

# Technical Guidance

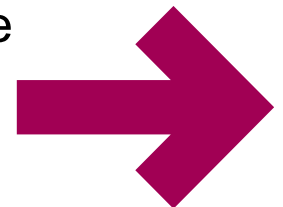
Michael Watson  
NHS England

14<sup>th</sup> January 2016



# 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.

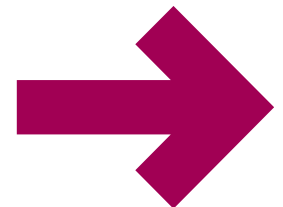
## - Recovery

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

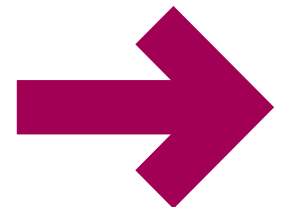
the number of patients who improve by a set number of points on the PHQ **or** GAD scales, irrespective of caseness



# Access Definition

$$\frac{\textit{Patients entering first treatment}}{\textit{CCG Prevalence}}$$

- 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



# Access Example

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

$$\frac{450}{40,000} = 0.01125$$

$$\left(\frac{500}{40,000}\right) * 3 = 0.0375$$

	Jul-15	Aug-15	Sep-15	Q2
Patients entering 1 <sup>st</sup> treatment	450	500	550	1,500
Access Rate	1.125%	1.25%	1.375%	0.165%
Versus quarterly target	3.375%	3.75%	4.125%	n/a
Annualised Access Rate	13.5%	15%	16.5%	15%

$$\left(\frac{550}{40,000}\right) * 12 = 0.0165$$

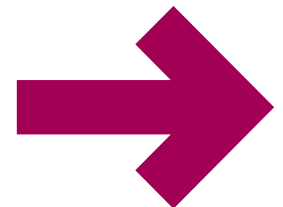
# Recovery Definition

*Patients moving to recovery*

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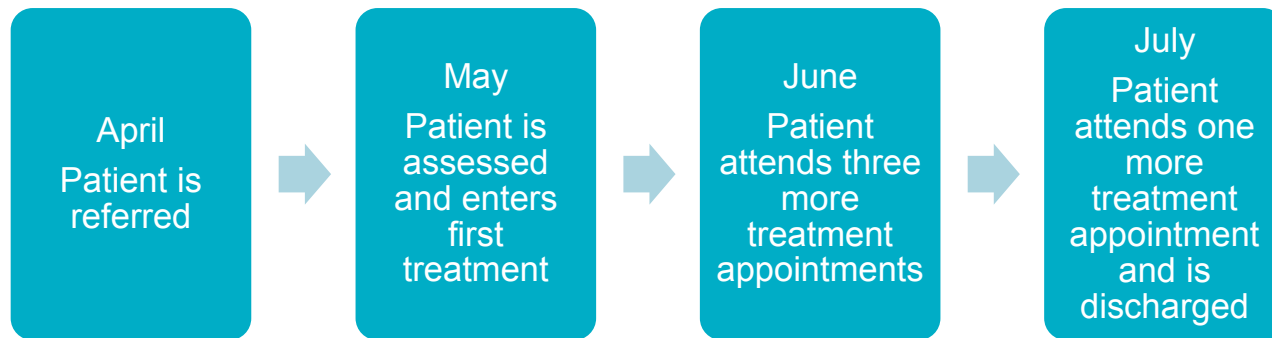
*(Patients completing treatment – Patients not at caseness)*

- 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

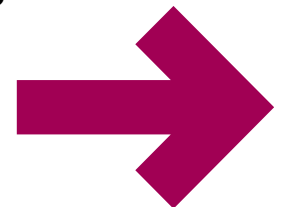


# Constructing the Pathway ID

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



- 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

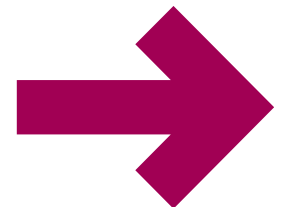


# Constructing the Person ID

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  $\geq 2$  '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 **and** the corresponding problem descriptor is used
- If ADSM measures cannot be used, GAD is used instead



