

IAPT Key Performance Indicator (KPI) Technical Guidance for 2011/12

Version 2.2

July 2011

Version History

Version	Date	Main changes
1.0	May 2011	First edition; replacing 'IAPT Key Performance Indicator-Q4 2010-11'
2.0	June 2011	<ol style="list-style-type: none">1. Improvement to suggested formula for line 3b (waiting times) at Annex 12. Change in terminology- para 26; verification of data returns by SHAs3. Notification of publication intentions (para 26)4. Clarification of revisions policy (para 27)
2.1	June 2011	<ol style="list-style-type: none">1. Estimate of expected numbers entering treatments as ratio of referrals changed to 60%.2. Guidance in use of ADSMs in recovery rate calculations (paras 19/20)3. Full exposition of SHA data verification and Revisions Policy added (paras 28,30)4. Change to terminology in table 2 to match terminology in para 28.5. Publication details for Final data added at para 29
2.2	July 2011	<ol style="list-style-type: none">1. Revision to KPI7 to clarify description and formula

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Introduction

1. The vision for the IAPT programme over the next spending review cycle 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. From quarter one of 2011/12 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, and
 - II. The proportion of those entering treatment against the number referred.
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 2011/12 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 2011/12 caused by the potential changes to PCTs Mental Health commissioning arrangements as GP Commissioning Clusters emerge.

Operating Framework Indicators

8. Two headline indicators for IAPT are included in the NHS Operating Framework for 2011/12. 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 (SQU16_04);** 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 proportion of 15% prevalence.
 - b. As a number (the number of referrals entering treatment)

Table 1: KPI trajectory for access against prevalence, 2011/12 (aggregated)

2011/2012:	Q1	Q2	Q3	Q4
a. Numbers entering over prevalence	55%	57%	61%	64%
b. Numbers entering treatment	122,863	128,503	136,803	143,525

10. The trajectory for 2011/12 (table 1) is consistent with the ambition to provide universal access to IAPT services by March 2014. The assumption for universal access is 900,000 people entering services annually in 2014/15 and beyond. The assumed maximum value for each quarter in 2011/12 is therefore 225,000, and the rate of improvement is assessed against this value.
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 (SQU16_05);** The number of people entering treatment (KPI4) over the number of people with depression and anxiety disorders referred for psychological therapies (KPI3a)
13. This measure emphasises the proportion of those referred that enter treatment. We will look to monitor the numbers entering services and to analyse key characteristics through additional programme KPIs described below. Experience to date shows that around 60% of referrals enter treatment.
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 entering treatment consistently fall below 60% of referrals
- d) Other causes for concern arise, for example in recovery rates (KPI6)

Explanations for under-performance will be requested by DH. 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 2010/11 collection

16. From Q1 of 2011/12 we will no longer be collecting KPIs 8-12 through Omnibus. These relate to training numbers and we will obtain these figures via other means.
17. A revised definition of numbers completing treatment has been introduced (KPI 5). This aims to count patients completing in the quarter by sex using values given via the minimum data set (male, female, not specified, not known), and age (under 18, 18-65, 66-74, 75-89, over 90). Reducing inequalities is an integral feature of improving access to IAPT services. Only age and sex information are now included in national KPIs as these will help to inform central programme policy for access for older people. These and other demographic variables are already present in, or can be derived from existing data sets and should be used at service level in monitoring compliance with equalities policies, and in measures of clinical recovery for different groups.
18. The time period for KPI3b has changed from at “the start of the reporting quarter” to “the end of the reporting quarter”. The formula for KPI7 has been amended.

Reporting recovery rates using Anxiety Disorder Specific Measures

19. Anxiety Disorder Specific Measures (ADSMs) are not currently featured in the KPI recovery calculations as they are not included in the IAPT MDS on which the national level KPIs are based. However, ADSMs are of critical importance for the treatment of a range of anxiety disorders and local systems should include measures to enable the capture of these outcomes and the production of reports for presentation to patients and analysis by IAPT workers and their supervisors. ADSMs are included in the IAPT Data Standard and will be included in national reporting once the central reporting system is operational.
20. Guidance for measuring caseness with ADSMs is included in the IAPT Data Handbook. An adapted formula for counting ADSMs in recovery calculations for KPI6 is offered in Annex 1. It would be appropriate to replace the GAD7 score with the relevant disorder specific measure when making local recovery calculations. So, for example, if a patient is receiving treatment for PTSD, initial caseness would be defined as scoring above the IES-R cut-off with, or without, a PHQ score over 9 and recovery would be indexed by dropping below the clinical cut-offs for BOTH the IES-R and the PHQ.

Reporting waiting times

21. The measure of waiting time, KPI3b, is based on the time between the date that a referral is accepted to the date of the first therapeutic session (i.e. 'treatment', or 'assessment and treatment').
22. 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. There will be instances where the patient chooses to delay treatment. In order improve accuracy, patients who have declined two offers of an appointment, both of which were within 28 days of referral, should be excluded from reports against this KPI. Where delay occurs in the time from referral to treatment for an individual because a group session needs to be arranged, and the 28 day threshold is passed, that individual should also be excluded from reporting against this KPI.

