iapt

Improving Access to Psychological Therapies

NHS

Technical Guidance for IAPT Key Performance Indicators

March 2009

Version 3

http://www.iapt.nhs.uk/2009/03/improving-access-to-psychological-therapies-key-performance-indicators-and-technical-guidance-2008/

Version Control

Version	Dates	Key Changes
Version One	June 2008	---
Version Two	November 2008	Amendment to Definition for KPI Line 5 Provision of reporting dates
Version Three	March 2009	Revision of reporting dates Clarification of definitions for KPI 3b , 4 , Line 5 and Workforce KPI

Contacts

In all correspondence please quote

PCT Name
Subject : IAPT Key Performance Indicators

All PCTs should have nominated a lead for Key Performance Indicators (KPI) returns to the Information Centre. Internal governance and sign-off processes should be agreed locally, but sign-off by the PCT Director of Performance is recommended before submission of Key Performance Indicators (KPI)

PCTs should now have received a login for Omnibus Survey tool. http://www.omnibus.nhs.uk . However the collection form for the IAPT Key Performance Indicators will not be live until the end of each reporting quarter
If you have any queries regarding the use of the Omnibus tool please contact: surveyteam@ic.nhs.uk

For any other queries regarding submission requirements, data collection, calculation of the Key Performance Indicators , please contact the DH IAPT Data Lead Becky.Dewdney-York@dh.gsi.gov.uk or your regional IAPT Lead shown below

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1. Introduction

1.1. Background

In October's Comprehensive Spending Review (CSR), the Secretary of State (SoS) for Health announced that the following additional funds have been allocated for improving access to psychological therapies (IAPT):

- £33m in 2008/09
- A further £70m to a total of £103m in 2009/10
- A further £70m to a total of £173m in 2010/11

These funds will deliver a major training programme to provide suitably qualified psychological therapists to enable the NHS to deliver a progressive expansion of NICE-compliant local Psychological Therapy services to people suffering from depression and anxiety disorders.

These additional resources are linked to a specific set of commitments made by SoS in terms of numbers treated, therapists trained and employment outcomes[1]. The IAPT Key Performance Indicators (KPIs) provide the agreed mechanism for demonstrating regional and national progress against these commitments.

1.2. Aim of the document

This document provides technical guidance and specifications for data extract from the IAPT services that forms the IAPT Key Performance Indicators (KPIs). The Review of Central Returns Steering Committee – ROCR (reference number ROCR/OR/0231) has approved this data collection.

[1] http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=321341&NewsAreaID=2&NavigatedFromDepartment=False)

2. Data Specification

2.1. Description

The IAPT Key Performance Indicators (KPIs) include:

- **Vital Signs and Public Service Agreement (PSA) Indicators** – more people accessing treatment
- **Extending Access to NICE-compliant Services** – half of those who leave treatment moving to recovery
- **Helping People Back to Work** – fewer people on sick pay and benefits
- **Building a Skilled Workforce** – newly trained high and low intensity therapists

The KPIs are measures of absolute numbers in your PCT rather than prevalences (rates per thousand), and will be used to show progress towards the following national commitments:

- 900,000 more people treated by 2010/11 (half of these moving towards recovery)
- 3,600 newly trained therapists by 2010/11
- 25,000 fewer people on sick pay and benefits by 2010/11

2.2. PCT Returns

IAPT PCTs defined as those PCTs who are receiving any amount of CSR07 funding have data for all 12 lines will therefore be expected from these PCTs

IAPT PCTs should also return Data Quality Metrics see

All PCTs should aim to return data for lines 1-4, which relate to the Tier 3 Vital Sign and DH Public Service Agreement (PSA) to improve access to psychological therapies. Although it is acknowledged that where a PCT has not selected this Vital Sign and has no service in place, returns will not be possible for Line 3a and 4

PCTs who are not receiving any CSR funding but have, or are in the process of implementing, stepped care psychological therapies services may also complete as many data lines as possible, and should indicate that they are **not** an 'IAPT Site' (i.e. not currently receiving CSR07 resources).

For IAPT sites, it is recommended that any Service Level Agreement specify:

- That service providers are required to collect the IAPT minimum data set for every patient

- That PCTs have responsibility for completing the KPIs (they may do this themselves from the patient-level IAPT minimum data set, or request that services do this)
- How the minimum data set is shared with PCTs (i.e. as patient-level data or aggregated KPI lines)

PCTs who are using a computerised records system to collect the IAPT minimum data set may also wish to consider whether this system can produce reports in the form of the KPIs.

2.3. Scope

The KPIs are intended to be aggregates of all patient-level data collected within an IAPT service (or equivalent stepped care psychological therapies service for PCTs who are not currently receiving CSR funds). Chapter 4 of the *IAPT Implementation Plan*[2] (Characteristics of an IAPT Service) may be helpful. For IAPT sites, it is expected that, at a minimum, the patient-level data collected by all trainees and all those providing supervision to trainees will be included in the KPIs.

The age range for the KPIs is all adults (18 years and over). Work is ongoing to develop the care pathway, service model and data set for psychological therapies services for children.

2.4. Frequency

This data will be collected quarterly, with the first collection at the end of Q3 of 2008/09 (January 09).

Quarter	Period covered	PCT deadline
Quarter 4	1st January – 31 March 2009	23rd April 2009
Quarter 1	1st April – 30th June 2009	21 July 2009
Quarter 2	1st July – 30th September 2009	21st October 2009

2.5. Format

Data should be input to the Omnibus system following the on-screen instructions (see example input template at Annex B). Omnibus is a web-based system used by the NHS to submit data to the Information Centre. The Omnibus system allows real-time access to the data via a web portal. http://www.omnibus.nhs.uk

2.6. Transmission

[2] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083150

Data will be extracted from Omnibus by the Information Centre at the end of each quarter (exact dates to be provided by the Information Centre). The Information Centre will share national aggregates, SHA aggregates and PCT-level information with the DH and SHAs (SHAs will only receive PCT-level information for PCTs within their region). Data will also be sent to the Knowledge & Information team in DH as they will be monitoring against Vital Signs plans.

The data will undergo some analysis nationally and will be used to report to the IAPT Programme Board on progress against the SoS' commitments. It is expected that the data will be used regionally and locally for performance management and in-depth analysis.

All transmissions will be aggregated, non-patient-identifiable data. For more information on governance and consent issues please see Chapter of the IAPT Outcomes Toolkit 2008-09[3].

[3] http://www.iapt.nhs.uk/2008/07/improving-access-to-psychological-therapies-iapt-outcomes-toolkit/

3. Definitions and Notes

The table below describes the key performance indicators in detail and gives guidance on how they should be calculated. It refers to the IAPT Data Dictionary (Annex C), which services will use when collecting the IAPT data set.

Report Month – This is the month in which the data is submitted (e.g. report month for Q3 data will be January – March Information Centre)

IAPT site: YES/NO – A PCT who is receiving any IAPT CSR07 resource is recorded as an IAPT site

Area	Line No	Key Performance Indicator	Description	Source	Time period	IAPT Data Item No	NHS Data Dictionary Title
	1	The number of people who have depression and/or anxiety disorders	This is an estimate of the number of people in the PCT with depression and anxiety disorders, based on the Psychiatric Morbidity Survey (PMS). Rates per thousand at risk for *any neurotic disorder* should be calculated for the PCT population, and then adjusted for deprivation using the PCT deprivation factor. A worksheet that carries out the calculation described above based on the 2000 PMS can be accessed at http://www.iapt.nhs.uk/2008/12/improving-access-to-psychological-therapies-key-performance-indicators-and-technical-guidance-2008/ This builds on work carried out by the North East Mental Health Observatory to estimate how many people in each PCT have any neurotic disorder. This figure will be automatically entered for reporting beyond Q3 on the Omnibus Template	Psychiatric Morbidity Survey (PMS)	This number will not change from quarter to quarter	n/a	
	2	The number of people who have been diagnosed with depression and/or anxiety disorders	This is a count of diagnoses of depression and anxiety in the PCT in this quarter. "Diagnosis" refers to a clinical diagnosis rather than one defined by measures such as PHQ9. This is extracted from GP Practice systems using a standard computer query, (MIQUEST) for a range of systems is available to download from http://www.iapt.nhs.uk/2008/12/key-performance-indicator-line-2-miquest-query/ There are provisions within the General Medical Services Contracts that allow PCTs to request and have access to information from practices to fulfil PSA 18 requirements.	Primary Care Practice systems	During the reporting quarter	n/a	

Area	Line No	Key Performance Indicator	Description	Source	Time period	IAPT Data Item No	NHS Data Dictionary Title
Extending Access to NICE-compliant Services	5	The number of people who have completed treatment	This is a count of all those who have completed treatment within the reporting quarter, for any reason including planned completion, deceased, declined treatment, dropped out (unscheduled discontinuation) or unknown. This is extracted from the service provider records of date of first therapeutic session and date of end of IAPT care pathway. Only those people who have had at least two treatment sessions should be included IAPT KPI an appropriate denominator for calculating proportions in recovery. IAPT KPI Line 5 therefore includes those patients receiving at least two contacts. In combination with data completeness metrics, this will provide a reasonable calculation of recovery proportions. Services will still monitor the numbers of people entering treatment who may receive only one therapeutic session via IAPT KPI Line 4 The rationale for this approach is that Those patients attending only one therapeutic session. This single session will often be a combined assessment/therapeutic session . These patients are necessarily unable to provide end of care pathway clinical outcome data. Count of the number of people completing treatment within the reporting quarter This is calculated by COUNT C7 (date of end of IAPT care pathway) WHERE C7 (date of end of IAPT care pathway) IS NOT EQUAL TO C6 (date of first therapeutic session) MINUS those who do not have C6 (date of first therapeutic session). N.B. this calculation now excludes people who had an initial assessment but did not enter treatment AND those who receive only one treatment session	Service provider systems	During the reporting quarter	C6, C7	END DATE (MENTAL HEALTH CARE SPELL)

Area	Line No	Key Performance Indicator	Description	Source	Time period	IAPT Data Item No	NHS Data Dictionary Title
Helping People Back to Work	7	The number of people moving off sick pay and benefits	This is a count of all those who were on sick pay or benefits at first therapeutic session and were not on either sick pay or benefits at the final session. This is extracted from service provider records of sick pay and benefit status at first and last sessions. Only those people who have completed treatment this quarter (KPI 5 above) should be included N.B. this calculation excludes people who entered treatment but were not a clinical "case" This is calculated by counting those who have completed treatment (KPI5) whose: C18 *(last sick pay status)* = 2 *(no)* AND C20 *(last benefits status)* = 2 *(no)* MINUS those whose C17 *(first sick pay status)* = 2 *(no)* OR C19 *(first benefit status)* = 2 *(no)*	Service provider systems	During the reporting quarter	C15, C16, KPI 5	