# Thresholds for Caseness

- PHQ  $\geq 10$
- GAD7  $\geq 8$
- ADSMs:
  - Agoraphobia Mobility Inventory (MI)  $\geq 2.3$
  - Health Anxiety Inventory (Short Week) (sHAI)  $\geq 18$
  - Obsessive Compulsive Inventory (OCI)  $\geq 40$
  - Impact of Events Scale (IES-R)  $\geq 33$
  - Social Phobia Inventory (SPIN)  $\geq 19$
- 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  $\geq 6$
  - GAD7  $\geq 4$
  - ADSMs:
    - Agoraphobia Mobility Inventory  $\geq 0.73$
    - Health Anxiety Inventory (Short Week)  $\geq 4$
    - Obsessive Compulsive Inventory  $\geq 32$
    - Panic Disorder Severity Scale does not have an agreed threshold so GAD7 is used instead
    - Impact of Events Scale  $\geq 9$
    - Social Phobia Inventory  $\geq 10$

# Key Measures

- **Reliable Improvement** – where the reliable change has been positive, irrespective of whether the original scores are above caseness

$$\frac{\textit{Patients showing reliable improvement}}{\textit{Patients completing treatment}}$$

- **Reliable Recovery** – where there has been reliable improvement **and** the patient has crossed the caseness threshold

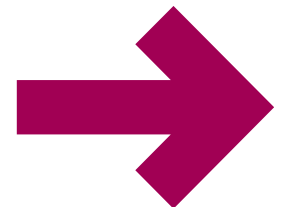
$$\textit{Patients showing reliable recovery}$$

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$$(\textit{Patients completing treatment} - \textit{Patients not at caseness})$$

# 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>








# KPI Reporting

# 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 \[.xls\]](#)

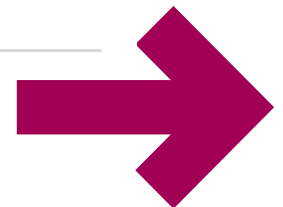
 [Announcing changes to monthly IAPT publications \[.pdf\]](#)

 [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](#)

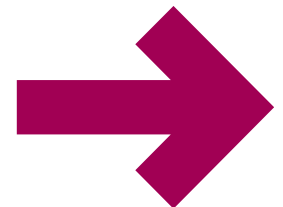
 [Methodological Change Paper - IAPT monthly reports - Feb 2015](#)



# 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
  - *Annualised Access* =  $\frac{\text{FirstTreatment}}{(\text{Prevalence} \div 4)}$
- Completing treatment – FinishedCourseTreatment
- Recovery
- Not at Caseness – NotCaseness

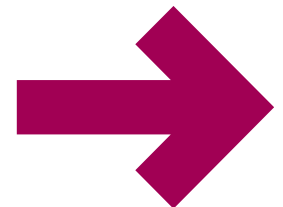
- *Recovery Rate* =  $\frac{\text{Recovery}}{(\text{FinishedCourseTreatment} - \text{NotCaseness})}$





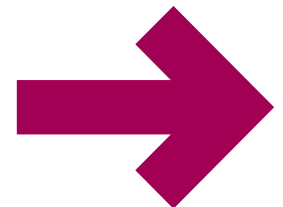
# Monthly Reports - KPIs

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



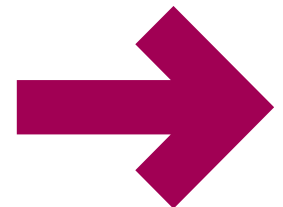
# Local vs. National Data

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



# OpenExeter Extracts

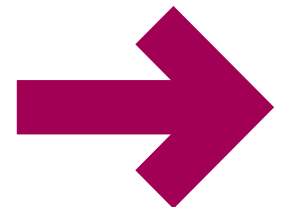
- Extracts downloaded as a ZIP file containing a number of CSV files
- No patient-identifiable data
- Full details of each in Technical Output Specification
- Key tables: Referrals and Appointments
- Raw data! Not user friendly
- Difficult to calculate recovery



# OpenExeter Basic Reporting

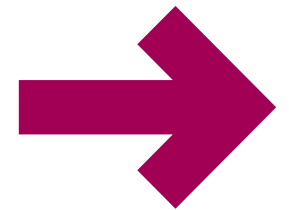
- Key fields to replicate KPIs:
  - REFRECDATE – referral date, count in month for referral numbers
  - ORGCODECOMM/ ORGCODEPROVIDER – organisation code of commissioner/provider
  - DATE\_FIRST\_THERAPEUTIC\_SESSION – date entering first treatment, count in month to estimate access
  - ENDDATE – date completing treatment
  - FIRST\_GAD, LAST\_GAD
  - FIRST\_PHQ9, LAST\_PHQ9

} To calculate  
recovery/DQ



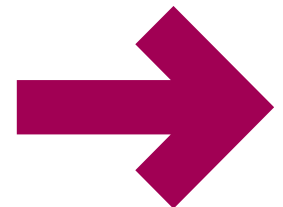
# Monthly PAVE Report

Organisation_Code_of_Provider	BSP_UNIQUE_ID	File_Type_of_Final_Data	Period_Start	Period_End	IAPT_RECORD_NUMBER	SERVICEID	IC_CCG	IC_PATHWAY_ID	IC_USE_PATHWAY_FLAG	REFRECDATE	ENDDATE	Referral_Received_in_period	Valid_Provisional_Diagnosis_in_period	First_assessment_in_period	First_treatment_in_period	Time_in_days_in_period	Appointments_waited_from_referral_to_first_treatment	Referral_finished_in_the_period	Paired_scores_for_PHQ9_and_ADSM	Referral_has_moved_off_sick_pay	Referral_was_at_caseness_at_start	Referral_has_recovered	Referral_has_shown_reliable	Referral_has_reliably	Referral_has_no	
XXX11	00001	Refresh	01/10/2014	31/10/2014	123456789	AAAAA1	01X	100000001	y	06/10/2014		1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
XXX11	00001	Refresh	01/10/2014	31/10/2014	123456790	AAAAA2	01X	100000001	y	30/04/2014		0	0	0	0	50	4	0	0	0	0	0	0	0	0	0
XXX11	00001	Refresh	01/10/2014	31/10/2014	123456791	AAAAA3	01X	100000001	y	25/06/2014		0	0	0	0	31	4	0	0	0	0	0	0	0	0	0
XXX11	00001	Refresh	01/10/2014	31/10/2014	123456792	AAAAA4	01X	100000001	y	11/11/2013	10/10/2014	0	0	0	0	200	3	0	0	0	0	0	0	0	0	0
XXX11	00001	Refresh	01/10/2014	31/10/2014	123456793	AAAAA5	01X	100000001	y	22/10/2014		1	0	1	0	5	0	0	0	0	0	0	0	0	0	0



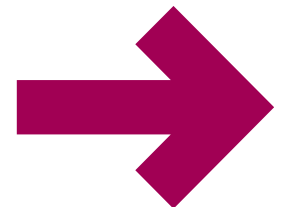
# Using the PAVE Report

- 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](mailto:iapt@hscic.gov.uk) if you have specific example referrals to investigate



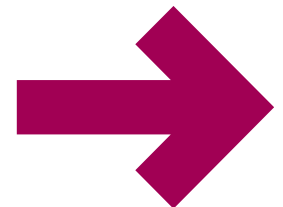
# The IAPT Waiting Time Standards





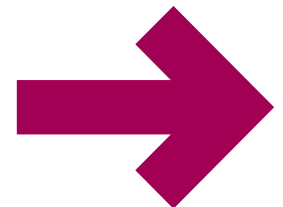
# In Summary

- 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

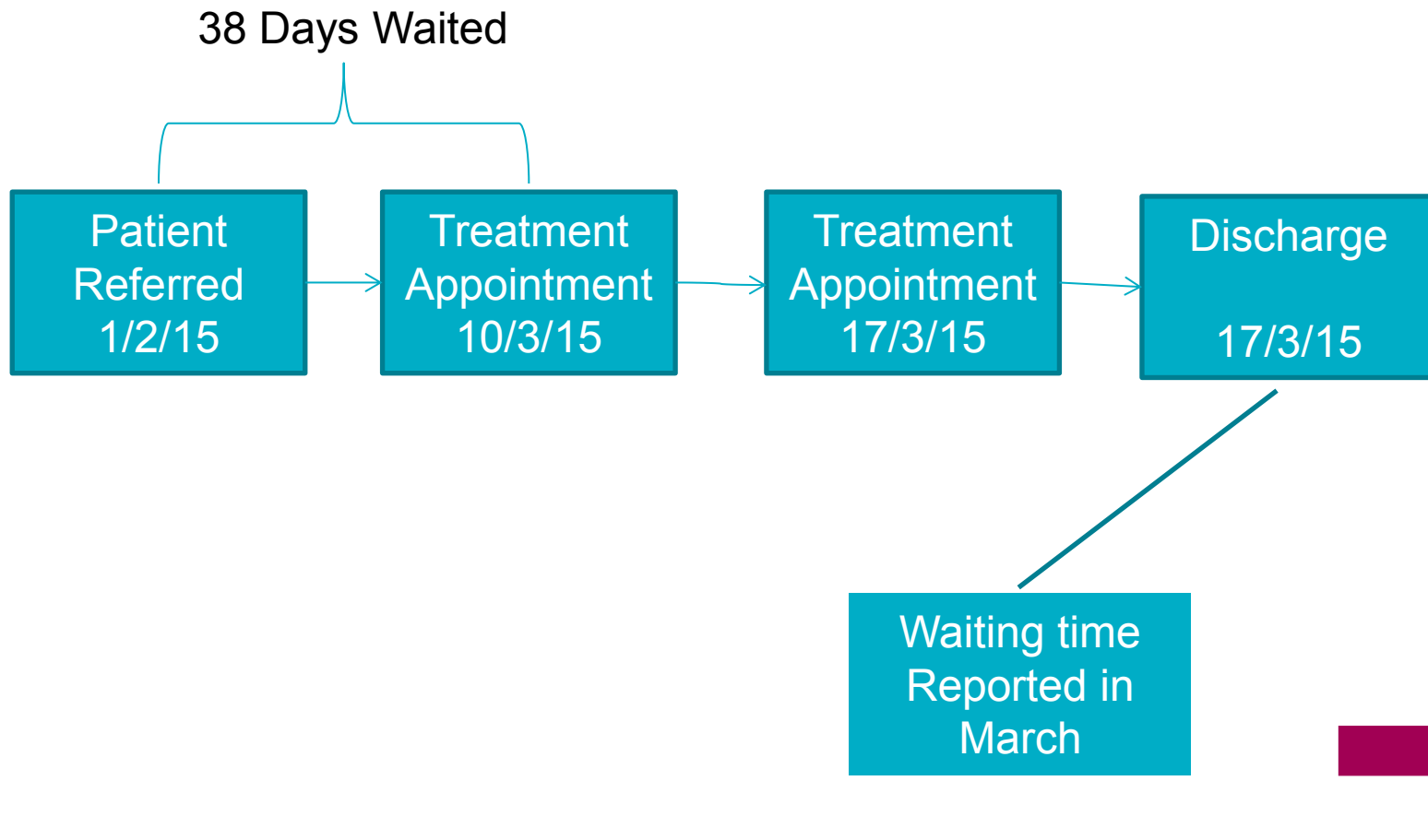


# The Detail

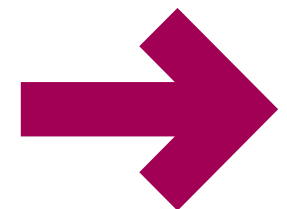
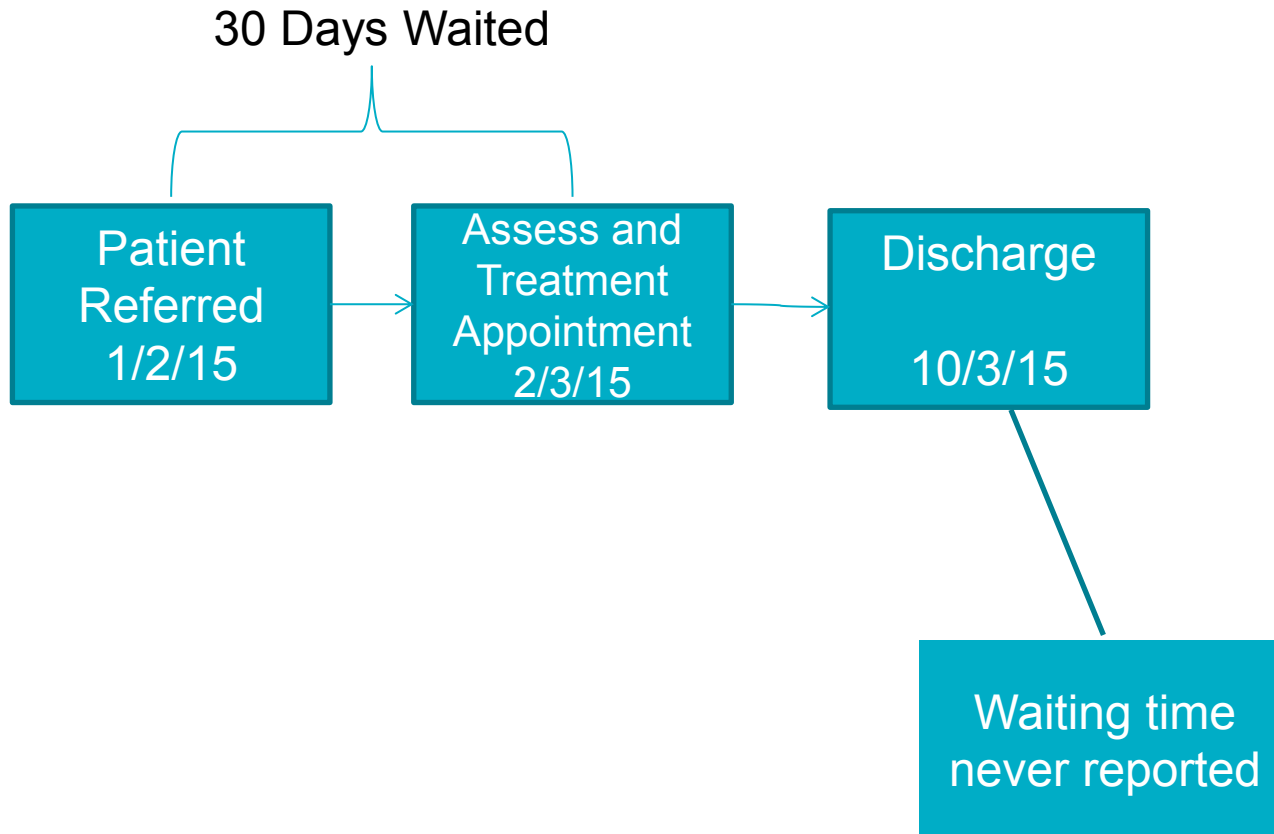
- Full guidance and FAQs at <http://www.england.nhs.uk/resources/resources-for-ccgs/#times>
- Opt-in does not affect the clock start
- Referral to SPA, not from SPA to IAPT service, starts the clock
- First appointment DNA resets the clock on the date of the original DNA
  - Not be reflected in HSCIC 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



