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Improving Access to Psychological Therapies Data Set v1.5 Implementation Guidance

Document Management

Revision History

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1.0	13/09/2013	Amendments following internal review
1.1	18/10/2013	Amendments following ISB appraisal process
1.2	07/11/2013	Amendments following QA process
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Glossary of Acronyms and Terms

Abbreviation	What it stands for
BSP	Bureau Service Portal
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CSU	Commissioning Support Unit
DH	Department of Health
HSCIC	Health and Social Care Information Centre
HSCIC SSD	Health and Social Care Information Centre Systems and Service Delivery team
IAPT	Improving Access to Psychological Therapies
IDB	Intermediate Database
ISB	Information Standards Board
ISN	Information Standards Notice
KPI	Key Performance Indicator
MHBS	Mental Health Bureau Service
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
ODS	Organisation Data Service
PAS	Patient Administration System
ROCR	Review of Central Returns
TUG	Technical User Group
XML	Extensible Markup Language

Term	What it stands for
Data Item	A single component of a data set that holds one type of information and relates to a specific record. Each data item is unique to the data set.
Consultation Exercise	The objective of the consultation exercise is to circulate the proposed changes to various stakeholders. This exercise is carried out as part of the Health and Social Care Information Centre's quality assurance process to ensure any issues are identified and addressed prior to seeking formal approval from the NHS Information Standards Board (ISB).
Definitional Testing	<p>This objective of definitional testing is to outline the proposed changes and allow providers to identify any potential issues or barriers to capturing data in relation to the proposed changes.</p> <p>Definitional testing aims to ensure that any proposed data items or values defined within a new data set, or changes to an existing data set, can be captured and are clearly defined, unambiguous, accurate, realistic and fit for purpose.</p>

Information Standards Notice (ISN)	Information Standards Notices (ISNs) previously known as Data Set Change Notices (DSCNs) are issued by the Information Standards Board for Health and Social Care to give notice of changes to information requirements and information standards used by the NHS.
NHS Information Standards Board for Health and Social Care (ISB HaSC)	The Information Standards Board (ISB) approves information standards for the NHS and adult social care in England. ISB is one of the advisory boards reporting to the NHS National Programme for IT Board. It is independent in its function and draws its voting members from a broad cross section of stakeholder groups.

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2. Purpose

The following guidance is intended to support preparations for the implementation of the Improving Access to Psychological Therapies (IAPT) Data Set v1.5 which is mandated for collection from 1st July 2014.

This document is not exhaustive but aims to make users aware of guidance available, draw attention to essential steps and help services assess their state of readiness. Users should make use of this document when preparing a high level picture of how their organisation intends to tackle this implementation to meet the anticipated timescales.

2.1 Overview

The IAPT Information Standard is the specification of a patient-level data-extraction (output) standard intended for NHS funded IAPT service providers in England. This includes both NHS and Independent Sector providers.

The content of the data set is determined from consultation with a various stakeholder groups. Stakeholders include NHS England, service providers and commissioners. Changes arise from service providers identifying issues in the current requirement which do not align with current practice, such as the need for permissible value amendments. Commissioners raise issues around the availability of data which will allow them to undertake their duties. Data collection must remain fit for purpose, which may require inclusion of new data items, amendment of existing items or removal of no longer required items.

This Information Standard amendment has been approved by the ISB and has been assigned Release Number Amd 2/2013 and retaining standard number ISB 1520.

The ISN does not directly place any requirement on system suppliers to accommodate the IAPT data items within their systems. The contractual agreement between data providers and system suppliers will dictate whether system suppliers have to abide by the ISN and at what cost.

The formal Information Standard can be found at:

<http://www.isb.nhs.uk/documents/isb-1520>

Further information and supporting documents can be found on the HSCIC's [IAPT webpage](#)

2.2 Scope of the Document

This document provides guidance on how to implement changes resulting from the release of the IAPT v1.5 Information Standards Notice (ISN) and should be read in conjunction with the following documents:

- IAPT v1.5 Technical Output Specification
- IAPT v1.5 User Guidance
- IAPT v1.5 Technical Guidance
- IAPT v1.5 Standard Specification
- NHS Data Model and Dictionary ¹

The standard does not offer a specification for the standardisation of a patient care record. Service providers have the flexibility to adopt any local data collection process or system as long as the local

¹ [NHS Data Model and Dictionary website](#)

data collection frameworks can output and submit data, as per the data set specification, to the Bureau Service Portal (BSP).

