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Improving Access to Psychological Therapies

NHS

The IAPT Data Handbook

Appendices

Including the IAPT Data Standard

Version 2.0.1

June 2011

Version History

Version	Date	Author	Notes
1.0	August 2010	IAPT National Programme Team	1st edition published to support publication of IAPT Data Handbook Version 1.0 These documents replace the IAPT Outcomes Toolkit and IAPT Key Performance Indicators Technical Guidance. (IAPT Minimum Data Set available separately at www.iapt.nhs.uk)
2.0	March 2011	IAPT National Programme Team	1. Replaced IAPT Clinical Record data set with IAPT Data Standard (Appendix A). 2. Removal of Key Performance Indicator technical guidance to separate file available from www.iapt.nhs.uk/services/measuring-outcomes 3. Correction to Penn State Worry Questionnaire scoring scale, Appendix D. 4. Patient Experience Questionnaires removed; now available from www.iapt.nhs.uk/services/measuring-outcomes 5. Updates to Commissioning Guidance (Appendix E) 6..Additional appendices; G - Information Governance. H - Patient Information Leaflet
2.0.1	June 2011	IAPT National Programme Team	1. Amendments to Impact of Events Scale-Revised, for PTSD- Appendix D10. 2. Corrections to data item references in Data set valid codes table (Appendix A), to correspond with table of data items.

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Contents

Appendix A - The IAPT Data Standard

A detailed account of the IAPT Data Standard and the architecture supporting it is given in related technical documents at http://www.isb.nhs.uk/documents/isb-1520. The version provided here relates specifically to the IAPT Data Handbook and is given for information only. For technical implementation guidance refer to http://www.isb.nhs.uk/documents/isb-1520.

The recommended IAPT Data Standard provides details of standardised formats for collecting data in IAPT services. It supports sites to develop data collection systems by providing standard inputs, permissible values and standard data definitions, linked to the NHS Data Dictionary – see http://www.datadictionary.nhs.uk/.

IAPT Data Standard data items are grouped into four sections pertinent to key features of the patient's care pathway; person, disability, referral, and appointment (explained further in the IAPT Data Handbook). Permissible values follow the list of data items below. Each IAPT service will be configured to accommodate local needs and resources and may instruct their system supplier to include additional items (however these cannot be accepted by the central reporting system).

IAPT Data Items

Data set, definitions, data types and field lengths.

Each section of the extraction contains repeating items (such as NHS number and local patient identifier) as these are required for linkage purposes between the different sections of the data set.

***Note**:* The data items contained in the table below constitute the IAPT data standard. This has been agreed as the minimum data required to support clinicians and monitor against IAPT quality standards. The column mandatory/ required refers to data flow to the IAPT central reporting system i.e. if a mandatory item is not submitted then the data extract will be rejected by the central system. More detail regarding central data flow and data extraction procedures can be found in the IAPT Standard Specification

Data Item No	Data Item Section	Data Item	Mandatory (M) / Required (R)	Format	NHS Data Dictionary Title
1	Person	NHS number	R	n10	NHS number
2	Person	NHS number status indicator code	R	an2	NHS number status indicator code
3	Person	Local patient identifier	M	an10	Local patient identifier
4	Person	Org code of provider	M	an5	Organisation code (Code of provider)
5	Person	Date of birth	M	Date DD/MM/CCYY	Person birth date
6	Person	Gender	R	an1	Person gender code current
7	Person	Postcode	M	an8	Postcode of usual address
8	Person	Code of GP practice(registered GMP)	R	an6	General Medical Practice code (Patient registration)
9	Person	Ethnic category	R	an2	Ethnic category
10	Person	Religion	R	an4	Religious or other belief system affiliation code
11	Person	Sexual orientation	R	an1	Sexual orientation (Current)

12	Person	British Armed forces indicator	R	an2	British armed forces indicator
13	Person	Long term conditions	R	an1	Long term physical health condition indicator (IAPT)
Data Item No	**Data Item Section**	**Data Item**	**Mandatory (M) / Required (R)**	**Format**	**NHS Data Dictionary Title and link**
1	Disability	NHS number	R	n10	NHS number
3	Disability	Local patient identifier	R	an10	Local patient identifier
4	Disability	Org code of provider	R	an5	Organisation code (Code of provider)
14	Disability	Disability	R	an2	Disability
Data Item No	**Data Item Section**	**Data Item**	**Mandatory (M) / Required (R)**	**Format**	**NHS Data Dictionary Title and link**
1	Referral	NHS number	R	n10	NHS number
3	Referral	Local patient identifier	M	an10	Local patient identifier
4	Referral	Org code of provider	M	an5	Organisation code (Code of provider)
15	Referral	Service request id	M	an20	Service Request Identifier
16	Referral	Date referral received	R	Date DD/MM/CCYY	Referral request received date
17	Referral	Source of referral	R	an2	Source of referral for Mental Health
18	Referral	Service request acceptance indicator	R	an1	Service request acceptance indicator
19	Referral	Org code of commissioner	R	an5	Organisation Code (Code of Commissioner)
20	Referral	Provisional diagnosis	R	an6	Provisional diagnosis (ICD)
21	Referral	Date of onset of current episode	R	CCYY-MM	Year and month of symptoms onset (IAPT)
22	Referral	Recurrence indicator	R	an1	Previous symptoms indicator
23	Referral	Reason for end of IAPT	R	an2	IAPT spell end code

