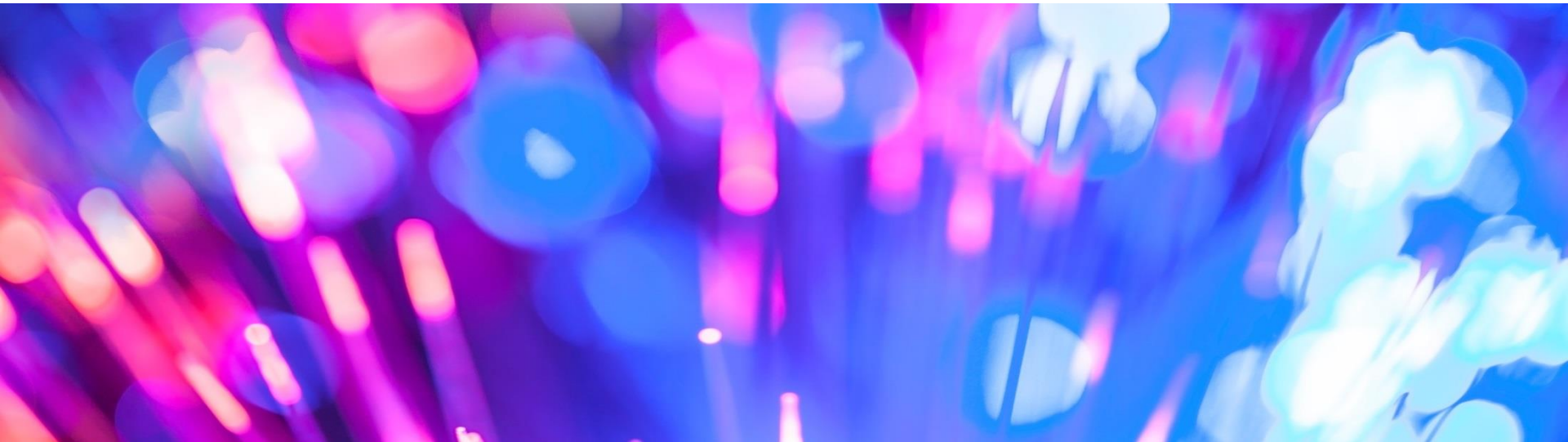


Psychological Therapies (IAPT)

Responsive development of data



Information and technology
for better health and care

presented by Paul Jennings,
Principal Information Analyst

What we're covering

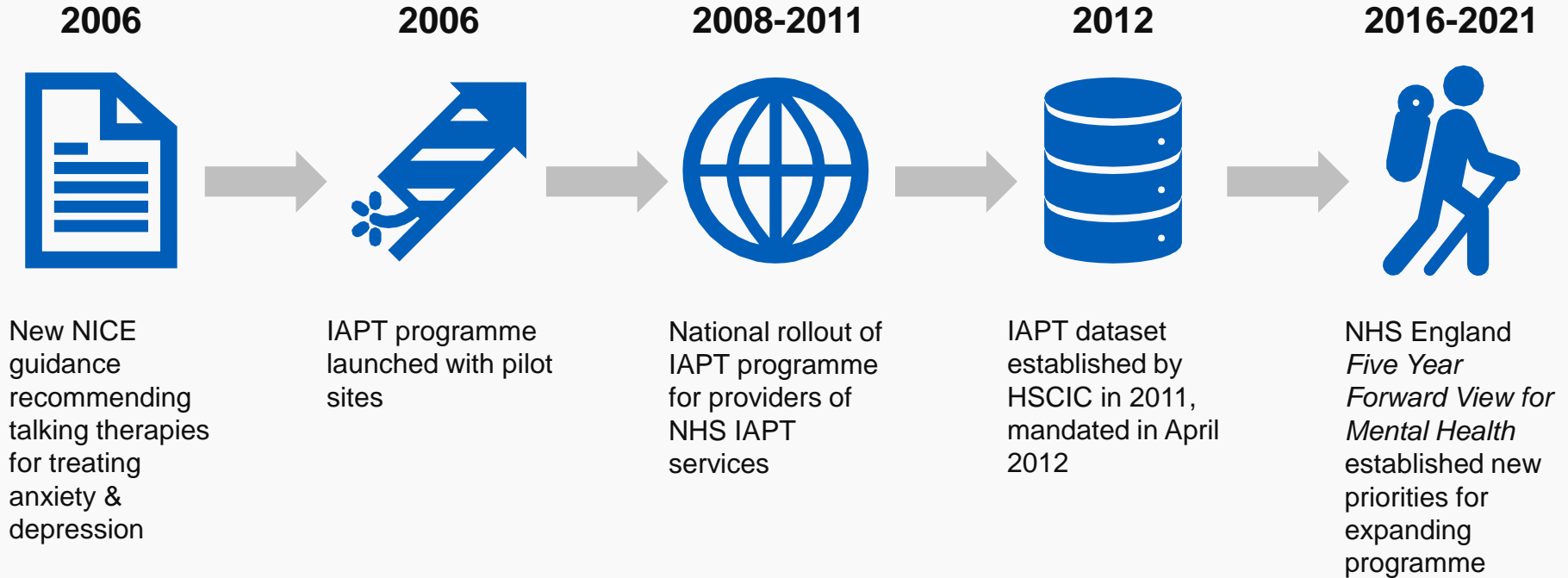
- Existing data available about **psychological therapies**
- **What** we were asked to deliver and **why**
- **How** we did it and **who** we worked with
- What **improvements** have resulted from the data
- What we can **learn** from this



