Technical Guidance

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IAPT Terminology (1)

- **Referrals**
  the number of patients entering into and accepted by an IAPT service/system with a unique pathway ID

- **Prevalence**
  the number of people per CCG estimated to have common mental health issues

- **Patients Entering First Treatment**
  the number of patients who attend at least one treatment appointment

- **Access**
  the number of patients entering first treatment as a proportion of the estimated prevalence
  - Minimum standard: 15%

- **Patients Completing Treatment**
  the number of patients completing treatment with two or more attended treatment appointments
IAPT Terminology (2)

- **Scores**
  PHQ and GAD are self-administered short questionnaires used in IAPT treatment on a session by session basis
  - **PHQ9** ([Patient Health Questionnaire](#)) – measures a patient’s depression
  - **GAD7** ([Generalised Anxiety Disorder](#)) – measures a patient’s anxiety
  - **ADSM** (Anxiety Disorder Specific Measures) – a number of disorder-specific anxiety measurement scales

- **Caseness**
  a patient is “above clinical caseness” if their PHQ or GAD/ADSM scores are above a specific level on each scale. For patients above caseness, IAPT offers NICE-recommended treatment.

  NB Some patients who are below caseness may be appropriate for treatment subject to clinical judgement.

- **Recovery**
  the number of patients completing treatment (as above) who move from above to below caseness on GAD/ADSM and PHQ from first to last appointment
  - Minimum Standard: 50%

- **Reliable Improvement**
  the number of patients who improve by a set number of points on the PHQ or GAD scales, irrespective of caseness
Access Definition

\[ \frac{Patients \ entering \ first \ treatment}{CCG \ Prevalence} \]

- Minimum standard is *annualised* 15%
- Equivalent to 3.75% for a quarter
- Equivalent to 1.25%/month for each month
- HSCIC reports suppress (i.e. show an asterisk) for any value less than five and round all values to the nearest five

www.england.nhs.uk
Access Example

- Population 500,000
- Annual prevalence 40,000 (15% = 6,000)
- 10,000 (1,500@15%) per quarter
- 3,333 per month (500@15%)

<table>
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<tr>
<th></th>
<th>Jul-15</th>
<th>Aug-15</th>
<th>Sep-15</th>
<th>Q2</th>
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<td>450</td>
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<tr>
<td>Access Rate</td>
<td>1.125%</td>
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<td>Annualised Access Rate</td>
<td>13.5%</td>
<td>15%</td>
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</table>
Recovery Definition

*Patients moving to recovery*

(Patients completing treatment – Patients not at caseness)

- Minimum standard is 50%
- Remains 50% whether at year, quarter or monthly level
- If collecting local data all three numbers needed to aggregate, not just percentages
Constructing the Pathway ID

- To calculate recovery it is necessary to connect several months’ activity together, for example

  April
  Patient is referred

  May
  Patient is assessed and enters first treatment

  June
  Patient attends three more treatment appointments

  July
  Patient attends one more treatment appointment and is discharged

- The Pathway ID is a unique, anonymised reference number which links information across successive monthly uploads
- It is made of the Service ID and the Person ID
- The service ID is submitted by your system and should not change
Constructing the Person ID

Common cause of broken ‘bypass records’

- NHS Number + DOB (two out of three element match)
- Local patient ID + full DOB
- Postcode + full DOB

...In addition, if a record has no NHS Number and the postcode is invalid, default or missing then this system is bypassed
Calculating Scores

- GAD, PHQ and ADSM scores are calculated separately and not necessarily from the same appointments.
- Assessment-only appointments can be used for scores but there must be >=2 ‘treatment’ appointments in order to count towards recovery.
- Scores do not have to be taken from the first and last appointments, just from the first and last instances of each score.
- ADSM measures are only used if the first ADSM score is above caseness \textbf{and} the corresponding problem descriptor is used.
- If ADSM measures cannot be used, GAD is used instead.