		care pathway			
24	Referral	Date of end of IAPT care pathway	R	Date DD/MM/CCYY	End date (IAPT)
Data Item No	**Data Item Section**	**Data Item**	**Mandatory (M) / Required (R)**	**Format**	**NHS Data Dictionary Title and link**
1	Appointment	NHS number	R	n10	NHS number
3	Appointment	Local patient identifier	M	an10	Local patient identifier
4	Appointment	Org code of provider	M	an5	Organisation code (Code of provider)
15	Appointment	Service request id	M	an20	Service Request Identifier
25	Appointment	Appointment date	M	Date DD/MM/CCYY	Appointment date
26	Appointment	Primary role in IAPT service	R	an2	Care professional role code (IAPT)
27	Appointment	Attendance	M	an1	Attended or did not attend code
28	Appointment	Contact duration (Clinical time)	R	n3	Clinical contact duration of appointment
29	Appointment	Appointment purpose	R	an2	Appointment type (IAPT)
30	Appointment	Appointment medium	R	an2	Consultation medium used
31	Appointment	intervention given	R	an2	Therapy type for IAPT
32	Appointment	Employment status	R	an2	Employment status
33	Appointment	Employment support indicated	R	an2	Employment support suitability indicator
34	Appointment	Employment support referral date	R	Date DD/MM/CCYY	Employment support referral date
35	Appointment	Use of Psychotropic medication	R	an2	Psychotropic medication usage
36	Appointment	Receiving Statutory sick pay (SSP)	R	an1	Statutory sick pay indicator
37	Appointment	PHQ-9 Score	R	an2	Patient health questionnaire score

38	Appointment	GAD7 Score	R	an2	Generalised anxiety disorder score
39	Appointment	W&SAS Score	R	an2	Work and social adjustment scale score
40	Appointment	Agoraphobia: Mobility Inventory score (when accompanied)	R	an3	Agoraphobia: Mobility Inventory score (when accompanied)
41	Appointment	Agoraphobia: Mobility Inventory score (when alone)	R	an3	Agoraphobia: Mobility Inventory score (when alone)
42	Appointment	Agoraphobia score	R	an1	Agoraphobia score
43	Appointment	Generalized Anxiety Disorder Penn state worry Questionnaire Score	R	an2	Generalised anxiety disorder Penn state worry score
44	Appointment	Health anxiety Inventory short week score	R	an2	Health anxiety inventory short week scale score
45	Appointment	Obsessive Compulsive Disorder Inventory score	R	an3	Obsessive compulsive disorder inventory score
46	Appointment	Panic disorder Severity Scale score	R	an2	Panic disorder severity scale score
47	Appointment	Post traumatic stress disorder impact of events scale revised score	R	an2	Post traumatic stress disorder impact of events scale revised score
48	Appointment	Social phobia inventory score	R	an2	Social phobia inventory score
49	Appointment	Social phobia score	R	an1	Social phobia score
50	Appointment	Specific phobia score	R	an1	Specific phobia score

IAPT Data set valid codes

Certain data items will present in data systems with a list of drop-down options. Permissible values for these fields are listed below. For guidance pertaining to data items not listed here please refer to the Data Dictionary website at http://www.datadictionary.nhs.uk/.

2. NHS NUMBER STATUS INDICATOR CODE	
01	Number present and verified
02	Number present but not traced
03	Trace required
04	Trace attempted - No match or multiple match found
05	Trace needs to be resolved - (NHS Number or patient detail conflict)
06	Trace in progress
07	Number not present and trace not required
08	Trace postponed (baby under six weeks old)
6. PERSON GENDER CODE (CURRENT)	
0	Not Known
1	Male
2	Female
9	Not specified
9. ETHNIC CATEGORY CODE	
A	British
B	Irish
C	Any other White background
D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background
H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background
M	Caribbean
N	African
P	Any other Black background
R	Chinese
S	Any other ethnic group
Z	Not stated
10. RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION CODE	
A1	Baha'i
B1	Buddhist
B2	Mahayana Buddhist
B3	New Kadampa Tradition Buddhist

B4	Nichiren Buddhist
B5	Pure Land Buddhist
B6	Theravada Buddhist
B7	Tibetan Buddhist
B8	Zen Buddhist
C1	Christian
C2	Amish
C3	Anabaptist
C4	Anglican
C5	Apostolic Pentecostalist
C6	Armenian Catholic
C7	Armenian Orthodox
C8	Baptist
C9	Brethren
C10	Bulgarian Orthodox
C11	Calvinist
C12	Catholic: Not Roman Catholic
C13	Celtic Christian
C14	Celtic Orthodox Christian
C15	Chinese Evangelical Christian
C16	Christadelphian
C17	Christian Existentialist
C18	Christian Humanist
C19	Christian Scientists
C20	Christian Spiritualist
C21	Church in Wales
C22	Church of England
C23	Church of God of Prophecy
C24	Church of Ireland
C25	Church of Scotland
C26	Congregationalist
C27	Coptic Orthodox
C28	Eastern Catholic
C29	Eastern Orthodox
C30	Elim Pentecostalist
C31	Ethiopian Orthodox
C32	Evangelical Christian
C33	Exclusive Brethren
C34	Free Church
C35	Free Church of Scotland
C36	Free Evangelical Presbyterian
C37	Free Methodist
C38	Free Presbyterian
C39	French Protestant
C40	Greek Catholic
C41	Greek Orthodox
C42	Independent Methodist
C43	Indian Orthodox
C44	Jehovah's Witness
C45	Judaic Christian
C46	Lutheran
C47	Mennonite

