IAPT Key Performance Indicator (KPI) Technical Guidance for Adult IAPT Services 2012/13

Version 1.0

May 2012
Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Main changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>April 2012</td>
<td>First edition; replacing ‘IAPT Key Performance Indicator (KPI) Technical Guidance for 2011/12’</td>
</tr>
</tbody>
</table>

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Introduction

1. The vision for the IAPT programme over the next spending review cycle (April 2011 – March 2015) was set out in ‘Talking Therapies: A four-year plan of action’. IAPT KPI’s will support measurement of the following objectives:

   • 3.2 million people will access IAPT, receiving brief advice or a course of therapy for depression or anxiety disorders;
   • 2.6 million patients will complete a course of treatment;
   • up to 1.3 million (50% of those treated) will move to measurable recovery;

2. During 2012/13, IAPT KPIs will also be used to support the NHS Operating Framework. Two IAPT indicators are included in the NHS Operating Framework to measure quarter on quarter improvement in:

   I. The proportion of people entering treatment against the level of need in the general population (the level of prevalence addressed or ‘captured’ by referral routes), and
   II. The proportion of people who complete treatment who are moving to recovery

3. The level of need in the general adult population is known as the rate of prevalence, defined by the Psychiatric Morbidity Survey. For common mental health conditions treated in IAPT services, it is expected that a minimum of 15% of those in need would willingly enter treatment if available.

4. PCTs have submitted plans for 2012/13 and the IAPT central programme team will be working with the DH Performance and Delivery team (DH PDT) to monitor PCT performance against agreed trajectories.

5. For the year ahead aggregated figures will be collated from PCTs to calculate the proportion of targeted prevalence met, on a quarter by quarter basis. KPI data will continue to be collected via the Information Centre (Omnibus system). Table 1 shows the planned rate of improvement for access against prevalence, based on plans submitted by PCTs. IAPT services are expected to achieve these trajectories. Completion and recovery rates will also be calculated against national programme KPIs, as in previous years, with some minor amendments to formulae (see below).

6. It is important to note that local reports on individual patients and a range of service level reports remain of primary importance to managing patient care. Please refer to the IAPT Data Handbook for a full explanation of the use of data in IAPT services. The Data Handbook is available from http://www.iapt.nhs.uk/services/measuring-outcomes.

7. It is acknowledged that there could be challenges for data collection and performance management in 2012/13 with changes to personnel and
organisation structures brought about in response to the Health and Social care Act.

Operating Framework Indicators

8. Two headline indicators for IAPT are included in the NHS Operating Framework for 2012/13. The data returned from services for the national KPI’s will be used to support the indicators in the Operating Framework so no additional burden in data collection arises.

9. First headline indicator (PHQ13_05) – Access Rate; number of people entering treatment (KPI 4) over the level of need, i.e. the number of people with depression and anxiety disorders in the population (KPI1), expressed;
   a. As a number (the number of referrals entering treatment)
   b. As a percentage of total prevalence

<table>
<thead>
<tr>
<th>2012/2013:</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Numbers entering treatment</td>
<td>153,000</td>
<td>161,000</td>
<td>172,000</td>
<td>183,000</td>
</tr>
<tr>
<td>b. Proportion of Prevalence</td>
<td>2.50%</td>
<td>2.63%</td>
<td>2.78%</td>
<td>2.99%</td>
</tr>
</tbody>
</table>

10. The trajectory for 2012/13 (table 1) is consistent with the ambition to provide universal access to IAPT services by March 2015, the end of the Government’s current Comprehensive Spending Review (CSR) period. The assumption for universal access is 900,000 people entering services annually from March 2015 and beyond. The assumed on-trajectory value for each quarter in 2015/16 is therefore 225,000 or 3.75% (15% per annum).

11. There is an expectation that PCTs show consistent improvement in this indicator. It is acknowledged that IAPT services are at very different levels of maturity; some started in 2008/09 and some are just starting to provide IAPT services, hence the emphasis on improvement.

