![HSCIC Health & Social Care Information Centre]

Announcement of methodological change

Improving Access to Psychological Therapies (IAPT) monthly reports

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www.hscic.gov.uk

enquiries@hscic.gov.uk

@hscic

Author:	**Community and Mental Health team, Health and Social Care Information Centre**
Responsible statistician:	**Stephanie Gebert, Analytical Section Head**
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Introduction

This paper announces and describes changes to our routine IAPT reporting. From the July 2016 publication (April 2016 Final, May 2016 Provisional + Quarter 4 2015/16), IAPT publications will contain the following additional measures within the 'IAPT Monthly Activity Data File' CSV:

- Recovery rate: The number of referrals having moved to recovery, as a proportion of all referrals finishing a course of treatment in the month having started at caseness.

- Reliable improvement rate: The number of referrals having reliably improved, as a proportion of all referrals finishing a course of treatment in the month.

- Reliable recovery rate: The number of referrals having reliably recovered (both recovery and reliably improved), as a proportion of all referrals finishing a course of treatment in the month having started at caseness.

- Number of referrals entering treatment within 6 weeks of referral, as a proportion of all referrals finishing a course of treatment in the month.

- Number of referrals entering treatment within 18 weeks of referral, as a proportion of all referrals finishing a course of treatment in the month.

In addition to these new measures, the HSCIC will also replace the current 'Quarterly Formatted Data File' with an improved product in order to better meet users' needs.

Background

The IAPT programme is designed to provide services for those experiencing anxiety and depressive disorders and the purpose of the IAPT dataset is to support reporting on the treatment of these individuals. IAPT publications are based on this dataset and have been released on a monthly basis since April 2015, providing information about activity, waiting times and outcomes for NHS-funded IAPT services for adults in England.

The HSCIC have been collating user feedback about these publications, and in May 2016, users were also consulted about their opinions of the published products. Many users responded that key measures[1] of outcomes and waiting times were difficult to find in monthly publications, and that the suppression rules required for published data meant that manual calculation of rates based on these measures were based on rounded data, resulting in potentially imprecise rates. As a result of this feedback, the HSCIC will make available rates, expressed as percentages, based on unrounded numbers for the key measures described above. Where a rate is based on a suppressed numerator or denominator, the rate will also be suppressed in order to protect patient confidentiality.

The user consultation also identified a user demand for a replacement to the 'Quarterly Formatted Data File', which is intended as a more user-friendly view of the 'Quarterly Activity Data File' CSV. The consultation identified that this is the least used of the published products. 74% of respondents also said that they would find a replacement spread sheet containing interactive tables and graphs beneficial. As a result of this feedback, the HSCIC will now replace the existing file with an improved product in order to better meet users' needs.

Monthly IAPT publications are available from http://www.hscic.gov.uk/iaptreports.

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[1] See *The Mandate: A mandate form the Government to NHS England: April 2015 to March 2016*, p 16-17, available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386221/NHS_England_Mandate.pdf

New monthly measures

These additional measures will be described fully in the 'IAPT Metadata Document', which will be updated on 26th July 2016 and is available from http://www.hscic.gov.uk/iaptmonthly.

Recovery rate

The number of referrals having moved to recovery, as a proportion of all referrals finishing a course of treatment[2] in the month having started at caseness[3]. This will appear in the 'Monthly Activity Data File' CSV as 'RecoveryRate'.

Numerator

Number of referrals that finished a course of treatment in the month having started at caseness, and were not at caseness at the end of their treatment (moved to recovery[4]). This is published in the 'Monthly Activity Data File' CSV as the column 'Recovery'.

Denominator

Number of referrals that finished a course of treatment in the month having started at caseness. This can be calculated in the 'Monthly Activity Data File' CSV by subtracting the 'NotCaseness' column from the 'FinishedCourseTreatment' column.

Reliable improvement rate

The number of referrals having reliably improved, as a proportion of all referrals finishing a course of treatment in the month. This will appear in the 'Monthly Activity Data File' CSV as 'ImprovementRate'.

Numerator

Number of referrals that finished a course of treatment in the month and have reliably improved[5] at the end of their treatment. This is published in the 'Monthly Activity Data File' CSV as 'Improvement'.

Denominator

Number of referrals that finished a course of treatment in the month. This is published in the 'Monthly Activity Data File' CSV as 'FinishedCourseTreatment'.