Area	Line No	Key Performance Indicator	Description	Source	Time period	IAPT Data Item No	NHS Data Dictionary Title
	8	The number of high intensity trainees	This is a stock count at the start of this quarter of the number of people (headcount) employed by the service provider who are attending a full IAPT high intensity training course (this should not include those attending some modules only for top-up training) An IAPT high intensity training course is defined as one following the IAPT National Curriculum for High Intensity Therapies Workers (http://www.iapt.nhs.uk/2008/02/cirricular-for-high-intensity-therapist-and-low-intensity-therapy-workers/)	Service provider	At the end of the reporting quarter	n/a	
	9	The number of low intensity trainees	This is a stock count at the end of this quarter of the number of people (headcount) employed by the service provider who are attending a full IAPT low intensity training course (this should not include those attending some modules only for top-up training) An IAPT low intensity training course is defined as one following the IAPT National Curriculum for Low Intensity Therapies Workers (http://www.iapt.nhs.uk/2008/02/cirricular-for-high-intensity-therapist-and-low-intensity-therapy-workers/)	Service provider	At the end of the reporting quarter	n/a	
Building a Skilled Workforce	10	The number of high intensity trained staff	This is a stock count at the end of this quarter of the number of people (headcount) employed by the service provider who are delivering high intensity interventions (this should not include those attending a full IAPT training course, but may include those attending some course modules for top-up training) High intensity interventions are defined on page 22 of the IAPT Commissioning Toolkit (http://www.iapt.nhs.uk/2008/04/improving-access-to-psychological-therapies-iapt-commissioning-toolkit/)	Service provider	At the end of the reporting quarter	n/a	
	11	The number of low	This is a stock count at the end of the reporting quarter of	Service	At the end of the	n/a	

ANNEX A Summary of IAPT Key Performance Indicators

Report Month: **IAPT site: YES/NO**

Area	Key Performance Indicator
Vital Signs Indicators	Line 1: the number of people who have depression and/or anxiety disorders (local estimate based on Psychiatric Morbidity Survey)
	Line 2: the number of people who have been diagnosed with depression and/or anxiety disorders *(diagnoses during the reporting quarter)*
	Line 3a: the number of people who have been referred for psychological therapies *(during the reporting quarter)*
	Line 3b: the number of active referrals (people who have been referred for psychological therapies and are awaiting initial assessment) *(at the start of the reporting quarter)*
	Line 4: the number of people who have entered psychological therapies *(during the reporting quarter)*
Extending Access to NICE-compliant Services	Line 5: the number of people who have completed treatment (for any reason including completed, dropped out, signposted on) *(during the reporting quarter)*
	Line 6: the number of people who are "moving to recovery" (of those who have completed treatment, those who at initial assessment achieved "caseness" and at final session did not) *(during the reporting quarter)*
Helping People Back to Work	Line 7: the number of people moving off sick pay and benefits *(during the reporting quarter)*
Building a Skilled Workforce	Line 8: the number of high intensity trainees (At the end of the reporting quarter)
	Line 9: the number of low intensity trainees (At the end of the reporting quarter)
	Line 10: the number of high intensity trained staff (At the end of the reporting quarter)
	Line 11: the number of low intensity trained staff (At the end of the reporting quarter)
	Line 12: the number of supervisors (At the end of the reporting quarter)

Annex B Example Omnibus input template

PCT Key Performance Indicators Report

PCT Code:
Quarter
WorkArea: IAPT
Submission Date
Submitted By Post/Responsibility
Key Performance Indicators - All PCTs to complete a minimum of Lines 1, 2 3a and 4, PCTs receiving CSR07 funding to complete ALL Lines 1-12

IAPT site:

Vital Signs Indicators (all PCTs to complete)

1. the number of people who have depression and/or anxiety disorders (local estimate based on Psychiatric Morbidity Survey)

2. the number of people who have been diagnosed with depression and/or anxiety disorders (diagnoses during the reporting quarter). To be extracted from the local Primary Care System

3a. the number of people who have been referred for psychological therapies (during the reporting quarter)

3b. the number of active referrals (people who have been referred for psychological therapies and are awaiting initial assessment) (at the start of the reporting quarter)

4. the number of people who have entered psychological therapies (during the reporting quarter)

Extending Access to NICE-compliant Services

5. the number of people who have completed treatment (for any reason including completed, dropped out, signposted on) (during the reporting quarter)

6. the number of people who are "moving to recovery" (of those who have completed treatment, those who at initial assessment achieved "caseness" and at final session did not) (during the reporting quarter)

Helping People Back to Work

7. the number of people moving off sick pay and benefits (during the reporting quarter)

Building a Skilled Workforce

8. the number of high intensity trainees (at the end of the reporting quarter)

9. the number of low intensity trainees (at the start of the reporting quarter)

10. the number of high intensity trained staff (at the end of the reporting quarter)

11. the number of low intensity trained staff (at the end of the reporting quarter)

12. the number of supervisors(at the end of the reporting quarter)

Patient Data

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
P1	NHS number	Y	A number used to identify a patient uniquely within the NHS in England and Wales	n10		To uniquely identify the patient and allow analysis across data sets	NHS NUMBER	
P2	Local patient identifier (case number)	Y	A number used to identify a patient uniquely within a local mental health service provider (IAPT service)	n		To identify a patient in the absence of an NHS number	LOCAL PATIENT IDENTIFIER	May only be unique to a particular service and can be assigned by the computer system. Code should be numeric only
P3	Organisation code (code of provider)	Y	The organisation code of the organisation acting as a Health Care Provider (IAPT service)	an5		To identify the IAPT service providing care	ORGANISATION CODE (CODE OF PROVIDER)	
P4	Code of GP practice (registered GMP)	Y (if applicable)	This is the code of the practice of the patient's registered GP	an6		Allows the GP to be notified about treatment received by the patient. PCT can be derived from this field	CODE OF GP PRACTICE (REGISTERED GMP)	The registered GP may or may not be the same as the referring GP
P5	Gender	Y	The patient's gender currently	n1	0 – Not known 1 – Male 2 – Female 9 – Not specified	To analyse equality of access to services and outcomes across genders.	PERSON GENDER CODE	This classification relates to the patient's identity rather than physiology. "0 Not Known" means that the sex of the patient has not been recorded. "9 Not Specified" means indeterminate, i.e. unable to be classified as either male or female.