C48	Messianic Jew
C49	Methodist
C50	Moravian
C51	Mormon
C52	Nazarene Church / SYN Nazarene
C53	New Testament Pentacostalist
C54	Nonconformist
C55	Old Catholic
C56	Open Brethren
C57	Orthodox Christian
C58	Pentecostalist / SYN Pentacostal Christian
C59	Presbyterian
C60	Protestant
C61	Plymouth Brethren
C62	Quaker
C63	Rastafari
C64	Reformed Christian
C65	Reformed Presbyterian
C66	Reformed Protestant
C67	Roman Catholic
C68	Romanian Orthodox
C69	Russian Orthodox
C70	Salvation Army Member
C71	Scottish Episcopalian
C72	Serbian Orthodox
C73	Seventh Day Adventist
C74	Syrian Orthodox
C75	Ukrainian Catholic
C76	Ukrainian Orthodox
C77	Uniate Catholic
C78	Unitarian
C79	United Reform
C80	Zwinglian
D1	Hindu
D2	Advaitin Hindu
D3	Arya Samaj Hindu
D4	Shakti Hindu
D5	Shiva Hindu
D6	Vaishnava Hindu / Hare Krishna
E1	Jain
F1	Jewish
F2	Ashkenazi Jew
F3	Haredi Jew
F4	Hasidic Jew
F5	Liberal Jew
F6	Masorti Jew
F7	Orthodox Jew
F8	Reform Jew
G1	Muslim
G2	Ahmadi
G3	Druze
G4	Ismaili Muslim

G5	Shi'ite Muslim
G6	Sunni Muslim
H1	Pagan
H2	Asatruar
H3	Celtic Pagan
H4	Druid
H5	Goddess
H6	Heathen
H7	Occultist
H8	Shaman
H9	Wiccan
I1	Sikh
J1	Zoroastrian
K1	Agnostic (Where the PATIENT has been asked for their RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION but they are unsure what it is)
K2	Ancestral Worship
K3	Animist
K4	Anthroposophist
K5	Black Magic
K6	Brahma Kumari
K7	British Israelite
K8	Chondogyo
K9	Confucianist
K10	Deist
K11	Humanist
K12	Infinite Way
K13	Kabbalist
K14	Lightworker
K15	New Age Practitioner
K16	Native American Religion
K17	Pantheist
K18	Peyotist
K19	Radha Soami / SYN Sant Mat
K20	Religion (Other Not Listed) (Where the PATIENT has been asked for their RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION and it is one that is not listed)
K21	Santeri
K22	Satanist
K23	Scientologist
K24	Secularist
K25	Shumei
K26	Shinto
K27	Spiritualist
K28	Swedenborgian / SYN Neo-Christian
K29	Taoist
K30	Unitarian-Universalist
K31	Universalist
K32	Vodun
k33	Yoruba
L1	Atheist
L2	Not Religious
M1	Religion not given - PATIENT refused
N1	Patient Religion Unknown (Where the PATIENT has not been asked for their

	RELIGIOUS OR OTHER BELIEF SYSTEM AFFILIATION)
11. SEXUAL ORIENTATION (CURRENT)	
1	Heterosexual
2	Homosexual
3	Bi-sexual
4	Person asked and does not know or is not sure
Z	Not stated (Person asked but declined to provide a response)
12. BRITISH ARMED FORCES INDICATOR	
01	Yes - currently serving (including reservists)
02	Yes - ex services
03	No
05	Dependant of current serving member
05	Dependant of an ex-serving member
UU	Unknown (Person asked and does not know or isn't sure)
ZZ	Not stated (Person asked but declined to provide a response)
13. LONG TERM PHYSICAL HEALTH CONDITION INDICATOR (IAPT)	
Y	Yes
N	No
U	Unknown (Person asked and does not know or is not sure)
Z	Not Stated (Person asked but declined to provide a response)
14. DISABILITY CODE	
01	Behaviour and Emotional
02	Hearing
03	Manual Dexterity
04	Memory or ability to concentrate, learn or understand (Learning Disability)
05	Mobility and Gross Motor
06	Perception of Physical Danger
07	Personal, Self Care and Continence
08	Progressive Conditions and Physical Health (such as HIV, cancer, multiple sclerosis, fits etc)
09	Sight
10	Speech
XX	Other
NN	No Perceived Disability
ZZ	Not Stated (Person asked but declined to provide a response)
17. SOURCE OF REFERRAL FOR MENTAL HEALTH)	
	Primary Health Care
A1	General Medical Practitioner
A2	Health Visitor
A3	Other Primary Health Care
	Self Referral
B1	Self
B2	Carer
	Local Authority Services

C1	Social Services
C2	Education Service
	Employer
D1	Employer
	Justice System
E1	Police
E2	Courts
E3	Probation Service
E4	Prison
E5	Court Liaison and Diversion Service
	Child Health
F1	School Nurse
F2	Hospital-based Paediatrics
F3	Community-based Paediatrics
	Independent/Voluntary Sector
G1	Independent sector - Medium Secure Inpatients
G2	Independent Sector - Low Secure Inpatients
G3	Other Independent Sector Mental Health Services
G4	Voluntary Sector
	Acute Secondary Care
H1	Accident And Emergency Department
H2	Other secondary care specialty
	Other Mental Health NHS Trust
I1	Temporary transfer from another Mental Health NHS Trust
I2	Permanent transfer from another Mental Health NHS Trust
	Internal referrals from Community Mental Health Team (within own NHS Trust)
J1	Community Mental Health Team (Adult Mental Health)
J2	Community Mental Health Team (Older People)
J3	Community Mental Health Team (Learning Disabilities)
J4	Community Mental Health Team (Child and Adolescent Mental Health)
	Internal referrals from Inpatient Service (within own NHS Trust)
K1	Inpatient Service (Adult Mental Health)
K2	Inpatient Service (Older People)
K3	Inpatient Service (Forensics)
K4	Inpatient Service (Child and Adolescent Mental Health)
K5	Inpatient Service (Learning Disabilities)
	Transfer by graduation (within own NHS Trust)
L1	Transfer by graduation from Child and Adolescent Mental Health Services to Adult Mental Health Services
L2	Transfer by graduation from Adult Mental Health Services to Older Peoples Mental Health Services
	Other
M1	Asylum Services
M2	NHS Direct
M3	Out of Area Agency
M4	Drug Action Team / Drug Misuse Agency
M5	Jobcentre plus
M6	Other service or agency
18. SERVICE REQUEST ACCEPTANCE INDICATOR	
Y	Yes