The data set is not a patient care record but is instead based on clinical and operational information. Trusts should therefore look to re-use their clinical and operational systems to extract IAPT data..

2.3 Out of Scope of Implementation Guidance

The following areas are out of scope of this document:

- Detailed justification for the development of the Information Standard.
- ISB Development Methodology. Further information to this is available from <http://www.isb.nhs.uk/how>.
- Data submission framework (i.e. how data is submitted by data providers to the Bureau Service Portal). Further information about this is available from the *IAPT v1.5 Technical Guidance*.
- Restating information already accessible from the *IAPT v1.5 Technical Output Specification*.

2.4 Related standards

Reference	Title
ISB 0090	Organisation Data Service (ODS)
ISB 0149-02	NHS Number for Secondary Care
ISB 0149-01	NHS Number for General Practice
ISB 0129	Clinical Risk Management: its Application in the Manufacture of Health IT Systems
ISB 0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems

2.5 Related documents

A comprehensive set of documentation has been developed by the project team for the IAPT Data Set Information Standard.

This is designed to support data providers through the process of compiling a submission, making a submission, understanding errors and warnings produced by the Bureau Service Portal following submission, and an explanation of the data extracts returned following data processing. Please see the HSCIC's [IAPT webpage](#) for the latest version of these documents.

Document	Description of Use
<i>Data Model</i>	The data model provides a pictorial representation of the output data set. The data model clearly defines the referential integrity that will be enforced when the submission file is validated.
<i>Technical Output Specification</i>	<p>Defines the data items that make up the various groups within the output data set. Each data item is fully described and the expected format and valid values are also included.</p> <p>The specification defines the reports that will be returned to data providers by the BSP and lists all the error and warning messages that may be produced. The specification also defines diagnostic reporting that will be returned.</p> <p>Note: the data set specification does not describe how the data items should be submitted – this is covered in the Technical Guidance.</p>

<i>Implementation Guidance (this document)</i>	Guidance to support provider preparations for the implementation of the data set.
<i>Implementation Planning Template</i>	Presents a high level plan of how organisations and individuals should tackle the implementation.
<i>Readiness Assessment Tool</i>	A tool to enable your organisation to measure their data set implementation progress at any time.
<i>System Conformance Checklist</i>	Presents the Technical Output Specification in the form of a checklist, so that data providers can map how they can collect each data item from the systems at their disposal.
<i>User Guidance</i>	Provides additional information over and above the basic information provided in the Technical Output Specification.
<i>Technical Guidance</i>	Further explains the data submission process, the submission windows, and gives advice regarding populating the IDB.
<i>Provider Extract Specification</i>	Documents the definition of the extract file that data providers can expect to be able to download after post-deadline processing has been completed. This includes definition of all the derived data items that will be generated by the post-deadline processing.
<i>Commissioner Extract Specification</i>	Documents the definition of the extract file that commissioners can expect to be able to download after post-deadline processing has been completed. This includes definition of all the derived data items that will be generated by the post-deadline processing.
<i>FAQ</i>	This FAQ document is to help providers further understand the data set submission process by providing guidance for frequently asked questions.

3. Human Behavioural Guidance

The updated IAPT Information Standard will be used across the range of organisations that provide NHS funded IAPT services including:

- NHS Mental Health Trusts
- NHS Foundation Trusts
- NHS Acute Trusts¹
- NHS Care Trusts¹
- Independent sector providers¹

¹ *Where there is direct provision of IAPT services*

Adults aged 18 and above accessing NHS commissioned IAPT services for depression and anxiety in England are in scope of the collection.

The data set does not apply to those providing services to people under 18 years of age. The following section describes how the changes to the data set should be used by clinical and operational staff and providers, as well as IAPT system suppliers in order for them to implement the IAPT v1.5 changes. This section also explains where data, in relation to the data set, can be found in the care pathway.

Information captured for primary purposes will be extracted from existing Patient Administrative Systems (PAS) and clinical systems.