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
P6	Date of birth	Y	The date on which the patient was born or is officially deemed to have been born.	an10	dd-mm-yyyy	To analyse equality of access to services and outcomes across age groups.	PERSON BIRTH DATE	
P7	Ethnic category	Y	The ethnicity of the patient, as specified by the patient	an2	White A - British B - Irish C - Any other White background *Mixed* D - White and Black Caribbean E - White and Black African F - White and Asian G - Any other mixed background *Asian or Asian British* H - Indian J - Pakistani K - Bangladeshi L - Any other Asian background *Black or Black British* M - Caribbean N - African P - Any other Black background *Other Ethnic Groups* R - Chinese S - Any other ethnic group Z - Not stated	To analyse equality of access to services and outcomes across ethnic groups.	ETHNIC CATEGORY	The Office of National Statistics has developed further sub-codes, elements of which should be used locally, depending on local circumstance and data collection needs. It is only mandatory to collect the 16 top level categories. However, collection of detailed ethnicity data that is relevant to the local population is recommended. The detailed breakdown can be found here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5319277?IdcService=GET_FILE&dID=4305&Rendition=Web
Additional recommended items								
P8	Sexual orientation	N	The sexual orientation of the patient, as specified by the patient	n1	1 - Heterosexual 2 - Lesbian or gay 3 - Bisexual 4 - Other 5 - Not stated 6 - Not known	To ensure equality of access to services and outcomes across groups.		There are no nationally agreed classifications for sexual orientation. This list may be used locally as an interim measure but may be subject to change when a national list is developed

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
P9 (i)	Visual disability	N	Identifies whether the patient has a visual disability. This classification is as stated by the patient, not observed	n2	1 - Yes 2 - No 3 - Not stated	To ensure equality of access to services for people with disabilities	-	There are no nationally agreed classifications for disability. This list may be used locally as an interim measure but may be subject to change when a national list is developed
P9 (ii)	Speech disability	N	Identifies whether the patient has a speech disability. This classification is as stated by the patient, not observed	n1	1 - Yes 2 - No 3 - Not stated	To ensure equality of access to services for people with disabilities	-	There are no nationally agreed classifications for disability. This list may be used locally as an interim measure but may be subject to change when a national list is developed
P9 (iii)	Hearing disability	N	Identifies whether the patient has a hearing disability. This classification is as stated by the patient, not observed	n2	1 - Yes 2 - No 3 - Not stated	To ensure equality of access to services for people with disabilities	-	There are no nationally agreed classifications for disability. This list may be used locally as an interim measure but may be subject to change when a national list is developed
P9 (iv)	Mobility disability	N	Indentifies whether the patient has a mobility disability. This classification is as stated by the patient, not observed	n1	1 - Yes 2 - No 3 - Not stated	To ensure equality of access to services for people with disabilities	-	There are no nationally agreed classifications for disability. This list may be used locally as an interim measure but may be subject to change when a national list is developed
P10	Able to communicate in spoken English?	N	Identifies whether an interpreter is required for the purposes of communication between the care professional and the patient	n1	1 - Yes 2 - No 3 - Not stated	To ensure equality of access for patients with additional communication requirements	-	

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
P11	Understand written English?	N	Identifies whether translations of written materials are needed for the purpose of communication with the patient	n1	1 - Yes 2 - No 3 - Not stated	To ensure equality of access for patients with additional communication requirements	-	
P12	Preferred language	N	The patient's preferred language	n3	001 Akan (Ashanti) 002 Albanian 003 Amharic 004 Arabic 005 Bengali & Sylheti 006 Brawa & Somali 007 British Signing Language 008 Cantonese 009 Cantonese and Vietnamese 010 Creole 011 Dutch 012 English 013 Ethiopian 014 Farsi (Persian) 015 Finnish 016 Flemish 017 French 018 French creole 019 Gaelic 020 German 021 Greek 022 Gujarati 023 Hakka 024 Hausa 025 Hebrew 026 Hindi 027 Igbo (Ibo) 028 Italian 029 Japanese 030 Korean 031 Kurdish 032 Lingala 033 Luganda 034 Makaton (sign language) 035 Malayalam 036 Mandarin 037 Norwegian 038 Pashto (Pushtoo)	To identify a suitable language for communication between the care professional and the patient	LANGUAGE CLASSIFICATION CODE	

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
					039 Patois 040 Polish 041 Portuguese 042 Punjabi 043 Russian 044 Serbian/Croatian 045 Sinhala 046 Somali 048 Spanish 049 Swahili 050 Swedish 051 Sylheti 052 Tagalog (Filipino) 053 Tamil 054 Thai 055 Tigrinya 056 Turkish 057 Urdu 058 Vietnamese 059 Welsh 060 Yoruba 200 Other			

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
P13	National Identity	N	The patient's self-defined association with a particular country.	n1	1 - English 2 - Scottish 3 - Welsh 4 - Irish 5 - British 9 - Other	To analyse equality of access to services and outcomes across ethnic groups.	-	In combination with ethnic category, this field can be used to give a detailed picture of ethnicity. Official guidance on collection of ethnicity data can be found here: http://www.statistics.gov.uk/about/ethnic_group_statistics/downloads/ethnic_group_statistics.pdf
P14	Religion	N	The patient's religion. This may refer to identity with a particular religious community even though the religion may not be practiced	n2	01 - No religious group or secular 02 - Atheist / Agnostic 03 - Church of England 04 - Other protestant 05 - Orthodox Christian 06 - Roman Catholic 07 - Other Christian 08 - Muslim 09 - Shi'ite Muslim 10 - Sunni Muslim 11 - Sikh 12 - Jewish 13 - Orthodox Jewish 14 - Buddhist	To ensure equality of access across religions	-	This is the list developed for 'count me in', the 2005 census conducted by the Mental Health Act Commission, the National Institute for Mental Health in England and the Healthcare Commission. A nationaly approved list is not available, but this list or a more detailed breakdown