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[2] Patients are classified as having finished a course of treatment if they have had at least two treatment appointments and their referral has been closed (as indicated by a valid end date). Follow-up appointments do not count. All patients who have finished treatment are eligible for assessment of outcome (recovery, reliable improvement, no reliable change, and reliable deterioration).

[3] 'Caseness' is the term used when a referral is assessed as being a clinical case. This is determined by the scores recorded on the anxiety (ADSM/GAD7) and depression (PHQ9) measures. If a patient scores above the clinical/non-clinical cut-off on anxiety, depression or both, the referral is classified as a clinical case. The thresholds for each measure are given in the 'Glossary' tab of the 'IAPT Metadata Document', available from http://www.hscic.gov.uk/iaptmonthly.

[4] Recovery is measured in terms of the anxiety and depression scores. To be considered as recovered, a patient needs to score below the clinical threshold on BOTH at the end of treatment, to ensure that recovery is measured by looking at the welfare of the individual rather than one specific symptom.

[5] Patients are classed as having shown reliable improvement if they show a reliable decrease in anxiety or depression score between the first and last measurement, and the other clinical state (depression or anxiety) either also reliably decreases or shows no reliable change. A change of scores between the beginning and end of a course of treatment is considered a reliable change if it exceeds the measurement error of the questionnaire. The thresholds for each measure are given the 'Glossary' tab of the 'IAPT Metadata Document', available from http://www.hscic.gov.uk/iaptmonthly.

Reliable recovery rate

The number of referrals having reliably recovered (both recovery and reliably improved), as a proportion of all referrals finishing a course of treatment in the month having started at caseness. This will appear in the 'Monthly Activity Data File' CSV as 'ReliableRecoveryRate'.

Numerator

Number of referrals that finished a course of treatment in the month having started at caseness, were not at caseness at the end of their treatment (moved to recovery) and also reliably improved. This is published in the 'Monthly Activity Data File' CSV as 'ReliableRecovery'.

Denominator

Number of referrals that finished a course of treatment in the month having started at caseness. This can be calculated in the 'Monthly Activity Data File' CSV by subtracting the 'NotCaseness' column from the 'FinishedCourseTreatment' column.

Number of referrals entering treatment within 6 weeks of referral, as a proportion of all referrals finishing a course of treatment in the month

This will appear in the 'Monthly Activity Data File' CSV as 'FirstTreatment6WeeksFinishedCourseRate'.

Numerator

Number of referrals that finished a course of treatment in the month having waited 42 days or less from their referral date to their first attended treatment appointment. This is published in the 'Monthly Activity Data File' CSV as 'FirstTreatment6WeeksFinishedCourse'.

Denominator

Number of referrals that finished a course of treatment in the month. This is published in the 'Monthly Activity Data File' CSV as 'FinishedCourseTreatment'.

Number of referrals entering treatment within 18 weeks of referral, as a proportion of all referrals finishing a course of treatment in the month

This will appear in the 'Monthly Activity Data File' CSV as 'FirstTreatment18WeeksFinishedCourseRate'.

Numerator

Number of referrals that finished a course of treatment in the month having waited 126 days or less from their referral date to their first attended treatment appointment. This is published in the 'Monthly Activity Data File' CSV as 'FirstTreatment18WeeksFinishedCourse'.

Denominator

Number of referrals that finished a course of treatment in the month. This is published in the 'Monthly Activity Data File' CSV as 'FinishedCourseTreatment'.

Quarterly Formatted Data File replacement

In addition to the new measures described above, the HSCIC will also replace the current 'Quarterly Formatted Data File' Excel spread sheet with an improved product that will better meet users' needs. As with the 'Quarterly Formatted Data File', the new product will be published once every three months as a supplementary quarterly analysis product, and will be wholly based on the data published in the accompanying 'Quarterly Activity Data File' CSV. Its purpose is as a more user-friendly view of this data. The new product will be called 'Quarterly Interactive Data Tool', and will be in an Excel spread sheet format. The spread sheet will consist of the following tabs:

Data table

This table enables users to choose an analysis variable (for example, age group), a CCG, and a Provider. The table will then display the quarterly IAPT statistics, including calculations of recovery, reliable improvement, and reliable recovery.

For more information about the measures published here, see the 'IAPT Metadata Document', available from http://www.hscic.gov.uk/iaptmonthly.

Comparison chart

This chart enables users to compare two organisations side by side. Select a statistic, analysis variable, and two organisations from the drop-down boxes, and the chart will automatically update.

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk