

Data Quality Statement

Improving Access to Psychological Therapies (IAPT) publications

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Information and technology
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Introduction

This document provides users with detailed data quality information for the statistical outputs based on the IAPT dataset. It aims to provide users with an evidence-based assessment of the quality of the statistical output by reporting against those of the European Statistical System (ESS) quality and related dimensions and principles appropriate to this output.

UKSA Code of Practice for Official Statistics

In publishing this statement, NHS Digital seeks to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics, and the following principles in particular:

- **Trustworthiness pillar, principle 6 (Data governance)** which states “Organisations should look after people’s information securely and manage data in ways that are consistent with relevant legislation and serve the public good.” See the ‘Confidentiality, transparency and security’ section below.
- **Quality pillar, principle 3 (Assured Quality)** which states “Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable, coherent and timely.” See the ‘Accuracy and Reliability’ and ‘Coherence and comparability’ sections below.
- **Value pillar, principle 1 (Relevance to Users)** which states “Users of statistics and data should be at the centre of statistical production; their needs should be understood, their views sought and acted upon, and their use of statistics supported.” See the ‘Relevance’ and ‘Assessment of user needs and perceptions’ sections below.
- **Value pillar, principle 2 (Accessibility)** which states “Statistics and data should be equally available to all, not given to some people before others. They should be published at a sufficient level of detail and remain publicly available.” See the ‘Accessibility and Clarity’ section below.

Further details of the ESS Quality Framework are available here:

<http://ec.europa.eu/eurostat/web/quality>

UKSA Code of Practice for Statistics is available here:

<https://www.statisticsauthority.gov.uk/code-of-practice/>

Accuracy and reliability

Accuracy and reliability relates to the proximity between an estimate and the unknown true value.

The IAPT dataset is a person-level dataset that records IAPT care received by individuals. Known data quality issues related to specific providers and/or fields in the dataset are published on our website at <http://digital.nhs.uk/iaptmonthly>. In addition, every month an overview of data quality in the IAPT dataset is published. The report includes the VODIM (Valid, Other, Default, Invalid, Missing) tables showing metrics as counts both nationally and by provider, for the reporting month and for key data items.

In April 2020 there were mergers of Clinical Commissioning Groups (CCGs). For the merged CCGs new codes have been created. However, the old codes will still be open on ODS until September 2020. This will impact monthly reporting.

Data validation

A number of on-submission validations are in place in order to assure data quality and reject (fail) submissions where necessary, e.g., where there are multiple instances of service requests occurring. A full list on these can be found in the Technical Output Specification at:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set/submitting-iapt-data#data-required-from-1-september-2020>

We have developed our assurances and validation systems to be proactive, notifying providers of anomalies we have found that may affect published data. Providers receive a downloadable file of data quality metrics when they trigger any of the assurance measures, which alert them to potential issues in the data. We recommend providers investigate these issues and we provide them the opportunity to correct and resubmit their data as many times as required, up until the submission window closes. Their last good file (last valid submission) is then included in the IAPT dataset for analytical purposes.

PAVE reports are no longer published within IAPT V2.0. Instead, providers receive a post-deadline extract that contains referral-level information and derived fields that can be used to reconcile their own data with the published data.

Relevance

Relevance is the degree to which the statistical product meets user need in both coverage and content.

Where possible data is presented at different reporting levels – Provider, CCG and England level – to allow users to access information about the IAPT services in their areas.

Comparability and coherence

Comparability is the degree to which data can be compared over time and domain. Coherence is the degree to which data are derived from different sources of methods, but refer to the same topic, are similar.

The IAPT publication uses clinical terms and definitions wherever possible.

Over time the methodology used to produce the monthly data quality reports and measures in the statistical reports are expected to change. The full list of measures included in the publications are available in the IAPT Metadata document found at <http://digital.nhs.uk/iaptmonthly>.

The IAPT dataset is the only source of data available regarding adult IAPT services in England and has been managed by NHS Digital since 2012/13. Prior to this was the Omnibus IAPT KPI collection, which this was retired at the end of the 2012/13 reporting period. From January 2014/15 data the format of IAPT reporting has changed significantly following the introduction of V1.5 of the mandated data standard. A similar scale of change took place in September 2020 with the new IAPT dataset version 2.0.

The specification for IAPT dataset version 2.0 can be found here:

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

Integrated services data

From January 2017, a subset of IAPT providers were taking part in an Integrated Health pilot programme, integrating physical healthcare and psychological therapy for patients with pre-existing long-term health conditions and/or medically unexplained symptoms. This has now been rolled out nationally, and the requisite data items are mandated for all IAPT providers in version 2.0 of the dataset.