- Clinical and Administrative Staff: will be responsible for capturing information as part of the on-going care of the patient i.e. for primary use purposes and will be responsible for capturing information such as demographics and details of contacts/encounters.
- Suppliers of IAPT systems: will develop systems ensuring that data items can be captured electronically and output or derived to nationally agreed standards to allow extraction and/or derivation to produce the IAPT data set.
- IAPT Informatics Staff: will be responsible for the collation of information from a range of disparate systems into the IAPT Intermediate Database and the submission to the Bureau Service Portal (BSP). This will include ensuring completeness and data quality of the information within the data set.

3.1 Primary Users

The IAPT is not intended for primary data use, for the direct care of the patient. The IAPT is not a specification for the standardisation of a patient care record. Service Providers have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output and submit data, as per the data set specification, to the Bureau Service Portal (BSP).

The data set is not a patient care record but is based on clinical and operational information. Providers should therefore look to re-use their clinical and operational systems to extract IAPT data.

3.2 Secondary Users

The IAPT data set is intended for secondary use purposes rather than for the direct care of the patient.

Information generated by this NHS Information Standard will be used by the following organisations:

At a local level:

- Providers of IAPT services including Mental Health Trusts, Care Trusts and Independent Sector
- Commissioners including Clinical Commissioning Groups (CCGs) and Specialist Commissioners
- Strategic Health Authorities (SHAs)

The following groups of people are likely to analyse information captured through the amended IAPT data set:

- managers
- performance analysts
- finance staff
- commissioners
- IAPT professionals
- researchers

At a national level:

- NHS England
- Audit Commission
- Care Quality Commission (CQC)/Monitor
- Health and Social Care Information Centre
- Public Health Observatories (PHOs)
- The NHS Operating Framework
- Commercial companies. Current users include Dr Foster. Universities

The above will use the information generated using the standard to monitor the achievement and the delivery of NICE guidelines.

The information captured through the IAPT Data Set will support the following national activity:

- monitoring the implementation and effectiveness of national policy/legislation
- policy development
- performance analysis and benchmarking
- national analysis and statistics i.e. activity
- national audit of IAPT Services

The information captured through the IAPT Data Set may support the following local activity:

- commissioning
- organisational performance management
- service planning and improvement
- clinical audit

The IAPT Data Set will also aid continuous improvement of IAPT Services to meet local needs.

4. Organisation Guidance

Health and Care Organisations and System Suppliers should be aware of the requirements and conformance criteria specified for the standard. These are outlined in the Standard Specification document available on the ISB website at:

<http://www.isb.nhs.uk/library/standard/120>

4.1 Resources/Costs

Dependent on organisational processes, the resource implications for data providers required to collect the data will vary. However, the most cost effective approach is likely to be one where data is recorded once, at source and in an electronic system.

Data items initially captured on paper and subsequently transferred to an electronic system will produce duplication in effort and time and an increased likelihood of data quality issues.

The current scope of the project does not include financial support for paper-based sites to procure, install and provide adequate training to deploy electronic systems capable of delivering the standard requirements. This does not exclude smaller or independent organisations from being commissioned to supply NHS commissioned IAPT services; however where paper based systems are being used, organisations are encouraged to make provision to employ an interim solution and progress the procurement of an IT system as early as possible.

Organisations which already employ an IT system are expected to upgrade their current system(s) to meet this standard.

4.2 Information Governance

Guidance for data and information sharing at both operational and secondary uses levels exists nationally, for example:

[The NHS Confidentiality Code of Practice](#) (2003)

“This document is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients’ consent to the use of their health records.”²

Report of the Review of Patient Identifiable Information (1997) ([Caldicott Report](#))

[The Information Governance Review](#) (2013) (Caldicott 2):

“The guidance in this report is intended to help health and social care professionals and staff in sharing information appropriately in their day-to-day activities. There will however, always be exceptional and difficult circumstances where solutions are not obvious. In these situations, professionals and staff should seek advice from Caldicott Guardians or their professional bodies, and use their judgement to act in the best interests of their patients and clients.”³

4.2.1 Consent and Opt Out

The Health and Social Care Information Centre is exempt from Section 251 support when mandated to collect data and when acting as data controller. This is set out in Sections 254 and 255 of the Health and Social Care Act 2012.

