

Integrated IAPT (IAPT-LTC) Early Implementers Data Quality Guide

Version 1.0, September 2017

Version Control

Version Number	Purpose / Changes	Author	Date
V0.1	Initial Draft	Mike Woodall	08/09/17
V0.2	Draft with suggested amendments from NHS England and Appendix 1 added	Mike Woodall, Steph Lietz	29/09/17
V0.3	Draft with further suggested amendments from NHS England	Mike Woodall, Steph Lietz, Rachel Heggart	29/09/17
V1.0	Version for publication	Mike Woodall	29/09/17

Contents

Introduction	4
Additional IAPT Tables	5
New IDB 'IAPT v1.5 and Pilots' from Oct 2017	6
Current National Validations	9
National Reporting	10
Data Measures	11
Recording high quality IAPT-LTC data	15
Submitting the IAPT Dataset	17
General Data Quality Checks	19
Known Data Quality Issues	20
Appendix 1 - IAPT-LTC Data Collection	26

Introduction (1)

This guide aims to support Early Implementer services in improving data quality of their monthly Integrated IAPT (IAPT-LTC) data submissions to NHS Digital, by referencing the key documents, the measures and data fields, as well as providing an overview of the data quality issues that may occur when submitting IAPT-LTC data along with the core IAPT data. It includes the main issues identified in the March submissions along with techniques to check for local issues before submission and resolve those issues identified.

The guide also includes information on the national reporting and some general guidance on validating the additional data required from the early implementer sites.

The national data flows have been set up to support national reporting and to create a national linked dataset to support the evaluation. The evaluation dataset will link the IAPT data with national SUS data to provide information to help NHS England understand the impact of IAPT-LTC on secondary healthcare utilisation. In order to help the evaluators answer their questions it is important that the data quality of the IAPT dataset is sufficient to allow the data linkage and analysis.

Data completeness is critical for:

- Delivery of NICE evidence-based treatment
- Effective clinical governance
- Enhanced patient experience
- Local and national service evaluation

Introduction (2)

Research shows that with incomplete data the effectiveness of services is over-estimated. Therefore it is crucial that IAPT-LTC services achieve the IAPT standard of paired scores for at least 90% of treated cases.

Key documents for collecting and submitting IAPT-LTC data include:

1. The **IAPT-LTC Data handbook** has been circulated to all Early Implementer sites by NHS England and can also be found on Yammer. Access to the page can be requested by e-mailing ENGLAND.MentalHealth@nhs.net.
2. The **IAPT-LTC Frequently Asked Questions (FAQs)**, which are available on Yammer.
3. The new **IDB 'IAPT v1.5 and Pilots'** to use for submitting IAPT-LTC data has been circulated to all Early Implementer sites, is available on Yammer, and on request from NHS Digital's contact centre (enquiries@nhsdigital.nhs.uk).
4. The **IAPT-LTC Data Specification Version 0.9.2** can be found on the NHS Digital website: http://content.digital.nhs.uk/media/23293/IAPTDataSetLTCPilotSpecification/xls/IAPT_Data_Set_LTC_Pilot_Specification.xls

Submitting the additional tables

The additional data fields and measures (as detailed in the IAPT-LTC data handbook) should only be submitted for patients seen in the integrated service. The Service Type field does not flow to NHS Digital, but should be used to filter the data so that only data associated with integrated appointments is submitted in the additional data tables.

Therefore all of the data received in the additional data tables will refer to patients seen in an IAPT-LTC service. This is how NHS Digital will know which patients have been seen in an IAPT-LTC service. The core / routine IAPT measures (e.g. PHQ/GAD) taken at integrated appointments will flow in the corresponding mandatory tables. This is why each integrated appointment should have a corresponding appointment in the mandatory tables.

When you filter the additional data in preparation for submitting it to NHS Digital, please include all additional data specified in the IDB for patients who have been seen in an IAPT-LTC service.

Data in the additional tables will therefore:

- Include all data required, including the additional data fields, (as per the IDB) for appointments where the service type is coded as 'Integrated'
- Will NOT include data for appointments where the service type data field is coded as 'Core'
- Include all required data fields (as per the IDB) which are recorded at a referral level (i.e. LTC, MUS, CSRI) for any patient with an appointment coded as integrated in the service type field

New IDB: 'IAPT v1.5 and Pilots' from Oct 2017

NHS Digital have released a new IDB ('IAPT v1.5 and Pilots'), which all services need to use from October 2017 submission window onwards. This IDB allows flowing of core IAPT data, IAPT-LTC data, and Employment Advisors data in one submission. Please ensure you read the Guidance document included.

