

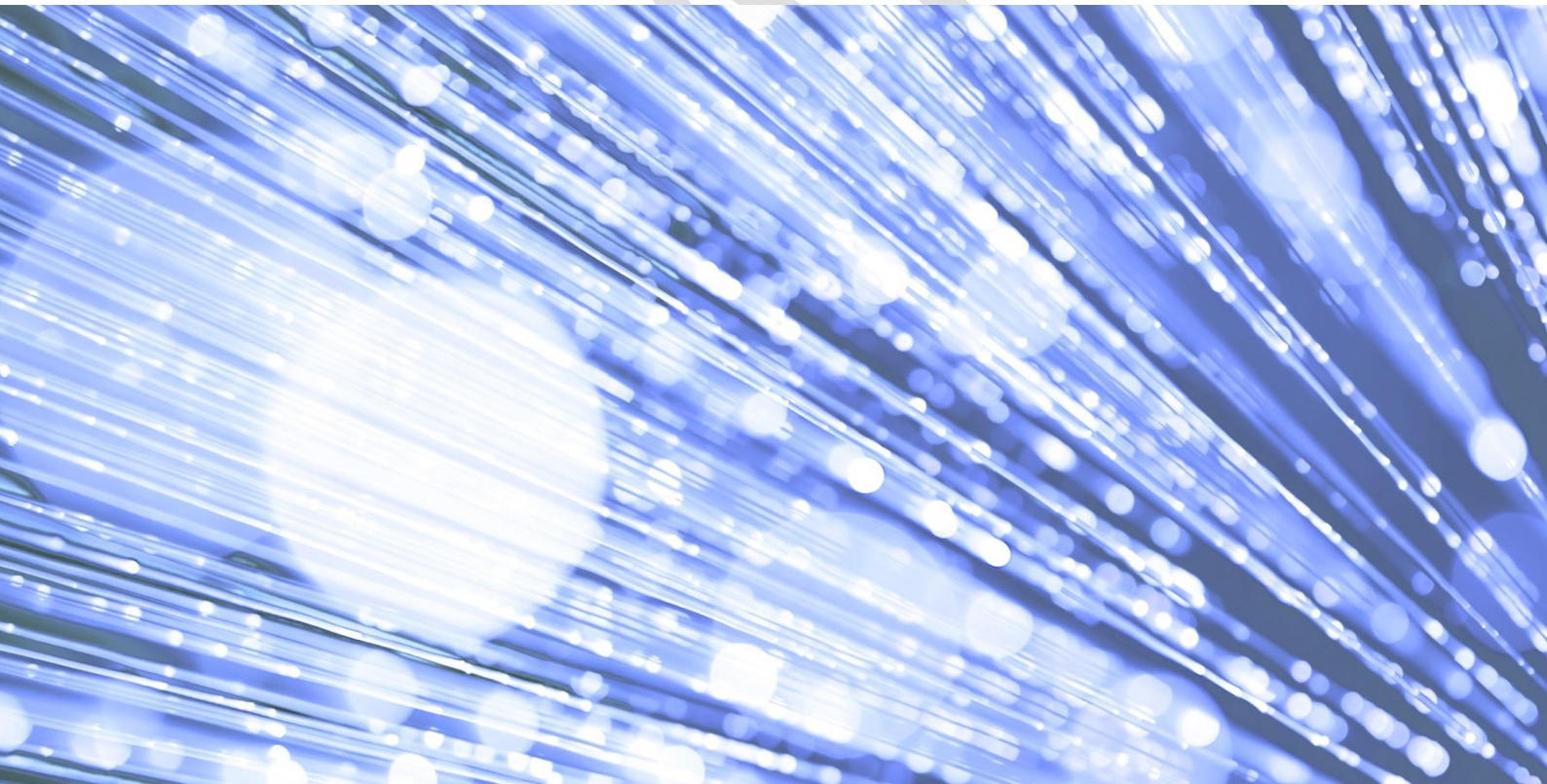
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# Improving Access to Psychological Therapies (IAPT) Data Set v2.0 Change Specification

Draft for Public Consultation

This document is provided in DRAFT format for review as part of the Public Consultation.

References throughout the document, such as to wider documentation, may not be accurate at this stage.



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## Glossary of Terms

A full Glossary of Terms for the IAPT Information Standard can be found within the Requirements Specification

# 1. Overview

## 1.1. Summary

Standard	
Standard Number	DCB1520
Standard Title	Improving Access to Psychological Therapies (IAPT) Data Set
Description	<p>The IAPT Data Set is a patient level, output based, secondary uses data set. It has been developed to collect national data on IAPT services, to support service delivery and inform clinical decision-making and encourage improved access to talking therapies for people with common mental health problems such as depression and anxiety disorders.</p> <p>As a secondary uses data set it re-uses clinical and operational data for purposes other than direct patient care, for example: commissioning, service improvement and service design. It defines the data items, definitions and associated value sets extracted or derived from local information systems.</p>
Applies to	<p><b><u>In Scope</u></b></p> <p>All activity relating to people accessing NHS commissioned adult IAPT services for depression and anxiety in England.</p> <p>This includes activity relating to people under the age of 18 accessing NHS commissioned adult IAPT services.</p> <p><b><u>Out of Scope</u></b></p> <p>Activity relating to the provision of Children and Young People's (CYP) IAPT services is out of scope of this data set and should be included within the Mental Health Services Data Set (MHSDS).</p> <p><b><u>Organisation Types</u></b></p> <p>The standard will be used across the range of service providers and organisations that provide IAPT services including:</p> <ul style="list-style-type: none"><li>• NHS Mental Health Trusts</li><li>• NHS Acute Trusts<sup>1</sup></li><li>• NHS Care Trusts</li><li>• Independent and third sector healthcare providers offering a service model that includes NHS funded patients<sup>1</sup></li></ul> <p><b><u>Departments</u></b></p> <p>The standard must be read and used by all heads of IAPT services, and other clinical and support services that have an active involvement in delivering IAPT care.</p> <p><b><u>Professionals</u></b></p> <p>The standard applies to all care professions working in or supporting IAPT services.</p> <p><b><u>IT Systems</u></b></p>

<sup>1</sup> Where there is direct provision of IAPT services

	The standard predominantly, but not exclusively, relates to clinical systems designed to support IAPT services, Patient Administration Systems (PAS) and Electronic Patient Records (EPR).
IG and Linkage	The data held in the IAPT Data Set may also be linked to data held by NHS Digital from various other data sets and collections. The IAPT data may also be linked to external data sources. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the <a href="#">NHS Digital Data Collections and Data Sets webpage</a> .
<b>Release</b>	
Release Number	Amd 14/2019
Release Title	Version 2.0
Description	<p>An ongoing requirement exists to update the Improving Access to Psychological Therapies Data Set (IAPT) to ensure the data set remains 'fit for purpose'. The changes included in this release relate to new government policy initiatives, resolution of issues within the current data collection, and inclusion of other key stakeholder requirements as follows:</p> <ol style="list-style-type: none"> <li>1. Structural changes to align with other NHS Digital modular data sets, including the Mental Health Services Data Set (MHSDS), including: <ul style="list-style-type: none"> <li>○ Increased use of clinical terminology (including SNOMED CT) to capture clinical activity</li> <li>○ Improved relational modelling across data tables</li> </ul> </li> <li>2. Alignment of data items with changes to the NHS Data Model &amp; Dictionary, such as with ODS, Gender and Sexual Orientation data items</li> <li>3. Removal of data items that are no longer required nationally, such as the Opt-In Date</li> <li>4. Revision of the referral end codes to reflect treatment pathways</li> <li>5. Changes to support the collection of internet enabled therapies</li> <li>6. Additional fields to collect information regarding language and use of interpreters</li> <li>7. Collection of the qualifications held by Care Professionals</li> <li>8. Incorporation of the Employment Advisors Pilot Data Set and further enhancement of the employment data items</li> <li>9. Incorporation of items from the Long Term Conditions and Medically Unexplained Symptoms Pilot Data Set</li> <li>10. Additional data items in the Care Contact table to understand the location of treatment and delivery of group sessions</li> <li>11. Inclusion of the Overseas Visitor Charging Category (OVCC) fundamental standard (DCB3017)</li> </ol>

	<p>12. Clarification of data set scope regarding under 18s accessing adult IAPT services</p> <p>13. Other minor maintenance changes to respond to issues raised by, for example, the NHS Data Model and Dictionary Service</p>
Implementation Completion Date	<p><b><u>System Conformance</u></b></p> <p>From 1 April 2020 IAPT systems <b>MUST</b> be fully conformant with this standard.</p> <p><b><u>Health and Care Organisations</u></b></p> <p>From 1 April 2020 providers of NHS funded IAPT services as defined in this Information Standard <b>MUST</b> be able to collect the information as defined in the Technical Output Specification for local use.</p> <p>From 1 May 2020, providers of NHS funded IAPT services <b>MUST</b> commence IAPT submissions in accordance with this standard.</p>
Full Conformance Date	<p>22 May 2020 - This is the date the first IAPT v2.0 submission window closes for April 2020 reporting period data. Providers must be able to make a valid submission prior to this date, which will include data collected from 1 April 2020.</p>

## 1.2. Supporting documents

This document should be read in conjunction with the following:

Ref #	Title
1	IAPT Requirements Specification
2	IAPT Technical Output Specification
3	IAPT Implementation Guidance
4	IAPT User Guidance
5	IAPT Technical Guidance
6	NHS Data Model and Dictionary Change Request

Please see section 2.4 of the *Implementation Guidance* for a full list and descriptions of each related document listed above and where they can be found.

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## 1.3. Related standards

Reference	Title
DCB0011	Mental Health Services Data Set (MHSDS)
DCB1605	Accessible Information
ISB0149-02	NHS Number for Secondary Care
ISB0149-01	NHS Number for General Practice
SCCI0034	SNOMED CT
SCCI0021	International Classification of Diseases
DCB0090	Health and Social Care Organisation Reference Data
DCB2094	Sexual Orientation Monitoring
DCB3017	Overseas Visitor Charging Category (OVCC)

Further details regarding the above standards can be found on the [DCB Standards and Collections webpage](#)<sup>i</sup>. This webpage also contains a list of all current DCB and Information Standards Board (ISB) standards and collections.



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## 2. Reason for release

The IAPT Data Set applies to, and is used by, a wide range of stakeholders. The content of the data set is determined from consultation with these stakeholders which include various sections of NHS England and NHS Improvement, Department of Health and Social Care (DHSC), Care Quality Commission (CQC), service providers, IT system suppliers and commissioners.

Changes are required to the IAPT v1.5 to ensure that the data set remains 'fit for purpose'. The following amendments are required in response to changes in clinical practice or coding, changes to policy requirements, changes to the NHS Data Model and Dictionary in light of other Information Standards, and requests for amendments by care providers or system suppliers.

There are two high-level drivers for the release of IAPT v2.0, which are:

1. Alignment of the data set structure with a modular data set design, as previously adopted by the MHSDS
2. Collection of 'New' data to facilitate wider national reporting

Further details on these drivers and justification for the changes being made to the data set are outlined below.

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## 3. Justification for changes

### 3.1. Structural Alignment

Agreement exists to merge the IAPT and MHSDS at a suitable opportunity in future to provide a single source of mental health data in a common structure. However, in order to facilitate key requirements in the short term, an interim release of the IAPT Data Set has been agreed. By including changes to align the IAPT Data Set with the MHSDS in this interim release, this will also simplify the merger in future.

There is also a business requirement within the Data Set Development Service to align all national data sets as much as possible, to improve consistency which will aid data quality and data linkage opportunities going forward.

#### 3.1.1. Header Table

The introduction of the Header table will allow enhanced administrative information to be captured regarding the submission, which is not linked at a patient-level.

**Aim:** To capture administrative detail regarding the submission in a single record.

**Benefits:** Reduce the need to duplicate items across tables (e.g. provider code).

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS000 Header	HEADER	Addition			
IDS000 Header	DATA SET VERSION NUMBER	Addition			
IDS000 Header	ORGANISATION IDENTIFIER (CODE OF PROVIDER)	Amendment	Previously collected in the following tables:  'PERSON' 'DISABILITY' 'REFERRAL' 'APPOINTMENT' 'WAITINGTIMEPAUSE' 'TREATMENTQUESTIO NNAIRE' 'ASSESSMENT QUESTIONAIRE'	Moved singularly to 'Header' table	
IDS000 Header	ORGANISATION IDENTIFIER (CODE OF SUBMITTING ORGANISATION)	Addition			To enable sight (and support) of submission arrangements between providers.
IDS000 Header	PRIMARY DATA COLLECTION SYSTEM IN USE	Addition			This will help ensure more targeted support to providers depending on what system they are using.
IDS000 Header	REPORTING PERIOD START DATE	Amendment			



Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS000 Header	REPORTING PERIOD END DATE	Addition			
IDS000 Header	DATE AND TIME DATA SET CREATED	Amendment			

### 3.1.2. Increased use of clinical terminology

The data set can benefit significantly from implementing clinical terminologies within the data model:

- Providers can choose between multiple schemes to submit Care Activity information. Of which, providers can submit what they record over and above specific national information requirements. This enables commissioner information requirements to be better met through the data set.
- Using SNOMED CT to capture outcome measures reduces the need for individual tables for each measure. A single table can capture multiple measures using a common structure.
- The data set can respond more quickly to changes in clinical practice and information requirements. Terminology is updated at regular intervals and the data set automatically can capture the latest terms without the need for changing the data set through the DCB process.

Within Version 2:

- Diagnoses can now be submitted using a select choice of Schemas.
- Assessment Tools must now be submitted using SNOMED CT. There are multiple ways to link this data within the data set such as against a specific Referral or Care Contact.
- More detailed Care Activity information can now be submitted, using a select choice of Schemas. Procedures, observable entities and findings are all recordable.
- Social and Personal Circumstances can now be submitted using SNOMED CT, which will allow the flow of MHS001 data items and personal information in line with published SNOMED CT subsets.

#### 3.1.2.1. Care contacts and activities

The Appointment table has been aligned with a Care Contact and Care Activity design adopted across other national data sets.

This will allow the flow of one or many NICE approved therapies as a Care Activity, undertaken at a Care Contact.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
4 - APPOINTMENT		Amendment	4 - APPOINTMENT	IDS201 Care Contact	Alignment of national terminology for care contacts
IDS202 Care Activity		Addition			

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS201 Care Contact	CARE CONTACT IDENTIFIER	Addition			
IDS201 Care Contact	APPOINTMENT DATE	Deletion			
IDS201 Care Contact	APPOINTMENT TIME	Deletion			
IDS201 Care Contact	CARE CONTACT DATE	Addition			
IDS201 Care Contact	CARE CONTACT TIME	Addition			
IDS201 Care Contact	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Addition			
IDS201 Care Contact	CLINICAL CONTACT DURATION OF APPOINTMENT	Deletion			
IDS201 Care Contact	CLINICAL CONTACT DURATION OF CARE CONTACT	Addition			
IDS201 Care Contact	FACE TO FACE COMMUNICATION MODE	Deletion			
IDS201 Care Contact	GROUP SESSION INDICATOR	Addition			
IDS201 Care Contact	THERAPY TYPE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES) 1-4	Deletion			All 4 Therapy Types fields now replaced by Coded Procedure in the Care Activity table.
IDS202 Care Activity	CARE ACTIVITY IDENTIFIER	Addition			
IDS202 Care Activity	CARE CONTACT IDENTIFIER	Addition			
IDS202 Care Activity	CLINICAL CONTACT DURATION OF CARE ACTIVITY	Addition			
IDS202 Care Activity	CODED PROCEDURE AND PROCEDURE STATUS (SNOMED CT)	Addition			
IDS202 Care Activity	FINDING SCHEME IN USE	Addition			

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS202 Care Activity	CODED FINDING (CODED CLINICAL ENTRY)	Addition			
IDS202 Care Activity	CODED OBSERVATION (SNOMED CT)	Addition			
IDS202 Care Activity	OBSERVATION VALUE	Addition			
IDS202 Care Activity	UCUM UNIT OF MEASUREMENT	Addition			

### 3.1.2.2. Social and personal circumstances

Religion and Sexual Orientation will now flow against the MPI table as a 'Social and person circumstance' mapped to SNOMED CT.

SNOMED 'refsets' exist for these items within the NHS Data Model & Dictionary.

Please note, as part of this change, the existing Sexual Orientation (Current) data item will change to the Person Stated Sexual Orientation Code data item, which will now flow using the national SNOMED CT refset.

**Aim:** To flow religious group and sexual orientation as a 'Social and personal circumstance'

**Benefits:** Data set more reactive to changes in national code lists and to capture circumstances of national interest. For example, the code lists will come out of the physical data model which means that if the NHS needs to alter the lists, there is no need to change the structure of a large number of data sets.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
1 - PERSON	RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION GROUP CODE	Deletion			
1 - PERSON	SEXUAL ORIENTATION (CURRENT)	Deletion			
IDS011 Social and Personal Circumstances		Addition			New table
IDS011 Social and Personal Circumstances	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS011 Social and Personal Circumstances	SOCIAL AND PERSONAL CIRCUMSTANCE (SNOMED CT)	Addition			To be populated with the relevant Religion or Sexual Orientation SNOMED CT code
IDS011 Social and Personal Circumstances	SOCIAL AND PERSONAL CIRCUMSTANCE RECORDED DATE	Addition			Date field will allow indication of when (and how frequent) this information is identified

### 3.1.2.3. Coded Scored Assessments

Routine Outcome Measures (ROMs) will now flow to the data set as a Coded Scored Assessment, mapped to SNOMED CT.

NHS Digital will provide the mapping to SNOMED CT within the Technical Output Specification.

**Aim:** To flow all ROMs to the data set as a Coded Scored Assessment mapped to SNOMED CT.

**Benefits:** The data set becomes more reactive to any changes in the use of ROMs, so there would be no need to alter the structure. It will also align with other national data sets that use the same common approach.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
4 - APPOINTMENT	PHQ-9 TOTAL SCORE	Deletion			
4 - APPOINTMENT	GAD7 SCORE	Deletion			
4 - APPOINTMENT	GENERALISED ANXIETY DISORDER SCORE	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (WORK)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (HOME MANAGEMENT)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (SOCIAL LEISURE ACTIVITIES)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (PRIVATE LEISURE ACTIVITIES)	Deletion			
4 - APPOINTMENT	WORK AND SOCIAL ADJUSTMENT SCALE SCORE (RELATIONSHIPS)	Deletion			
4 - APPOINTMENT	AGORAPHOBIA: MOBILITY INVENTORY SCORE (WHEN ACCOMPANIED)	Deletion			
4 - APPOINTMENT	AGORAPHOBIA: MOBILITY INVENTORY SCORE (WHEN ALONE)	Deletion			
4 - APPOINTMENT	AGORAPHOBIA SCORE	Deletion			
4 - APPOINTMENT	GENERALIZED ANXIETY DISORDER PENN STATE WORRY SCORE	Deletion			
4 - APPOINTMENT	HEALTH ANXIETY INVENTORY SHORT WEEK SCALE SCORE	Deletion			
4 - APPOINTMENT	OBSESSIVE COMPULSIVE DISORDER INVENTORY SCORE	Deletion			
4 - APPOINTMENT	PANIC DISORDER SEVERITY SCALE SCORE	Deletion			

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
4 - APPOINTMENT	POST TRAUMATIC STRESS DISORDER IMPACT OF EVENTS SCALE REVISED SCORE	Deletion			
4 - APPOINTMENT	SOCIAL PHOBIA INVENTORY SCORE	Deletion			
4 - APPOINTMENT	SOCIAL PHOBIA SCORE	Deletion			
4 - APPOINTMENT	SPECIFIC PHOBIA SCORE	Deletion			
6 - TREATMENT QUESTIONNAIRE		Deletion			Deletion of table
7 - ASSESSMENT QUESTIONNAIRE		Deletion			Deletion of table
IDS606 Coded Scored Assessment (Referral)		Addition			New table
IDS606 Coded Scored Assessment (Referral)	SERVICE REQUEST IDENTIFIER	Addition			
IDS606 Coded Scored Assessment (Referral)	CODED ASSESSMENT TOOL TYPE (SNOMED CT)	Addition			
IDS606 Coded Scored Assessment (Referral)	PERSON SCORE	Addition			
IDS606 Coded Scored Assessment (Referral)	ASSESSMENT TOOL COMPLETION DATE	Addition			
IDS607 Coded Scored Assessment (Care Activity)		Addition			New table
IDS607 Coded Scored Assessment (Care Activity)	CARE ACTIVITY IDENTIFIER	Addition			
IDS607 Coded Scored Assessment (Care Activity)	CODED ASSESSMENT TOOL TYPE (SNOMED CT)	Amendment			
IDS607 Coded Scored Assessment (Care Activity)	PERSON SCORE	Amendment			

### 3.1.3. Modular data design

A number of data items have now moved out of the Person/Referral/Appointment tables into a relational structure. This does not alter the underlying data and it should not directly impact on how data is collected locally. For example, employment details may still be captured using an appointment screen. However, employment data will now require extraction from local systems into the new Employment table within the IDB instead, for national reporting purposes.

**Aims:** To align with MHSDS and other national data sets.

**Benefits:** The approach will allow these 'modules' to be used consistently across other care settings in future (other mental health services and much wider). Associating dates within the relational modules will allow greater understanding of when this information was last reviewed and how values change.

### 3.1.3.1. General Practice Registration Table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS001 Master Patient Index	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	Deletion	Moved from the 'PERSON' table;	Moved to 'GP Practice Registration' table	
IDS002 General Practice Registration		Addition			New table
IDS002 General Practice Registration	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	Addition	Moved from the 'PERSON' table;	Moved to 'GP Practice Registration' table	
IDS002 General Practice Registration	START DATE (GMP PATIENT REGISTRATION)	Addition			
IDS002 General Practice Registration	END DATE (GMP PATIENT REGISTRATION)	Addition			
IDS002 General Practice Registration	ORGANISATION IDENTIFIER (GP PRACTICE RESPONSIBILITY)	Addition			

### 3.1.3.2. Employment Status

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
4 - APPOINTMENT	EMPLOYMENT STATUS	Deletion			
4 - APPOINTMENT	EMPLOYMENT SUPPORT SUITABILITY INDICATOR	Deletion			
4 - APPOINTMENT	EMPLOYMENT SUPPORT REFERRAL DATE	Deletion			
4 - APPOINTMENT	STATUTORY SICK PAY INDICATOR	Deletion			
IDS004 Employment Status		Addition			New table
IDS004 Employment Status	EMPLOYMENT STATUS	Addition			
IDS004 Employment Status	EMPLOYMENT STATUS RECORDED DATE	Addition			



Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
IDS004 Employment Status	EMPLOYMENT SUPPORT SUITABILITY INDICATOR	Addition			
IDS004 Employment Status	EMPLOYMENT SUPPORT REFERRAL DATE	Addition			
IDS004 Employment Status	STATUTORY SICK PAY RECEIPT INDICATOR	Addition			Note minor change in data item name.

### 3.1.3.3. Care Cluster Table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional Change Detail
3 - REFERRAL	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)	Deletion			
IDS803 Care Cluster		Addition			New table
IDS803 Care Cluster	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS803 Care Cluster	ADULT MENTAL HEALTH CARE CLUSTER CODE (FINAL)	Amendment			
IDS803 Care Cluster	START DATE (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			
IDS803 Care Cluster	START TIME (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			
IDS803 Care Cluster	END DATE (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			
IDS803 Care Cluster	END TIME (CARE CLUSTER ASSIGNMENT PERIOD)	Addition			

### 3.1.3.4. Onward Referrals

As part of the stepped care model, IAPT services are required to flow a Organisation Code (Stepped to Provider) field to identify where a patient is stepped up or down to a external service.

Other national data sets have the concept of an Onward Referral, which covers any internal or external referral made the service to another service. As part of the structural alignment across data sets, it is proposed to replace the above field with the Onward Referral module.

**Aims:** To align with MHSDS and other national data sets in identifying onward referrals, in particular for the IAPT the stepping of patients between organisations.

**Benefits:** Alignment of data sets will reduce the burden of collection and analysis of national data.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Change Reason
3 - REFERRAL	ORGANISATION CODE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES STEPPED TO PROVIDER)	Deletion			
IDS105 Onward Referral		Addition			New table
IDS105 Onward Referral	SERVICE REQUEST IDENTIFIER	Addition			
IDS105 Onward Referral	ONWARD REFERRAL DATE	Addition			
IDS105 Onward Referral	ONWARD REFERRAL TIME	Addition			
IDS105 Onward Referral	ONWARD REFERRAL REASON	Addition		Addition of new codes to item: 05 - Stepped up from low intensity Improving Access to Psychological Therapies Service 06 - Stepped down from high intensity Improving Access to Psychological Therapies Service	The existing data item will include two new IAPT-specific codes for stepped care.
IDS105 Onward Referral	ORGANISATION IDENTIFIER (RECEIVING)	Addition			

### 3.1.4. Differences in mandation in new structure

A small number of items will be made mandatory in IAPT v2.0. However, although these items will now be mandatory, various default codes exist to ensure that the data can be populated in every scenario.

Various items will also 'appear' to have been updated to mandatory (E.g. Employment Status will now be a mandatory item in Employment table). In these instances, the item is only mandatory *IF* a record is entered into that table. If this information is not available, the table itself can be left blank for that person.

**Aims:** To bring mandation of items in line with the high level data set principles.

**Benefits:** Improved data quality within these tables, ensuring all records submitted have the 'minimum' fields completed.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS002 General Practice Registration	GENERAL MEDICAL PRACTICE CODE	Amendment	Required	Mandatory	The GP table is a mandatory table, however default codes exist to enable the table to flow for every person.
IDS007 Disability Type	DISABILITY CODE	Amendment	Required	Mandatory	Although this item is now mandatory, the table itself is Required and doesn't require submission for every person.
IDS101 Referral	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Amendment	Required	Mandatory	This field is now a mandatory field in the Referral table. Default codes exist to cover all scenarios.

## 3.2. Collection of new/amended data

### 3.2.1. Removal of data items no longer required

NHS Digital are committed to minimising data collection burden across all data sets and collections. As part of this, a need exists to review the collection of all existing data items within the IAPT Data Set.

The following data items have been identified as being no longer required for national purposes. NHS Digital will continue to regularly review the use of all IAPT data items throughout ongoing maintenance and development of the data set.

**Aims:** Ensure the data set continues to reflect the minimum data required on a national basis

**Benefits:** Minimal data submission burden for providers

Group/Table	Item Name / Level	Previous	New	Additional change detail
IDS001 Master Patient Index	LONG TERM PHYSICAL HEALTH CONDITION INDICATOR (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)			Replaced by the collection of individual long term conditions via the Medical History (Previous Diagnosis) table. See LTC section below.
IDS101 Referral	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES OPT IN DATE			No longer required nationally.
IDS201 Care Contact	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES STEPPED CARE INTENSITY DELIVERED			This data item is no longer required nationally and can be derived.
2 - DISABILITY 3 – REFERRAL 4 - APPOINTMENT	NHS NUMBER			No longer required due to relational structure.
2 - DISABILITY 3 – REFERRAL 4 – APPOINTMENT	ORGANISATION CODE (CODE OF PROVIDER)			No longer required due to relational structure.
4 – APPOINTMENT	LOCAL PATIENT IDENTIFIER (EXTENDED)			No longer required due to relational structure.

### 3.2.2. Revision to End Codes

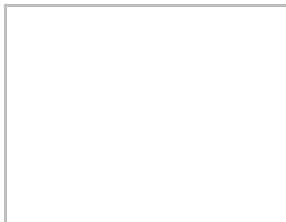
Revisions are required to the list of End Codes as the current list does not fully meet national reporting requirements.

#### Aims:

- 1) To understand whether patients, who have not completed a full course of treatment, have had their needs addressed.
- 2) To distinguish between patients that are:
  - Referred but not seen
  - Seen but not taken on for a course of treatment, where this is defined as having less than 2 care contacts coded as “assessed and treated” and/or “treated”
  - Taken on for a course of treatment, which is defined as having 2 or more care contacts coded as “assessed and treated” and/or “treated”
- 3) To align the data item name with NHS Data Model and Dictionary editorial principles

**Benefits:** Improved understanding of patient outcomes at the end of a referral. Closer alignment to local information requirements to reduce burden of data mapping.

Item Name / Level	Previous	New
Name change:	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CARE SPELL END CODE	DISCHARGE FROM IAPT SERVICE REASON
<b>DISCHARGE FROM IAPT SERVICE REASON</b>	<p><b>ASSESSED ONLY</b></p> <p>10 - Not suitable for IAPT service - no action taken or directed back to referrer</p> <p>11 - Not suitable for IAPT service - signposted elsewhere with mutual agreement of patient</p> <p>12 - Discharged by mutual agreement following advice and support</p> <p>13 - Referred to another therapy service by mutual agreement</p> <p>14 - Suitable for IAPT service, but patient declined treatment that was offered</p> <p>15 - Deceased (assessed only)</p> <p>97 - Not Known (assessed only)</p> <p><b>ASSESSED AND TREATED</b></p> <p>40 - Stepped up from low intensity IAPT service</p> <p>41 - Stepped down from high intensity IAPT service</p> <p>42 - Completed scheduled treatment</p> <p>43 - Dropped out of treatment (unscheduled discontinuation)</p> <p>44 - Referred to non IAPT service</p> <p>45 - Deceased (assessed and treated)</p> <p>98 - Not Known (assessed and treated)</p>	<p><b>REFERRED BUT NOT SEEN</b></p> <p>50 - Not assessed</p> <p><b>SEEN BUT NOT TAKEN ON FOR A COURSE OF TREATMENT</b></p> <p>10 - Not suitable for IAPT service - no action taken or directed back to referrer</p> <p>11 - Not suitable for IAPT service - signposted elsewhere with mutual agreement of patient</p> <p>12 - Discharged by mutual agreement following advice and support</p> <p>13 - Referred to another therapy service by mutual agreement</p> <p>14 - Suitable for IAPT service, but patient declined treatment that was offered</p> <p>16 - Incomplete Assessment (Patient dropped out)</p> <p>15 - Deceased (assessed only)</p> <p>97 - Not Known (assessed only)</p> <p><b>SEEN AND TAKEN ON FOR A COURSE OF TREATMENT</b></p> <p>46 - Mutually agreed completion of treatment</p> <p>47 - Termination of treatment earlier than therapist planned</p>



48 - Termination of treatment earlier than patient requested  
 45 - Deceased (assessed and treated)  
 98 - Not Known (assessed and treated)

### 3.2.3. Internet Enabled Therapy

With the development and introduction of internet enabled therapies, the IAPT Data Set requires updates to reflect these evolving models of care delivery.

For internet enabled therapies, the patient completes key learning in their own time through an internet programme, with the support of a therapist who they keep in contact with through a number of mediums.

The national data requirements for this activity vary when compared with non-digital delivery of therapies, where regular face-to-face sessions are undertaken and recorded. Instead, considerably more frequent but shorter contacts may take place during the completion of the therapy. There is no national requirement to submit all of these shorter contacts within the Data Set, however the Care Contact table has been amended to allow the flow of these contacts where naturally recorded. Instead, services are required to submit a weekly log of the clinical time spent supporting delivery of therapy.

Services involved in the digital evaluation pilot will be familiar with the recording of these therapist logs. For version 2.0 of the IAPT Data Set, a formal structure will be in place to record this same data, as follows below.

**Aims:** Incorporation of data requirements from the digital evaluation pilot

**Benefits:** More accurate national data flow of digital activities to enable improved evaluation of effectiveness against non-digital delivery methods.

Group/Table	Item Name / Level	Item Amend Type	Previous	New	Additional change detail
IDS205 Internet Therapy Log					New table
IDS205 Internet Therapy Log	SERVICE REQUEST IDENTIFIER	Addition			
IDS205 Internet Therapy Log	INTERNET ENABLED THERAPY WEEKLY ACTIVITY LOG DATE	Addition			
IDS205 Internet Therapy Log	INTERNET ENABLED THERAPY PROGRAMME (SNOMED CT)	Addition			
IDS205 Internet Therapy Log	WEEKLY DURATION OF THERAPIST TIME	Addition			
IDS205 Internet Therapy Log	CARE PROFESSIONAL LOCAL IDENTIFIER	Addition			
IDS205 Internet Therapy Log	USE OF ACCELERATOR	Addition			

	<b>ENGINE INDICATOR</b>				
<b>IDS201 Care Contact</b>	<b>ATTENDED OR DID NOT ATTEND CODE</b>	Amendment		Addition of: 9 - Not applicable - Unscheduled Care Contact	
<b>IDS201 Care Contact</b>	<b>CONSULTATION MEDIUM USED</b>	Amendment	Amend from: 03 Telemedicine web camera	Amend to: 03 Telemedicine web camera / video conference  Addition of:08 On-line instant messaging	
<b>IDS201 Care Contact</b>	<b>INTERNET ENABLED THERAPY PROGRAMME (SNOMED CT)</b>	Addition			

### 3.2.4. Language

**Aims:** The inclusion of language data items will identify the preferred language of the person and the language ultimately used throughout the delivery of treatment. A data item has also been included to indicate the use of interpreters at appointments.