Psychological Therapies in the NHS

Background to the programme and what data were available

Improving Access to Psychological Therapies



The IAPT dataset

Relational dataset collecting information about:



Patients accessing services, e.g.

- Age
- Sex
- Ethnicity



Appointments that took place, e.g.

- Type of appointment
- Treatment given
- Assessment scores



Referrals to services, e.g.

- When it began/ ended
- Where it came from

NHS Digital's role



Manage a platform for care providers to submit IAPT data



Collect IAPT data



Process and validate submitted data



Make information about IAPT available through **Official Statistics**



Answer questions using the IAPT dataset

Key targets of the IAPT programme



Outcomes: **50% recovery rate**, measured by assessment questionnaires issued at each appointment



Waiting times: **75% of referrals seen within 6 weeks** and 95% within 18 weeks



What we were asked to deliver

Developing new IAPT data to support future direction

Five Year Forward View for Mental Health

The provision of psychological therapies for people with common mental health problems has expanded hugely in recent years. But it is still meeting only 15 per cent of need for adults. NHS England should increase access to evidence-based psychological therapies to reach 25 per cent of need so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year by 2020/21. There should be a focus on helping people who are living with long-term physical health conditions or who are unemployed.

Why focus on long-term conditions?

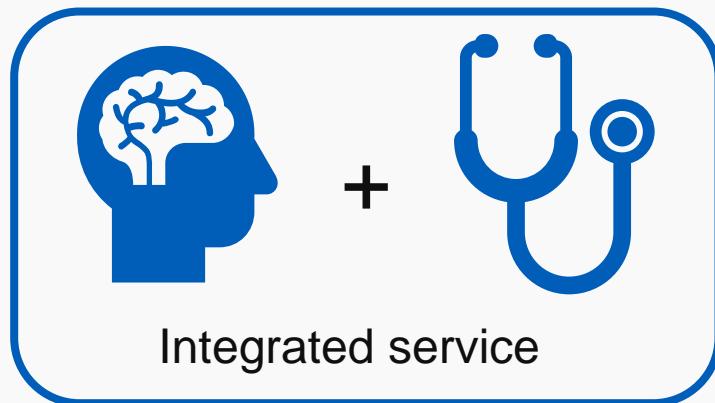
- **2 in 3 people** with a long term physical health condition also have a mental health problem
- **7 in 10 people** with medically unexplained symptoms also have depression and/or anxiety

These common mental health disorders are **detectable and treatable**.

Integrated care

Previously, mental and physical health care treatment have been provided by separate parts of the NHS.

New psychological therapy provision will see physical and mental health care provision co-located. Therapy will be integrated into existing medical pathways and services. These services will be referred to as 'integrated services'.



Evidencing the success of integrated care

- **Pilot programme** initiated with 22 providers in first wave
- **New data collection** commissioned – critical to being able to **measure success** of pilot
- New data needed to be flowing to NHS Digital **within 3 months** of notification
- Legal, technical and analytical hurdles!