N	No
22. PREVIOUS SYMPTOM INDICATOR	
Y	Yes
N	No
U	Unknown (Person asked and does not know or is not sure)
Z	Not stated (Person asked but declined to provide a response)
23. IAPT CARE SPELL END CODE	
01	Completed treatment
02	Deceased
03	Declined treatment
04	Dropped out of treatment (unscheduled discontinuation)
05	Not suitable for service
06	Referral to another service
99	Not Known
26. CARE PROFESSIONAL ROLE CODE FOR IAPT	
01	Psychological Well-being Practitioner
02	Cognitive Behavioural Therapy (CBT) Therapist
03	Interpersonal Psycho Therapy (IPT) therapist
04	Counsellor for depression Therapy Therapist
05	Behavioural Couples Therapy Therapist
06	Dynamic Interpersonal Therapy for depression Therapist
27. ATTENDED OR DID NOT ATTEND CODE	
5	Attended on time or, if late, before the relevant care professional was ready to see the patient
6	Arrived late, after the care professional was ready to see the patient, but was seen
7	Patient arrived late and could not be seen
2	Appointment cancelled by, or on behalf of, the patient
3	Did not attend - no advance warning given
4	Appointment cancelled or postponed by the health care provider
0	Not applicable - Appointment occurs in the future
29. APPOINTMENT TYPE FOR IAPT	
01	Assessment
02	Treatment
03	Assessment and treatment
04	Review only
05	Review and treatment
06	Follow-up appointment after treatment end
07	Other
30. CONSULTATION MEDIUM USED	
01	Face to face communication

02	Telephone
03	Telemedicine web camera
04	Talk type for a Person unable to speak
05	Email
06	Short Message Service (SMS)
31. THERAPY TYPE FOR IAPT	
01	Computerised Cognitive Behavioural Therapy (cCBT)
02	Pure self-help (e.g. Books on Prescription)
03	Guided self help
04	Behaviour activation
05	Structured exercise
06	Psycho educational groups
07	Cognitive Behaviour Therapy (CBT)
08	Interpersonal Psycho therapy (IPT)
09	Counselling
10	Behavioural couples therapy
11	Other
12	Collaborative care
13	Dynamic Interpersonal therapy
14	Employment support
32. EMPLOYMENT STATUS	
01	Employed
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
08	Retired
ZZ	Not Stated (Person asked but declined to provide a response)
33. EMPLOYMENT SUPPORT SUITABILTY INDICATOR	
Y	Yes
N	No
35. PSYCHOTROPIC MEDICATION USAGE	
01	Prescribed but not taking
02	Prescribed and taking
03	Not Prescribed
UU	Unknown (Person asked and does not know or is not sure)
ZZ	Not stated (Person asked but declined to provide a response)

36. STATUTORY SICK PAY INDICATOR	
Y	Yes
N	No
U	Unknown (Person asked and does not know or is not sure)
Z	Not stated (Person asked but declined to provide a response)
37. PATIENT HEALTH QUESTIONNAIRE SCORE	
00-27	Score
W	No score recorded
38. GENERALISED ANXIETY DISORDER SCORE	
00-21	Score
W	No score recorded
39. WORK AND SOCIAL ADJUSTMENT SCALE SCORE	
00-40	Score
W	No score recorded
40. AGORAPHOBIA: MOBILITY INVENTORY SCORE (WHEN ACCOMPANIED)	
00-135	Score
W	No score recorded
41. AGORAPHOBIA: MOBILITY INVENTORY SCORE (WHEN ALONE)	
00-135	Score
W	No score recorded
42. AGORAPHOBIA SCORE	
00-08	Score
W	No score recorded
43. GENERALISED ANXIETY DISORDER PENN STATE WORRY SCORE	
00-21	Score
W	No score recorded
44. HEALTH ANXIETY INVENTORY SHORT WEEK SCALE SCORE	
00-54	Score
W	No score recorded
45. OBSESSIVE COMPULSIVE DISORDER INVENTORY SCORE	
00-168	Score
W	No score recorded

46. PANIC DISORDER SEVERITY SCALE	
00-28	Score
W	No score recorded
47. POST TRAUMATIC STRESS DISORDER IMPACT OF EVENTS SCALE SCORE	
00-88	Score
W	No score recorded
48. SOCIAL PHOBIA INVENTORY SCORE	
00-68	Score
W	No score recorded
49. SOCIAL PHOBIA SCORE	
00-08	Score
W	No score recorded
50. SPECIFIC PHOBIA SCORE	
00-08	Score
W	No score recorded