**Benefits:** National sight of demand and supply for treatment in other languages

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
<b>IDS001 Master Patient Index</b>	<b>LANGUAGE CODE (PREFERRED)</b>	Addition			
<b>IDS201 Care Contact</b>	<b>LANGUAGE CODE OF TREATMENT</b>	Addition			
<b>IDS201 Care Contact</b>	<b>USE OF INTERPRETOR INDICATION CODE</b>	Addition			

### 3.2.5. Care Professional Qualification

To support a national view of the delivery of therapies by qualified Care Professionals, a Care Professional Qualification table has been added. This will record qualifications against a Care Professional Local Identifier which will be used for linkage with the activities delivered as part of the referral. No additional details of the Care Professional are required.

**Aim:** To enable linkage between the qualifications of Care Professionals and the NICE approved therapies delivered.

**Benefits:** A richer picture of the IAPT workforce to enable better workforce planning.



Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS902 Care Professional Qualification		Addition			New table
IDS902 Care Professional Qualification	CARE PROFESSIONAL LOCAL IDENTIFIER	Addition			
IDS902 Care Professional Qualification	QUALIFICATION HELD (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Addition			
IDS902 Care Professional Qualification	EMPLOYEE QUALIFICATION AWARDED DATE	Addition			
IDS202 Care Activity	CARE PROFESSIONAL LOCAL IDENTIFIER	Addition			To link the qualifications to activity delivered by the Care Professional.
4 - APPOINTMENT	CARE PROFESSIONAL ROLE CODE FOR IAPT	Deletion			Superseded by collection of Qualifications

### 3.2.6. Employment Advisors (EA) in Increasing Access to Psychological Therapies (IAPT) Pilot

As part of the Spending Review 2015, investment in Employment Advisors (EA) in IAPT was taken forward by the Work (Department for Work and Pensions) and Health (Department of Health) Joint Unit (WHU) to increase the number of EAs embedded in IAPT services.

Collection of Employment Advisors in IAPT pilot data commenced in October 2017, by way of an add-on table in IAPT v1.5. This table will now be incorporated formally into the main data set.

Additional employment fields are also required to provide additional information regarding the person's employment status.

#### Aims:

- 1) To incorporate the Employment Advisors pilot items into the main data set
- 2) To incorporate additional employment fields

**Benefits:** Incorporating the pilot table formally within the data set will ensure a simpler process for providers and for analysts for the collection of this data.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS004 Employment Status	WEEKLY HOURS WORKED	Addition			From the pilot
IDS004 Employment Status	SELF EMPLOYMENT INDICATOR	Addition			New data requirement
IDS004 Employment Status	EMPLOYMENT ATTENDANCE STATUS	Addition			From the pilot

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS004 Employment Status	BENEFITS RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	JOBSEEKERS ALLOWANCE RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	EMPLOYMENT AND SUPPORT ALLOWANCE RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	UNIVERSAL CREDIT RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	PERSONAL INDEPENDENCE PAYMENT RECEIPT INDICATOR	Addition			From the pilot
IDS004 Employment Status	OTHER BENEFITS RECEIPT INDICATOR	Addition			From the pilot
IDS001MPI	EDUCATIONAL ESTABLISHMENT TYPE	Addition			New data requirement

### 3.2.7. Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS) early implementor pilot programme

Data for Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS) is currently collected as an add-on collection alongside IAPT v1.5. The pilot collection has been supporting an NHS England pilot programme, which commissioned the collection and analysis of the impact of 'Integrated IAPT' services co-located in and integrated with physical health services, focused on people with anxiety/depression in the context of Long Term Conditions (LTCs) and/or Medically Unexplained Symptoms (MUS).

A number of data items from this pilot collection are now to be taken forward into the core IAPT Data Set:

- LTC data will be submitted in the new Medical History table, which captures previous/current conditions that are relevant to the IAPT referral.
- MUS data will flow as a Problem Descriptor. To allow this, a Primary and one/many Secondary Problem Descriptors can be submitted in a relational Problem Descriptor table.

**Aims:** To incorporate LTC and MUS formally within the IAPT v2.0 data set structure.

**Benefits:** Incorporating these tables within the data set will ensure a simpler process for providers and for analysts to collect and use the data.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS601 Medical History (Previous Diagnosis)		Addition			New table

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS601 Medical History (Previous Diagnosis)	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS601 Medical History (Previous Diagnosis)	DIAGNOSIS SCHEME IN USE	Addition			
IDS601 Medical History (Previous Diagnosis)	PREVIOUS DIAGNOSIS (CODED CLINICAL ENTRY)	Addition			
IDS601 Medical History (Previous Diagnosis)	DIAGNOSIS DATE	Addition			
3 - REFERRAL	PROVISIONAL DIAGNOSIS (ICD)	Deletion			Replaced by new table below:
IDS603 Problem Descriptor		Addition			New table
IDS603 Problem Descriptor	SERVICE REQUEST IDENTIFIER	Addition			
IDS603 Problem Descriptor	DIAGNOSIS SCHEME IN USE	Addition			
IDS603 Problem Descriptor	Problem Descriptor	Addition			
	PROVISIONAL DIAGNOSIS (CODED CLINICAL ENTRY)				
IDS603 Problem Descriptor	PROBLEM DESCRIPTOR TYPE	Addition			To indicate whether the Problem Descriptor is 'Primary' or 'Secondary'
IDS603 Problem Descriptor	PROVISIONAL DIAGNOSIS DATE	Addition			

### 3.2.8. Additional Care Contact Information

**Aim:** A number of fields have been added to the IDS201 Care Contact table to collect further context behind patient contacts with Care Professionals. The changes relate to:

- 1) Fields to identify the number of participants and facilitators at group sessions
- 2) Fields to identify the type of location for face to face contacts

**Benefits:** Ability to monitor delivery of group sessions within NICE guidelines. Improved understanding of demand for contact locations.