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title / Reference	Notes
					15 - Hindu 16 - Jain 17 - Parsi / Zoroastrian 18 - Rastafarian 19 - Any other religion 20 - Not stated			may be used locally to ensure equality of access and improve patient care
P15	Postcode	N	The code allocated by the Post Office to identify a group of postal delivery points.	an8 (max)		To allow association and analysis by geographic area. Can also be used as an identifier	POSTCODE	

Contact level (appointment) data

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
A1	Therapist AFC band (recorded as therapist name - see notes)	Y	The Agenda For Change band of the therapist conducting the appointment	n2	01 - Band 1 02 - Band 2 03 - Band 3 04 - Band 4 05 - Band 5 06 - Band 6 07 - Band 7 08 - Band 8a 10 - Band 8b 11 - Band 8c 12 - Band 8d	To allow analysis of the grade and skills of professionals in a service	-	This field should be hidden and should not be repeated for each appointment. It should be recorded once under therapist details (using the IAPT worker registration form). Therapist name should be collected at each appointment which can then be used to link to title and banding details. Agenda for Change equivalents should be given for non-NHS providers (salary details can be found at http://www.nhsemployers.org/pay-conditions/pay-conditions-217.cfm)
A2	Appointment date	Y	The date of the appointment	an10	dd-mm-yyyy	To analyse timescales in the provision of services	APPOINTMENT DATE	-
A3	Appointment purpose	Y	The nature of the appointment	n1	1 - Assessment only 2 - Treatment only 3 - Assessment and treatment 4 - Review only 5 - Review and treatment 6 - Follow-up after left treatment 7 - Other		-	-

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
A4	Intervention given	Y	The type of therapy provided during the appointment	n2	01 - cCBT 02 - Pure self-help (e.g. Books on Prescription) 03 - Guided self-help 04 - Behavioural activation 05 - Structured exercise 06 - Psychoeducational groups 07 - CBT 08 - Interpersonal therapy (IPT) 09 - Counselling 10 - Couples therapy 11 - Other		-	
A5	Use of psychotropic medication	Y	Identifies whether the patient is taking psychotropic medication (at any point during the care spell)	n1	1 - Yes 2 - No 3 - Not stated	To identify patients needing medication support and to analyse relationship between medication, therapy and outcomes.	-	
A6	Current step (at end of session)	Y	The step of care the patient is at following the appointment	n1	1 - Step 1 2 - Step 2 3 - Step 3 4 - Step 4		-	
Additional recommended items							-	
A7	Appointment type	N	The means of communication during the appointment	n1	1 - Face-to-face 2 - Telephone 3 - Email 4 - SMS 5 - Other		-	-

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
A8	Attendance	N	This indicates whether or not the patient attended the appointment. If the appointment was not attended it also indicates whether or not advanced warning was given.	an1	5 - Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT 6 - Arrived late, after the relevant CARE PROFESSIONAL was ready to see the PATIENT, but was seen 7 - PATIENT arrived late and could not be seen 2 - Appointment cancelled by, or on behalf of, the PATIENT 3 - Did not attend - no advance warning given 4 - Appointment cancelled or postponed by the Health Care Provider 0 - Not applicable - Appointment occurs in the future	To monitor attendance levels.	ATTENDED OR DID NOT ATTEND	
A9	Contact duration (clinical time)	N	The duration of the appointment (in minutes) excluding any administration time	n3	000-999 minutes		-	-
A10	Therapist occupational group	N	The professional staff group of the therapist/clinician conducting the appointment	n2	01 - Ocupational therapy 02 - Physiotherapy 03 - Art/music/drama therapy 04 - Speech and language therapy 05 - Clinical psychology 06 - Psychotherapy 07 - Counselling 08 - Social work 09 - Mental health nursing 10 - General practice 11 - Psychiatry 12 - Other		-	This field should be hidden and should not be repeated for each appointment. It should be recorded once under therapist details. Therapist name should be collected at each appointment which can then be used to link to title and banding details.
Outcomes data (required)							-	

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
A11	PHQ9 total score	Y	The total score from the PHQ9 depression severity index	n2	00-27	To measure change in health and wellbeing	-	If one or two values are missing then they can be substituted with the average score of the non-missing items. Questionnaires with more than 2 missing values should be disregarded.
A12	GAD7 total score	Y	The total score from the GAD7 anxiety severity index	n2	00-21	To measure change in health and wellbeing	-	If one or two values are missing then they can be substituted with the average score of the non-missing items. Questionnaires with more than 2 missing values should be disregarded.
A13	W&SAS total score	Y	The total score from the Work and Social Adjustment Scale	n2	00-40	To measure change in health and wellbeing	-	If patient has selected 'non-applicable' for question 1, or if 1 value is missing, then these scores can be substituted with the average score of the non-missing items. Questionnaires with more than 1 missing value should be disregarded.
A14	Employment status	Y	The patient's current employment status	n1	1 - Employed full-time 2 - Employed part-time 3 - Unemployed 4 - Full-time student 5 - Retired 6 - Full-time homemaker or carer	To measure change in health and wellbeing	-	
A15	Receiving Statutory Sick Pay (SSP)	Y	Indicates whether the patient is currently receiving SSP	n1	1 - Yes 2 - No 3 - Not stated	To measure change in health and wellbeing	-	