Appendix B – NICE-indicated Treatments for Depression and Anxiety

Step 3: High Intensity Interventions	Depression: moderate to severe	Cognitive Behavioural Therapy (CBT) or Interpersonal Therapy (IPT), each with medication
	Depression: mild to moderate for individuals with an inadequate response to initial interventions at Step 2	CBT or IPT Behavioural Activation (BA), a variant of CBT. [2] Behavioural Couples Therapy (*if the patient has a partner, the relationship is considered to be contributing to the maintenance of the depression, and both parties wish to work together in therapy*) Counselling[1] or short-term psychodynamic therapy[1] *(consider if patient has declined CBT, IPT, BA, or Behavioural Couples Therapy)*
	Panic Disorder	CBT
	Post Traumatic Stress Disorder (PTSD)	CBT or Eye Movement Desenstisation reprocessing Therapy (EMDR)
	Generalised Anxiety Disorder (GAD)	CBT
	Obsessive Compulsive Disorder (OCD)	CBT
	Social Phobia	CBT
Step 2 : Low Intensity Interventions	Depression	Guided Self-Help based on CBT, Computerized CBT, Behavioural Activation, Structured Physical Activity
	Panic Disorder	Self-Help based on CBT, Computerized CBT
	Post Traumatic Stress Disorder (PTSD)	None
	Generalised Anxiety Disorder (GAD)	Self-Help based on CBT, Psycho-educational Groups, Computerized CBT
	Obsessive Compulsive Disorder (OCD)	Guided Self-Help based on CBT
	Social Phobia	None
Step 1: Primary Care / IAPT service	Recognition of problem Moderate to Severe Depression with a chronic physical health problem	Assessment/Referral/Active Monitoring , includes careful monitoring of symptoms, psychoeducation about the disorder and sleep hygiene advice. Collaborative care (consider in light of specialist assessment if depression has not responded to initial course of high intensity intervention and/or medication)

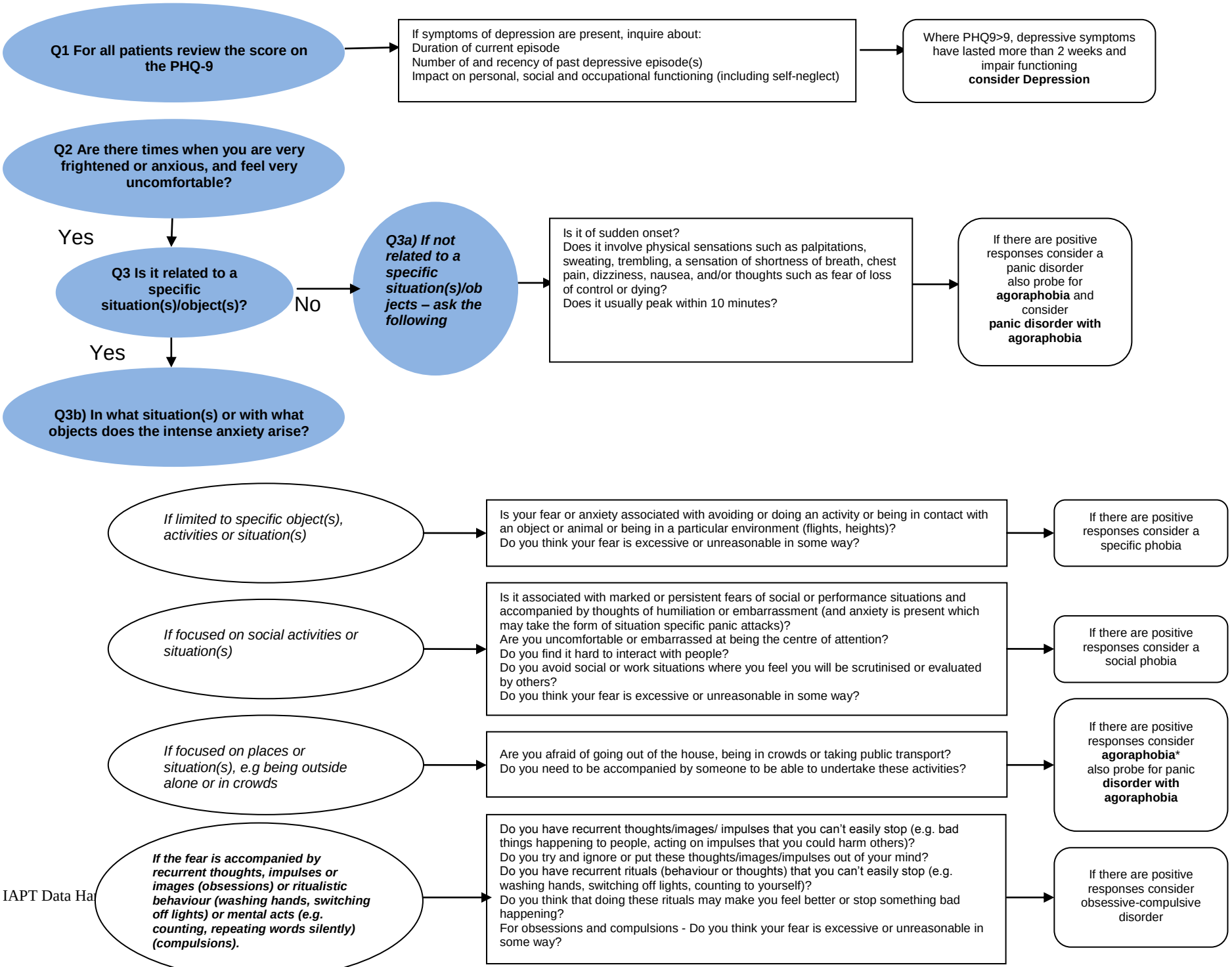
1.NICE' Guidance on treatment of "Depression" and "Depression in people with a chronic physical health problem". The two guidelines are very similar. However, it should be noted that the "depression with a physical health problem" guideline does *not* recommend IPT, behavioural activation, counseling or brief dynamic therapy as high intensity interventions

2 Although the recent update of the NICE Guidance for Depression recommends Behavioural Activation for the treatment of mild to moderate depression, it notes that the evidence base is not as strong as for CBT or IPT.

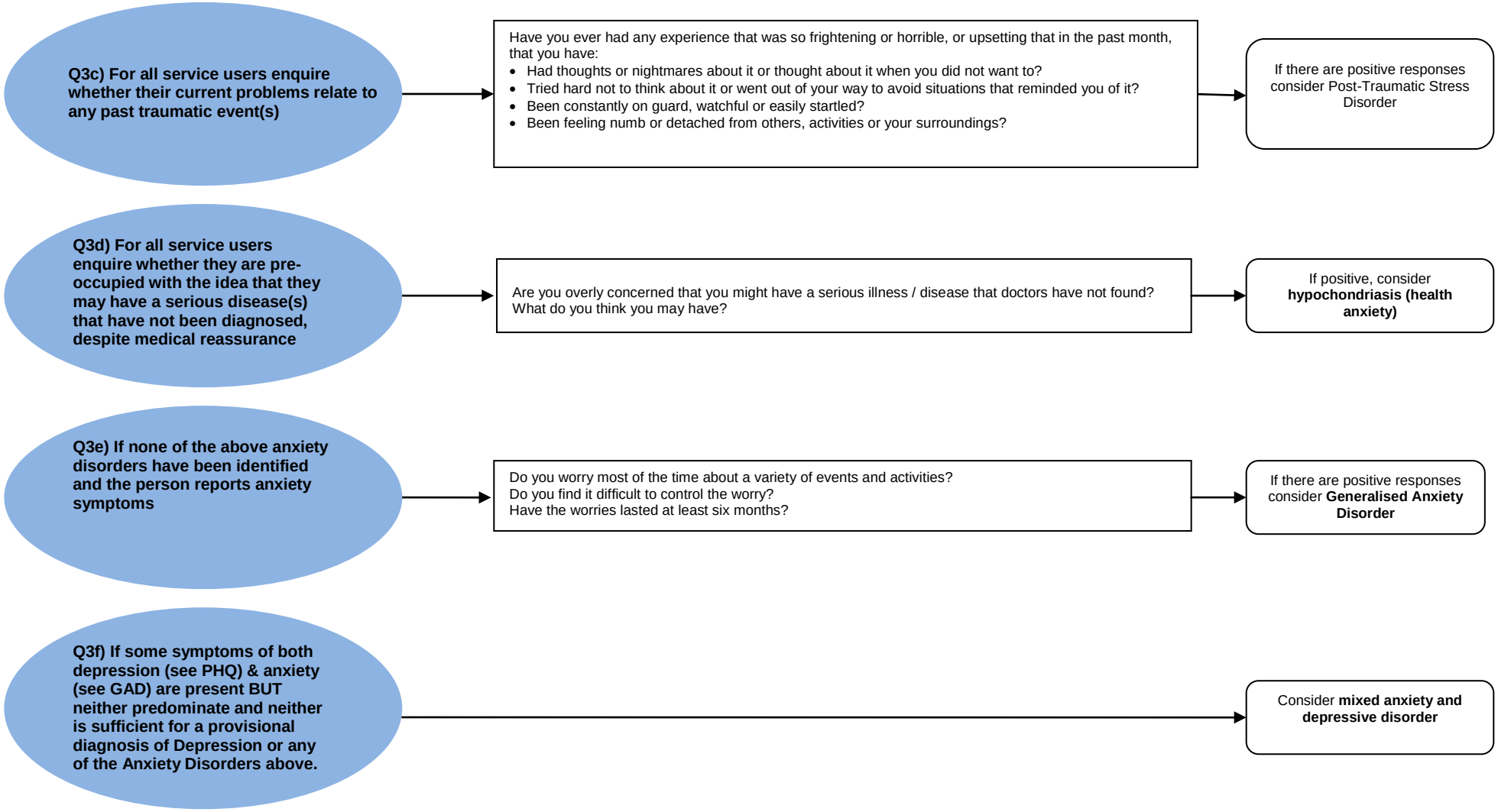
3 PTSD NICE had not recommended low intensity treatments

4 Social Phobia - NICE has not yet issued guidance on the treatment of social phobia. However, there is a substantial body of evidence supporting the effectiveness of high intensity CBT. Low intensity versions of CBT are being developed by several groups around the world and are likely to play a useful role in the future. At least one trial has also demonstrated that IPT is effective

Appendix C - IAPT Screening Prompts: For all patients ask questions 1 and 2. Follow with Q3 as required.



IAPT Screening Prompts Continued…



Appendix D - Measurement tools

Appendix D1 - PHQ- 9

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ9 total score ☐

(Data item 37 in the IAPT Data Standard)

The PHQ-9 is also available in the following languages:
Hindi, Punjabi, Bengali, Gujarati, Urdu

Visit http://www.iapt.nhs.uk/services/measuring-outcomes/ to download alternate language versions.

Appendix D2 - GAD7

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1 Feeling nervous, anxious or on edge	0	1	2	3
2 Not being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3

GAD7 total score

(Data item 38 in the IAPT Data Standard)

The GAD7 is also available in the following languages:
Hindi, Punjabi, Arabic, Bengali, Gujarati, Urdu

Visit http://www.iapt.nhs.uk/services/measuring-outcomes/ to download alternate language versions.

Appendix D3 - IAPT Phobia Scales

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.

0	1	2	3	4	5	6	7	8
Would not avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

(Data item 49 in the IAPT Data Standard)	Social situations due to a fear of being embarrassed or making a fool of myself	
(Data item 42 in the IAPT Data Standard)	Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)	
(Data item 50 in the IAPT Data Standard)	Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).	