12. Second headline indicator (PHQ13_06) – Recovery Rate; The number of people who are moving to recovery (KPI6). Divided by the number of people who have completed treatment (KPI5) minus the number of people who have completed treatment that were not at caseness at initial assessment (KPI6B),

13. There is an expectation that PCTs will show improvement on this indicator. Services should strive to meet at least 40% recovery by March 2013 rising to 50% recovery rate by the end of the CSR period.
14. The Department of Health team responsible for monitoring performance against the Operating Framework will, with the support of the IAPT central team, look to identify PCTs where:
   a) Incomplete KPI data is returned
   b) the numbers entering treatment fail to improve in line with planned trajectories
   c) the numbers recovering as a proportion of those completing treatment fall below the PCT trajectory.

DH will request explanations for under-performance against these measures. The assessment of performance will be based on final quarterly data (see ‘Data Verification’ and ‘Revisions Policy’ sections below).

15. Summary of KPI lines

Detailed KPI definitions and suggested formulae are at Annex 1.

KPI 1: The number of people who have depression and/or anxiety disorders (taken from the Psychiatric Morbidity Survey). (This KPI is referred to as SQU16_02 in the Technical Guidance for the 2011/12 Operating Framework)

*KPI 2: No longer collected.*

KPI 3a: The number of people who have been referred for psychological therapies during the reporting quarter. (This KPI is referred to as SQU16_03 in the Technical Guidance for the 2011/12 Operating Framework)

KPI 3b: The number of active referrals who have waited more than 28 days from referral to first treatment/ first therapeutic session (at the end of the reporting quarter)

KPI 4: The number of people who have entered psychological therapies (i.e. had their first therapeutic session) during the reporting quarter. (This KPI is referred to as SQU16_01 in the Technical Guidance for the 2011/12 Operating Framework)

KPI 5: The number of people who have completed treatment (minimum 2 treatment contacts) during the reporting quarter, broken down by age and sex

KPI 6a: 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

KPI 6b: The number of people who have completed treatment not at clinical caseness at initial assessment
KPI 7: The number of people moving off sick pay or benefits during the reporting quarter.

Main changes from the 2011/12 collection

16. The IAPT Data Standard was introduced in 2011 and mandated from 1\textsuperscript{st} April 2012. KPI definitions and formulae (at annex 2) have been revised to reflect the IAPT Data Standard Data Item number as shown in the IAPT Data Handbook Appendix A.

17. Waiting times guidance has been developed to define principles that IAPT services should adopt and where possible align with guidance adopted elsewhere in the NHS. The guidance details key principles on starting, stopping and pausing the clock (annex 2).

18. Some age ranges defined in KPI5 will change. The following table shows the age ranges in KPI 5 during 2011-12 and the changes that will take effect from quarter 1 2012-13.

\textit{Table 2: KPI 5 Age ranges}

<table>
<thead>
<tr>
<th>2011/12 KPI 5 Age Range Definitions</th>
<th>2012/13 KPI 5 Age Range Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>Under 18</td>
</tr>
<tr>
<td>18 – 65</td>
<td>18 – 64</td>
</tr>
<tr>
<td>66 – 74</td>
<td>65 – 74</td>
</tr>
<tr>
<td>75 – 89</td>
<td>75 – 89</td>
</tr>
<tr>
<td>90 and over</td>
<td>90 and over</td>
</tr>
</tbody>
</table>

19. The point in treatment at which the age for KPI 5 was calculated was not previously specified. The guidance at annex 1 now asks for age to be taken at referral.

20. Recovery figures (KPI 6) were previously calculated using PHQ 9 and GAD 7. The Data Standard still expects providers to supply a PHQ 9 and GAD 7 at first assessment. However, at assessment or during treatment, the practitioner should consider if it is appropriate to use an ADSM. If so, this measure should be used as an alternative to GAD 7. For calculation of recovery it would be appropriate to take the first PHQ score and replace the GAD 7 with the first ADSM score when used.

21. The exception is where there is a diagnosis of ‘General Anxiety Disorder’. In this case the practitioner may choose to use the ‘Penn State Worry scale’ for clinical purposes, however, they should continue to use GAD 7 to measure recovery.

