

Announcement of methodological change

Improving Access to Psychological
Therapies (IAPT) monthly and annual reports

Published 26 February 2018

Information and technology
for better health and care

Contents

Introduction	3
Background	3
Adjustment of the caseness threshold for AMI	4
Description of changes	4
Impact	4
Patient Experience Questionnaire analyses	5
What are Patient Experience Questionnaires?	5
How have we defined which questionnaires to include in the published data for 2016-17?	5
Can published Patient Experience Questionnaire data for 2016-17 be compared with previous publications?	6
What data quality considerations are relevant to Patient Experience Questionnaire data?	6
Further information	8
Key resources	8
NHS Digital IAPT webpages	8

Introduction

This paper announces and describes changes to routine monthly and annual IAPT reports, effective for data published on or after 27 February 2018.

Background

Improving Access to Psychological Therapies (IAPT) is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE)¹ for treating people with depression or anxiety.

The IAPT programme is supported by a regular return of data generated by providers of IAPT services in the course of delivering those services to patients. These data are received by NHS Digital and published in monthly and annual reports².

NHS Digital continuously seeks feedback from users of our publications to assess their continuing suitability. Recent clinical input flagged that the clinical caseness³ threshold for the Agoraphobia Mobility Inventory (AMI) requires adjusting to align with guidance issued to service providers.

NHS Digital have also updated the methodology used to report data from the Patient Experience Questionnaires in our annual publications from 2016-17 onwards.

Each of these changes are described below.

¹ <https://www.nice.org.uk/>

² <http://www.digital.nhs.uk/iaptreports>

³ For a definition of caseness, see the Appendix to our monthly Executive Summary reports. All IAPT publications are available from <http://www.digital.nhs.uk/iaptreports>.

Adjustment of the caseness threshold for AMI

Description of changes

Providers of IAPT services are expected to record as part of their mandatory submission of data the problem descriptor (also known as provisional diagnosis) that each patient presents with at each referral to their service.

For those with specific types of anxiety (for example Obsessive Compulsive Disorder, Post-traumatic Stress Disorder or Agoraphobia), it is expected that the provider will ask the patient to complete a questionnaire at every contact asking them about the severity of different aspects of their anxiety; this is known as an Anxiety Disorder Specific Measure (ADSM). For example, patients with Agoraphobia should be asked to complete the Agoraphobia Mobility Inventory (AMI).

Each ADSM assesses the severity of different dimensions of a specific anxiety, from no symptoms to severe symptoms. Scores from each dimension are combined into a total score from which clinicians can assess whether a patient's symptoms are severe enough to be considered a clinical case of anxiety. The cut-off score for clinical caseness is known as the 'caseness threshold'.

For the Agoraphobia Mobility Inventory, possible total scores range from 1 to 5, and the caseness threshold reported as 2.3. This means that referrals with a score greater than or equal to 2.3 on the AMI were considered as clinical cases of Agoraphobia.

The clinical caseness threshold is used in the assessment of recovery. A referral whose first score was above the caseness threshold and whose last score is below the caseness threshold is considered to have recovered⁴.

New guidance issued to IAPT providers by NHS England, who operate the IAPT programme across England, has stated that the caseness threshold should be greater than 2.3 only, not greater than or equal to as currently reported. This adjustment has been made to the calculation of recovery in NHS Digital's IAPT reports.

7,879 referrals in 2016-17 had a last recorded problem descriptor of Agoraphobia, of which 192 had at least two scores on the AMI and less than 5 had a score that is affected by this change.

Impact

This change affects only the calculation of recovery for referrals with a last recorded problem descriptor (diagnosis) of Agoraphobia and where their first or last scores on the AMI are equal to the changed values. Of the 567,106 referrals that finished a course of treatment in 2016-17, less than 5 are affected.

⁴ For a full definition of recovery, see the Appendix of the monthly Executive Summary report found within each monthly IAPT release, available from <http://www.digital.nhs.uk/iaptreports>.

Patient Experience Questionnaire analyses

What are Patient Experience Questionnaires?

At two key stages of a patient's referral to an IAPT care provider, they are asked to complete a Patient Experience Questionnaire (PEQ). These short questionnaires ask the patient to rate the quality of the service they were given by the IAPT care provider.

One questionnaire is issued to patients having their last assessment appointment; and asks the patient about aspects of their assessment – such as whether they were given enough information, whether they were offered their preferred treatment, and how satisfied they were with their assessment.

Another questionnaire is issued to patients having their last treatment appointment (i.e. who have finished a course of IAPT treatment); and asks the patient about aspects of their course of treatment – such as whether staff listened to them, whether they felt involved in choices about their care, and whether they have confidence in their therapist's skills.

Information about treatment PEQs is published in the 2016-17 annual IAPT publication in tables 5a, and information about assessment PEQs is published in tables 5b and 5c.

How have we defined which questionnaires to include in the published data for 2016-17?

When analysing PEQ data for annual publications, it is necessary to apply some rules to select the appropriate questionnaires to use. This is because a single referral may have completed more than one questionnaire. Also, a referral may have had their last assessment or treatment appointment before the annual reporting period (before 1st April 2016).

Where more than one of each type of questionnaire exists for a referral, the following rules are applied to order the questionnaires by the most appropriate first, which is then selected for analysis:

- The questionnaire cannot be later than the end of the year (31st March 2017);
THEN
- Does the questionnaire take place on or after the last assessment appointment for assessment PEQs or the second treatment appointment for treatment PEQs? Prioritise those that do.
THEN
- Are all questions in the questionnaire complete? Prioritise those that are.
THEN
- Prioritise more recent questionnaires over earlier ones.