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
A16	Receiving benefits	Y	Indicates whether the patient is currently receiving any benefits including Job Seekers Allowance, Incapacity Benefit and Income Support.	n1	1 - Yes 2 - No 3 - Not stated	To measure change in health and wellbeing	-	
A17	Phobia question 1 score	Y	The patient's current social phobia score	n1	0-8	To measure change in health and wellbeing	-	
A18	Phobia question 2 score	Y	The patient's current agoraphobia score	n1	0-8	To measure change in health and wellbeing	-	
A19	Phobia question 3 score	Y	The patient's current specific phobia score	n1	0-8	To measure change in health and wellbeing	-	

Care pathway data

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C1	Date referral received	Y	The date the referral request was received by the health care provider (IAPT service)	an10	dd-mm-yyyy	To analyse timescales in the provision of services	REFERRAL REQUEST RECEIVED DATE	Please follow this link for detailed notes
C2	Referral accepted?	Y	Indicates whether the referral was accepted by the IAPT service	n1	1 - Yes 2 - No 3 - Not stated	To analyse timescales in the provision of services		
C37	Source of referral	Y	The source of referral of a Mental Health Care Spell	n2	00 - General Medical Practitioner 01 - Self 02 - Local Authority Social Services 03 - A&E Department 04 - Employer 05 - Education Service 06 - Police 07 - Other clinical specialty 08 - Carer 09 - Courts 10 - Probation Service 13 - Other 14 - Job centre plus 15 - Voluntary sector organisation 16 - Community/practice nurse/health visitor	To monitor the source of referrals and service provision.	SOURCE OF REFERRAL FOR MENTAL HEALTH	

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C4	Primary diagnosis	Y	The main condition treated or investigated during the current episode of healthcare. The diagnosis should occur within the IAPT service	ann(naa)	F10 - Mental and behavioural disorders due to use of alcoholF31 - Bipolar affective disorderF32 - Depressive episodeF33 - Recurrent depressive disorderF41.1 - Generalized anxiety disorderF41.2 - Mixed anxiety and depressive disorderF40.0 - Agoraphobia (with or without history of panic disorder)F40.1 - Social phobiasF40.2 - Specific (isolated) phobiasF42 - Obsessive-compulsive disorderF43.1 - Post-traumatic stress disorderF45 - Somatoform disordersF50 - Eating disordersZ63.4 - Disappearance and death of family member F99 - Mental disorder, not otherwise specified	To analyse prevalence of disorders and ensure appropriate care	PRIMARY DIAGNOSIS	This list is taken from the World Health Organization's ICD10 'International Statistical Classification of Diseases and Related Health Problems'. If the appropriate condition is not listed, further codes may be used from the ICD10 list: http://www.who.int/classifications/apps/icd/icd10online/
C5	Date of initial assessment	Y	The date of the first assessment attended by the patient	an10	dd-mm-yyyy	To analyse timescales in the provision of services	APPOINTMENT DATE	This field may be derived from contact level data
C6	Date of first therapeutic session	Y	The date of the first appointment attended by the patient where an intervention is provided	an10	dd-mm-yyyy	To analyse timescales in the provision of services	APPOINTMENT DATE	This is the date on which the patient first received a therapeutic contact (intervention). This may be during the same appointment as initial assessment. This can also be considered the START DATE (MENTAL HEALTH CARE SPELL). This field may be derived from contact level data

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C7	Date of end of IAPT care pathway	Y	The date the patient is deemed by the care professional to have completed the current IAPT care pathway	an10	dd-mm-yyyy	To analyse timescales in the provision of services	END DATE (MENTAL HEALTH CARE SPELL)	-
C8	Reason for end of IAPT care pathway	Y	The reason for the termination of care spell as determined by the care professional	n1	1 - Completed treatment 2 - Deceased 3 - Declined treatment 4 - Dropped out of treatment (unscheduled discontinuation) 5 - Not suitable for service 9 - Unknown	To analyse timescales and identify completed/dropout rates	-	-
C9	PHQ9 first score	Y	The total score from the patients first PHQ9 during the current care spell	n2	00-27	To measure change in health and wellbeing	-	-
C10	PHQ9 last score	Y	The total score from the patient's last PHQ9 score during the current care spell	n2	00-27	To measure change in health and wellbeing	-	If only one PHQ9 score is recorded, this should count as the first score only and the last score should be left blank
C11	GAD7 first score	Y	The total score from the patients first GAD7 during the current care spell	n2	00-21	To measure change in health and wellbeing	-	-
C12	GAD7 last score	Y	The total score from the patient's last GAD7 score during the current care spell	n2	00-21	To measure change in health and wellbeing	-	If only one GAD7 score is recorded, this should count as the first score only and the last score should be left blank
C13	W&SAS first score	Y	The total score from the patients first W&SAS during the current care spell	n2	00-40	To measure change in health and wellbeing	-	-
C14	W&SAS last score	Y	The total score from the patient's last W&SAS score during the current care spell	n2	00-40	To measure change in health and wellbeing	-	If only one W&SAS score is recorded, this should count as the first score only and the last score should be left blank