For any questions or feedback, please email: enquiries@nhsdigital.nhs.uk

A copy of the IDB is hosted on Yammer. To request access to the IAPT Yammer network, please email: ENGLAND.MentalHealth@nhs.net

New IDB: 'IAPT v1.5 and Pilots' from Oct 2017

If you are an IAPT-LTC Wave 1 or 2 Early Implementer site, please note:

- The IAPT-LTC specification and tables have not changed.
- You will be able to flow both core and IAPT-LTC data in one submission, just like in the previous version of the IDB ('IAPT LTC/MUS IDB v1.5.4').
- IAPT-LTC services are required to continue to submit the 7 mandatory tables for all referrals and appointments (both core and integrated).
- The 4 additional LTC tables should only include data associated with patients seen in the IAPT-LTC service.
- Each integrated appointment record should have a corresponding appointment record in the mandatory tables, because the additional measures flow in the additional 4 tables and the core measures flow in the 7 mandatory tables.
- The IAPT-LTC data fields and measures (as detailed in the IAPT-LTC data handbook) should only be submitted for patients seen in the integrated (IAPT-LTC) service.
- The Service Type field does not flow to NHS Digital, but should be used to filter the data so that only data associated with integrated appointments is submitted in the additional data tables.
- Therefore all of the data received in the additional data tables will refer to patients seen in an IAPT-LTC service. This is how we will know which patients have been seen in an IAPT-LTC service.
- The core / routine IAPT measures (e.g. PHQ/GAD) taken at integrated appointments will flow in the corresponding mandatory tables. This is why each integrated appointment should have a corresponding appointment in the mandatory tables.

Current National Validations

As the Integrated IAPT (IAPT-LTC) is a pilot scheme, the national data collection system has been set up as an 'experimental statistical collection' by NHS Digital, which means it does not go through the same level of validation applied to established national datasets. It has been set up this way to ensure any issues with the additional tables collected for IAPT-LTC do not impact on the core IAPT data collection and the reported outcomes measures. This means there is greater responsibility for providers to manage the data quality before submission to ensure it is suitable for the national reporting and evaluation.

There are still a number of validation rules that will run automatically when you submit the IAPT-LTC data tables to Open Exeter. These validations will not affect the ordinary IAPT Submission and are therefore generally record-level rejections. In the context of the pilot this means the system will reject the affected record from this table only or the validations will be applied as warnings instead of rejections (i.e. the data is submitted successfully but the provider is given a list of validation issues that should be resolved before the data is re-submitted). *It is important to read these warning and re-submit the data if possible.* Serious data issues (principally format length issues) could lead to rejection of the entire LTC Table with all other tables submitted successfully. This supports the principle that the ordinary IAPT submission will be unaffected.

The validations applied are detailed in the data specification that is available along with the IDB by sending an email to enquiries@nhsdigital.nhs.uk with "IAPT-LTC Pilot IDB" in the subject line.

National Reporting

In order to support data quality checks, NHS Digital publish a monthly report on IAPT-LTC data that can be found at <http://content.digital.nhs.uk/iaptreports>. The report includes data and data quality measures and will be expanded over the coming months to include additional measures. There is a spreadsheet that includes the measures for each provider and a tab per month so you can check the latest data along with historic submissions. Data is only shown for the providers who submitted data in that month and is not currently available by commissioner.

The data measures currently included are detailed on the next 4 slides including their definitions. More information on each measure can be found in the metadata tabs of the monthly spreadsheets.

If you have any queries about the reports they should be sent to enquiries@nhsdigital.nhs.uk.

Data Measures (1)

Field name	Description of measure
Number of referrals with a first integrated contact in the month	Number of referrals having a first attended integrated appointment in the month.
Number of referrals having a first integrated treatment appointment in the month	Number of referrals having a first attended integrated treatment appointment in the month.
Number of integrated referrals finishing a course of treatment in the month	Number of referrals with an end date in the month that have had at least two attended treatment appointments during the course of the referral and at least one attended integrated treatment appointment.
Number of finished integrated referrals that started treatment at caseness (for standard moved to recovery calculation)	Number of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient was at caseness at initial assessment (using the same scoring criteria defined in routine IAPT reporting), and having at least one attended integrated appointment.
Number of finished integrated referrals that started treatment not at caseness (for standard moved to recovery calculation)	Number of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient was not at caseness at initial assessment (using the same scoring criteria defined in routine IAPT reporting), and having at least one attended treatment appointment.
Number of finished integrated referrals that moved to recovery (for standard moved to recovery calculation)	Referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient moved to recovery (using the same scoring criteria defined in routine IAPT reporting), and having at least one attended integrated appointment.
Moved to recovery rate for integrated referrals (for standard moved to recovery calculation)	Referrals that moved to recovery (using the same scoring criteria defined in routine IAPT reporting) as a proportion of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month'), and having at least one attended integrated appointment, expressed as a percentage.
Number of finished integrated referrals that started treatment at caseness (for MUS_recovery calculation)	Number of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient was at caseness at initial assessment (defined using MUS measures where appropriate), and having at least one attended integrated appointment.