22. An adapted formula for counting ADSMs in recovery calculations for KPI6 is offered in Annex 1. A table showing recommended measures with cut-off scores is at Annex 3.
23. The Data Standard has introduced a new ‘Employment Status’ data item. This data item now incorporates a ‘benefits’ option, consequently the separate data item ‘Receiving Benefits’ has been removed. This change was introduced to bring IAPT in line with the NHS Data Dictionary definition used across other Mental Health services.

24. The IAPT programme is interested in looking at the impact treatment has on a person’s transition back to work and movement off sick pay and benefits. For this reason please record as follows:

- If a person is employed and not in receipt of any of the benefits at option 04 then select option ‘01: Employed’.
- If a person is receiving any of the benefits specified even though they may also be employed then select option ‘04: Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance.’

Coverage

25. IAPT services are required to submit KPI returns via the Omnibus survey tool. Progress against KPIs is measured using specific data items in the IAPT Data Standard, a copy of which can be downloaded from http://www.iapt.nhs.uk/services/measuring-outcomes. The IAPT Data Standard replaced the IAPT Minimum Data Set (MDS). **Please note:** For each patient seen, or referred to IAPT services, services should aim to report the full data set (and therefore report against KPIs 3 to 7). Data from non-IAPT compliant services should not be reported against any KPI. IAPT-compliant services are those in which psychological therapies are delivered in a stepped care model, in line with NICE recommended treatments, from a workforce appropriately supervised, qualified and competent to provide low or high intensity therapy intervention.

26. It is recognised that it will take some time for the IAPT Data Standard and central data extraction to be embedded into routine practice. In the meantime it will be necessary for the existing KPI collection via Omnibus to continue. The Omnibus collection will cease when the data quality of the new central reporting system has been assured by the IAPT Programme central team working with the NHS Information Centre. The IAPT Data Handbook contains further information on the IAPT Data Standard and the central reporting system.

Submitting returns

27. Each PCT should have nominated a lead for KPI returns to the Information Centre. Data is published and available for public viewing (see below). Hence internal governance and sign-off processes should be agreed locally, but sign-off by the PCT Director of Performance is recommended before submission of KPI data.
28. On the first working day following the end of each reporting quarter, contacts at PCTs will receive a unique login link for the Omnibus Survey tool from the Information Centre. This will coincide with the quarterly opening of the portal. Dates for 2012/13 are given below (table 3).

**Frequency**

29. For 2012/13, the reporting schedule will be as follows:

*Table 3: Reporting schedule 2012/13*

<table>
<thead>
<tr>
<th>Period</th>
<th>Period covered</th>
<th>Data entry opens</th>
<th>Data entry closes*</th>
<th>SHA verification closes</th>
<th>Data Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 Final and Q1</td>
<td>1st April 12 – 30th June 12</td>
<td>2nd July 2012</td>
<td>20th July 2012</td>
<td>3rd August 2012</td>
<td>11th September 2012</td>
</tr>
<tr>
<td>Provisional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 Final and Q2</td>
<td>1st July 12 – 30th September 12</td>
<td>1st October 2012</td>
<td>19th October 2012</td>
<td>2nd November 2012</td>
<td>TBC</td>
</tr>
<tr>
<td>Provisional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2 Final and Q3</td>
<td>1st October 12 – 31st December 12</td>
<td>2nd January 2013</td>
<td>22nd January 2013</td>
<td>5th February 2013</td>
<td>TBC</td>
</tr>
<tr>
<td>Provisional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3 Final and Q4</td>
<td>1st January 13 – 31st March 13</td>
<td>2nd April 2013</td>
<td>22nd April 2013</td>
<td>7th May 2013</td>
<td>TBC</td>
</tr>
<tr>
<td>Final</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*The PCT deadline for submission to Omnibus is 15 working days after the quarter end.