² The NHS Confidentiality Code of Practice, Page 3

³ The Information Governance Review, Page 22

Explicit consent is not required; however, providers are encouraged to seek consent from patients for their information to be used to support secondary uses wherever possible and in line with local policy.

Due to data processing requirements when a patient explicitly withholds consent (and thus no patient identifiers (such as NHS Number) can be included) no data for patient can be included in the submission. This is because patient identifiers are central to the validation and processing system and their absence will lead to data set rejection. Queries should be raised with the local Caldicott Guardian in the first instance.

4.2.2 Compliance against statutory requirements

The specification and guidance for implementing this data set has been designed to support organisations in adhering to their statutory responsibilities relating to Information Governance, Data Protection Act 1998 and the Freedom of Information Act 2000. It is the responsibility of the providing organisation to ensure that these statutory responsibilities are adhered to.

4.2.3 Potential Safety/Confidentiality/Risk Considerations

The IAPT data set utilises information already collected in a variety of disparate provider systems and collated in a non-clinical setting for secondary uses purposes. There are consequently no known safety implications or potential adverse effects for patients in the application of these changes to this Information Standard.

Stakeholders including the NHS were encouraged to raise any potential safety risks or adverse incidents during Definitional Testing and Consultation exercises. To date no significant issues relating to safety or potential adverse incidents have been identified.

As with all secondary use data sets there is a small underlying risk that the capture of additional information may be time consuming thus potentially impacting upon patient care. To mitigate this risk every effort has been taken to ensure that these changes to IAPT are already routinely captured for primary use purposes.

Any concerns, potential safety risks identified or adverse incidents resulting from the implementation of these changes to IAPT should be reported immediately to the Health and Social Care Information Centre via the contact centre enquiries@hscic.gov.uk.

4.3 Data Quality

As an output data set, the IAPT does not pose any requirement for the modelling and design of local systems and, subsequently, local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by data providers within their local governance arrangements.

4.3.1 Corporate Data Quality Framework

Each organisation will have its own corporate framework for managing data quality in respect to data collection, submission and publication. Such a framework is likely to involve a number of components such as leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the IAPT, so that data quality relating to the data set is at the heart of the organisation's data quality framework.

4.3.2 Data Quality Risks

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks, which could be considered, are:

- Organisational - does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?
- Team - are all relevant staff aware of the purpose and importance of collecting data for the national data set? Are there sufficient resources available to continue data collection during staff absences?
- Individuals - do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data (especially where systems are upgraded)?

4.3.3 Organisational and Departmental Objectives

In any organisation, resources will be deployed towards organisational and departmental objectives. The organisation's performance management framework will identify the extent to which objectives are met, and, where necessary, revised.

Where data set is used to monitor progress towards objectives, there will be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation's performance management framework (and therefore set local objectives) to ensure data is collected in a reliable and timely manner.

The structure and internal processes of each data provider, as well as the departmental areas covering the IAPT, will vary and, to a certain extent, depend on the priority given to IT and informatics. Some organisations will have well developed processes and systems that, with minimum effort, will accommodate the data set. Other organisations, for who processes and systems are underdeveloped or in their infancy, may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance.

The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

4.3.4 Timeliness

The data should be entered in local systems and submitted in a timely manner, so that the data set can deliver meaningful, relevant and timely reports for stakeholders. By reviewing the data, in a timely manner, stakeholders may find it necessary to implement improvement actions so any delays in data submissions may have adverse impact on standards and outcomes.

4.3.5 Commercial Issues

The data set has been developed by Health and Social Care Information Centre (HSCIC) and the Improving Access to Psychological Therapies (IAPT) National Programme. There are consequently no known commercial licensing or Intellectual Property Rights issues relating to the use of this standard by IAPT providers.

4.3.6 Local Data Validation

The validations, referred to in this document, which are described in the *IAPT v1.5 Technical Output Specification* only relate to the structure and validity of the submitted data. At the BSP it will be impossible to identify whether data is accurate and complete. For this, local data quality measures must be implemented.

4.4 Documentation of Change

Where a new process for data capture is developed or changes are made to existing processes, documentation may assist in developing efficient processes. This can also provide continuity to the data collection process during periods of staff absences and personnel changes.