Data Measures (2)

Field name	Description of measure
Number of finished integrated referrals that started treatment not at caseness (for MUS_recovery calculation)	Number of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient was not at caseness at initial assessment (defined using MUS measures where appropriate), and having at least one attended integrated appointment.
Number of finished integrated referrals that moved to MUS_recovery	Referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient moved to recovery (defined using MUS measures where appropriate), and having at least one attended integrated appointment.
MUS_recovery rate for integrated referrals	Referrals that moved to recovery (defined using MUS measures where appropriate) as a proportion of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month'), and having at least one attended integrated appointment, expressed as a percentage.
Number of core-only referrals finishing a course of treatment in the month	Number of referrals with an end date in the month that have had at least two attended treatment appointments during the course of the referral and none of these appointments were integrated appointments.
Number of finished core-only referrals that started treatment at caseness	Number of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient was at caseness at initial assessment, (using the same scoring criteria defined in routine IAPT reporting), and having had no attended integrated appointments.
Number of finished core-only referrals that started treatment not at caseness	Number of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient was not at caseness at initial assessment (using the same scoring criteria defined in routine IAPT reporting), and having had no attended integrated treatment appointments.
Number of finished core-only referrals that moved to recovery	Referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month') where the patient moved to recovery (using the same scoring criteria defined in routine IAPT reporting), and having had no attended integrated appointments.
Moved to recovery rate for core-only referrals	Referrals that moved to recovery (using the same scoring criteria defined in routine IAPT reporting) as a proportion of referrals with an end date in the month that have finished a course of treatment (according to definition in 'Number of integrated referrals finishing a course of treatment in the month'), and having had no attended integrated appointments, expressed as a percentage.

Data Quality Measures

Field name	Description of measure
Number of appointments submitted in the month in Core tables only	Number of appointments in the core APPOINTMENT table that do not link to an APPOINTMENT_ID in the integrated LTCAPPOINTMENT table.
Number of appointments submitted in the month in integrated tables	Number of appointments in the core APPOINTMENT table that link to an APPOINTMENT_ID in the integrated LTCAPPOINTMENT table.
Number of integrated appointments with a valid MUS recorded	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the integrated LTCMUS table that has a valid PRIMEDUNEXPSYM.
Number of integrated appointments where PRIMEDUNEXPSYM is in 10,11,12 and relevant MUS-specific measure has been submitted and is valid	Number of appointments in the integrated LTCAPPOINTMENT table containing a valid MUS score and that link to an IAPT_RECORD_NUMBER in the integrated LTCMUS table that has a PRIMEDUNEXPSYM relevant to that score.
Number of integrated appointments where PRIMEDUNEXPSYM in 10,11,12 and no or invalid MUS-specific measurement recorded	Number of appointments in the integrated LTCAPPOINTMENT table containing no valid MUS scores and that link to an IAPT_RECORD_NUMBER in the integrated LTCMUS table that has a PRIMEDUNEXPSYM of either 10, 11, or 12.
Number of integrated appointments where PRIMEDUNEXPSYM in 10,11,12 and primary problem descriptor is Somatization disorder	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the integrated LTCMUS table that has a PRIMEDUNEXPSYM of either 10, 11, or 12, and also link to an IC_PATHWAY_ID in the Core REFERRAL table that has a PROVDIAG of F45.0.
Number of integrated appointments where 1 or more valid LTC recorded	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one valid LTC.
Number of integrated appointments where LTC = diabetes	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 10
Number of integrated appointments where LTC = COPD	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 11

Data Quality Measures

Field name	Description of measure
Number of integrated appointments where LTC = Asthma	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 12
Number of integrated appointments where LTC = Other Respiratory Disease	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 13
Number of integrated appointments where LTC = Heart Disease	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 14
Number of integrated appointments where LTC = Cancer	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 15
Number of integrated appointments where LTC = Musculoskeletal Disorder (MSK)	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 16
Number of integrated appointments where LTC = Chronic pain, including fibromyalgia	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 17
Number of integrated appointments where LTC = Epilepsy	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 18
Number of integrated appointments where LTC = Skin condition including Eczema	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 19
Number of integrated appointments where LTC = Digestive tract condition	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC = 20
Number of integrated appointments where LTC in 96, 98, 99 (other, unknown, not stated)	Number of appointments in the integrated LTCAPPOINTMENT table that link to an IAPT_RECORD_NUMBER in the LTCLONGTERMCONDITION table that has at least one LTC_MEDUNEXP_ID with an LTC of either 96, 98, or 99.

Recording high quality IAPT-LTC data (1)

There are a number of steps that can be taken to ensure the quality of the data collected and recorded for the IAPT-LTC dataset is maintained, including:

- Continue completing all IAPT MDS fields, for all patients
- For patients seen in the IAPT-LTC service, collect the additional measures alongside the existing routine outcome measures
- Follow routine protocols for collecting, recording, and flowing data
- Monitor data quality for both MDS and additional IAPT-LTC data
- Refer to the IAPT-LTC Data Handbook hosted on Yammer
- Check that the service type (Core IAPT / IAPT-LTC) is recorded correctly at each appointment – This allows you to distinguish between those treated in IAPT-LTC and those treated in core IAPT and filter data appropriately for submission to NHS Digital
- Check that the measures are completed correctly – copies of the measures are hosted on Yammer
- Check that all additional fields and measures are available on IAPT data systems, so data can flow to NHS Digital (only total scores will flow, plus 5 data fields from the CSRI)
- You can select multiple LTCs but only one MUS as this can be used to calculate recovery
- MUS: Use the additional outcome measures at each appointment

Recording high quality IAPT-LTC data (2)

- LTC: Measures are to help inform assessment and clinical decision making. They will not be used to calculate recovery from the primary mental health problem. They should be completed as a minimum at the beginning and end of treatment to support and guide treatment interventions
- Use the specific LTC and MUS measures as some of the symptoms experienced by LTC/MUS patients will not be fully captured in the routine outcome measures. These can be used to inform clinical decision making, monitor progress during treatment, and in the case of MUS, calculate recovery. Good use of outcome measures can help promote patient engagement with therapy and support recovery. NHS Digital are planning to publish the paired scores in the future to help early implementers track recovery against these new measures.
- Where patients present with more than one LTC, clinical decisions should be made regarding which LTC measures would be most suitable to use.
- Where no specific measures for LTC are available, particular attention should be paid to the WSAS which assess patient reported disability in a range of domains.
- Measures should align with the problem descriptor used

Submitting the IAPT Dataset (1)

There are a number of steps that can be taken to ensure the IAPT-LTC data submission is successful, including:

- Use the correct IDB, which allows flowing both core data and additional IAPT-LTC measures in one submission
- Continue to submit the 7 mandatory tables for all referrals and appointments (both core and integrated)
- Submit 4 additional tables which only include data associated with patients seen in the IAPT-LTC service
- Each integrated appointment record should have a corresponding appointment record in the mandatory tables, because the additional measures flow in the additional 4 tables and the core measures flow in the 7 mandatory tables
- Submit data as early as possible, so any error messages can be resolved before the submission window closes (Link to submission dates and further information: <http://content.digital.nhs.uk/iapt>)
- Check for data completeness before submitting the data, especially service ID and local ID so core IAPT and integrated data can be linked
- Check that NHS numbers are included for each patient, so their data can be linked with other datasets, when approvals are in place

Submitting the IAPT Dataset (2)

- Ensure you submit the LTCAPPOINTMENT information for all appointments in the IAPT-LTC service
- If you receive any warning messages when submitting integrated data, review the messages and if necessary correct and resubmit your data before the submission window closes.
- Routinely check that local and nationally published data are aligned and any significant variances are investigated and fully understood.

General Data Quality Checks

There are a number of general data quality checks that can be applied to the additional IAPT tables to ensure they are suitable for the national evaluation. These include:

- Ensure all mandatory fields are complete. These are identified in the data specification.
- NHS Number validation to ensure all NHS Numbers are in the correct format
- Ensure the data formats match those required by the IDB and that the formats are not changed within the IDB as this may lead to table level rejections when submitting the data
- Ensure code used in reference fields match those in the latest specification (e.g. the COMPLETION_POINT in the LTCCSRI3MONTHS table can only include the values 1, 2 or 3).
- Check dates are within an expected range. It is particularly important to ensure only dates expected within the submission period are included in that submission as records from outside that period can create orphan records in the IAPT dataset (see page [16](#)).

Known Data Quality Issues

There are a number of specific data quality issues that have been identified by NHS Digital in the submissions for January to May 17. These have an impact on the national evaluation and, in general, should be resolved before the data is submitted to Open Exeter. These include:

- Duplicate records
- MUS recovery
- Orphan records
- CSRI Recording
- Ensuring only IAPT-LTC records are included in the LTC_Appointment table

The following slides provide a detailed description of each issue along with information on how to check if the issue exists in your data and how to resolve the issue. Any additional major issues identified will be added to future versions of this guide when they are identified.

Duplicate Appointments

Issue: Each LTC appointment should be unique when recorded within the LTC_Appointment table of the IDB to avoid double counting of activity. The fields that should only include one record are NHSNO, LPTID, ORGCODEPROVIDER, SERVICEID, APPOINTMENT and APPOINTMENTTIME.

