

IAPT Minimum Data Set Version 1.5 Changes

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Background

- The IAPT MDS was developed to support consistent data collection and reporting across IAPT services.
- Mandated for central return via the Bureau Service Portal (BSP) from April 2012.
- Developed national reports based on this patient record level data and these reports now replace the old Omnibus KPIs
- The MDS is returned by Service Provider
- The MDS is now the authoritative source of data used to answer NHS mandate commitment..
- The technical specification and supporting documentation can be downloaded from <http://www.hscic.gov.uk/iapt/>

IAPT Data Set V1.5 Changes

- Following wide consultation changes specified and new Information Standard Notice released in December 2013.
- Version 1.5 was Implemented from 1st July and the first submission will be at the end of this month - September 2014.
- No changes to the data flow process although services need to download the latest copy of the Intermediate data base from enquiries@hscic.gov.uk

New Mandated Items

Two data items already included in the MDS will become mandatory from July 2014. These are:

- Appointment - Appointment Purpose
- Referral - Date Referral Received

This means that these fields **MUST** be populated for every appointment included in your monthly submission otherwise the whole submission will **FAIL** and your activity will not be included in national reporting

Reporting the stepped care model

New items needed to better reflect local service delivery

- **Stepped Care Intensity (high/Low):** Most services already collect locally and will now be able to include in their central return.
- **Source of referral code:** Changed to allow recording of internal referral between IAPT services i.e. stepped up/down within a single episode of treatment.
- Allow 'joining up' activity across the pathway
- Linking items: NHS Number, date of birth, local patient identifier and postcode, if any of these items are missing linkage is weakened.

Patient Waits

- Version 1 MDS could not capture patient waits, version 1.5 modified to allow this data to flow centrally. New Items
 - Activity suspension start date
 - Activity suspension end date
 - Activity suspension reason
- Collectively these items will allow us to record and report clock pauses. If you are reporting a pause then these data items are mandatory if not populated the pause will not be recorded
- Further work is being carried out to look at how we consistently measure waits including how we capture waits. IAPT will be guided by this
- Opt in date: This new item is optional and will allow recording of the date a person opted into treatment where appropriate.

Patient Experience Questionnaire (PEQ)

- For the first time the MDS includes a national standard PEQ. This has been tested out in the Payment and Pricing Pilot. Two forms
 - end of assessment
 - end of treatment.
- Explicit consent is required from the patient to flow PEQ data centrally. We are working with the HSCIC to look at alternative ways to flow this data centrally in an anonymised format
- Questionnaire can be downloaded from <http://www.iapt.nhs.uk/pbr/currency-model-description/patient-experience/>

Changes to existing Questionnaires

Work and Social Adjustment Scale (W&SAS)

- Required to submit individual scores for each of the 5 items that make up the tool. This is primarily to support the Payment and Pricing methodology. Total scores will be calculated by the HSCIC in reporting.

Agoraphobia Mobility Inventory score:

- Modified to correct an error in the original version this now allows scores to be recorded in-line with tool makers guidance. The average score should be returned centrally. The Agoraphobia Mobility Inventory is the recommended ADSM where the provisional diagnosis is Agoraphobia.

Payment and Pricing

- IAPT Payment and Pricing methodology pilot work started in 2011. This is an outcomes based model, full details can be found at <http://www.iapt.nhs.uk/pbr/payments-by-results/>
- It has developed an outcomes focused currency model. The model uses data items in v1 MDS but also requires MH clustering data in order to develop a pricing mechanisms.
- Same as used in Mental Health Secondary Care services and is recorded in the Mental Health Minimum Data Set (MHMDS).
- All patients entering treatment should be clustered as soon as staff have been trained but no later than April 2015 as it is expected that from this time reference costs for IAPT services will be cluster based.

When to cluster

- IAPT services should cluster patients as they enter treatment
- No requirement to cluster at assessment
- No cluster review period and no requirement re-clustering. This includes not clustering again when a patient is stepped up (or down), unless the payment episode is ended by being stepped to another provider, who should then cluster them as entering
- The cluster assigned may be changed if it is discovered it was wrong. It is important that it is changed in a timely fashion

Modification to existing items

- Care Spell End Code: include more comprehensive list of reasons for the discharge and will also allow differentiation between people who were only assessed and those that entered treatment.
- Care Profession role: separate trainees from qualified staff and the modalities of treatments IAPT staff are trained to deliver.
- Therapy Type: separate values for high and low intensity therapy.
- Face-to-face communication mode:: added to differentiate between individual, couple and group sessions.
- Minor changes to the religion and sexual orientation permissible values to come in-line with the NHS Data Dictionary.

Summary of Changes

New Items

- Waiting time clock pauses:
- Patient experience Questionnaire
- Stepped Care Intensity
- Care Cluster

Summary of Changes

Modifications to existing Items

- Work and Social Adjustment Scale
- Source of referral code
- Care Spell End Code
- Care Profession role
- Therapy Type
- Agoraphobia Mobility Inventory score
- Religion or other belief system affiliation
- Sexual Orientation

Next Steps

- Your IT department should have downloaded the latest version of the IDB, without this they will not be able to submit data
- Circulate changes to all staff involved in recording of IAPT data
- Understand how new mandated fields are managed in your IT system, contact your System Supplier if you are in any doubt
- Review change documentation and supporting guidance on the HSCIC website <http://www.hscic.gov.uk/iapt/>

Next Steps

- Clarify any issues in the first instance with your IT department if they are unable to help contact the HSCIC directly at enquiries@hscic.gov.uk
- Your IT department has access to monthly processed data extracts, submission summaries and detailed validation reports.
- If you suspect national reports do not reflect local activity you can work through any anomalies locally