- PHQ9 and OCI recorded
- PHQ9 and GAD7 recorded
- PHQ9, OCI and GAD7 recorded
- PHQ9 and GAD7 recorded
Thresholds for Caseness

- PHQ >=10
- GAD7 >=8
- ADSMs:
  - Agoraphobia Mobility Inventory (MI) >=2.3
  - Health Anxiety Inventory (Short Week) (sHAI) >=18
  - Obsessive Compulsive Inventory (OCI) >=40
  - Impact of Events Scale (IES-R) >=33
  - Social Phobia Inventory (SPIN) >=19
- No other psychometric outcome measure is currently considered for HSCIC calculations
Reliable Change

- Where scores have changed between first and last by a statistically significant level on either anxiety or depression, viz.
  - PHQ ≥ 6
  - GAD7 ≥ 4
  - ADSMs:
    - Agoraphobia Mobility Inventory ≥ 0.73
    - Health Anxiety Inventory (Short Week) ≥ 4
    - Obsessive Compulsive Inventory ≥ 32
    - Panic Disorder Severity Scale does not have an agreed threshold so GAD7 is used instead
    - Impact of Events Scale ≥ 9
    - Social Phobia Inventory ≥ 10
Key Measures

• **Reliable Improvement** – where the reliable change has been positive, irrespective of whether the original scores are above caseness
  
  \[
  \frac{\text{Patients showing reliable improvement}}{\text{Patients completing treatment}}
  \]

• **Reliable Recovery** – where there has been reliable improvement and the patient has crossed the caseness threshold
  
  \[
  \frac{\text{Patients showing reliable recovery}}{(\text{Patients completing treatment} - \text{Patients not at caseness})}
  \]
Key Documentation

- Monthly Metadata
- Technical Output Specification
- PAVE Specification
- IAPT Reporting FAQs (‘How to replicate our reports’)
- Waiting Times FAQ
- Planning Guidance (NHS England KPIs – technical guidance to be published in ‘late January’)
- Webpages containing all reports (e.g. for CCG homework) http://www.hscic.gov.uk/iaptmonthly
  
  and

  http://www.hscic.gov.uk/iaptreports
HSCIC Data Location

Resources

- IAPT Monthly Executive Summary July Final Data [pdf]
- IAPT Monthly Activity Data File July Final Data [csv]
- IAPT Quarterly Activity Data File Q1 2015-16 Data [csv]
- IAPT Monthly DQ Report July Final Data [xls]
- IAPT Monthly DQ Report August Provisional Data [xls]
- Announcing changes to monthly IAPT publications [pdf]
- Improving Access to Psychological Therapies Report, July 2015 Final, August 2015 Primary and Quarter 1 2015/16: Pre-release access list [pdf]

- IAPT Metadata document
- IAPT Data Quality Statement
- Methodological Change Paper - IAPT monthly reports - Feb 2015
Quarterly Reports – KPIs

- Access and recovery are not calculated for you
- Commissioner/Provider split – filter by CCG and Provider
- File should be filtered by VariableType – Age, Ethnicity etc.
- Choose Total to get the total!
- Entering first treatment – FirstTreatment
  - \[ \text{Annualised Access} = \frac{\text{FirstTreatment}}{\left(\text{Prevalence} \div 4\right)} \]
- Completing treatment – FinishedCourseTreatment
- Recovery
- Not at Caseness – NotCaseness
  - \[ \text{Recovery Rate} = \frac{\text{Recovery}}{\left(\text{FinishedCourseTreatment} - \text{NotCaseness}\right)} \]
Monthly Reports - KPIs

- Different structure to quarterly, only CCG/Provider split with no other filters
- Entering first treatment – FirstTreatment
  - Annualised Access = \( \frac{\text{FirstTreatment}}{(\text{Prevalence} \div 12)} \)
- Completing treatment – FinishedCourseTreatment
- Recovery
- Not at Caseness – NotCaseness
  - Recovery Rate = \( \frac{\text{Recovery}}{(\text{FinishedCourseTreatment} - \text{NotCaseness})} \)
Local vs. National Data

• Omnibus KPIs are not relevant
• Local data is only valid if it matches national data
• National data is not timely
  • August (due 24th November)
  • Q2 (due around 20th January)
• More timely data available to providers and commissioners through OpenExeter (timetable at www.hscic.gov.uk/iapt)
• More timely data available to providers through the PAVE report
OpenExeter Extracts

- Extracts downloaded as a ZIP file containing a number of CSV files
- No patient-identifiable data
- Full details of each in Technical Output Specification
- Key tables: Referrals and Appointments
- Raw data! Not user friendly
- Difficult to calculate recovery
OpenExeter Basic Reporting

- Key fields to replicate KPIs:
  - REFRECDATE – referral date, count in month for referral numbers
  - ORGCODECOMM/ ORGCODEPROVIDER – organisation code of commissioner/provider
  - DATE_FIRST_THERAPEUTIC_SESSION – date entering first treatment, count in month to estimate access
  - ENDDATE – date completing treatment
  - FIRST_GAD, LAST_GAD
  - FIRST_PHQ9, LAST_PHQ9