How to check for the issue: Create a query in the IDB that groups each of the required fields, counts the number of records and returns any records with a count greater than 1. The SQL code below can be used to create this query:

```
SELECT LTCAppointment.NHSNO, LTCAppointment.LPTID, LTCAppointment.ORGCODEPROVIDER, LTCAppointment.SERVICEID,
LTCAppointment.APPOINTMENT, LTCAppointment.APPOINTMENTTIME, LTCAppointment.APPOINTMENTTIME,
Count(LTCAppointment.NHSNO) AS CountOfNHSNO

FROM LTCAppointment

GROUP BY LTCAppointment.NHSNO, LTCAppointment.LPTID, LTCAppointment.ORGCODEPROVIDER,
LTCAppointment.SERVICEID, LTCAppointment.APPOINTMENT, LTCAppointment.APPOINTMENTTIME,
LTCAppointment.APPOINTMENTTIME

HAVING (((Count(LTCAppointment.NHSNO))>1));
```

How to resolve the issue: If the issue is discovered before the data is submitted the duplicate records can be deleted before the data is uploaded. If duplicates are discovered after the data has been submitted then all the records in table can be grouped by all the fields to return one record per appointment. This can be done by the national evaluators.

MUS Recovery

Issue: In order to report on MUS Recovery measures 3 pieces of information are required (Problem descriptor = F45.0 Somatization disorder, LTCMUS table with PRIMEDUNEXPSYM populated (10,11,12,98,99), LTCAPPOINTMENT table completed with the relevant MUS specific measure score)

How to check for the issue: The SQL query below will identify the records that match all the criteria. This can then be checked against the expected number of records to understand if any are missing. It is possible to identify which fields are missing by adjusting the where statements in the query. For example, removing ((Referral.PROVDIAG) In ("F450","F45.0")) from the query will identify whether any records meet the other criteria but do not have a problem descriptor of F45.0 Somatization disorder.

```
SELECT Referral.NHSNO, Referral.LPTID, Referral.ORGCODEPROVIDER, Referral.SERVICEID, Referral.PROVDIAG,
LTCMUS.PRIMEDUNEXPSYM, LTCAppointment.FATIGUE, LTCAppointment.IBSSEVERITYSCALE, LTCAppointment.BRIEFPAIN,
LTCAppointment.PHQ15
```

```
FROM (Referral INNER JOIN LTCAppointment ON (Referral.NHSNO = LTCAppointment.NHSNO) AND (Referral.LPTID =
LTCAppointment.LPTID) AND (Referral.ORGCODEPROVIDER = LTCAppointment.ORGCODEPROVIDER) AND (Referral.SERVICEID =
LTCAppointment.SERVICEID)) INNER JOIN LTCMUS ON (Referral.NHSNO = LTCMUS.NHSNO) AND (Referral.LPTID =
LTCMUS.LPTID) AND (Referral.SERVICEID = LTCMUS.SERVICEID) AND (Referral.ORGCODEPROVIDER =
LTCMUS.ORGCODEPROVIDER)
```

```
WHERE (((Referral.PROVDIAG) In ("F450","F45.0")) AND ((LTCMUS.PRIMEDUNEXPSYM) In ("10","11","12")) AND
((LTCAppointment.FATIGUE) Is Not Null)) OR (((Referral.PROVDIAG) In ("F450","F45.0")) AND ((LTCMUS.PRIMEDUNEXPSYM) In
("10","11","12")) AND ((LTCAppointment.IBSSEVERITYSCALE) Is Not Null)) OR (((Referral.PROVDIAG) In ("F450","F45.0")) AND
((LTCMUS.PRIMEDUNEXPSYM) In ("10","11","12")) AND ((LTCAppointment.BRIEFPAIN) Is Not Null)) OR (((Referral.PROVDIAG) In
("F450","F45.0")) AND ((LTCMUS.PRIMEDUNEXPSYM) In ("10","11","12")) AND ((LTCAppointment.PHQ15) Is Not Null));
```

How to resolve the issue: Add in the missing data to the right table. This needs to be resolved before²² the data is submitted as only the provider will be able to rectify this issue.

Orphan Records

Issue: Every integrated appointment should be submitted in both the LTCAPPOINTMENT table AND the core Appointment table. The fields that should match in each dataset are NHSNO, LPTID, ORGCODEPROVIDER, SERVICEID, APPOINTMENT and APPOINTMENTTIME. The majority of the IAPT data items, such as end dates, referral information, problem descriptors are captured in the mandated data tables and therefore it is not possible analyse data from the orphan appointments.