**Data Verification**

30. SHAs data leads will be asked to verify the submission from their PCTs via the Omnibus portal. At that time the submission will be termed ‘provisional data’. Nominated SHA data leads will be given two weeks following the close of data entry to view the provisional data. SHA data leads will contact PCTs directly to discuss queries and agree changes. SHAs will not be given permission to change data, instead, the PCT lead should contact Omnibus and ask for their submission to be re-opened so that they can make appropriate changes. Once the two week verification window has closed the data will become a final version. All changes must be made during the two week verification window. From quarter 2, PCTs may submit an updated return for the previous quarter (see ‘Revisions Policy’ below). The appointed SHA data lead is responsible for verifying revised data from the previous quarter as well as provisional data during the verification window.
Data Publication

31. Final performance indicator data will be published in the public domain in line with the commitment made in ‘Talking Therapies: A 4 year plan of action’. Full KPI data, including the two Operating Framework headline indicators (PHQ13_05 and PHQ13_06) is now be published on the NHS Information Centre website on a quarterly basis. Data is be listed by PCT and aggregated to SHA level. See http://www.ic.nhs.uk/pubs/psychologicaltherapies1112

Revisions Policy

32. The Omnibus team will accept revisions to published data from the previous quarter. Q1, Q2 and Q3 data may be revised during the submission window for Q2, Q3 and Q4 respectively. Revisions will not be accepted to Q4 data due to the publication timetable. If revisions are required PCT’s should contact the Omnibus team directly to request that the previous quarter’s collection form be re-opened; email surveyteam@ic.nhs.uk. The Omnibus team reserves the right not to accept changes if they are deemed to be statistically insignificant.

Queries

33. If you have any queries regarding the use of the Omnibus tool please contact: surveyteam@ic.nhs.uk

34. For any other queries regarding for example, general data collection or calculation of the Key Performance Indicators, please email iapt@dh.gsi.gov.uk
Annex 1.

KPI Definitions for 2012/13; Revised KPI definitions and formulae mapped to the IAPT Data Standard.

The table below presents improved and corrected definitions of the IAPT National KPIs as supported by data items in the IAPT Data Standard.

<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The number of people who have depression and/or anxiety disorders (PHQ13_02)</td>
<td>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. 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.</td>
<td>Psychiatric Morbidity Survey (PMS)</td>
<td>This number will not change from quarter to quarter</td>
<td>n/a</td>
</tr>
</tbody>
</table>

This figure is automatically entered for reporting on the Omnibus Template
<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>The number of people who have been diagnosed with depression and/or anxiety disorders</td>
<td>This item ceased collection Quarter 1 2009/10 due to identified issues of quality and utility of this data item</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>The number of people who have been referred for psychological therapies</td>
<td>This is a count of referrals that the service provider has received during the quarter, extracted from the service provider records of C1 (date referral received)</td>
<td>Service provider systems</td>
<td>During the reporting quarter</td>
<td>DS3 is Local patient identifier DS16 is Date referral received</td>
</tr>
</tbody>
</table>

COUNT DS3 (Local patient identifier (case number)) WHERE DS16 (date referral received) is in the reporting quarter
<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b</td>
<td>The number of active referrals who have waited more than 28 days from referral to first treatment/first therapeutic session (at the end of the reporting quarter)</td>
<td>This is a count at the end of the quarter of the number of referrals received and accepted that are awaiting the first therapeutic session (at which appointment purpose is treatment). Note: this includes patients with no appointment date and patients waiting more than 28 days.</td>
<td>Service provider systems</td>
<td>At the end of the reporting quarter</td>
<td>DS3 = Local patient identifier DS16 = Date referral received DS18 = Referral accepted DS25 = Date of first therapeutic session DS27 = Attendance DS29 = Appointment purpose</td>
</tr>
</tbody>
</table>

COUNT DS3 Where ((end date of reporting quarter - DS16) > 28 AND DS25 is null and DS18 =1 AND DS16 ≤ end date of reporting quarter) + COUNT DS3 Where (DS25-DS16>28) AND DS25 ≤ last date of reporting quarter AND DS25 ≥ start date of reporting quarter AND DS18=1 AND (DS29=2 or 3) AND (DS27 =5 or 6) |
<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>The number of people who have entered (i.e. received) psychological therapies during the reporting quarter (PHQ13_01)</td>
<td>‘Entered psychological therapies’ is defined as attending first therapeutic session, which may be during the same appointment as initial assessment. The data from IAPT Pilots indicates high numbers of people attend only one therapeutic session. This single session will often be a combined assessment/therapeutic session leading to signposting or information giving. Line 4 will provide this data.</td>
<td>Service provider systems</td>
<td>During the reporting quarter</td>
<td>DS3 is Local patient identifier DS25 is Date of first therapeutic session DS27 is Attendance</td>
</tr>
</tbody>
</table>