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C15	Employment status first	Y	The employment status from the patient's first ESQ during the current care spell	n2	1 - Employed full-time 2 - Employed part-time 3 - Unemployed 4 - Full-time student 5 - Retired 6 - Full-time homemaker or carer	To measure change in employment status	-	-
C16	Employment status last	Y	The employment status from the patient's last ESQ during the current care spell	n2	1 - Employed full-time 2 - Employed part-time 3 - Unemployed 4 - Full-time student 5 - Retired 6 - Full-time homemaker or carer	To measure change in employment status	-	-
C17	Sick Pay status first	Y	The sick pay status from the patient's first ESQ during the current care spell	n1	1 - Yes 2 - No 3 - Not stated	To measure change in health and wellbeing	-	-
C18	Sick Pay status last	Y	The sick pay status from the patient's last ESQ during the current care spell	n1	1 - Yes 2 - No 3 - Not stated	To measure change in health and wellbeing	-	-
C19	Benefits status first	Y	The benefits status from the patient's first ESQ during the current care spell	n1	1 - Yes 2 - No 3 - Not stated	To measure change in health and wellbeing	-	-
C20	Benefits status last	Y	The benefits status from the patient's last ESQ during the current care spell	n1	1 - Yes 2 - No 3 - Not stated	To measure change in health and wellbeing	-	-
C21	Phobia question 1 first score	Y	Scale rating from the patient's first Phobia question 1 during the current care spell	n1	0-8	To measure change in health and wellbeing	-	-
C22	Phobia question 1 last score	Y	Scale rating from the patient's last Phobia question 1 during the current care spell	n1	0-8	To measure change in health and wellbeing	-	-
C23	Phobia question 2 first score	Y	Scale rating from the patient's first Phobia question 2 during the current care spell	n1	0-8	To measure change in health and wellbeing	-	-
C24	Phobia question 2 last score	Y	Scale rating from the patient's last Phobia question 2 during the current care spell	n1	0-8	To measure change in health and wellbeing	-	-
C25	Phobia question 3 first score	Y	Scale rating from the patient's first Phobia	n1	0-8	To measure change in health and wellbeing	-	-

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
			question 3 during the current care spell					
C26	Phobia question 3 last score	Y	Scale rating from the patient's last Phobia question 3 during the current care spell	n1	0-8	To measure change in health and wellbeing	-	-
C27	Use of psychotropic medication first	Y	Response to the first psychotropic medication question during the current care spell	n1	1 - Yes 2 - No 3 - Not stated	To identify patients needing medication support and to analyse relationship between medication, therapy and outcomes	-	-
C28	Use of psychotropic medication last	Y	Response to the last psychotropic medication question during the current care spell	n1	1 - Yes 2 - No 3 - Not stated	To identify patients needing medication support and to analyse relationship between medication, therapy and outcomes	-	-
Additional recommended items							-	
C29	Patient pathway identifier	N	An identifier, which together with the organisation code of the issuer, uniquely identifies a patient pathway	an20		To identify the route that the patient takes throught the mental health service	PATIENT PATHWAY IDENTIFIER	Please follow this link for detailed notes
C30	Date referral made	N	The date on which the referral was made, as recorded on the referral request.	an10	dd-mm-yyyy	To analyse timescales in the provision of services	-	-

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C31	Referred problem	N	The reason for the patient's referral to the service, as described by the referrer	n1	F10 - Mental and behavioural disorders due to use of alcohol F31 - Bipolar affective disorder F32 - Depressive episode F33 - Recurrent depressive disorder F41.1 - Generalized anxiety disorder F41.2 - Mixed anxiety and depressive disorder F40.0 - Agoraphobia (with or without history of panic disorder) F40.1 - Social phobias F40.2 - Specific (isolated) phobias F42 - Obsessive-compulsive disorder F43.1 - Post-traumatic stress disorder F45 - Somatoform disorders F50 - Eating disorders Z63.4 - Disappearance and death of family member F99 - Mental disorder, not otherwise specified	To analyse reasond for referral across referral sources	-	This list is taken from the World Health Organization's ICD10 'International Statistical Classification of Diseases and Related Health Problems'. If the appropriate condition is not listed, further codes may be used from the ICD10 list: http://www.who.int/classifications/apps/icd/icd10online/
C32	Presenting problem	N	The reason for the patient's referral to the service, as described by the patient	an - open box		To involve the patient in the diagnostic and treatment process	-	

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C33	Secondary diagnosis	N	Any secondary condition treated or investigated during the current episode of healthcare. The diagnosis should occur within the IAPT service	ann(naa)	F10 - Mental and behavioural disorders due to use of alcohol F31 - Bipolar affective disorder F32 - Depressive episode F33 - Recurrent depressive disorder F41.1 - Generalized anxiety disorder F41.2 - Mixed anxiety and depressive disorder F40.0 - Agoraphobia (with or without history of panic disorder) F40.1 - Social phobias F40.2 - Specific (isolated) phobias F42 - Obsessive-compulsive disorder F43.1 - Post-traumatic stress disorder F45 - Somatoform disorders F50 - Eating disorders Z63.4 - Disappearance and death of family member F99 - Mental disorder, not otherwise specified	To analyse prevalence of disorders and ensure appropriate care	PATIENT DIAGNOSIS	This list is taken from the World Health Organization's ICD10 'International Statistical Classification of Diseases and Related Health Problems'. If the appropriate condition is not listed, further codes may be used from the ICD10 list: http://www.who.int/classifications/apps/icd/icd10online/
C34	Date of onset of current episode	N	The date the current mental health problem (primary) was first experienced by the patient	an10	dd-mm-yyyy	To analyse timescales in the provision of services		
C35	Recurrence indicator.	N	Is this a recurrent diagnosis of a previously diagnosed mental health problem?	n1	1 - Yes 2 - No 3 - Not stated			
Repeating group for each psychotropic medication								

Data Item No	Data Item	Mandatory	Description	Format	Permissible values	Purpose	NHS Data Dictionary Title	Notes
C36	Psychotropic medication class	N	Identifies the class of psychotropic medication the patient is taking (at any point during the care spell)	n2	01 - No medication 02 - SSRI 03 - Tricyclic 04 - MAOI 05 - Other anti-depressant 06 - Beta blocker 07 - Anti-psychotic 08 - Hypnotic or anxiolytic 09 - Stimulant 10 - Other psychotropic medication 99 - Not stated	To identify patients needing medication support and to analyse relationship between medication, therapy and outcomes.	DRUG TREATMENT	Includes: any psychotropic medication prescribed to and taken by the patient at any time between initial assessment and end of care spell. Excludes: any non-psychotropic, any medication outside of these dates and any medication prescribed but not taken by the patient
C37	Name of drug	N	The name of the psychotropic medication described above	an (open box)			-	
C38	Dosage	N	The prescribed dosage of the psychotropic medication described above	an (open box)			-	
C39	Medication start date	N (if applicable)	The date that the patient started taking the psychotropic medication described above	an10	dd-mm-yyyy	To identify patients needing medication support and to analyse relationship between medication, therapy and outcomes.	-	
C40	Medication end date	N (if applicable)	The date that the patient stopped taking the psychotropic medication described above	an10	dd-mm-yyyy	To identify patients needing medication support and to analyse relationship between medication, therapy and outcomes.	-	
End of repeating group for each psychotropic medication							-	