4.5 Contractual Issues for Staff

There should be no conflicts or issues with regards to staff contracts under Agenda for Change and the NHS Key Skills Framework.

4.6 Skill Mix Changes

With the implementation of the IAPT, there may be some implications on skill changes and training for clinicians, administration personnel, informatics personnel and IT services. These may be technical and/or soft skill changes.

Technical skills may include:

- Data input training.
- Using new technologies such as hand held devices.
- Using new applications.
- Uploading data from remote devices to provider network / system.

Soft skills may include:

Interpersonal and communication skills in asking sensitive questions on areas such as mental health and sexual orientation.

4.7 Training and User Guidance

The data set is an output based specification for data submission. Consequently, relevant NHS services will normally support the data set through an electronic system (whether this is a commercial or a bespoke system). To ensure systems are used in the correct manner, system suppliers and / or providers will need to provide guidance for staff on how to use the local system.

Clinicians: A local implementation strategy may require additional skills and training for clinicians in using new functions and modules within an existing or new IT system.

Administration Personnel: A local implementation strategy may require additional skills and training for administration personnel in using new functions and modules within an existing or new IT system. Additionally, administration personnel may be responsible for transcribing data to a new IT system.

Informatics and IT Support Services: From an IT or Information Management Service perspective, skills may be required in

- developing and maintaining a local data warehouse
- creating a submission file from a spectrum of local IT systems
- creating uni or bi-directional interfaces between electronic systems

In order for a data provider to create and submit data submission files to the Bureau Service Portal (BSP), the informatics department should be closely involved in the project at all stages.

The project team have developed a set of documents to help your organisation to plan the relevant activity for implementing the IAPT.

- *IAPT v1.5 Implementation Planning Template*
- *IAPT v1.5 Readiness Assessment Tool*
- *IAPT v1.5 Conformance Criteria*

The above documents are all available on the Health and Social Care Information Centre website.

5. Technical Guidance

5.1 Information Standards Notification Process

All approved new data standards, and changes to existing standards, are communicated to the providers and system suppliers through the publication of an Information Standards Notice (ISN). These are available on the NHS Information Standards Board (ISB) website:

<http://www.isb.nhs.uk/library/>

Details of the ISB approval of this standard can be accessed via the [ISB website](#).

The key aim of the ISN is to provide clear and unambiguous instruction to all stakeholders on the action required of them relating to the particular information standard and the associated timescales. The ISN will provide the stakeholders with sufficient detail to enable them to plan for and implement the information standard.

More information on the stages of information standard development is available from the following website:

<http://www.isb.nhs.uk/how/isdm>

The ISN does not directly place any requirement on system suppliers to accommodate the data set specification within their systems. The contractual agreement between provider and system suppliers will dictate whether system suppliers have to abide by the ISN, and at what cost.

5.2 Conformance Criteria

The roles of both users and suppliers in terms of business rules, the submission of data, technical architecture and the flow of information, are outlined separately within the IAPT v1.5 *Standard Specification* document.

5.3 Users

The majority of the information defined within IAPT will already be captured routinely by clinicians and administrative staff as part of their existing work practices for the on-going care of patients.

The *IAPT v1.5 Technical Output Specification* describes the data items included within the data set and fully defines the linkage and mandation of each item. It is the local clinicians and informatics staff responsibility to review this document to assess their conformance with the data item requirements outlined for this standard.

A step-by-step guide to submitting a Data Submission File is available from the *IAPT v1.5 Technical Guidance* document.

5.4 Suppliers

The *IAPT v1.5 Technical Output Specification* describes how systems should be configured locally to meet the requirements of the data set. It is the responsibility of system suppliers to:

- Update their systems in order to capture the data items and make available extracts for local use.
- Understand the data validation rules that will be applied at the BSP to all incoming Data Submission Files. Any validation rules not adhered to will result in a warning message or the entire Data Submission File being rejected.

These updates must be deployed to their users in accordance with the timetable detailed within the ISN Specification.

IT Systems Suppliers should also review the *IAPT v1.5 Technical Guidance* which describes the requirements and process for data submissions to the BSP.