Employment Advisors in IAPT pilot data

From August 2017, a subset of IAPT providers are taking part in an Employment Advisors pilot programme. This initiative will increase the number of employment advisors embedded in IAPT services, it will support people to remain in, return to and find work.

In version 1.5 of the IAPT dataset, this pilot programme was supported by the collection of additional data items alongside the routine IAPT submissions. The additional items collected are appointment-level fields; that is, they were collected during each patient contact for relevant referrals and submitted as additional data tables that link to the main appointment table in the IAPT dataset.

In version 2.0 of the IAPT dataset, concepts relating to this pilot are now incorporated into the person information, removing the risk of data quality issues previously associated with the above linkage.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

Data providers have two opportunities only to submit the data each month (primary and refresh submissions). For example, a provider will record their IAPT activity during April, this will be submitted as a primary file during May and if the provider wants to make any changes or additions, they can submit a refresh of the data during June. The April activity data is included in the national reporting dataset at the end of June, and the official statistics publications are released during July.

IAPT data is published monthly, within three months of the end of the reporting period. An extensive range of measures of activity, waiting times and outcomes are released each month.

From December 2017 quarterly publications have been brought forward one month. This meant that quarterly reports are available alongside the monthly data for the last month of the quarter. For example, Quarter 1 (April to June) is now published alongside June Final monthly data.

A detailed annual publication is produced each year and published approximately 7 months after the end of the financial year.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations, and accompanying advice.

Data in this publication are presented in various ways in order to meet user needs: a summary report and key findings document, a CSV file containing detailed data measures and data quality reports in Excel. On a quarterly basis an Interactive Spreadsheet (Excel) presents key measures at various demographic levels.

This publication may be requested in large print or other formats through the NHS Digital contact centre: enquiries@nhsdigital.nhs.uk.

Assessment of user needs and perceptions

This section describes the processes for finding out about users and their views on the IAPT publication.

Extensive user consultation about the IAPT dataset version 2.0 was conducted by NHS Digital prior to its implementation, including events with providers and other users aimed at soliciting their views on changes and new data items.

In May 2018, we ran a user consultation to help better understand the user requirements for the IAPT publication. Following the consultation, CSV versions of the data tables have been included in this publication. The main findings from the IAPT consultation are available on in the 'Consultations' section of this web page:

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

Comments on the IAPT publication can be made through various media:

- 'Have your say' on the NHS Digital website
- Email: enquiries@nhsdigital.nhs.uk
- Telephone: 0300 303 5678

The IAPT Outcomes and Informatics group consist of a range of stakeholders whose views have been used to continuously develop this publication.

Performance cost and respondent burden

This section describes the effectiveness, efficiency, and economy of the statistical output.

Data for this publication is collected by providers of IAPT services in the course of delivering those services to patients.

Information about the administrative sources and their use for statistical purposes is included in the NHS Digital's Statement of Administrative Sources at:

<https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources/list-of-administrative-sources>

Confidentiality, transparency, and security

This section describes the procedures and policy used to ensure sound confidentiality, security, and transparency practices.

The data contained in this publication are Official Statistics. The code of practice for official statistics is adhered to from collecting the data to publishing.

<http://www.statisticsauthority.gov.uk/national-statistician/guidance/index.html>

This publication is subject to a standard NHS Digital risk assessment prior to issue. Disclosure control is implemented where this is deemed to be necessary in accordance with the protocols associated with the underlying data sources. Further details of the risk assessment are available in the NHS Digital's Disclosure Control Procedure.

- Link to the NHS Digital's Disclosure Control Procedure: <https://digital.nhs.uk/data-and-information/find-data-and-publications/schedule-of-future-publications/publications-supporting-user-documents>
- Link to the NHS Digital privacy policy: <http://digital.nhs.uk/privacy>
- Freedom of Information Process: <http://digital.nhs.uk/foi>

Low numbers and suppression

- In order to protect patient confidentiality in IAPT publications, any figures based on a count of less than 5 referrals is suppressed by replacing the number with an asterisk (*).
- In order to prevent suppressed numbers from being calculated through differencing other published numbers from totals, all sub-national counts have been rounded to the nearest 5.
- Rates are presented as percentages and are based on unrounded numbers. Sub-national rates are rounded to the nearest whole percent to prevent disclosure. National rates are rounded to one decimal place.