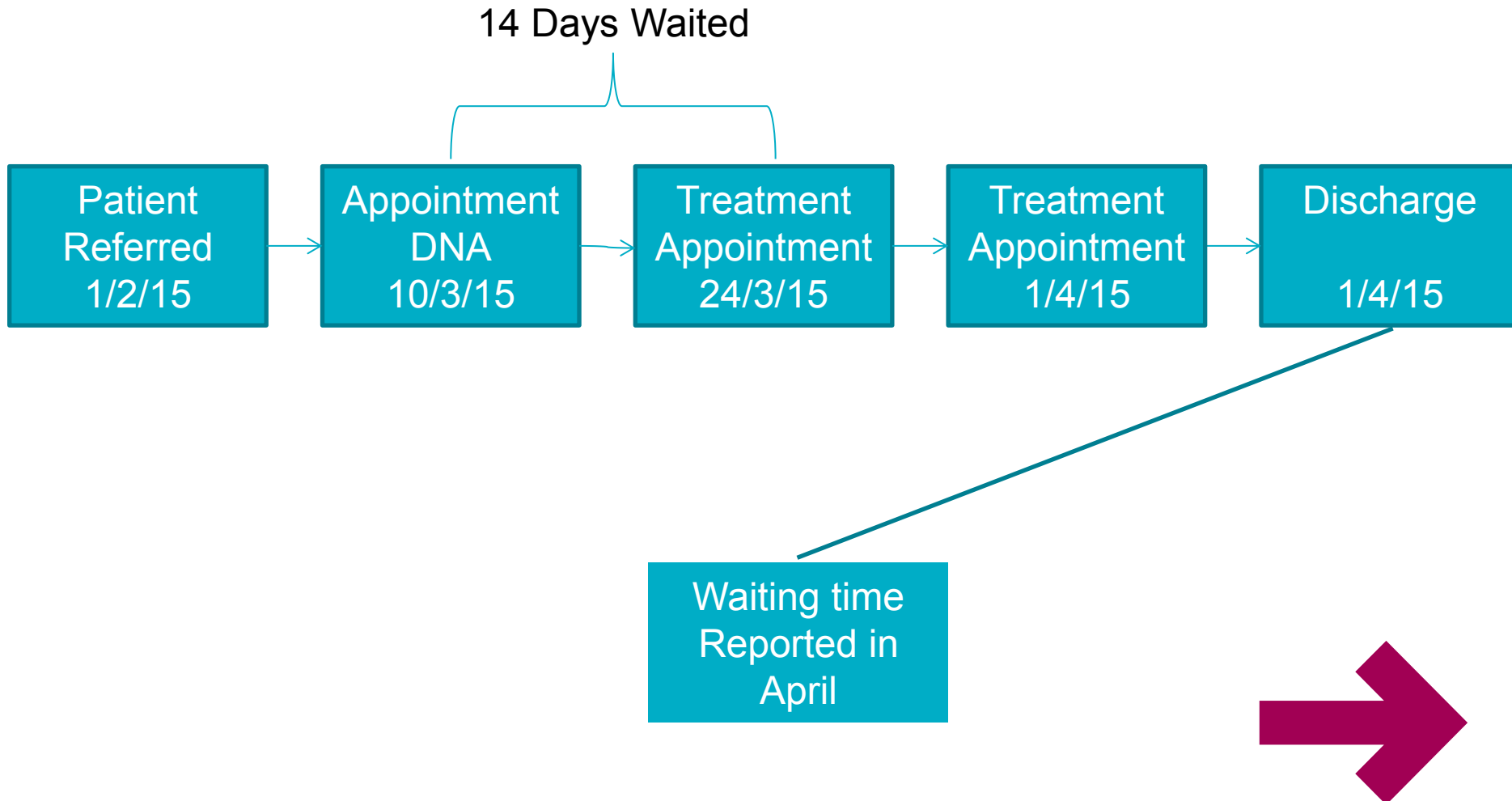
# Example Pathway



# Example Pathway

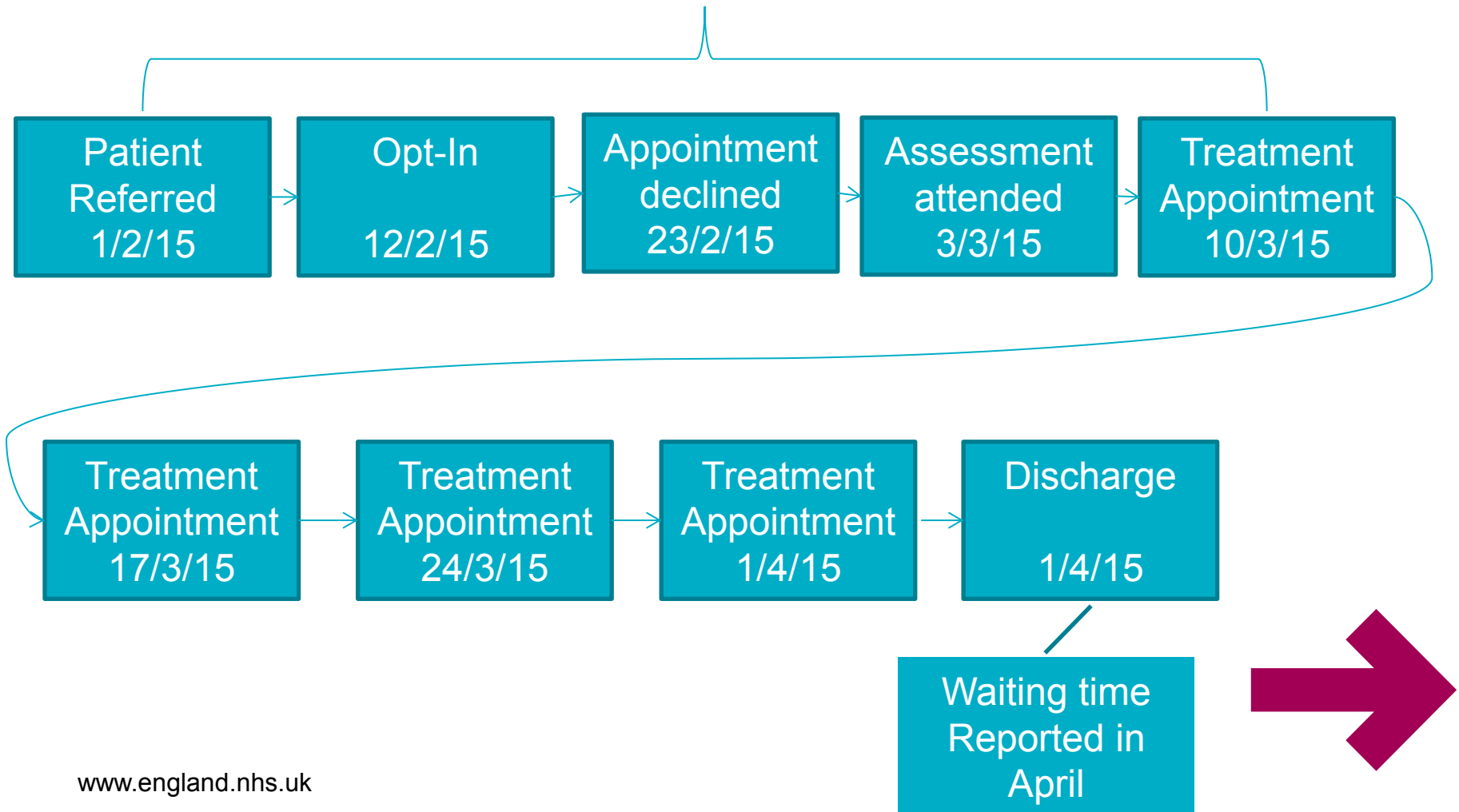


# Example Pathway



# Example Pathway

38 Days Waited



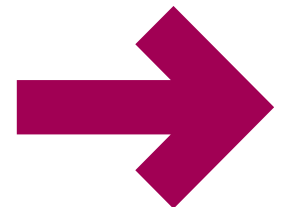
# Governance

Data Quality and Sign-off



# Who Is Responsible for DQ?

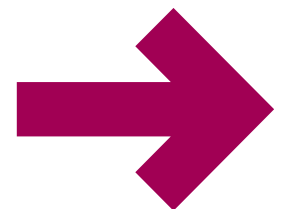
- Everyone!
- Admin staff – demographics, ethnicity etc.
- Therapists – attendance, appointment type, therapy type, scores, diagnosis
- Supervisors – address issues with each therapist in management supervision
- Administrator/analyst – flag issues clearly and regularly (weekly)
- Informatics/IT – upload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





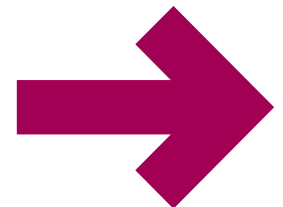
# Governance

- 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



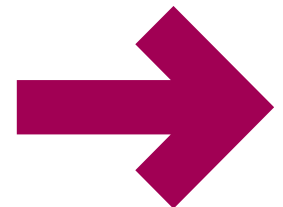
# Group Discussion

- 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

Michael Watson

Intensive Support Manager

Mental Health Strategy and Policy Unit

NHS England

07879 113 249

[m.watson@nhs.net](mailto:m.watson@nhs.net)