5.5 How often will data be submitted?

Data is submitted on a monthly basis. Each month a primary submission of the current reporting month must be made. An optional refresh of the previous month can also be undertaken. No annual refresh is undertaken, monthly refreshes offer the means by which to update data already submitted.

Please see the HSCIC's [IAPT webpage](#) for details of the submission timetable.

5.6 Technical Guidance Documentation

An *IAPT v1.5 Technical Guidance* document has been made available by the project team which provides technical guidance for data providers in relation to their implementation of the amended IAPT data set, and provides additional assistance regarding file creation and submission to the central system.

It is expected to be of use to the informatics departments of NHS trusts and independent sector providers that are commissioned to provide a service to NHS patients and the local bureau services that may serve those organisations.

6. Technical Output Specification

This document has been developed alongside the *IAPT v1.5 Technical Output Specification*, *IAPT v1.5 User Guidance* and *IAPT v1.5 Technical Guidance* and makes no attempt to provide guidance on the data set structure, linkage and individual data items. Please refer to the Technical Output Specification for a detailed description of each IAPT table, data item and validation.

6.1 Step-by-Step Implementation Guide

Step	Description
Understand the background to the project, and the scope of the Information Standard	Review this <i>IAPT v1.5 Implementation Guidance</i> along with the <i>IAPT v1.5 Standard Specification</i> to fully understand the background, objectives and scope to this Information Standard.
Understand how the data is grouped within the data set	Review the <i>Data Model</i> and the <i>IAPT v1.5 Technical Output Specification</i> to understand at a higher level how the data items are grouped, and how those groups relate to each other.
Decide whether and how data items will be collected – Data Mapping.	<p>Look more closely at each individual data item in the <i>Technical Output Specification</i> and check whether local systems record the data in a way that means it can be submitted within the IAPT data set.</p> <p>The <i>IAPT v1.5 System Conformance Checklist</i> can be used to mark off each data item and record progress towards mapping each data item.</p> <p>The <i>IAPT v1.5 Technical Output Specification</i> provides further support regarding validations, warnings and counts.</p>
Ensure the organisation complies with Information Governance requirements.	<p>The <i>Implementation Guidance</i> explains the Information Governance (IG) issues surrounding the data set. Caldicott Guardians and the IAPT services lead(s) MUST:</p> <ul style="list-style-type: none"> Review the Information Governance Guidelines within the <i>IAPT v1.5 Implementation Guidance</i> to understand how data submission, storage and reporting processes handle identifiable and sensitive data items. Review management of the consent issues and put in place local processes.
Submission Process	Review the <i>IAPT v1.5 Technical Guidance</i> to fully understand the data submission process.
BSP Login	<p>Undertake the authorisation process to enable members of staff to be authorised to access the (BSP) to upload submission files.</p> <p>Instructions are available from the HSCIC website.</p>
Construct data submission file	<p>Use local processes and technologies to generate the IDB submission file.</p> <p>The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources. However due diligence should be applied to ensure that the process complies with Information Governance requirements and that security is not compromised.</p> <p>The <i>IAPT v1.5 Technical Guidance</i> provides further support on the submission process and the IDB which defines the exact structure and content of the submission file.</p>
Fully understand the validation reporting provided by the BSP	The <i>IAPT v1.5 Technical Output Specification</i> defines the reports that will be returned to data providers by the BSP and lists all the error and warning

	<p>messages that may be produced. The Technical Output Specification also defines diagnostic (data quality) reporting that will be returned.</p> <p>Review the Technical Output Specification to ensure a thorough understanding of the errors and warnings that may be produced and also how they can be fixed for later submissions.</p>
Fully understand the post-deadline extracts that will be available to data providers and commissioners	<p>The <i>Extract Specification</i> documents for providers and commissioners define the content of the extract files and also all the derived data items that will be generated by the post-deadline processing.</p> <p>Data providers and Commissioners will need to consider how they may use the extract files.</p>

Further detailed planning guidance can be found in the *IAPT v1.5 Implementation Planning Template*.

7. Maintenance

The IAPT Information Standard will be formally maintained by the Health and Social Care Information Centre in accordance with the Community and Mental Health team's maintenance procedures.

As this data set has been approved as a full operational standard, it is subject to ongoing maintenance such as to ensure it remains 'fit for purpose'. The data set maintenance ensures the information standard continues to reflect changes to priorities, policy, practice and/or underlying classifications.