This selects a single questionnaire for each referral in the year. The criteria chosen to pick the right data for our publications is then as follows:

- The questionnaire completion date is within the year (between 1st April 2016 and 31st March 2017);
- For assessment PEQs:

- the questionnaire completion date cannot be before the date of the last attended assessment appointment;
- For treatment PEQs:
 - the referral has an end date in the year and has completed a course of treatment;
 - the questionnaire completion date cannot be before the date of the second attended treatment appointment.

Total responses presented in tables 5a – 5c represent questionnaire records that meet these criteria. These selection rules are consistent with guidance issued to IAPT providers by NHS England.

These rules may be further refined in the future, inline with any future change to guidance issued to IAPT providers.

Can published Patient Experience Questionnaire data for 2016-17 be compared with previous publications?

The selection rules described above are the same as those in 2014-15 and 2015-16; however, the order in which they have been applied has been adjusted. For this reason, comparisons with previous years should be made with caution. The new ordering is a refinement to the old methodology that improves the accuracy of published IAPT PEQ data.

A separate analysis will be made available in March 2018 that uses the new selection rules for all of 2014-15, 2015-16 and 2016-17, enabling a fair comparison. This analysis will be published at <https://www.content.digital.nhs.uk/suppinffiles>.

What data quality considerations are relevant to Patient Experience Questionnaire data?

Providers of IAPT care submit data to NHS Digital through a secure, online portal. Once the submission window closes, NHS Digital perform a range of automated activities, including validation and linkage to previously submitted data.

One part of these validation activities standardises submitted scores from the Patient Experience Questionnaires into a format that can be more easily analysed. For example, the Assessment PEQ contains the following question and valid scores:

<i>How satisfied were you with your assessment?</i>	
Response	Data code
Completely satisfied	4
Mostly satisfied	3
Neither satisfied nor dissatisfied	2
Not satisfied	1
Not at all satisfied	0

Any scores submitted to NHS Digital that did not conform to the above structure (for example, a value of 9) are routinely removed before analysis.

It was identified that the automated processing was erroneously transforming NULL (i.e. missing) data values into a value of 0, which is a score of 'Not at all satisfied'. The effect was to artificially inflate the number of questionnaires with a score of 'Not at all satisfied' in the dataset.

This issue was corrected from the January 2017 Refresh submission, in March 2017. However, this means that for any Assessment PEQ data submitted to NHS Digital before March 2017, it is not possible to know whether a score of 0 in the dataset is a score of 'Not at all satisfied' or a NULL (missing) value.

How does this affect published data?

Assessment PEQ responses of 'Completely satisfied', 'Mostly satisfied', 'Neither satisfied nor dissatisfied' and 'Not satisfied' are unaffected by this issue; data for these responses have been processed and analysed correctly since they were introduced in 2014-15.

For data in the 2015-16 annual publication, scores of 'Not at all satisfied' and 'Unknown/invalid' have been combined, since it is impossible for NHS Digital to ascertain the true value for such scores. This is reflected in Table 5c of the 2015-16 publication.

For data in the 2016-17 publication, we have a partial year of data following the correction. Given this, NHS Digital has endeavoured to maximise the utility of the published data and so 2016-17 data is split into quarters based on the date of the referral's last assessment appointment.

For quarters 1 to 3, reflecting data collected prior to the correction, we have combined scores of 'Not at all satisfied' with 'Unknown/invalid', since it is impossible for NHS Digital to separate these categories. There will be a small number of questionnaires in the disaggregated 'Not at all satisfied' and 'Unknown/Invalid' categories for quarters 1 to 3. This will occur when the last assessment appointment occurred in quarters 1 to 3 but the assessment PEQ was submitted to NHS Digital in quarter 4, after the process fix had been implemented.

For quarter 4, the vast majority of the data are from questionnaires received after the correction, and which we know with confidence to have been accurately processed. For this reason, 'Not at all satisfied' and 'Unknown/invalid' are presented as distinct categories. There will be a small number of questionnaires in the combined Unknown/Invalid/Not at all satisfied category in quarter 4. These occur when both the last assessment appointment and Assessment PEQ occurred in January 2017 and were submitted in January primary submission only.

See table 5c of the 2016-17 annual publication for further details about the impact and proportion of 'true' zeroes in the data.

How does this affect data extracts?

All Assessment PEQ data in the 2016-17 annual data extract should be linked back to the Header table to ascertain whether they were received prior to or after the correction. Only values of 0 from the January 2017 Refresh submission onwards can be treated with certainty as a score of 'Not at all satisfied'.

Further information

Key resources

For an explanation of all measures in the Monthly & Quarterly Activity Data File CSVs, see the [IAPT Metadata Document](#).

For general guidance about IAPT publications, see the [IAPT Reporting FAQs](#).

For all historical IAPT publications, see <http://www.digital.nhs.uk/iaptreports>.

For the specification of the IAPT dataset, see the [IAPT v1.5 Technical Output Specification](#).

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

NHS Digital IAPT webpages

For context and resources related to monthly IAPT publications:

<http://www.digital.nhs.uk/iaptmonthly>

For links to all historical IAPT publications:

<http://www.digital.nhs.uk/iaptreports>

For resources related to the IAPT dataset:

<http://www.digital.nhs.uk/iapt>