To calculate recovery/DQ
## Monthly PAVE Report

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Using the PAVE Report

- Available to all providers each month for refresh data
- Gives patient-level data with an exact match for HSCIC monthly/quarterly reports
- Key fields:
  - First_treatment_in_period shows whether the patient entered treatment this month
  - Valid_Provisional_Diagnosis_recorded shows whether a valid problem descriptor is used
  - Referral Ended_in_the_period shows which pathways are counted this month
  - Referral_finished_a_course_of_treatment_in_the_period shows which pathways are counted as the denominator for recovery calculations
  - Paired_scores_for_PHQ9_and_ADSM
  - Referral_has_recovered
  - Referral_has_shown_reliable_improvement
Patients Not At Caseness

- Referral_was_at_caseness_at_start – beware this field!
  - Shows patients who were at caseness at referral but only if there are also paired scores
- At present it is not possible to calculate patients not at caseness from the PAVE report
- Future changes to the PAVE report are planned and will make adjustments to this field to make it more useful
- In the meantime, please contact Paul Ellingham at the HSCIC via iapt@hscic.gov.uk if you have specific example referrals to investigate
The IAPT Waiting Time Standards
In Summary

- Measured from receipt of referral to entering first treatment
- Standard is for patients finishing a course of treatment (completing 2+ treatment appointments)
  - Local monitoring expected of all patients
- 75% within six weeks
- 95% within 18 weeks
- ‘State of readiness’ expected by end of Q4 2015/16
- Delivery expected from Q1 2016/17 and thereafter
The Detail

- Full guidance and FAQs at http://www.england.nhs.uk/resources/resources-for-ccgs/#times
- Opt-in does not affect the clock start
- Referral to SPA, not from SPA to IAPT service, starts the clock
- First appointment DNA resets the clock on the date of the original DNA
  - Not be reflected in HSCIC reports at present
  - This is currently under review
- Waiting time not affected by pauses
  - Local monitoring of adjusted (paused) waits expected
- Clock stop date is identical to date entered first treatment
- Includes groups
Example Pathway

38 Days Waited

Patient Referred 1/2/15

Treatment Appointment 10/3/15

Treatment Appointment 17/3/15

Discharge 17/3/15

Waiting time Reported in March
Example Pathway

30 Days Waited

Patient Referred 1/2/15

Assess and Treatment Appointment 2/3/15

Discharge 10/3/15

Waiting time never reported
Example Pathway

Patient Referred 1/2/15

Appointment DNA 10/3/15

Treatment Appointment 24/3/15

Waiting time Reported in April

Treatment Appointment 1/4/15

Discharge 1/4/15

14 Days Waited
Example Pathway

38 Days Waited

Patient Referred 1/2/15
Opt-In 12/2/15
Appointment declined 23/2/15
Assessment attended 3/3/15
Treatment Appointment 10/3/15

Treatment Appointment 17/3/15
Treatment Appointment 24/3/15
Treatment Appointment 1/4/15
Discharge 1/4/15

Waiting time Reported in April
Governance

Data Quality and Sign-off
Who Is Responsible for DQ?

- Everyone!
- Admin staff – demographics, ethnicity etc.
- Therapists – attendance, appointment type, therapy type, scores, diagnosis
- Supervisors – address issues with each therapist in management supervision
- Administrator/analyst – flag issues clearly and regularly (weekly)
- Informatics/IT – upload MDS and reconcile OpenExeter/HSCIC with local data
Governance

- Data should be signed off by SRO prior to upload
- Responsibility should be split between delivery and reporting – you shouldn’t mark your own homework
- Internal provider and commissioner reports up to board level should show both ‘local’ and ‘national’ (HSCIC) data
- Discrepancies need to be understood and explained
- Local data is only valid if it matches national data
Group Discussion

• What are the sign off processes in your organisation?
• Does the person signing off the data get it in an easily-digestible format? e.g. access, recovery, waits, activity volumes
• Do you report both local and national data together?
• Do you flag/explain discrepancies?
• Do you use the NHS England IAPT report?
Homework!

- Providers
  - Use the PAVE report to compare your local to HSCIC data
  - Investigate and explain any differences

- Commissioners
  - Use either the monthly CSV or quarterly CSV
  - Create a report/chart showing the data in an innovative way – not just total access, outcomes or waits
  - E-mail in advance of the next meeting – we will look at the best on screen next time
Contact

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