How to check for the issue: Check that all key information (date, time, NHS number, Local patient ID, Org Code, Service request ID,) are identical in both appointment tables. The SQL query below should identify any orphan records.

```
SELECT LTCAppointment.NHSNO, LTCAppointment.LPTID, LTCAppointment.ORGCODEPROVIDER, LTCAppointment.SERVICEID,
LTCAppointment.APPOINTMENT, LTCAppointment.APPOINTMENTTIME, LTCAppointment.FATIGUE,
LTCAppointment.IBSSEVERITYSCALE, LTCAppointment.BRIEFPAIN, LTCAppointment.PHQ15, LTCAppointment.DIABETESDISTRESS,
LTCAppointment.CAT, Appointment.NHSNO

FROM LTCAppointment LEFT JOIN Appointment ON (LTCAppointment.APPOINTMENTTIME = Appointment.APPOINTMENTTIME)
AND (LTCAppointment.APPOINTMENT = Appointment.APPOINTMENT) AND (LTCAppointment.SERVICEID =
Appointment.SERVICEID) AND (LTCAppointment.ORGCODEPROVIDER = Appointment.ORGCODEPROVIDER) AND
(LTCAppointment.LPTID = Appointment.LPTID) AND (LTCAppointment.NHSNO = Appointment.NHSNO)

WHERE (((Appointment.NHSNO) Is Null));
```

How to resolve the issue: This needs to be resolved before the data is submitted as only the provider will be able to rectify this issue. If required add in the correct appointment record to the core Appointment table.

CSRI Recording

Issue: Duplicate CSRI records have been identified by some sites when checking their IDB submission. This means the same question for the same period for the same person have been submitted based on the fields that should be unique (NHSNO, LPTID, ORGCODEPROVIDER, SERVICEID, COMPLETION_POINT, CSRI_QUESTION, CSRI_ANSWER, CSRI_LOCATION_TYPE).

How to check for the issue: Create a query in the IDB that groups each of the required fields, counts the number of records and returns any records with a count greater than 1. The SQL code below can be used to create this query:

```
SELECT LTCCSRI3Months.NHSNO, LTCCSRI3Months.LPTID, LTCCSRI3Months.ORGCODEPROVIDER, LTCCSRI3Months.SERVICEID,
LTCCSRI3Months.COMPLETION_POINT, LTCCSRI3Months.CSRI_QUESTION, LTCCSRI3Months.CSRI_ANSWER,
LTCCSRI3Months.CSRI_LOCATION_TYPE, Count(LTCCSRI3Months.NHSNO) AS CountOfNHSNO

FROM LTCCSRI3Months

GROUP BY LTCCSRI3Months.NHSNO, LTCCSRI3Months.LPTID, LTCCSRI3Months.ORGCODEPROVIDER,
LTCCSRI3Months.SERVICEID, LTCCSRI3Months.COMPLETION_POINT, LTCCSRI3Months.CSRI_QUESTION,
LTCCSRI3Months.CSRI_ANSWER, LTCCSRI3Months.CSRI_LOCATION_TYPE

HAVING (((Count(LTCCSRI3Months.NHSNO))>1));
```

How to resolve the issue: If the issue is discovered before the data is submitted the duplicate records can be deleted before the data is uploaded. If they are discovered after the data has been submitted then all the records in table can be grouped by all the fields to return one record per CSRI question per session. This can be done by the national evaluators.

Ensuring only integrated records are included in the LTC_Appointment table

Issue: The appointments in the LTC table should be a subset of the appointments therefore there should be more records in the Appointment table than in the LTC_Appointment table. The data in the LTC_Appointment table is selected for any appointment with a service type of 'Integrated' although this field is not included in the IDB. The fields that should only include one record are NHSNO, LPTID, ORGCODEPROVIDER, SERVICEID, APPOINTMENT and APPOINTMENTTIME.

How to check for the issue: The SQL query below should identify the number of records you have in the core table that do not have a corresponding integrated record. If the number of records returned is 0 or low then you may have core records in your LTC_Appointment table.

```
SELECT Appointment.NHSNO, Appointment.LPTID, Appointment.ORGCODEPROVIDER, Appointment.SERVICEID,  
Appointment.APPOINTMENT, Appointment.APPOINTMENTTIME, LTCAppointment.NHSNO
```

```
FROM Appointment LEFT JOIN LTCAppointment ON (Appointment.APPOINTMENTTIME =  
LTCAppointment.APPOINTMENTTIME) AND (Appointment.APPOINTMENT = LTCAppointment.APPOINTMENT) AND  
(Appointment.SERVICEID = LTCAppointment.SERVICEID) AND (Appointment.ORGCODEPROVIDER =  
LTCAppointment.ORGCODEPROVIDER) AND (Appointment.LPTID = LTCAppointment.LPTID) AND (Appointment.NHSNO =  
LTCAppointment.NHSNO)
```

```
WHERE (((LTCAppointment.NHSNO) Is Null));
```

How to resolve the issue: Rerun the extraction from you IAPT records system and select only records where the service type = Integrated. It is not possible to resolve this issue after submission and therefore this needs to be done by the provider as part of your local validations.

