECEIPT INDICATOR (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Addition			From the pilot
IDS004 Employment Status	JOBSEEKERS ALLOWANCE RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	EMPLOYMENT AND SUPPORT ALLOWANCE RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	UNIVERSAL CREDIT RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	PERSONAL INDEPENDENCE PAYMENT RECEIPT INDICATOR	Addition			From the pilot

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS004 Employment Status	OTHER BENEFITS RECEIPT INDICATOR (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Addition			From the pilot
IDS001 Master Patient Index	EDUCATIONAL ESTABLISHMENT TYPE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Addition			New data requirement to identify cohorts such as University Students.

3.3.6 Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS) early implementor pilot programme

Data for Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS) is currently collected as an add-on collection alongside IAPT v1.5. The pilot collection has been supporting an NHS England pilot programme, which commissioned the collection and analysis of the impact of 'Integrated IAPT' services co-located in and integrated with physical health services, focused on people with anxiety/depression in the context of Long Term Conditions (LTCs) and/or Medically Unexplained Symptoms (MUS).

The programme supports [The NHS Long Term Plan](#)^{xii} commitment to:

“continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions.” – Page 68

A number of data items from this pilot collection are now to be taken forward into the core IAPT Data Set:

- LTC data will be submitted in the new Long Term Physical Health Conditions table, which captures conditions that are relevant to the IAPT referral.
- MUS data will flow in the Presenting Complaints table. To allow this, a Primary and one/many Secondary Presenting Complaints can be submitted in a relational Presenting Complaints table.
- A new indicator is included in the IDS201CareContact table to ensure context is retained as to whether a patient (with an LTC) is receiving care within an integrated IAPT-LTC service or a core IAPT service.

Aims: To incorporate LTC and MUS formally within the IAPT v2.0 data set structure.

Benefits: Incorporating these tables within the data set will ensure a simpler process for providers and for analysts to collect and use the data.

A person's mental and physical health are intrinsically linked with approximately one third of people with long term physical health conditions such as diabetes, cardiovascular disease or respiratory disease, have a coexisting mental health problem. Where there are co-morbid mental health and physical health problems, there is likely to be poorer health outcomes, higher healthcare costs and reduced quality of life.

Providing psychological therapies to people with long term physical health conditions can improve both mental and physical health outcomes as well as saving significant amount in physical healthcare costs.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS602 Long Term Physical Health Condition		Addition			New table
IDS602 Long Term Physical Health Condition	SERVICE REQUEST IDENTIFIER	Addition			
IDS602 Long Term Physical Health Condition	FINDING SCHEME IN USE	Addition			
IDS602 Long Term Physical Health Condition	LONG TERM PHYSICAL HEALTH CONDITION (CODED CLINICAL ENTRY)	Addition			
3 - REFERRAL	PROVISIONAL DIAGNOSIS (ICD)	Deletion			Replaced by new table below:
IDS603 Presenting Complaints		Addition			New table
IDS603 Presenting Complaints	SERVICE REQUEST IDENTIFIER	Addition			
IDS603 Presenting Complaints	FINDING SCHEME IN USE	Addition			
IDS603 Presenting Complaints	PRESENTING COMPLAINT (CODED CLINICAL ENTRY)	Addition			
IDS603 Presenting Complaints	PRESENTING COMPLAINT CODING SIGNIFICANCE	Addition			To indicate whether the Presenting Complaint is 'Primary' or 'Secondary'
IDS603 Presenting Complaints	PRESENTING COMPLAINT RECORDED DATE	Addition			
IDS201CareContact	INTEGRATED IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES LONG TERM CONDITION SERVICE INDICATOR	Addition			To indicate whether a patient (with a long term condition) is receiving care within a integrated IAPT-LTC service or a core IAPT service. This change was added as part of the Corrigendum dated 29 October 2019

3.3.7 Additional Care Contact Information

Aim: A number of fields have been added to the IDS201 Care Contact table to collect further context behind patient contacts with Care Personnel. The changes relate to:

- 1) Fields to identify the number of participants and facilitators at group therapy sessions
- 2) Fields to identify the type of location for face to face contacts

Benefits: Ability to monitor delivery of group therapy sessions within NICE guidelines. To enable monitoring of the appropriate use group therapy sessions and to ensure that the size of the group allows therapy to be delivered effectively. To reduce the inappropriate use of group sessions to reduce waiting times, by seeing a large number of patients quickly when it might not be appropriate to do so.