Coverage

23. 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 Minimum Data Set (MDS), a copy of which can be downloaded from <http://www.iapt.nhs.uk/services/measuring-outcomes>. The IAPT Data Standard will replace the IAPT MDS once it becomes operational. **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 an appropriately supervised psychological therapist (low or high intensity).**
24. 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. Once we are assured of the data quality of the new central reporting system the Omnibus collection will cease. The IAPT Data Handbook contains further information on the IAPT Data Standard.

Submitting returns

25. Each PCT should have nominated a lead for KPI returns to the Information Centre. 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.

26. 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 2011/12 are given below (table 2).

Frequency

27. For 2011/12, the reporting schedule will be as follows:

Table 2: Reporting schedule 2011/12

Quarter	Period covered	Data entry opens	Data entry closes*	SHA verification closes
1	1 April – 30 June 2011	1 st July 2011	28th July 2011	11 th Aug 2011
2	1 July – 30 Sept 2011	3 rd Oct 2011	21 st Oct 2011	4 th Nov 2011
3	1 Oct – 31 Dec 2011	3 rd Jan 2012	23 rd Jan 2012	6 th Feb 2012
4	1 Jan – 31 March 2012	2 nd April 2012	24 th April 2012	9 th May 2012

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

Data Verification

28. From quarter one of 2011/12 SHAs 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, PCTs 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

29. 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 (SQU16_04 and SQU16_05) and a calculation for recovery

rates (KPI6/KPI5-KPI6B), will now be published on the NHS Information Centre website on a quarterly basis. Data will be listed by PCT and aggregated to SHA level.

Revisions Policy

30. 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

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

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

Other resources

33. In addition to the IAPT website, and the IAPT Data Handbook the following may be of interest and are recommended for general information concerning data in IAPT:

1. Some quarterly data has routinely been made available to the public through an NHS Information Centre website. This indicates the number of people who are moving to recovery as a proportion of those who have completed a course of psychological treatment. A simple registration process is involved:

<https://mqi.ic.nhs.uk/Search.aspx?query=MH12&ref=1.07.12>

2. A study article, "Estimating the Prevalence of Common Mental Health Problems" (May 2008) is available from the North East Public Health Observatory:

<http://www.nepho.org.uk/publications.php5?rid=628&hl=prevalence%20information%20for%20mental%20health>

Annex 1.

KPI Definitions for 2011/12; Revised KPI definitions and formulae mapped to the IAPT Minimum Data Set.

The table below presents improved and corrected definitions of the IAPT National KPIs as supported by data items in the IAPT Minimum Data Set (issued in the IAPT Key Performance Indicator Technical Guidance (April 2010). The IAPT Minimum Data Set will be superseded by the IAPT Data Standard).

Area	Line No	Key Performance Indicator (with Operating Framework reference)	Description	Source	Time period	IAPT MDS reference
Operating Framework headline indicators	1	The number of people who have depression and/or anxiety disorders (SQU16_02)	<p>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 <i>any neurotic disorder</i> should be calculated for the PCT population, and then adjusted for deprivation using the PCT deprivation factor.</p> <p>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.</p> <p>This figure is automatically entered for reporting on the Omnibus Template</p>	Psychiatric Morbidity Survey (PMS)	This number will not change from quarter to quarter	n/a

Area	Line No	Key Performance Indicator (with Operating Framework reference)	Description	Source	Time period	IAPT MDS reference
	2	<i>The number of people who have been diagnosed with depression and/or anxiety disorders</i>	<i>This item ceased collection Quarter 1 2009/10 due to identified issues of quality and utility of this data item</i>			
	3a	The number of people who have been referred for psychological therapies (SQU16_03)	<p>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)</p> <hr/> <p>COUNT P2 (Local patient identifier (case number)) WHERE C1 (date referral received) is in the reporting quarter</p> <hr/>	Service provider systems	During the reporting quarter	P2, C1

Area	Line No	Key Performance Indicator (with Operating Framework reference)	Description	Source	Time period	IAPT MDS reference
	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)	<p>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).</p> <p>Note: this includes patients with no appointment date and patients waiting more than 28 days. Also see guidance above, paragraph 21.</p> <hr/> <p>COUNT P2 Where ((end date of reporting quarter - C1) > 28 AND C6 is null and C2 =1 AND C1 ≤ end date of reporting quarter)</p> <p>+</p> <p>COUNT P2 Where (C6-C1>28) AND C6 ≤ last date of reporting quarter AND C6 ≥ start date of reporting quarter AND C2=1 AND (A3=2 or 3) AND (A8 =5 or 6)</p> <hr/> <p>P2 is Local patient identifier (case number) C1 is Date referral received C2 is Referral accepted C6 is Date of first therapeutic session A3 is Appointment purpose A8 is Attendance</p> <hr/>	Service provider systems	At the end of the reporting quarter	P2, C1, C6,C2, A3,A8