COUNT DS3 (Local patient identifier (case number)) WHERE DS25 (date of first therapeutic session) is within the reporting quarter and DS27 (Attendance) = 05 or 06
<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
</table>
| 5   | The number of people who have completed treatment during the reporting quarter, broken down by age and sex (Part of PHQ13_04) | This is a count of all those who have left treatment within the reporting quarter, having attended at least two treatment contacts, 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. Age should be taken from date of referral. Age bands to be used are: Under 18, 18-64, 65-74, 75-89, 90 and over.  
‘Treatment’ is defined as at least two treatment contacts with services. The rationale for this approach is that those patients attending only one therapeutic session will be unable to provide end of care pathway clinical outcome data. This calculation excludes people who had an initial assessment but did not enter treatment AND those who receive only one treatment session  
COUNT DS3 (Local patient identifier (case number)) WHERE (COUNT DS29 ≥2 AND not=01 or 06) AND DS27 = 05 or 06 and DS24 is during the reporting quarter GROUP BY DS6(Gender), and DS5 (DOB - Age Band) | Service provider systems | During the reporting quarter | DS3 = Local patient identifier  
DS5 = Age  
DS6 = Gender  
DS29 = Appointment Purpose  
DS27 = Attendance  
DS24 = Date of end of IAPT care pathway |
<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>The number of people who are “moving to recovery” of those who have completed treatment, in the reporting quarter. (PHQ13_03)</td>
<td>This is a count of all those who at initial assessment achieved “caseness” and at final session did not. “Caseness&quot; is defined by a score of 8 or more on GAD7 and/or 10 or more on PHQ-9. When other ADSMs are used please see annex 3 for caseness values. This is extracted from service provider records of first and last PHQ-9 and GAD7 scores. Only those people who have completed treatment this quarter (KPI 5 above) should be included.</td>
<td>Service provider systems</td>
<td>During the reporting quarter</td>
<td>DS3 = Local patient identifier DS37 = PHQ-9 score DS38 = GAD7 score KPI5 = Number of patients leaving service this quarter having received two or more treatment contacts</td>
</tr>
<tr>
<td></td>
<td>COUNT DS3 WHERE (Last DS37 (\leq) 9) AND (Last DS38 (\leq) 7) AND ((First DS37 (\geq) 10) OR (First DS38 (\geq) 8)) AND KPI5 = Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The following adapted formula is offered for calculation of recovery when using ADSMs as opposed to GAD7. COUNT DS3 WHERE (DS37 (\leq) 9) AND [(DS38 (\leq) 7) OR relevant ADSM (\leq) cut off for caseness -1] AND ((DS37 (\geq) 10) OR [(DS38 (\geq) 8) OR relevant ADSM (\geq) cut off for caseness]) AND KPI5 = Yes</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>See additional guidance at paragraph 19</td>
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<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
<td>Description</td>
<td>Source</td>
<td>Time period</td>
<td>IAPT Data Standard Data (DS) Item No</td>
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</tr>
</tbody>
</table>
| 6b  | The number of people who have completed treatment not at clinical caseness at treatment commencement (Part of PHQ13_04) | This is a count of the number of people completing treatment who did not achieve caseness at the initial assessment. “Caseness” is defined by a score of 10 or more on PHQ9 and 8 or more on GAD7. When other ADSMs are used please see annex 3 for caseness values. Only those people who have completed treatment this quarter (see KPI 5) should be included. This is calculated by counting those who have completed treatment with two or more treatment sessions (see KPI5 definition)  

COUNT DS3 WHERE (First DS37 ≤ 9) AND ((First DS38 ≤ 7) OR (First ADSM score is below caseness)) AND KPI5 = Yes | During the reporting quarter | During the reporting quarter | DS3 = Local patient identifier  
DS37 = PHQ-9 score  
DS38 = GAD7 score  
KPI5 = Number of patients leaving service this quarter having received two or more treatment contacts |
<table>
<thead>
<tr>
<th>KPI</th>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Time period</th>
<th>IAPT Data Standard Data (DS) Item No</th>
</tr>
</thead>
</table>
| 7   | The number of people moving off sick pay or 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 employment 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” |
|     |                                                                                             | COUNT (First DS32 = 4 OR First DS36 = Y) AND (Last DS32 ≠ 04 OR ZZ AND Last DS36=N) AND ((First DS37 ≥ 10) OR (First DS38 ≥ 8)) AND KPI5 = YES  
The patient has left the service this quarter having received two or more treatment contacts | Service provider systems         | During the reporting quarter | DS3 = Local patient identifier  
DS32 = Benefit status  
DS36 = Sick pay status  
DS37 = PHQ9 score  
DS38 = GAD7 score  
KPI5 = Number of patients leaving service this quarter having received two or more treatment contacts |

See additional guidance at paragraph 23
Annex 2

Calculating IAPT waiting times

1. A key priority of the IAPT programme is to reduce the time people wait for treatment. The programme has monitored waiting times since early roll-out of its first wave sites in 2008. However it is widely acknowledged that measuring waiting time across all areas of health is not straight-forward and is complicated by local processes, IT system capabilities and patient choice. Accurate and consistent returns are essential in order to improve service models, manage performance, and report to ministers.

2. Services should measure and monitor waiting times with the aim of ensuring that no patient waits longer than the locally stipulated maximum. A choice of appointment times, and where possible, venue, and, in the case of step 2 treatment, the mode of treatment (phone, email, etc) should be offered to every patient.

3. The Department of Health (DH) has issued best practice guidance for calculating waiting times\(^1\). This guidance has been reviewed and adapted for IAPT services in order to reflect best practice. Under the IAPT Data Standard waiting times will be derived from patient level data submitted to the IAPT central reporting system. This will be calculated using the ‘referral received’ and the ‘date of first treatment or ‘assessment with treatment’ data items. Local systems should be able to generate reports using these variables, these should be used to manage waiting lists and can also be used in compiling Omnibus returns\(^2\).

Clock start, pause and stop will need to be managed locally. DH guidance sets out the rules and definitions for referral to treatment to ensure that each patient’s waiting time clock starts and stops fairly and consistently. These principles should be adopted for IAPT services as follows:

4. Clock Starts - The waiting time clock starts when:

   i) Any care professional (GP or other) or service permitted by an English NHS commissioner to make such referrals, refers to an IAPT service with the intention that the patient be assessed and, if appropriate, treated.
      - The clock will start when the referral letter, complete with all the required information, is received. The commissioner and providers should agree locally what information the referral is expected to contain.
      - Some localities operate a ‘single point of access’ approach where all referrals for mental health services are processed by a central multi-disciplinary team and referred on to the appropriate service. For the purpose of deriving the IAPT waiting times KPI the clock should start when the

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\(^2\) The Omnibus collection will continue in parallel with the automated Data Standard collection until further notice.
referral is received by the IAPT service. It is important that local protocols are put in place to ensure the referral is progressed through the system in a timely manner.

ii) The patient refers themselves to an IAPT service and the referral is deemed appropriate for the service.
  o The clock will start when the patient first contacts the service and requests to be seen. This does not include general enquiries. If a patient is not deemed suitable for IAPT treatment they should not be counted in the KPI calculations.

iii) Opt-in and starting the clock
Many IAPT services adopt an ‘opt-in’ model where on receipt of a referral (other than from the patient) the patient is contacted and asked to confirm they would like to be considered for treatment. This has been found to be an effective way of managing inappropriate referrals, limits DNAs and utilises staff time more effectively, In effect the patient is referring themselves to the service. The IAPT Programme accepts that where this model has been clearly specified and agreed with the commissioner then this is acceptable. However local processes must be put in place to ensure that patients are contacted within the timeframe agreed with the commissioner, this should not be more than 2 weeks. Where this model is adopted the clock should start when the patient confirms they want to be considered for treatment.

The clock may be paused or stopped in line with the following rules, and use of an ‘opt in’ model should have no bearing on application of these rules.

5. Clock Stops (waiting time ends) - A clock stops when:
   i. Treatment starts
   ii. A patient is assessed and treated during the same appointment. (NB. Assessment on its own does not stop the clock)
   iii. A patient declines treatment having been offered it.
   iv. A clinical decision is made not to treat.

6. Clock Stops (and is nullified) - A clock stops when:
   i. A patient does not attend (DNAs) their first appointment. A new clock for that patient only starts when the patient rebooks their appointment.

7. A clock should not stop when:
   i. A patient is referred onto another IAPT service before first treatment commences (e.g. when they are stepped up).
   ii. A patient has an ‘assessment with treatment’ session but does not start a full course of treatment within 28 days.

8. Clock Pauses - A clock may be paused when:
A referral or self-referral has been made, and the patient has declined at least two reasonable appointments, e.g. if a patient has a planned holiday. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available again for treatment.

**Examples:**

**Example 1 - IAPT clock start/ stop**

An IAPT service receives a GP referral on 1\textsuperscript{st} April. The service notices that the referral is incomplete and returns to the GP requesting further information. On 4\textsuperscript{th} April, the service receives a complete referral. On 7\textsuperscript{th} April, the service telephones the patient and offers an appointment on 15\textsuperscript{th} April. This is accepted and the patient attends the appointment where assessment takes place. The patient is then booked in for treatment on 19\textsuperscript{th} April. This appointment is attended.

Clock start – 4\textsuperscript{th} April  
Clock Stops – 19\textsuperscript{th} April  
Total waiting time = 16 days

**Example 2 – IAPT clock start/ paused/ stopped**

An IAPT service receives a complete referral on 29\textsuperscript{th} May. The service offers the patient an appointment for 6\textsuperscript{th} June. The patient declines this offer and advises that they will be available to attend an appointment from 21\textsuperscript{st} June. An appointment is booked for 28\textsuperscript{th} June. The appointment is attended and treatment takes place.

Clock start – 29\textsuperscript{th} May  
Clock paused – 6\textsuperscript{th} June  
Clock restarts – 21\textsuperscript{st} June  
Clock stops – 28\textsuperscript{th} June  
Total waiting time = 17 days (31 days total time – with clock paused for 14 days)
### Annex 3

#### Recommended measures with cut-off scores

<table>
<thead>
<tr>
<th>Problem area to be addressed</th>
<th>ICD-10 codes</th>
<th>Recommended Measure</th>
<th>Form in data handbook Appendix ref</th>
<th>Number of items</th>
<th>Cut-off score</th>
<th>Statistically reliable change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>F42 - Obsessive-compulsive disorder</td>
<td>Obsessive Compulsive Inventory (OCI)</td>
<td>D5</td>
<td>42</td>
<td>40 and above</td>
<td>&gt;= 32</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>F41.1 - Generalized anxiety disorder</td>
<td>Penn State Worry Questionnaire- Short (PSWQ)</td>
<td>D6</td>
<td>16</td>
<td>45 and above</td>
<td>Should also record GAD7 score. Use GAD7 in recovery calculation</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>F40.1 - Social phobias</td>
<td>Social Phobia Inventory (SPIN)</td>
<td>D7</td>
<td>17</td>
<td>19 and above</td>
<td>&gt;= 10</td>
</tr>
<tr>
<td>Health Anxiety or Hypochondria</td>
<td>F45.2 - Hypochondriacal disorder</td>
<td>Health Anxiety Inventory -Short week version; SHAI</td>
<td>D8.1</td>
<td>14</td>
<td>18 or above</td>
<td>&gt;= 4</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>F40.0 - Agoraphobia (with or without history of panic disorder)</td>
<td>The Agoraphobia-Mobility Inventory (MI)</td>
<td>D9</td>
<td>52</td>
<td>Above an item average of 2.3</td>
<td>&gt;= 0.73</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>F43.1 - Post-traumatic stress disorder</td>
<td>Impact of Events Scale (IES) – revised</td>
<td>D10</td>
<td>22</td>
<td>33 and above</td>
<td>&gt;= 9</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>F41.0 – Panic disorder</td>
<td>Panic Disorder Severity Scale: self-report version (PDSS)</td>
<td>D11</td>
<td>7</td>
<td>8 and above</td>
<td>To be determined</td>
</tr>
</tbody>
</table>