To allow improved understanding of demand for contact locations.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS201 Care Contact	NUMBER OF GROUP THERAPY PARTICIPANTS	Addition			
IDS201 Care Contact	NUMBER OF GROUP THERAPY FACILITATORS	Addition			
IDS201 Care Contact	ACTIVITY LOCATION TYPE CODE	Addition			
IDS201 Care Contact	ORGANISATION SITE IDENTIFIER (OF TREATMENT)	Addition			

3.3.8 Overseas Visitor Charging Category (OVCC)

The standards assurance process allows for the development of ‘Fundamental Standards’ which inform other standards. The development of these standards is fully assured, allowing for easy transition into dependant standards such as IAPT. The aims, benefits and impacts relating to these standards are outlined in their respective Information Standard documentation.

There is requirement to implement the recent [DCB3017 Overseas Visitor Charging Category](#)^{xiii} fundamental information standard through the IAPT Data Set to support commissioning.

Group / table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS012 Overseas Visitor Charging Category		Addition			New table
IDS012 Overseas Visitor Charging Category	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS012 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY	Addition			
IDS012 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY APPLICABLE DATE	Addition			

3.3.9 Alignment of patient consent guidance

A requirement for v2.0 was to review the consent guidance for IAPT v1.5, which requires updating in line with the recently introduced [National data opt-out programme](#)^{xiv} and to address inconsistencies across published documentation.

NHS Digital is exempt from [Section 251 support^{xv}](#) when mandated to collect data via Directions from NHS England or the Department of Health and Social Care (DHSC) and when acting as data controller. This is set out in Sections 254 and 255 of the Health and Social Care Act 2012. As a result, explicit consent to flow data from provider to NHS Digital is not required; however, providers are required to inform patients that their information will be used to support secondary uses and should highlight the national data opt-out process as part of their transparency information.

The IAPT v2.0 documentation has been aligned where necessary to reflect this position and the data set will also be supported through a published Data Provision Notice, issued under section 259 (10) of the Health and Social Care Act 2012.

Further guidance for services with respect to information governance and transparency can be found in section '3.2.1 Patients' rights with regard to opt-out as applied to IAPT' of the IAPT v2.0 Implementation Guidance. Additional guidance to support services with transparency information, where local practices require change, is to be made available on the [IAPT webpage^{xvi}](#).

3.3.10 Clarification of data set scope

The scope of the data set has been updated to clarify that activity relating to people under the age of 18, but who are accessing adult IAPT services, should be included in this data set.

This activity should not be included within the MHSDS, which collects information with regard to children and young people accessing CYP mental health services.

3.3.11 Maintenance updates

Several changes have been included to ensure the data set remains up to date, and to address recommendations and issues raised during previous assurance. For example, to align with NHS Data Model and Dictionary editorial principles. These items have been reviewed by the developers and the NHS Data Model and Dictionary Service and several associated changes have been prioritised for this release. Other issues have not been included in this release due to conflicting timescales or dependency on other information standards and will be considered in a future release.

Group / table	Data Item Name	Previous	New	Additional change detail
IDS001 Master Patient Index	PERSON GENDER CODE CURRENT	Deletion		Alignment with the most recently approved version of the data item
IDS001 Master Patient Index	PERSON STATED GENDER CODE	Addition		
IDS001 Master Patient Index	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)	Addition		Inclusion of field to support identifier standards
IDS001 Master Patient Index	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	Addition		Inclusion of field to identify responsible CCG of residence.

Group / table	Data Item Name	Previous	New	Additional change detail
IDS004 Employment Status	EMPLOYMENT STATUS	02 - Unemployed and Seeking Work 03 - Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work 04 - Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance 05 - Homemaker looking after the family or home and who are not working or actively seeking work 06 - Not receiving benefits and who are not working or actively seeking work 07 - Unpaid voluntary work who are not working or actively seeking work	02 - Unemployed and actively seeking work 03 - Undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training as a student and not working or actively seeking work 04 - Long-term sick or disabled, those receiving government sickness and disability benefits 05 - Looking after the family or home as a homemaker and not working or actively seeking work 06 - Not receiving government sickness and disability benefits and not working or actively seeking work 07 - Unpaid voluntary work and not working or actively seeking work	Alignment with the most recently approved version of the data item
IDS101 Referral	SOURCE OF REFERRAL FOR MENTAL HEALTH	Amend from: A1 - General Medical Practitioner B2 - Carer C2 - Education Service Deletion of: J1-J4, K1-K5, L1-L2	Amend to: A1 - General Medical Practitioner Practice B2 - Carer/Relative C2 - Education Service / Educational Establishment Addition of: A4 - Maternity Service C3 - Housing Service D2 - Occupational Health E6 - Youth Offending Team M7 - Single Point of Access Service M8 – Debt agency P1 - Internal Referral	To align with changes to the list made as part of MHSDS development.
IDS101 Referral	END DATE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Deletion		Replaced by the generic SERVICE DISCHARGE DATE (below)
IDS101 Referral	SERVICE DISCHARGE DATE	Addition		
IDS101 Referral	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	ORGANISATION CODE (CODE OF COMMISSIONER)	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Change of name and format to support ODS standard
IDS101 Referral	PREVIOUS SYMPTOM INDICATOR	PREVIOUS SYMPTOM INDICATOR	PREVIOUS DIAGNOSED CONDITION INDICATOR	Amendment to name to align with NHS Data Model and Dictionary Editorial Principles.
IDS201 Care Contact	APPOINTMENT SLOT SHORT NOTICE CANCELLATION INDICATOR	Appointment slot could be reallocated Appointment slot could not be reallocated	Yes - Appointment slot could be reallocated No - Appointment slot could not be reallocated	To align with NHS Data Model and Dictionary Editorial Principles.

Group / table	Data Item Name	Previous	New	Additional change detail
IDS201 Care Contact	PSYCHOTROPIC MEDICATION USAGE	PSYCHOTROPIC MEDICATION USAGE	PSYCHOTROPIC MEDICATION USAGE INDICATION CODE	Amendment to name to align with NHS Data Model and Dictionary Editorial Principles.

3.4 Change control

The *Technical Output Specification* fully defines the individual changes applied to the data set, with each change logged in the 'Summary of Changes' tab. This *Change Specification* therefore represents a summary of changes included in IAPT v2.0 which should be read in conjunction with the 'Summary of Changes' tab in the *Technical Output Specification* to fully understand the changes to the data set.

N.B. The latest version of the Technical Output Specification is published with other supporting documents on the NHS Digital [IAPT Data Set webpage](#)^{xvii}.

Endnotes

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

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

ⁱⁱⁱ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384650/NIB_Report.pdf

^{iv} <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0034-snomed-ct>

^v <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

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

^{vii} <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-information-updates>

^{viii} <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb2094-sexual-orientation-monitoring>

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

^x

[https://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/org/organisation_identifier_\(code_of_commissioner\)_de.asp?shownav=1](https://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/o/org/organisation_identifier_(code_of_commissioner)_de.asp?shownav=1)

^{xi} <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

^{xii} <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

^{xiii} <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb3017-overseas-visitor-charging-category-ovcc>

^{xiv} <https://digital.nhs.uk/services/national-data-opt-out-programme>

^{xv} <http://www.legislation.gov.uk/ukpga/2006/41/section/251>

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

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