Area	Line No	Key Performance Indicator (with Operating Framework reference)	Description	Source	Time period	IAPT MDS reference
	4	The number of people who have entered (i.e. received) psychological therapies during the reporting quarter (SQU16_01)	<p>'Entered psychological therapies' is defined as attending first therapeutic session, which may be during the same appointment as initial assessment.</p> <p>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.</p> <hr/> <p>COUNT P2 (Local patient identifier (case number)) WHERE C6 (date of first therapeutic session) is within the reporting quarter and A8 (Attendance) = 5 or 6</p>	Service provider systems	During the reporting quarter	P2, C6, A8

National level KPIs	5	The number of people who have completed treatment during the reporting quarter, broken down by age and sex	<p>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.</p> <p>This is extracted from the service provider records of date of first therapeutic session and date of end of IAPT care pathway. Age bands to be used are: Under 18, 18-65, 66-74, 75-89, 90 and over.</p> <p>'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</p> <p>IAPT KPI5 is an appropriate denominator for calculating proportions of patients in recovery.</p> <p>COUNT P2 (Local patient identifier (case number)) WHERE (COUNT A3 ≥2 AND not=1 or 6) AND A8 = 5 or 6 and C7 is during the reporting quarter GROUP BY P5(Gender), and age band</p>	Service provider systems	During the reporting quarter	P2, P5, C7, A3, A8
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			P2 = Local patient identifier (case number) P5 = Gender A3 = Appointment Purpose A8 = Attendance C7 = Date of end of IAPT care pathway			

	6	<p>The number of people who are “moving to recovery” of those who have completed treatment, in the reporting quarter.</p>	<p>This is a count of all those who at initial assessment achieved "caseness" and at final session did not. "Caseness" is defined by a score of 8 or more on GAD7 and 10 or more on PHQ-9.</p> <p>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.</p> <hr/> <p>This is calculated by counting those who have completed treatment with two or more treatment sessions (see KPI5 definition).</p> <p>COUNT P2 WHERE (C10 ≤ 9) AND (C12 ≤ 7) AND ((C9 ≥ 10) OR (C11 ≥ 8)) AND KPI5 = Yes</p> <hr/> <p>P2 = Local patient identifier (case number)</p> <p>C10 = Last PHQ-9 score C12 = Last GAD7 score C9 = First PHQ-9 score C11 = First GAD7 score KPI5 = Number of patients leaving service this quarter having received two or more treatment contacts</p> <hr/> <p>Services that wish to adapt local performance measures to include ADSMs before the central reporting system is implemented should refer to guidance at paragraph 19 above.</p>	Service provider systems	During the reporting quarter	P2, C9, C10, C11, C12, & items referenced by KPI5.
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			<p>The following adapted formula for counting ADSMs in recovery calculations is offered for guidance only. It should not be applied to submissions against national level KPIs reported via Omnibus:</p> <p>COUNT P2 WHERE (C10 = 9) AND [(C12 = 7) or relevant ADSM <= cut off for caseness -1] AND ((C9 = 10) OR [(C11 = 8) or relevant ADSM=cut off for caseness]) AND KPI5 = Yes</p>			
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6b	6b	The number of people who have completed treatment not at clinical caseness at treatment commencement	<p>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 8 or more on GAD7 and 10 or more on PHQ9.</p> <p>This is extracted from service provider records of first PHQ9 and GAD7 scores. Only those people who have completed treatment this quarter (see KPI 5) should be included.</p> <hr/> <p>This is calculated by counting those who have completed treatment with two or more treatment sessions (see KPI5 definition)</p> <p>COUNT P2 WHERE (C9 ≤ 9) AND (C11 ≤ 7) AND KPI5 = Yes</p> <hr/> <p>P2 = Local patient identifier (case number)</p> <hr/> <p>C9 = First PHQ9 score C11 = First GAD7 score KPI5 = Number of patients leaving service this quarter having received two or more treatment contacts</p> <hr/>	During the reporting quarter	During the reporting quarter	P2, C9, C11, & items referenced by KPI5
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Helping People Back to Work	7	The number of people moving off sick pay or ill-health related benefit	<p>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.</p> <p>This is extracted from service provider records of sick pay and benefit status at first and last sessions. Only those people who have completed treatment this quarter (KPI 5 above) should be included.</p> <p>N.B: This calculation excludes people who entered treatment but were not a clinical “case”</p> <hr/> <p>COUNT P2 WHERE (C17 = 1 OR C19 = 1) AND (C18 = 2 AND C20 = 2) AND ((C9 ≥ 10) OR (C11 ≥ 8)) AND KPI5 = YES</p> <p>P2 = Local patient identifier (case number) C18 = Last sick pay status C20 = Last benefits status C17 =First sick pay status C19 =First benefit status C9 = First PHQ9 score C11 = First GAD7 score KPI5 = Number of patients leaving service this quarter having received two or more treatment contacts</p>	Service provider systems	During the reporting quarter	P2,C17, C9, C11, C18,C19, C20, & items referenced by KPI5
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