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS201 Care Contact	NUMBER OF GROUP THERAPY PARTICIPANTS	Addition			
IDS201 Care Contact	NUMBER OF GROUP THERAPY FACILITATORS	Addition			
IDS201 Care Contact	ACTIVITY LOCATION TYPE CODE	Addition			

Group / Table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS201 Care Contact	ORGANISATION SITE IDENTIFIER (OF TREATMENT)	Addition			

### 3.2.9. Overseas Visitor Charging Category (OVCC)

The standards assurance process allows for the development of 'Fundamental Standards' which inform other standards. The development of these standards is fully assured, allowing for easy transition into dependant standards such as IAPT. The aims, benefits and impacts relating to these standards are outlined in their respective Information Standard documentation.

There is requirement to implement the recent Overseas Visitor Charging Category (DCB3017) standard through the IAPT Data Set.

Group / table	Data Item Name	Item Amend Type	Previous	New	Additional change detail
IDS012 Overseas Visitor Charging Category		Addition			New table
IDS012 Overseas Visitor Charging Category	LOCAL PATIENT IDENTIFIER (EXTENDED)	Addition			
IDS012 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY	Addition			
IDS012 Overseas Visitor Charging Category	OVERSEAS VISITOR CHARGING CATEGORY APPLICABLE DATE	Addition			

### 3.2.10. Clarification of data set scope

The scope of the data set has been updated to clarify that activity relating to people under the age of 18, but are accessing adult IAPT services, should be included in this data set.

This activity should not be included within the Mental Health Services Data Set (MHSDS).

### 3.2.11. Maintenance updates

Several changes have been included to ensure the data set remains up to date, and to address recommendations and issues raised during previous assurance, for example: to align with NHS Data Model and Dictionary editorial principles. These items have been reviewed by the developers and the NHS Data Model and Dictionary Service and several associated changes have been prioritised for this release. Other issues have not been included in this release due to conflicting timescales or dependency on other information standards and will be considered in a future release.

Group / table	Data Item Name	Previous	New	Additional change detail
IDS001MPI	PERSON GENDER CODE CURRENT			Replaced by PERSON STATED GENDER CODE, which is the latest approved data item.
IDS001MPI	PERSON STATED GENDER CODE			Alignment with the most recently approved version of the data item
IDS001MPI	ORGANISATION IDENTIFIER (LOCAL PATIENT IDENTIFIER)	Addition		Inclusion of field to support identifier standards
IDS001MPI	ORGANISATION IDENTIFIER (RESIDENCE RESPONSIBILITY)	Addition		Inclusion of field to identify responsible CCG
IDS004 Employment Status	EMPLOYMENT STATUS	02 - Unemployed and Seeking Work 03 - Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work 04 - Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance 05 - Homemaker looking after the family or home and who are not working or actively seeking work 06 - Not receiving benefits and who are not working or actively seeking work 07 - Unpaid voluntary work who are not working or actively seeking work	02 - Unemployed and actively seeking work 03 - Undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training as a student and not working or actively seeking work 04 - Long-term sick or disabled, those receiving government sickness and disability benefits 05 - Looking after the family or home as a homemaker and not working or actively seeking work 06 - Not receiving government sickness and disability benefits and not working or actively seeking work 07 - Unpaid voluntary work and not working or actively seeking work	Alignment with the most recently approved version of the data item
IDS101 Referral	SOURCE OF REFERRAL FOR MENTAL HEALTH	Amend from: A1 - General Medical Practitioner B2 - Carer C2 - Education Service  Deletion of: J1-J4, K1-K5, L1-L2	Amend to: A1 - General Medical Practitioner Practice B2 - Carer/Relative C2 - Education Service / Educational Establishment  Addition of: A4 - Maternity Service	To align with changes to the list made as part of MHSDS development.

Group / table	Data Item Name	Previous	New	Additional change detail
			C3 - Housing Service D2 - Occupational Health E6 - Youth Offending Team M7 - Single Point of Access Service P1 - Internal Referral	
IDS101 Referral	END DATE (IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES)	Deletion		Replaced by the generic SERVICE DISCHARGE DATE (below)
IDS101 Referral	SERVICE DISCHARGE DATE	Addition		
IDS101 Referral	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	ORGANISATION CODE (CODE OF COMMISSIONER)	ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	Change of name and format to support ODS standard
IDS201 Care Contact	APPOINTMENT SLOT SHORT NOTICE CANCELLATION INDICATOR	Appointment slot could be reallocated Appointment slot could not be reallocated	Yes - Appointment slot could be reallocated No - Appointment slot could not be reallocated	To align with NHS Data Model and Dictionary Editorial Principles.

### 3.3. Change control

The *Technical Output Specification* fully defines the individual changes applied to the data set, with each change logged in the 'Summary of Changes' tab. This *Change Specification* therefore represents a summary of changes included in IAPT v2.0 which should be read in conjunction with the 'Summary of Changes' tab in the *Technical Output Specification* to fully understand the changes to the data set.

N.B. The latest version of the Technical Output Specification is published with other supporting documents on the NHS Digital [IAPT Data Set webpage](#)<sup>ii</sup>.

## Endnotes

<sup>i</sup> <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections>

<sup>ii</sup> <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set>