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Improving Access to Psychological Therapies Data Set

Guidance on Changes in Care Provider, Provider ODS Code or System Supplier

Document Management

Revision History

Version	Date	Summary of Changes
0.1	24/06/2016	First Draft, for internal review
0.2	01/03/2016	Incorporated review comments: minor changes to wording and addition of links
0.3	01/03/2016	Incorporated review comments. Re-ordered sections. Additional background. Some re-wording.
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1.0	04/03/2016	Version for publication.

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
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This document must be approved by the following people:

Name	Title	Date	Version
Netta Hollings	Lead Information Manager	11/03/16	1.0

Contents

1. Introduction

1.1 Purpose of the document

This document describes changes in organisation code or system supplier and the effects of making changes to key attributes of the IAPT dataset submission during these changes.

We also cover how best this can be controlled to minimise impact on continuity of data flow and subsequent analysis.

1.2 Intended audience

This document is intended for IAPT Data Providers, Commissioners, and System Suppliers.

2. Key Concepts and Terms used

- **ODS** – Organisational Data Services – the section of the HSCIC which holds the definitive reference data on health and social care organisations. All IAPT services must have an ODS code

- **IAPT Data Provider** – the organisation which submits the IAPT dataset via the Open Exeter Portal using their **ODS** Code

- **System Supplier** – the organisation providing the system which the **IAPT Data Provider** is using to capture information about patients and their care

- **Transfer of caseload** – moving patient(s) from one organisation to a different organisation part-way through the care pathway for the patient

- **Change of ODS code** – the same organisation having a new ODS code

- **IAPT_PERSON_ID** – the output of the pseudonymisation routine at HSCIC

- **IC_PATHWAY_ID** – a derivation made by the HSCIC based on submitted data items (SERVICEID and pseudo ID from person demographics). This is the key field used to join outcomes information across reporting periods in calculations such as recovery and reliable improvement, as well as calculating waiting times and patients entering treatment

3. Key Submitted Data Items

- **SERVICE REQUEST IDENTIFIER** (SERVICEID)– The unique identifier for a SERVICE REQUEST. Defines a single period of care for an individual. Usually with one organisation.

- **NHS NUMBER** – Key person demographic field for the person pseudonymisation routine

- **LOCAL PATIENT IDENTIFIER** – Key person demographic – in the absence of NHS NUMBER, becomes a key field for the person pseudonymisation routine

- **PERSON BIRTH DATE** – Key person demographic – in the absence of NHS NUMBER, becomes a key field for the person pseudonymisation routine
- **POSTCODE OF USUAL ADDRESS** – Key person demographic – in the absence of NHS NUMBER, becomes a key field for the person pseudonymisation routine

4. Background

Where a patient's IAPT pathway covers more than one reporting month, the pathway identifier, IC_PATHWAY_ID, is used to connect elements of reported IAPT activity (principally, appointments) from one period to the next. This is crucial in order to accurately report patients entering treatment, waiting times and outcomes.

Where the provider and/or system supplier is changed this has the potential to 'break' the pathway ID due to changes in the SERVICEID and/or patient demographics. This in turn can have an effect on reported activity and outcomes information.

While it is not usual for an organisation to change ODS code, this is sometimes necessary. Recently, for example, ODS made changes to IAPT codes beginning with "8" to move them to the "A"-style codes to support MyNHS reporting. Also, organisations sometimes want to change to (or from) reporting at site level (5-digit codes).

The construction of the IC_PATHWAY_ID in IAPT Dataset version 1.5 changed slightly to try and reduce the impact of this issue when it does occur.

These changes are described in detail in the Methodological Change paper, published at: http://www.hscic.gov.uk/media/15415/Methodological-change-2014-Improving-Access-to-Psychological-Therapies-IAPT-Reports/pdf/MethChange20141028_IAPT.pdf

From July 2014 final data onwards, the IC_PATHWAY_ID is assigned to unique combinations of IAPT_PERSON_ID and SERVICEID only, *no matter what the organisation code is*. This means that if a Referral has both the same person ID and the same service ID (locally unique referral ID), but occurs in multiple organisations it will still be joined.

This means that where organisations change their organisation code the pathway can be maintained. When this occurs, all activity, including outcomes, will be reported under the organisation with the most recent submission (see calculation of IC_USE_PATHWAY_FLAG in the Metadata file [http://www.hscic.gov.uk/media/16922/IAPT-Month-Metadata/xls/IAPT-month-metadata.xlsx] for more details if there are two organisations with the same REFRECDATE).

5. Effects of data item changes on pathways and key published measures

This describes the effect on key measures in the event of a system change or an Organisation Code of Provider change. 3 scenarios are considered, based on the data it is possible to submit.

5.1. Summary

	Description	Effect on access	Effect on recovery	Effect on waiting times
1	No changes to the referral identifiers (SERVICEIDs) or Person Demographics	None	None	None
2	End a person's referral and start a new referral (new SERVICEID) in the same or a new organisation	Sharp increase on month of migration	Affected for several months in all providers until all impacted pathways have ended	Affected for several months in all providers until all impacted pathways have ended
3	Do not end a person's referral, but start a new referral (new SERVICEID) in same or a new organisation	Sharp increase on month of migration	Affected for several months in all providers until all impacted pathways have ended	Affected for several months in all providers until all impacted pathways have ended

5.2. Detail

1) **Make no changes to the referral identifiers (SERVICEIDs) or Person Demographics.**

Effect on data: IC_PATHWAY_ID is preserved irrespective of organisation code. Appointments from both provider codes are taken into account and attributed to the record for the new provider.