The scope of the maintenance process covers:

- Management of change requests from users and stakeholders;
- Specification of changes to the data set in response to changes in policy, practice, coding and classifications;
- The process for authorisation and approval of changes to data set items, including obtaining ISB standard change approval
- Undertaking periodic reviews of the data set including data items, definitions and data values

7.1 Review of changes to Policy and/or Practice

Relevant policy, practice and classifications, including NHS Data Model and Dictionary and Information Standards Notices (ISNs), will be continually monitored by the HSCIC Community and Mental Health team. Where changes are identified, implications for the data set will be assessed and Data Set Change Requests may be generated.

7.2 Data Set Change Requests

Data Set Changes Requests can be submitted to the HSCIC by the sponsor, stakeholders and users.

A Data Set Change Request Template, used to describe any proposed changes to the IAPT data set, should be requested from (and submitted to) the HSCIC via enquiries@hscic.gov.uk (please include 'FAO IAPT' in the subject line).

Each change request should be supported by a valid business requirement i.e. what change is needed, justification (i.e. why is it needed) and also any associated timescales.

Any change requests will be considered and agreed by the sponsor prior to submission to the ISB for formal approval and the publication of an ISN. The ISN will inform the NHS and systems suppliers of the changes and timescales.

7.3 NHS Information Standards Board (ISB) and Review of Central Returns (ROCR)

Further approval of an NHS Information Standard Change submission by NHS Information Standards Board (ISB) and/or Review of Central Returns (ROCR) will be required prior to publication and implementation of any data set change.

7.4 Information Standards Notice (ISN)

Formerly known as the Data Set Change Notice (DSCN).

Any changes to this NHS Information Standard will be communicated to the relevant providers of services affected, and their associated system suppliers, via the publication of an ISN (formerly a DSCN). This will outline any new or changed requirements and associated timescales for implementation. An ISN will normally require system suppliers to make relevant changes to Trust systems within a period of six months (minor changes) or one year (major changes).

8. Risks/Issues

The implementation project currently holds a list of known risks and issues which are assured by ISB. In the event that a technical risk or issue needs to be raised by a supplier or service provider, this should be communicated to the HSCIC by writing to enquiries@hscic.gov.uk To help us redirect your questions to the most appropriate team and to speed up our response times, please include 'IAPT' in your subject line).

9. Implementation Support

9.1 Frequently Asked Questions (FAQs)

An FAQ document has been provided on the IAPT webpage containing answers to frequently asked questions around the data set and submission process. The document can be downloaded from the HSCIC's [IAPT webpage](#).

9.2 Support

For specific enquiries relating to the IAPT Information Standard including scope, data items, definitions and data values, future requirements and changes, submission deadlines, analysis and reporting of IAPT data please contact:

Health and Social Care Information Centre

Telephone: 0845 3006016

Email: enquiries@hscic.gov.uk (please include 'FAO IAPT' in subject line)

For enquiries relating to technical products including the IAPT IDB, or data submissions using the BSP (on Open Exeter) please contact:

[Open Exeter helpdesk:](#)

Telephone: 01392 251289

Email: exeter.helpdesk@hscic.gov.uk (please include 'FAO IAPT' in subject line)

Disclaimer

This document is intended to provide guidance for users in relation to the capture and submission of information for the Improving Access to Psychological Therapies (IAPT) data set. It is not intended to represent official policy or legislative guidance.

If you are concerned that any aspect of this guidance does not accurately reflect the intended purpose and/or official policy, legislative or practice guidance; please send details to the HSCIC at enquiries@hscic.gov.uk (including 'FAO IAPT' within the subject line).

9.3 Additional Sources of Information

NHS Data Model and Dictionary

Full details of changes to data items, including definitions and associated value lists are available on the NHS Data Model and Dictionary website:

www.datadictionary.nhs.uk

Information Standards Board (ISB)

Full details of the IAPT ISB submission and supporting documents formally approved by the NHS Information Standards Board (ISB), including customer need, purpose and risk, are available on the ISB website:

<http://www.isb.nhs.uk/library/standard/120>

IAPT policy and service developments

The IAPT programme website: <http://www.iapt.nhs.uk/iapt/>