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IAPT Dataset Payment by Results Pilot

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Purpose of this document

The purpose of this document is to outline the processes associated with the submission of data during the IAPT dataset payment by results pilot study

Version History

Version	Date	Brief Summary of Change	Owner's Name
0.1	18/05/2012	Initial Draft	Nick Bridges
0.2	21/05/2012	Clarification included for when an IDB contains data for multiple sites, not all of which are included in the pilot study.	Nick Bridges
0.3	29/05/2012	Requirement for pilot sites to submit primary and refresh submissions as separate submissions, not as combined submissions.	Nick Bridges

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Reference	

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1. Background

Providers participating in the IAPT dataset Payment by Results (PbR) pilot are required to submit a version of the IAPT Intermediate Database (IDB) which contains an additional fifth table in which PbR data is collected. This document describes the data submission process and associated issues.

This guide assumes that the principles of the dataset submission process are understood. Clarification can be gained from the IAPT Dataset submission guidance is available at www.ic.nhs.uk/iapt

2. Data flow

Payment by Results (PbR) pilot sites are required to submit an IAPT IDB (Intermediate Database) which will include one additional table (PBR) to capture the PbR data items. The IDB will be submitted as part of the normal submission process, as described in the IAPT User Guide. When submitting the IAPT IDB with PbR data, the Bureau Service Portal (BSP) user will see no differences to the normal IAPT submission upload and data processing system. Following a submission, no feedback will be given describing the PbR data submitted, but feedback on the non PbR data items will be given in the normal manner.

As with the usual data set process, the requirement is to make a submission which attains 'last good file' status prior to the submission window closing. Each submission made must contain a populated PBR table as each IDB submitted whilst the submission window is open overwrites the previous IDB. An example of a possible submission scenario is shown in the table below.

Submission number	PBR table populated?	PBR data available for reporting (subject to data quality)?
1. IDB attains last good file status	Yes	Yes
2. IDB attains last good file status, overwrites submission number 1	No	No
3. IDB attains last good file status, overwrites submission number 2	Yes	Yes
4. Successful NFS (Not For Submission) submission	Yes or No	No <i>NFS data is not used for reporting</i>

No feedback will be given to indicate that the PBR table is or is not populated; data providers must themselves manage the process and ensure this is the case.

All PbR data submitted will be processed as received; no validation will be undertaken to determine compliance with requirements. Providers must themselves ensure data is as required and meets the PbR specification. It's important that the data linkage items (data items 1 to 6 shown in section 7 of this document) are submitted as they are used to link to the PBR table to the main dataset during reporting. Failure to submit the linkage data items may result in data linkage not being possible, resulting in the corresponding data not being available/used for analysis or reporting.

Both primary and refresh submission should be made, both including PbR data. A successful submission without any data in the PbR table will still attain the last good file status. In this case, only the IAPT data from the Person, Disability, Referral and Appointment tables will be processed and available for analysis and reporting.

Providers will not receive any warning, failure or other notifications when PbR data is missing, corrupt or omitted from the submission.

3. Pre and Post Deadline Extracts

IAPT PbR data is not included in pre deadline or post deadline extracts made available to the providers or commissioners through the BSP Portal.

Inclusion of PbR data with the extracts will occur once the pilot has ended and future requirements are finalised.

4. Submitting the dataset

IAPT providers participating in the pilot are able to submit the dataset in one of two preferred ways. The choice made is subject to local configuration/decision:

1. Using a single organisation code (code of provider) and a single Bureau Service Portal (BSP) login it is possible to:
 - submit data for a single provider, or
 - submit data for multiple sites of the same provider – all submitted using the same organisation code (code of provider)
 - *If data for multiple sites is submitted in the same IDB it is important that only data which relates to the site(s) participating in the PbR pilot is included in the PbR table. Do not include data for sites not participating in the pilot in the PbR table.*
2. Using multiple organisation code (code of provider) and multiple BSP logins the data for different sites (of the same provider) the data for different sites can be submitted separately.

To ensure the allocation of PbR data to the correct reporting period **it is essential** that primary and refresh submissions are made separately, not as a single combined submission. Submissions should be made as follows:

- a primary submission which includes all relevant PbR data for the primary reporting period (in the PbR table)
- a refresh submission which includes all relevant PbR data for the refresh reporting period (in the PbR table)

5. IAPT IDB with PbR Table

A new version of the IAPT IDB with the additional PbR table has now been released. The new IDB (v 1.1.1) will be made available only to those sites participating in the Payment by Results pilot study. All other IAPT providers should use v1.1.0 of the intermediate database (until notified otherwise).

If you have not received the PbR IDB please contact enquiries@ic.nhs.uk with 'IAPT PbR IDB' in the subject line.

6. Data validation

No warning or failure messages will be issued in relation to the PbR data submitted. No validations will be undertaken on the PbR data – sites must comply with the PbR specification, failure to do so will not allow the required analysis to be undertaken.

7. Multiplicity

The PBR table allows for multiple occurrences of a single patient to be present. This differs to the mandated data set which does not allow for multiple instances of the same local patient ID or NHS number in the Person table.

This is required as a person could for instance complete the Patient Experience Questionnaire (PEQ) multiple times during a single monthly reporting period.

Any occurrences of multiple PEQ or Work and Social Adjustment Scale (WASAS) scores on a single day will not be able to be identified as appointment time is not collected within the PbR data. Providers must submit one instance (which it is suggested be the last outcome for the day) for each outcome measure per day, for any instances where same assessment occurs multiple times in a single day.

8. Timescales

The PbR pilot data collection period for pilot sites is April 2012 to December 2012, a period of 9 months. PbR data may be submitted at both primary and refresh submissions.

The data submission timetable will be as defined for the mandated data set, which is shown in the table below. The HSCIC IAPT web page shows the full submission timetable www.ic.nhs.uk/iapt.

9. The PBR table

The structure of the PBR table within the IDB is described below:

PbR data item	Access Name	MR O	Definition Note: definitions are subject to change. Access names are set.	Form at	Cod es	Value Descriptions
Data linkage Items						
1	LPTID	O	Local patient ID	an20		
2	DOB	O	Date of birth	dd/mm/yyyy		
3	POSTCODE	O	Postcode	an8		
4	NHSNO	O	NHS Number	n10		
5	SERVICEID	O	Service request ID	an20		
6	APPOINTMENT	O	Appointment date	dd/mm/yyyy		

PbR Data Items						
A. PEQ End of Assessment						
7	PBR1	O	PEQ EOA - Did staff listen to you and treat your concerns seriously?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
8	PBR2	O	PEQ EOA - Do you feel that the service has helped you to better	an25	4 3 2	At all times Most of the time Sometimes

			understand your difficulties and start getting the help you need?		1 0	Rarely Never
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A. PEQ End of Assessment - Continued						
9	PBR3	O	PEQ EOA - Were the appointment arrangements made in a way that is convenient for you?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
10	PBR4	O	PEQ EOA - Were you satisfied with the time you waited for your first contact and this first appointment?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
11	PBR5	O	PEQ EOA - On reflection, do you feel that you will now get the care that matters to you?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
12	PBR6	O	PEQ EOA - Where you given information about options for choosing a treatment that is appropriate for your problems?	an25	1 2	Yes No
13	PBR7	O	PEQ EOA – Do you have a preference for any of the treatments among the options available?	an25	1 2	Yes No
14	PBR8	O	PEQ EOA - Have you been offered your preference?	an25	1 2 3	Yes No N/A

b. PEQ Mid to End of Treatment						
15	PBR9	O	PEQ MET - Did staff listen to you and treat your concerns seriously	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
16	PBR10	O	PEQ MET - Do you feel that the service has helped you to better understand and address your difficulties?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
17	PBR11	O	PEQ MET - Did you feel involved in making choices about your treatment and care?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
18	PBR12	O	PEQ MET - On reflection, did you get the help that mattered to you?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
19	PBR13	O	PEQ MET - Did you have confidence in your therapist and his / her skills and techniques?	an25	4 3 2 1 0	At all times Most of the time Sometimes Rarely Never
20	PBR14	O	PEQ MET - Where you given information about options for choosing a treatment appropriate for your problems?	an25	1 2	Yes No

b. PEQ Mid to End of Treatment - Continued						
21	PBR15	O	PEQ MET - Did you have a preference of treatment among the options presented to you?	an25	1 2	Yes No
22	PBR16	O	PEQ MET - Were you offered your preference?	an25	1 2 3	Yes No N/A

C. Work and Social Adjustment Scale						
23	PBR17	O	WASAS - Work	an25	0 1 2 3 4 5 6 7 8 9	Not at all Between Not at all and Slightly Slightly Between Slightly and Definitely Definitely Between Definitely and Markedly Markedly Between Markedly and Very Severely Very Severely, I cannot work N/A
24	PBR18	O	WASAS - Home management	an25	0 1 2 3 4 5 6 7 8	Not at all Between Not at all and Slightly Slightly Between Slightly and Definitely Definitely Between Definitely and Markedly Markedly Between Markedly and Very Severely Very Severely
25	PBR19	O	WASAS - Social leisure activities	an25	0 1 2 3 4 5 6 7 8	Not at all Between Not at all and Slightly Slightly Between Slightly and Definitely Definitely Between Definitely and Markedly Markedly Between Markedly and Very Severely Very Severely
26	PBR20	O	WASAS - Private leisure activities	an25	0 1 2 3 4 5 6 7 8	Not at all Between Not at all and Slightly Slightly Between Slightly and Definitely Definitely Between Definitely and Markedly Markedly Between Markedly and Very Severely Very Severely
27	PBR21	O	WASAS - Family and relationships	an25	0 1 2 3 4 5 6 7 8	Not at all Between Not at all and Slightly Slightly Between Slightly and Definitely Definitely Between Definitely and Markedly Markedly Between Markedly and Very Severely Very Severely

D. Long Term Conditions						
28	PBR22	O	LTC - Coronary Heart Disease (CHD)	an25	1 2	Yes No
29	PBR23	O	LTC - Chronic Obstructive Pulmonary Disease (COPD)	an25	1 2	Yes No

D. Long Term Conditions - Continued						
30	PBR24	O	LTC - Non Insulin Dependent Diabetes Mellitus (NIDDM)	an25	1 2	Yes No
31	PBR25	O	LTC -Insulin Dependent Diabetes Mellitus (IDDM)	an25	1 2	Yes No
32	PBR26	O	LTC - Chronic Muscular Skeletal	an25	1 2	Yes No
33	PBR27	O	LTC - Other	an25	1 2	Yes No

E. To be confirmed						
34	PBR28	O	<i>To be confirmed</i>	an25		<i>To be confirmed</i>
35	PBR29	O	<i>To be confirmed</i>	an25		<i>To be confirmed</i>
36	PBR30	O	<i>To be confirmed</i>	an255		<i>To be confirmed</i>