Annex D Data Quality Metrics

A1 IAPT Data Quality at first therapeutic session

Description	Count (n) of specific IAPT Data Item (Within the reporting quarter)		IAPT Data Item Denominator (Within the reporting quarter)	Equation	Data Completeness (%) Within the reporting quarter
PHQ9 first score	nC9	*DIVIDED BY*	Count (n) of C6 (date of first intervention appointment	nC9/nC6	Percentage of assessed patients PHQ9 first score
GAD7 first score	nC11			nC11/nC6	Percentage of assessed patients with GAD7 first score
W&SAS first score	nC13			nC13/nC6	Percentage of assessed patients with W&SAS first score
Employment status first score	nC15			nC15/nC6	Percentage of assessed patients with Employment status first score
Sick Pay status first score	nC17			nC17/nC6	Percentage of assessed patients with Sick Pay status first score data
Benefits status first score	nC19			nC19/nC6	Percentage of assessed patients with Benefits status first score
Phobia question 1 first score	nC21			nC21/nC6	Percentage of assessed patients with Phobia question 1 first score
Phobia question 2 first score	nC23			nC23/nC6	Percentage of assessed patients with Phobia question 2 first score
Phobia question 3 first score	nC25			nC25/nC6	Percentage of assessed patients with Phobia question 3 first score
Use of psycho-tropic medication first score	nC27			nC9/nC6	Percentage of assessed patients with Use of psychotropic medication first score data

A2 IAPT Data Quality at end of care spell metrics (For patients with at least two treatment sessions

N.B. Please exclude people who had an initial assessment but did not enter treatment AND those receiving only one treatment session

Description	Count (n) of specific IAPT Data Item (Within the reporting quarter)		IAPT Data Item Denominator (Within the reporting quarter)	Equation	Output
PHQ9 last score	nC10	*DIVIDED BY*	Count of C7 date of end of care pathway	nC10/nc7	Percentage of treated patients with PHQ9 last score data
GAD7 last score	nC12			nC12/nc7	Percentage of treated patients with GAD7 last score data
W&SAS last score	nC14			nC14/nC7	Percentage of treated patients with W&SAS last score data
Employment status last	nC16			nC16/nc7	Percentage of treated patients with Employment status last score data
Sick Pay status last	nC18			nC18/nc7	Percentage of treated patients with Sick Pay status last score data
Benefits status last	nC20			nC20/nc7	Percentage of treated patients with Benefits status last score data
Phobia question 1 last score	nC22			nC22/nc7	Percentage of treated patients with Phobia question 1 last score data
Phobia question 2 last score	nC24			nC24/nc7	Percentage of treated patients with Phobia question 2 last score data
Phobia question 3 last score	nC26			nC26/nc7	Percentage of treated patients with Phobia question 3 last score data
Use of psycho-tropic medication last score	nC28			nC28/nc7	Percentage of treated patients with Use of psychotropic medication last score data

A3 Key Performance Indicators and IAPT Mandatory Data Items

Data Item			KPI
C1	Referral received	Date	Line 3A
C2 minus C5	Referral accepted (but not yet assessed)	Count of C2 value = 1 (yes) *minus* Count of C5 value = mm-dd-yyyy (date of initial assessment)	Line 3B
C6	Number of people who have entered psychological therapies	Count of C6 value = mm-dd-yyyy (date of first intervention appointment)	Line 4
C7	Number of people who have completed treatment	Count of C7 value = mm-dd-yyyy (date of end of care pathway) *minus* Count of C6 value = invalid or missing (date of first therapeutic session). N.B. this calculation excludes people who had an initial assessment but did not enter treatment.	Line 5
C10, C12 C9 , C11	Number of people moving to recovery	Count of patients who have completed treatment (KPI5) where: nC10 (last PHQ9 score <=9) AND nC12 (last GAD7 score <= 7) MINUS nC9 (first PHQ9 score <= 9 AND nC11 (first GAD7 score <= 7) N.B. this calculation excludes people who entered treatment but were not a clinical "case" at assessment.	Line 6
C18 , C20 C17 C19	Number of people moving off of benefits	Count of patients who have completed treatment (KPI5) where:nC18 (last sick pay status = 2) AND nC20 (last benefits status = 2 MINUS nC17 (first sick pay status = 2) OR C19 (first benefit status = 2. N.B. this calculation excludes people who entered treatment but were not receiving benefits at assessment.	Line 7

IAPT Data Quality Metrics
Reporting Form

Form to be submitted quarterly to IAPT@dh.gsi.gov.uk

Service Name :	
PCT :	
Quarter Reported :	
Name of Responsible Data Lead	
Email :	

	Number and proportion of patients with valid first score data within the reporting quarter Definition available in table A1		Number and proportion of patients with valid final score data within the reporting quarter Definition available in table A2	
	Count (n) of specific IAPT Data Item	%	Count (n) of specific IAPT Data Item	%
PHQ9				
GAD7				
W&SAS				
Employment status				
Sick Pay status				
Benefits status				
Phobia question 1				
Phobia question 2				
Phobia question 3				
Use of psycho-tropic medication				