Effect on reported performance: Any pathways already published as Entering Treatment for the old provider will correctly not enter treatment again for the new provider. When the new provider ends the pathway, any recovery (or non-recovery) will not be published against the old provider as they have not submitted ENDDATES. The new provider code will have the published recovery figures.
Access, recovery and waiting times figures will be reported accurately and should not be affected by the migration.

2) End the migrated referrals and start new referrals (new SERVICEIDs) in the same or a new organisation

Effect on data: Two IC_PATHWAY_IDs will exist for each of the migrated patients. Patients will have entered treatment in the old organisation and, because the ENDDATE is submitted, be assessed for recovery in that old organisation code based only on the scores taken in that organisation. People will then enter treatment again in the new organisation and continue until the referral ends normally, with recovery calculated again for those scores taken only in the new organisation.

Waiting times for the new provider will be calculated using the appointments from the second pathway only. If REFRECDATEs are migrated from the old provider, the waiting time for the new provider may be higher than expected.

Effect on reported performance: Patients on pathways which are open at the point of migration will be counted as entering treatment twice, affecting the reported access rate. Patients' pathway activity (appointments) will be divided, one part under each SERVICEID; this will affect recovery rates for several months after migration.

3) Do not end a person's referral, but start a new referral (new service ID) in the new organisation

Effect on data: Two IC_PATHWAY_IDs will exist for each of the patients. Patients will enter treatment in the old organisation but never show recovery in that organisation code. People will then enter treatment again in the new organisation and continue until the referral ends normally. Initial scores taken in the old organisation will not be counted when calculating recovery.

Waiting times for the new provider will be calculated using the appointments from the second pathway only. If REFRECDATEs are migrated from the old provider, the waiting time for the new provider may be higher than expected.

Effect on reported performance: Patients on open pathways will be counted as entering treatment twice, affecting the reported access rate. Patients' pathway activity (appointments) will be divided, one part under each SERVICEID; this will affect recovery rates for several months after migration.

6. Example Provider Cases

6.1. Case 1: A change of ODS Code only

A Provider, AAA, changes only their ODS Code. There is no transfer of caseload. There is no change of System Supplier.

The old code will stop being in use on the 31st March 2015. The new code, BBB11, will be used from 1st April 2015 onwards.

It is vital that the organisation does not submit Primary data with one code and Refresh with another. This will cause duplication of data and inflate national and commissioner-level reporting.

Check that the Organisation code does not form part of the SERVICEID in any extracts from the system. Changes to SERVICEID will change the IC_PATHWAY_ID and will have the effect of breaking the care pathway.

The provider has registered the new code with ODS.

The provider has registered a new Caldicott Guardian for this new code with HSCIC.

The provider has registered all their users with the portal for the new code.

The provider has informed the Community and Mental Health team at the HSCIC (by emailing enquiries@hscic.gov.uk quoting "IAPT Data Management and Quality") that there is to be a change of code.

Submission is now made.

March Primary data is submitted in April using the login for AAA

March Refresh data is submitted in May using the login for AAA

April Primary date is submitted in May using the login for BBB11

April Refresh data is submitted in June (and future months) using the login for BBB11

Any changes in person demographics can also break the pathways. The usual care should be taken to include the patients' NHS NUMBER.

6.2. Case 2: A change of System Supplier only

A Provider, CCC, is changing their System Supplier. Their ODS code remains the same. There is no transfer of caseload.

The system change is planned for the 1st January 2015

All the SERVICEIDs from the current system are mapped into the new system. All demographic information (including Local Patient Identifier) is mapped into the new system.

The system goes live on the 1st January 2015.

The January Primary data is submitted in February. The DQ notice looks normal.

There will be no effect on the IAPT data set submission or calculated measures.

If SERVICEID or person demographics change, then the IC_PATHWAY_ID will change and will have the effect of breaking the care pathway.

Changes to the Local Patient Identifier can be possible if the NHS NUMBER is present. Great care should be taken with changing this key linkage field.

System suppliers could consider unique seeds for SERVICEID, so that merging of systems across multiple providers is possible without having two people on the same SERVICEID.

6.3. Case 3: A transfer of caseload from one Provider to another

A Provider, DDD, is transferring 1,000 of their 2,000 patients to another Provider, EEE22, due to a change of contract.

The transfer is due to take effect on the 1st of September 2015.

One of the providers contacts HSCIC to inform that this change will take place and give the timescales (by emailing enquiries@hscic.gov.uk quoting "IAPT Data Management and Quality").

DDD gives details of the exact SERVICEID submitted for each patient to the new provider and EEE22 intends to use these same IDs to submit the continuation of the pathway.

DDD does not submit ENDDATEs for the patients in August data submission(s). The patients are correctly not present in the DDD September submission(s).

Submitting ENDDATES would cause the calculation of Recovery information for these pathways.

EEE22 does not submit any information on the new patients in August. EEE22 submits in September using the same SERVICEIDs given by DDD.

If one organisation submits Primary data with their code, it is vital that the other organisation does not submit the Refresh with another code. This will cause duplication of data and inflate national and commissioner-level reporting.

Because the SERVICEID has not changed, IC_PATHWAY_ID will be maintained where NHS NUMBER is present and accurate or where all other demographics are consistent across the providers.

DDD sees a drop in pathway continuity in their September DQ notice, as it will look as if they have lost 1,000 pathways. However, since HSCIC have been contacted in advance, there is a note in the DQ publication describing what has happened.

6.4. Compound scenarios

e.g. Two Providers merging services and both changing to a new System Supplier.

These can be partially inferred from the cases above, but we recommend contacting us for further guidance in this situation or if unsure in any way.

7. Further Guidance

If further information is needed to support planning or decision making whilst making these changes, please do not hesitate to contact us.

Please do this by emailing enquiries@hscic.gov.uk and quoting "IAPT Data Management and Quality"