

Announcement of methodological change

Improving Access to Psychological Therapies (IAPT) reports

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Information and technology
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Introduction

This paper announces and describes changes relevant to all IAPT publications based on data from the December 2018 Refresh submission onwards.

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 delivering those services to patients. These data are received by NHS Digital and published in monthly and annual reports².

Patient Reported Outcome Measures (PROMs) are questionnaires completed by patients attending IAPT services, the responses to which are designed to inform clinicians about the severity of the patient's symptoms of anxiety or depressive disorders. The data gathered from these questionnaires is also used to calculate patient outcomes such as recovery.

Several published data measures look for the presence of 'paired scores' on various PROMs. A referral is considered to have paired scores on an outcome measure if there are at least two distinct questionnaires from which a change (outcome) can be assessed. We are introducing changes to some of these measures, and these changes are described below.

Please note that a Methodological Change Notice was published on 13th September 2018 summarising this issue relevant to changes made in specific columns of the monthly activity data file. This Notice expands upon the September Notice to implement this methodological change for any future publications of IAPT data using PROMs. This includes additional columns in monthly and quarterly publications, which are described in the 'Affected measures' section below.

¹ <https://www.nice.org.uk/>

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

Description of changes

In June 2018, new guidance issued by NHS England to providers of IAPT services in England states that PROMs should only be issued to patients during appointments with a trained clinician. This means that in appointments with Employment Advisers, which services can offer alongside suitable clinical treatments, the patient should not be asked to complete PROMs.

NHS Digital will align all published IAPT data with this new guidance. This requires the exclusion of any PROMs scores submitted where the only therapy type recorded in the appointment was 'Employment Support'. For clarity, where an appointment has 'Employment Support' recorded alongside any other IAPT therapies, scores from these appointments will not be excluded from analysis.

The inclusion/ exclusion criteria are based upon the 'therapy types' recorded in the IAPT dataset for each appointment. Up to 4 distinct therapy types can be recorded against a single appointment, with valid codes of 20-29 indicating low intensity interventions and 40-51 indicating high intensity interventions. Codes 29 and 49 indicate that employment support was given.

The table below demonstrates how different combinations of therapy types will be treated under the new methodology described above:

App't	THERTYPE1	THERTYPE2	THERTYPE3	THERTYPE4	Included?	Rationale
0001	20	NULL	NULL	NULL	Yes	Only clinical therapy present
0002	29	NULL	NULL	NULL	No	Only employment support present
0003	42	49	NULL	NULL	Yes	Clinical therapy present

It should be further noted that it is possible to submit PROMs scores to the IAPT dataset that are outside of the valid range for that measure. For example, though the GAD7 measure has a valid score range of 0 to 21, scores of 22 or more are allowable in the dataset. As part of this Methodological Change Notice, we will also be disregarding such values in the calculation of any measures assessing ADSM or PHQ-9 completeness, including outcomes calculations. The full list of affected measures can be found below, and a summary of the impact can be found in the 'Impact' section of this Notice.

Impact

There are few Employment Support appointments (2,093 in November 2018, or 0.5% of all attended appointments) in IAPT, and only a subset of these contain no other IAPT therapies. Of these, many will not contain any valid PROMs scores (as the guidance states they should not be collected) and so the impact of this change is expected to be very small.

The below table demonstrates the proportion of PROMs scores that are outside of the valid range for that measure, for all PROMs that are used directly in the assessment of patient outcomes (based on all attended appointments submitted in v1.5 of the IAPT dataset up to November 2018). It should be further noted that this table shows all submitted scores, but the assessment of outcomes is based only on a subset of these, the first and last scores for the relevant scores in each referral pathway:

Measure	Valid score range	Proportion of valid scores	Proportion of invalid scores
PHQ-9	0 – 27	>99.9	<0.1
GAD7	0 – 21	>99.9	<0.1
Agoraphobia Mobility Inventory	0.00 – 5.00	99.3	0.7
Social Phobia Inventory	0 – 68	>99.9	<0.1
Obsessive-Compulsive Inventory	0 – 168	>99.9	<0.1
Impact of Events Scale	0 – 88	>99.9	<0.1
Health Anxiety Inventory	0 – 54	>99.9	<0.1

The table below shows how the changes described above impact November 2018 Final data:

	Paired ADISM and PHQ	Recovery	Recovery rate	Reliable improvement	Reliable improvement rate	Reliable recovery	Reliable recovery rate
Originally published	50,231	24,796	51.9	34,126	67.3	23,559	49.3
With change	50,231	24,781	51.9	34,109	67.3	23,544	49.3
Absolute change	0	15	0	17	0	15	0
Percentage change	0.00%	-0.06%	0.00%	-0.05%	0.00%	-0.06%	0.00%

Affected measures

This section lists the measures that may be affected by these changes within routine IAPT publications:

Where found	Measure name	Description
Monthly CSV	FirstADSMOnly	Referrals with an end date in the month that finished a course of treatment and had only one anxiety measure recorded.
Monthly CSV	NoADSM	Referrals with an end date in the month that finished a course of treatment and had no anxiety measures recorded.
Monthly CSV	PairedADSM	Referrals with an end date in the month that finished a course of treatment and had paired anxiety measures recorded.
Monthly CSV	FirstPHQOnly	Referrals with an end date in the month that finished a course of treatment and had only one PHQ9 score recorded.
Monthly CSV	NoPHQ	Referrals with an end date in the month that finished a course of treatment and had no PHQ9 scores recorded.
Monthly CSV	PairedPHQ	Referrals with an end date in the month that finished a course of treatment and had paired PHQ9 scores recorded.
Monthly CSV	PairedADSMPHQ	Referrals with an end date in the month that finished a course of treatment and had paired anxiety measures and PHQ9 scores recorded.
Monthly CSV, Quarterly CSV, Executive Summary	NotCaseness	Referrals with an end date in the month that finished a course of treatment where the service user was not at caseness at initial assessment.
Monthly CSV, Quarterly CSV, Executive Summary	Recovery	Referrals with an end date in the month that finished a course of treatment where the service user has moved to recovery.
Monthly CSV, Quarterly CSV, Executive Summary	Improvement	Referrals with an end date in the month that finished a course of treatment and show reliable improvement
Monthly CSV, Quarterly CSV, Executive Summary	Deterioration	Referrals with an end date in the month that finished a course of treatment and show reliable deterioration.
Monthly CSV, Quarterly CSV, Executive Summary	NoReliableChange	Referrals with an end date in the month that finished a course of treatment and show no reliable change.
Monthly CSV, Quarterly CSV, Executive Summary	ReliableRecovery	Referrals with an end date in the month that finished a course of treatment and show reliable recovery (has moved to recovery and show reliable improvement).
Monthly CSV, Quarterly CSV, Executive Summary	ImprovementRate	Proportion of referrals that finished a course of treatment (end date in the month and a minimum of two attended treatment appointments in the course of the referral) that showed reliable improvement, expressed as a percentage.

Where found	Measure name	Description
Monthly CSV, Quarterly CSV, Executive Summary	RecoveryRate	Proportion of referrals that finished a course of treatment (end date in the month and a minimum of two attended treatment appointments in the course of the referral) having started treatment at caseness that moved to recovery, expressed as a percentage.
Monthly CSV, Quarterly CSV, Executive Summary	ReliableRecoveryRate	Proportion of referrals that finished a course of treatment (end date in the month and a minimum of two attended treatment appointments in the course of the referral) having started treatment at caseness that showed reliable recovery, expressed as a percentage.
Data Quality Report	34, 63, 92 – Anxiety Disorder Specific Measures	Records with a problem descriptor of a specific anxiety disorder for which an ADSM exists and having an associated relevant ADSM score, as a proportion of all attended appointment records associated with a referral with a specific anxiety disorder. For example, a referral with a problem descriptor of OCD should have an associated OCI questionnaire.
Data Quality Report	22, 51, 80 – Generalised Anxiety Disorder (GAD7) Score	Records with a valid GAD7 score, as a proportion of all attended appointment records.
Data Quality Report	21, 50, 79 – Patient Health Questionnaire (PHQ9) Score	Records with a valid PHQ-9 score, as a proportion of all attended appointment records.

Further information

Key resources

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

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

For the IAPT Manual, see the NHS IAPT website with supporting information:

<https://www.england.nhs.uk/mental-health/adults/iapt/>

Or access the manual directly here:

<https://www.england.nhs.uk/wpcontent/uploads/2018/06/the-iapt-manual.pdf>

NHS Digital IAPT webpages

For resources related to monthly IAPT publications and 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>