Appendix 1 - IAPT-LTC Data Collection

Integrated IAPT (IAPT-LTC) Data collection

The IAPT-LTC Dataset includes the full IAPT Minimum Dataset, plus:

- **Additional data fields:**
 - Service type (Core IAPT vs IAPT-LTC)
 - Long Term Condition (select multiple)
 - Primary Medically Unexplained Symptoms (select one)
- **Additional outcome measures (only the total scores flow to NHS Digital):**
 - Chronic Obstructive Pulmonary Disease (COPD Assessment Test)
 - Diabetes (Diabetes Distress Scale)
 - Chronic pain, including fibromyalgia (Brief Pain Inventory)
 - Chronic Fatigue Syndromes / Myalgic Encephalopathy (Chalder Fatigue Questionnaire)
 - Irritable Bowel Syndrome (Francis IBS Symptom Severity Scale)
 - Medically Unexplained Symptoms – Not Otherwise Specified (PHQ-15)
- **Self-reported healthcare utilisation (5 data fields flow to NHS Digital):**
 - Healthcare utilisation (CSRI for use in IAPT-LTC)

For further details, refer to the updated **IAPT-LTC Data Handbook**.
Copies of the **LTC MUS outcome measures** are hosted on Yammer

IAPT-LTC - Additional data fields

1. Service type

Field title	Response option	List of options	When to collect
Service Type	Drop down box, select 1	- Core IAPT - Integrated IAPT	- Each appointment

- This field should be recorded as every session. This is to enable movement between core and integrated services within one treatment episode. Everyone treated in the integrated service should have all of the relevant integrated-IAPT assessment data, as well as the IAPT minimum dataset completed, even if their initial assessment takes place in the core service
- Integrated services are:
 - Provided by therapists who have received specific LTC/MUS training
 - Co-located with a physical healthcare team
 - Truly integrated: working closely with physical health colleagues, learning from each other, supporting practice and providing an integrated approach to patient-centred care.

This field is used to filter data, so that only data associated with integrated appointment flows in the 4 additional LTCAPPOINTMENT tables to NHS Digital.

IAPT-LTC - Additional data fields

2. Long term condition

Field title	Response option	List of options	When to collect
Long Term Condition	Drop down box, can select multiple	<ul style="list-style-type: none"> - Diabetes - Chronic Obstructive Pulmonary Disease (COPD) - Asthma - Other Respiratory Disease - Heart disease - Cancer - Musculoskeletal Disorder (MSK) - Chronic pain, including fibromyalgia - Epilepsy - Skin condition including Eczema - Digestive tract conditions - Other (tick box) 	<ul style="list-style-type: none"> - Recorded once per episode

Multiple LTCs can be selected, which will enable evaluators to look at the impact of co-morbidity.

IAPT-LTC - Additional data fields

3. Medically unexplained symptoms

Field title	Response option	List of options	When to collect
Primary Medically unexplained symptoms	Select 1 only	<ul style="list-style-type: none"> - Irritable Bowel Syndrome - Chronic Fatigue Syndromes/ <u>Myalgic</u> Encephalopathy (ME) - MUS – not otherwise specified - None - Unknown - Not stated 	<ul style="list-style-type: none"> - Recorded once per episode

Only the primary MUS can be selected. This is because the outcome measures associated with these can be used in place of the GAD-7 to calculate recovery, providing:

- The correct problem descriptor is completed (F45.0 Somatization disorder)
- The primary MUS has been selected
- Paired scores on the measure associated with the primary MUS are recorded

NB: The way recovery rates in the standard national reports remains unchanged. NHS Digital are publishing IAPT-LTC reports separately

IAPT-LTC - Additional outcome measures

The additional questionnaires need to be collected alongside the existing routine outcome measures.