Implementing a new data collection



Legal basis must be established to allow processing on person confidential data for a stated purpose, and to establish consent model



Privacy Impact Assessment carried out to assess and manage risk related to patient confidential data



Update data architecture to allow new items to be submitted and give providers new Access database template for submission to portal

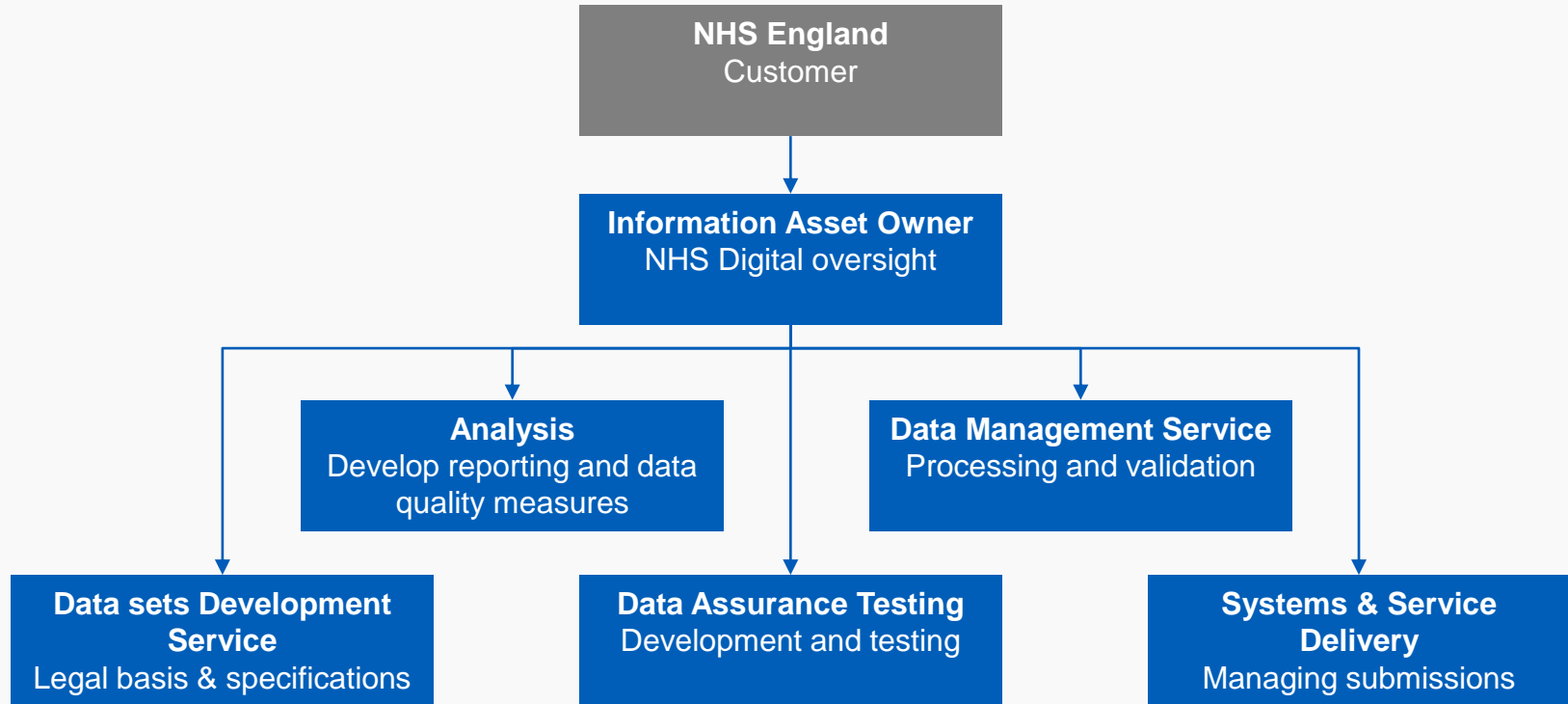


Update processing and linkage algorithms to ensure that data are consistent and correctly link across dataset tables

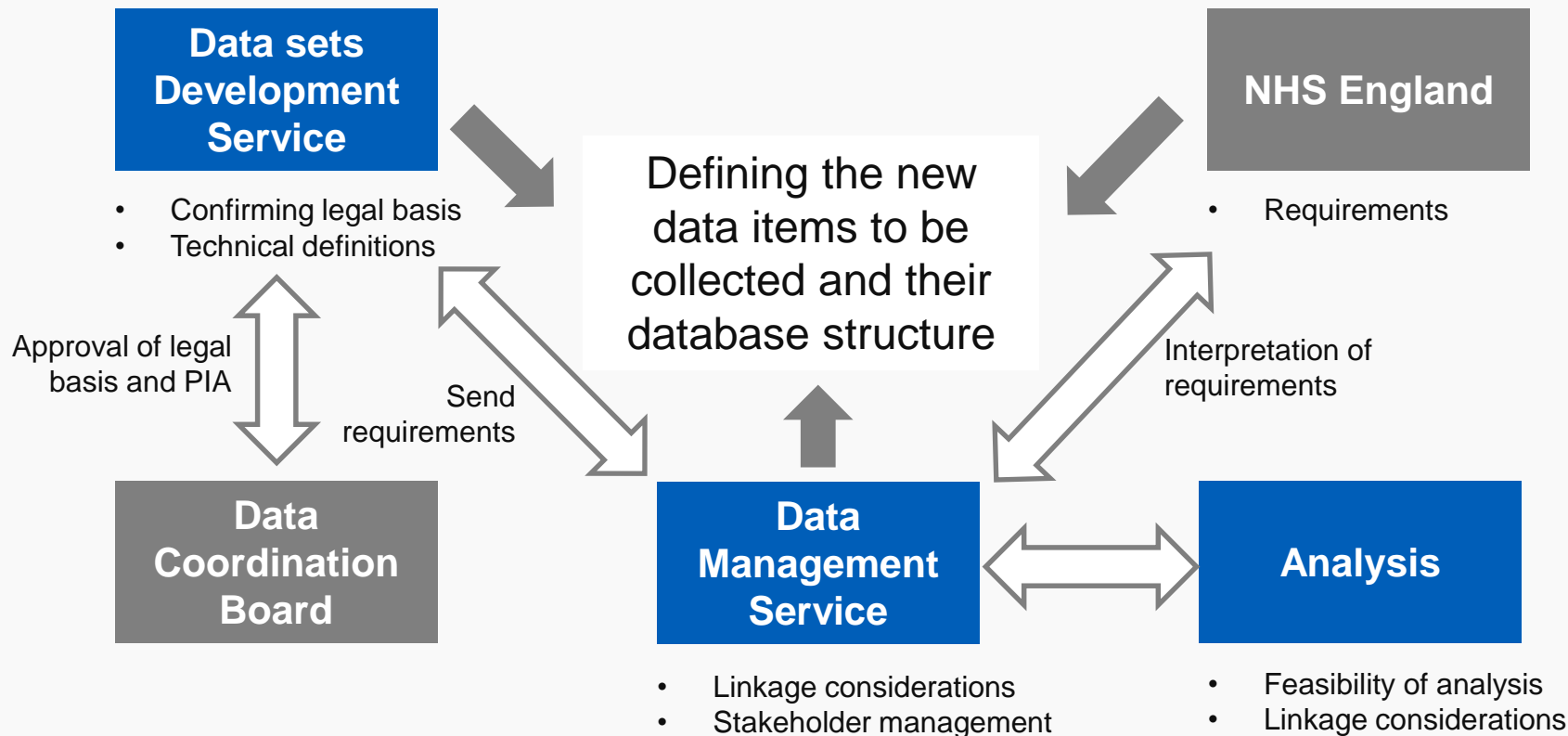


Define the right analytical and data quality measures to adequately measure the pilot and help providers improve their DQ

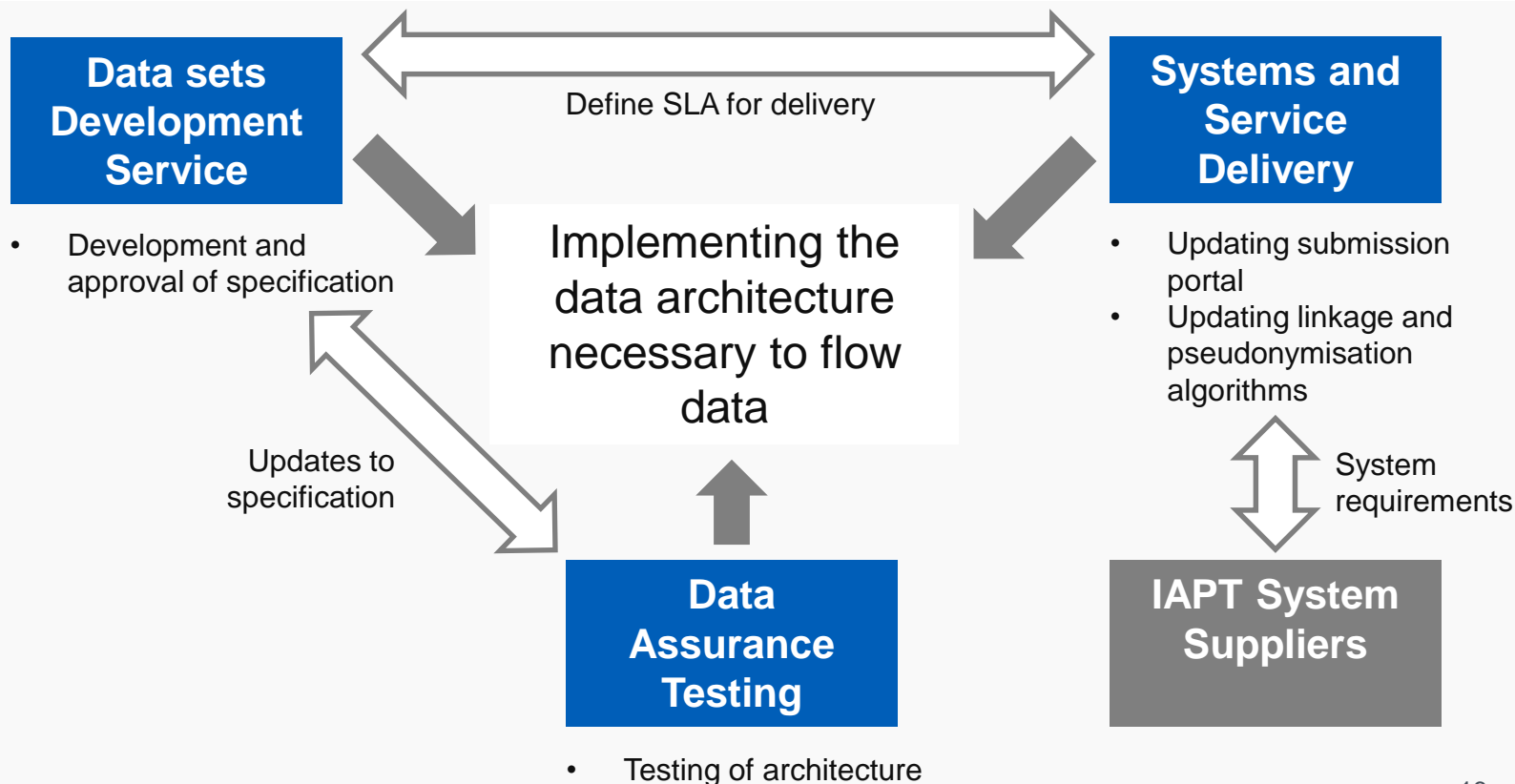
Who was involved?



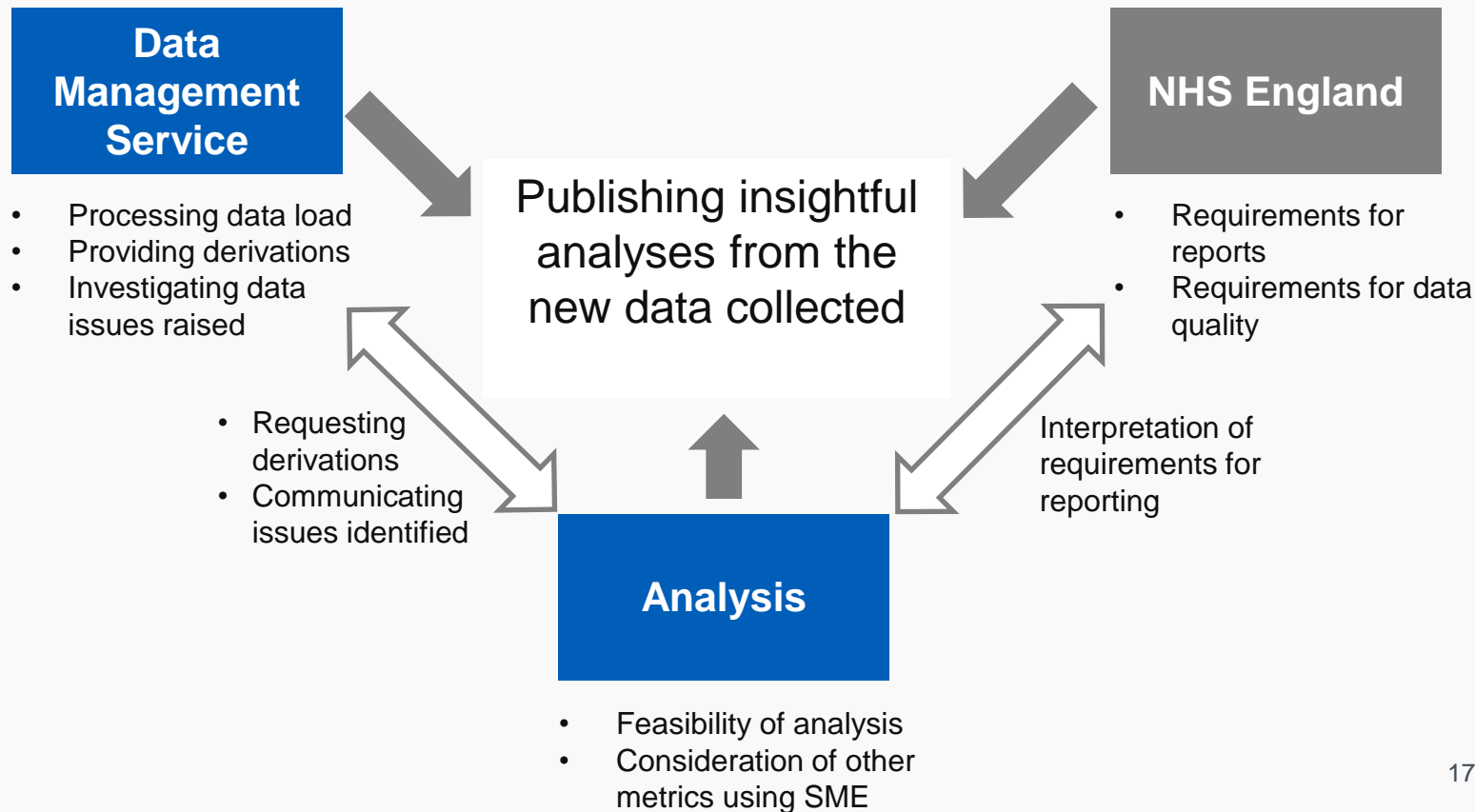
Establishing the collection



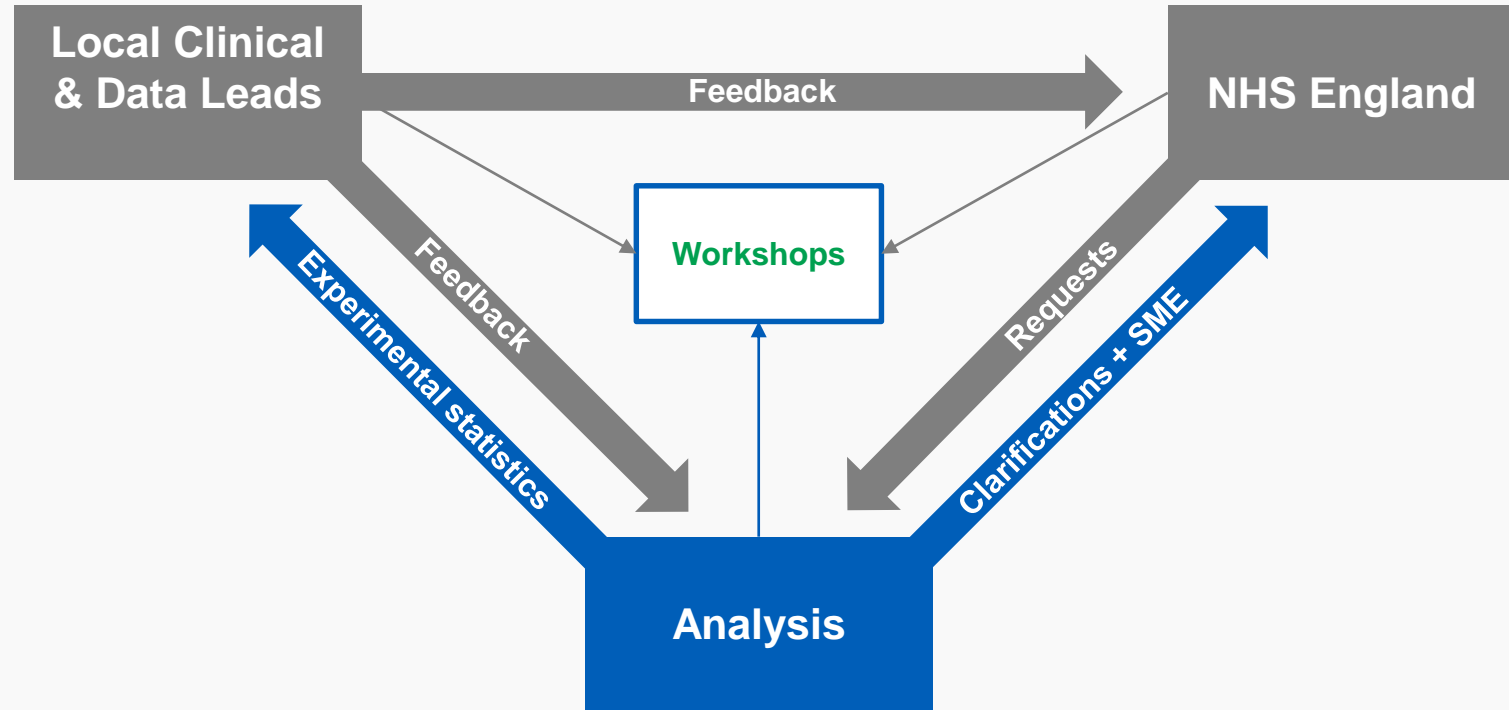
Developing systems to support collection



Producing meaningful analyses



Building an effective publication





Publishing the data

What improvements have resulted from this project?

What did we publish?

Insight

- Volumes of referrals being seen in integrated services
- Comparative recovery rates for referrals with LTC/MUS and non-comorbid referrals
- New recovery rate calculated using additional MUS-specific patient questionnaires

Improvement

- Extensive DQ metrics
- Metadata about which pilot sites had submitted data

What did the data show?

- Approximately 10% of referrals treated for comorbid LTC or MUS (or both)
- Similar outcomes for patients with and without comorbidities
- DQ initially poor but improving
- Based on data and other evidence, NHS England have rolled out integrated services nationally
- Plans to expand mandatory dataset to include LTC and MUS info

The background of the slide is an abstract composition of light. It features a dense field of out-of-focus light spots, known as bokeh, in shades of bright blue and magenta. Overlaid on this are numerous thin, elongated streaks of light, primarily in purple and pink, that appear to be moving or falling from the top of the frame. The overall effect is a vibrant, energetic, and somewhat ethereal visual.

What did we learn?

What went well and what didn't

What we've learned



Need **early sight** of project and lead-in time



Internal **processes** can be improved



Clear owner and **project leader** essential



Flexible **resourcing** across the business



Better **risk management**

What went well



Responsive to customer requirements



Willingness to be **flexible**



Learning as we went – legal & technical processes



Communication channels with customers



Collaboration between internal teams

Any questions?

www.digital.nhs.uk/iaptreports

www.digital.nhs.uk

 [@nhsdigital](https://twitter.com/nhsdigital)

enquiries@nhsdigital.nhs.uk

0300 303 5678

Information and technology
for better health and care