1. Healthcare Utilisation

Measure	Used at every session and to calculate recovery (where indicated by problem descriptor)?	Data needed for evaluation/nationally	Notes
CSRI for use in integrated IAPT	No – use at first session, last session and at follow up	All responses except those with free text	

2. Long Term Conditions

Long Term Condition	Measure	Used at every session and to calculate recovery (where indicated by problem descriptor)?	Data needed for evaluation/nationally	Notes
Chronic Obstructive Pulmonary Disease (COPD)	COPD Assessment Test (CAT)	No – use at first and last session and at therapists discretion during treatment. Not used to calculate recovery from mental health problem.	Total score	<p>Where patients present with more than one long term condition, clinical decisions should be made regarding which LTC measures would be most suitable to use.</p> <p>LTC measures are to help inform assessment and clinical decision making. They will not be used to calculate recovery from the primary mental health problem. They should be completed as a minimum at the beginning and end of treatment to support and guide treatment interventions.</p>
Diabetes	Diabetes Distress Scale	No – use at first and last session and at therapists discretion during treatment. Not used to calculate recovery from mental health problem.	Total score	
Chronic pain, including fibromyalgia	Brief Pain Inventory	No – use at first and last session and at therapists discretion during treatment. Not used to calculate recovery from mental health problem.	Total Score of Pain Interference Subscale	

Patient self-report measures for heart disease and several other LTCs are not available. In these cases, therapists should pay particular attention to the WSAS which assess patient reported disability in a range of domains.

IAPT-LTC - Additional outcome measures

3. Medically unexplained symptoms

Medically Unexplained Symptoms	Measure	Used at every session and to calculate recovery (where indicated by problem descriptor)?	Data needed for evaluation/nationally	<u>Caseness</u>
Chronic Fatigue Syndromes/ <u>Myalgic</u> Encephalopathy (ME)	Chalder Fatigue Questionnaire	Yes	Total score	≥19
Irritable Bowel Syndrome (IBS)	Francis IBS Symptom Severity Scale (5 items)	Yes	Total score	≥75
Medically Unexplained Symptom – Not Otherwise Specified	PHQ-15	Yes	Total score	≥10

The outcome measures for MUS can be used to calculate recovery, and therefore need to be completed at every session.

IAPT-LTC – Problem descriptors

For those with LTCs treated in the integrated service:

- The purpose of treatment is to treat the person's anxiety or depression in the context of their LTC.
- The **problem descriptor (ICD-10 code)** which is selected as part of the IAPT minimum dataset would therefore be the **primary presenting mental health problem** which is being treated.
- **The LTC(s) would then be specified in the additional field.**
- As the additional LTC outcome measures are not used to calculate recovery from the mental health problem, this will continue to be calculated as usual (using the PHQ9 and GAD7 or ADSM, depending on what their problem descriptor is).

For those with a MUS treated in the integrated service:

- **Somatization Disorder (ICD-10 code: F45.0)** should be selected as the **problem descriptor** in the IAPT minimum dataset.
- **The relevant MUS would then also be selected in the additional field.**
- As Somatization Disorder is not associated with an ADSM, patients would complete the routine IAPT measures and the relevant MUS specific outcome measure. The MUS specific outcome measure can be used, in conjunction with the PHQ9 to calculate recovery (provided paired scores are available).

Measure used should align with the problem descriptor used. All patients should continue to complete all routine IAPT measurements at each appointment.

Calculating recovery rates

Main Mental Health Problem (primary problem descriptor)	Depression Measure	Other Recommended Symptom Measure (ADSM/MUS)	Back-up to “Other Recommended Symptom Measure” for calculating recovery if other recommended measure is missing
Depression/ Depressive episode	Patient Health Questionnaire -9 (PHQ-9)	Generalised Anxiety Disorder – 7 (GAD-7)	
Generalised Anxiety Disorder	PHQ-9	GAD-7	
Mixed anxiety/depression	PHQ-9	GAD-7	
No problem descriptor/ other problem descriptor	PHQ-9	GAD-7	
Social anxiety/ Social phobias	PHQ-9	Social Phobia Inventory (SPIN)	GAD-7
Post-Traumatic Stress Disorder	PHQ-9	Impact of Events Scale – Revise (IES-R)	GAD-7
Agoraphobia	PHQ-9	Mobility Inventory (MI)	GAD-7
Obsessive Compulsive Disorder	PHQ-9	Obsessive-Compulsive Inventory (OCI)	GAD-7
Panic Disorder	PHQ-9	Panic Disorder Severity Scale (PDSS)	GAD-7
Health Anxiety/ Hypochondriasis	PHQ-9	Health Anxiety Inventory	GAD-7
Irritable bowel syndrome*	PHQ-9	Francis IBS scale	GAD-7
Chronic fatigue syndrome*	PHQ-9	Chalder Fatigue Questionnaire	GAD-7
MUS not otherwise specified*	PHQ-9	PHQ-15	GAD-7

* denotes a mental health problem that is new to the IAPT programme as it is being introduced in the context of integrated IAPT. These are not currently included in the list of IAPT problem descriptors, the appropriate primary problem descriptor would be Somatization Disorder.

The pair of measures shown in bold are those recommended for calculating recovery and reliable improvement. If the ‘other recommended measure’ is missing, the recovery calculations default to PHQ9/GAD7.

The calculation of recovery in the standard national reports remains unchanged, and all patients should complete all of the routine IAPT measurements at each appointment.