Appendix D4 - Work and Social Adjustment

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1. **WORK** - if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable)

0	1	2	3	4	5	6	7	8	N/A
Not at all		Slightly		Definitely		Markedly	Very severely, I cannot work		☐

2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly	Very severely	

3. **SOCIAL LEISURE ACTIVITIES -** With other people, e.g. parties, pubs, outings, entertaining etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly	Very severely	

4. **PRIVATE LEISURE ACTIVITIES –** Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly	Very severely	

5. **FAMILY AND RELATIONSHIPS –** Form and maintain close relationships with others including the people that I live with

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly	Very severely	

W&SAS total score

(Data item 39 in the IAPT Data Standard)

Appendix D5 - Obsessive Compulsive Inventory

Name…… Date…… initial/re-baseline/mid/end/follow up

The following statements refer to experiences which many people have in their everyday lives. Please **CIRCLE** the number that best describes **HOW MUCH** that experience has **DISTRESSED** or **BOTHERED YOU DURING THE PAST MONTH**.

	DISTRESS				
	Not at all	A little	Moderat -ely	A lot	Extremely
1. Unpleasant thoughts come into my mind against my will and I cannot get rid of them.	0	1	2	3	4
2. I think contact with bodily secretions (perspiration, saliva, blood, urine etc.) may contaminate my clothes or somehow harm me.	0	1	2	3	4
3. I ask people to repeat things to me several times, even though I understood them the first time.	0	1	2	3	4
4. I wash and clean obsessively.	0	1	2	3	4
5. I have to review mentally past events, conversations and actions to make sure that I didn't do something wrong.	0	1	2	3	4
6. I have saved up so many things that they get in the way.	0	1	2	3	4
7. I check things more often than necessary.	0	1	2	3	4
8. I avoid using public toilets because I am afraid of disease or contamination.	0	1	2	3	4
9. I repeatedly check doors, windows, drawers etc.	0	1	2	3	4
10. I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4
11. I collect things I don't need.	0	1	2	3	4
12. I have thoughts of having hurt someone without knowing it.	0	1	2	3	4
13. I have thoughts that I might want to harm myself or others.	0	1	2	3	4
14. I get upset if objects are not arranged properly.	0	1	2	3	4
15. I feel obliged to follow a particular order in dressing, undressing and washing myself.	0	1	2	3	4
16. I feel compelled to count while I am doing things.	0	1	2	3	4
17. I am afraid of impulsively doing embarrassing or harmful things.	0	1	2	3	4

	DISTRESS				
	Not at all	A little	Moderat -ely	A lot	Extremely
18. I need to pray to cancel bad thoughts or harmful things.	0	1	2	3	4
19. I keep on checking forms or other things I have written.	0	1	2	3	4
20. I get upset at the sight of knives, scissors and other sharp objects in case I lose control with them.	0	1	2	3	4
21. I am excessively concerned about cleanliness.	0	1	2	3	4
22. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
23, I need things to be arranged in a particular order.	0	1	2	3	4
24. I get behind in my work because I repeat things over and over again.	0	1	2	3	4
25. I feel I have to repeat certain numbers.	0	1	2	3	4
26. After doing something carefully, I still have the impression I have not finished it.	0	1	2	3	4
27. I find it difficult to touch garbage or dirty things.	0	1	2	3	4
28. I find it difficult to control my own thoughts.	0	1	2	3	4
29. I have to do things over and over again until it feels right.	0	1	2	3	4
30. I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
31. Before going to sleep I have to do certain things in a certain way.	0	1	2	3	4
32. I go back to places to make sure that I have not harmed anyone.	0	1	2	3	4
33. I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4
34. I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
35. I get upset if others change the way I have arranged my things.	0	1	2	3	4
36. I feel that I must repeat certain words or phrases in my mind in order to wipe out bad thoughts, feelings or actions.	0	1	2	3	4
37. After I have done things, I have persistent doubts about whether I really did them.	0	1	2	3	4
38. I sometimes have to wash or	0	1	2	3	4

	DISTRESS				
	Not at all	A little	Moderat -ely	A lot	Extremely
clean myself simply because I feel contaminated.					
39. I feel that there are good numbers and bad numbers.	0	1	2	3	4
40. I repeatedly check anything which might cause a fire.	0	1	2	3	4
41. Even when I do something very carefully I feel that it is not quite right.	0	1	2	3	4
42. I wash my hands more often or longer than necessary.	0	1	2	3	4
Total (add all scores together) (Data item 45 in the IAPT Data Standard)					

Appendix D6 - Penn State Worry Questionnaire

Name……. Date……

Enter the number that best describes how typical or characteristic each item is of you:

STATEMENTS

	Not at all typical	Not very typical	Somewhat typical	Fairly typical	Very typical
1. If I don't have enough time to do everything, I don't worry about it.	1	2	3	4	5
2. My worries overwhelm me.	1	2	3	4	5
3. I don't tend to worry about things.	1	2	3	4	5
4. Many situations make me worry.	1	2	3	4	5
5. I know I should not worry about things , but I just cannot help it.	1	2	3	4	5
6. When I am under pressure I worry a lot.	1	2	3	4	5
7. I am always worrying about something.	1	2	3	4	5
8. I find it easy to dismiss worrisome thoughts.	1	2	3	4	5
9. As soon as I finish one task, I start to worry about everything else I have to do.	1	2	3	4	5
10. I never worry about anything.	1	2	3	4	5
11. When there is nothing more I can do about a concern, I do not worry about it anymore.	1	2	3	4	5
12. I have been a worrier all my life.	1	2	3	4	5
13. I notice that I have been worrying about things.	1	2	3	4	5
14. Once I start worrying, I cannot stop.	1	2	3	4	5
15. I worry all the time.	1	2	3	4	5
16. I worry about projects until they are all done.	1	2	3	4	5
Total (add all scores together, after reversing*) (Data item 43 in the IAPT Data Standard)					

*Scoring: Reverse score items 1, 3, 8, 10 and 11, then sum all 16 items:

- Very typical of me = 1 (circled 5 on the sheet)
- Circled 3 on the sheet = 2
- Circled 2 on the sheet = 3
- Circled 1 on the sheet = 4
- Not at all typical of me = 5 (circled 1 on the sheet)

Appendix D7 - Social Phobia Inventory (SPIN)

Name……. Date……

Please check how much the following problems have bothered you during the past week. The numbers in this column refer to the following labels:

	Not at all	A little	Moderately	A lot	Extremely
1. I am afraid of people in authority.	0	1	2	3	4
2. I am bothered by blushing in front of people.	0	1	2	3	4
3. Parties and social events scare me.	0	1	2	3	4
4. I avoid talking to people I don't know.	0	1	2	3	4
5. Being criticised scares me a lot.	0	1	2	3	4
6. Fear of embarrassment causes me to avoid doing things or speaking to people.	0	1	2	3	4
7. Sweating in front of people causes me distress.	0	1	2	3	4
8. I avoid going to parties.	0	1	2	3	4
9. I avoid activities in which I am the centre of attention.	0	1	2	3	4
10. Talking to strangers scares me.	0	1	2	3	4
11. I avoid having to give speeches.	0	1	2	3	4
12. I would do anything to avoid being criticised.	0	1	2	3	4
13. Heart palpitations bother me when I am around people.	0	1	2	3	4
14. I am afraid of doing things when people might be watching.	0	1	2	3	4
15. Being embarrassed or looking stupid are my worst fears.	0	1	2	3	4
16. I avoid speaking to anyone in authority.	0	1	2	3	4
17. Trembling or shaking in front of others is distressing to me.	0	1	2	3	4
Total (add all scores together) (Data item 48 in the IAPT Data Standard)					

Appendix D8.1 - Health Anxiety Inventory (Short Week)

Ass / Wk / Sess:
_____

Health Anxiety Inventory (Short Week)

Each question is this section consists of a group of four statements. Please read each group of statements carefully and then select the one which best describes your feelings, OVER THE PAST WEEK. Identify the statement by ringing the letter next to it ie. if you think that statement (a) is correct, ring statement (a); it may be that more than one statement applies, in which case, please ring any that are applicable.

1. a. I do not worry about my health.
   b. I occasionally worry about my health.
   c. I spend much of my time worrying about my health.
   d. I spend most of my time worrying about my health.

2. a. I notice aches/pains less than most other people (of my age).
   b. I notice aches/pains as much as most other people (of my age).
   c. I notice aches/pains more than most other people (of my age).
   d. I am aware of aches/pains in my body all the time.

3. a. As a rule I am not aware of bodily sensations or changes.
   b. Sometimes I am aware of bodily sensations or changes.
   c. I am often aware of bodily sensations or changes.
   d. I am constantly aware of bodily sensations or changes.

4. a. Resisting thoughts of illness is never a problem.
   b. Most of the time I can resist thoughts of illness.
   c. I try to resist thoughts of illness but am often unable to do so.
   d. Thoughts of illness are so strong that I no longer even try to resist them.

5. a. As a rule I am not afraid that I have a serious illness.
   b. I am sometimes afraid that I have a serious illness.
   c. I am often afraid that I have a serious illness.
   d. I am always afraid that I have a serious illness.

6. a. I do not have images (mental pictures) of myself being ill.
   b. I occasionally have images of myself being ill.
   c. I frequently have images of myself being ill.
   d. I constantly have images of myself being ill.

7. a. I do not have any difficulty taking my mind off thoughts about my health.
   b. I sometimes have difficulty taking my mind off thoughts about my health.
   c. I often have difficulty in taking my mind off thoughts about my health.
   d. Nothing can take my mind off thoughts about my health.

8. a. I am lastingly relieved if my doctor tells me there is nothing wrong.
   b. I am initially relieved but the worries sometimes return later.
   c. I am initially relieved but the worries always return later.
   d. I am not relieved if my doctor tells me there is nothing wrong.

9. a. If I hear about an illness I never think I have it myself.
   b. If I hear about an illness I sometimes think I have it myself.
   c. If I hear about an illness I often think I have it myself.
   d. If I hear about an illness I always think I have it myself.

10. a. If I have a bodily sensation or change I rarely wonder what it means.
    b. If I have a bodily sensation or change I often wonder what it means.
    c. If I have a bodily sensation or change I always wonder what it means.
    d. If I have a bodily sensation or change I must know what it means.

11. a. I usually feel at very low risk of developing a serious illness.
    b. I usually feel at fairly low risk of developing a serious illness.
    c. I usually feel at moderate risk of developing a serious illness.
    d. I usually feel at high risk of developing a serious illness.

12. a. I never think I have a serious illness.
    b. I sometimes think I have a serious illness.
    c. I often think I have a serious illness.
    d. I usually think that I am seriously ill.

13. a. If I notice an unexplained bodily sensation, I don't find it difficult to think about other things.
    b. If I notice an unexplained bodily sensation, I sometimes find it difficult to think about other things.
    c. If I notice an unexplained bodily sensation, I often find it difficult to think about other things.
    d. If I notice an unexplained bodily sensation, I always find it difficult to think about other things.

14. a. My family/friends would say I do not worry enough about my health.
    b. My family/friends would say I have a normal attitude to my health.
    c. My family/friends would say I worry too much about my health.
    d. My family/friends would say I am a hypochondriac.

For the following questions, please think about what it might be like if you had a serious illness of a type which particularly concerns you (such as heart disease, cancer, multiple sclerosis and so on). Obviously you cannot know for definite what it would be like; please give your best estimate of what you <u>think</u> might happen, basing your estimate on what you know about yourself and serious illness in general.

15. a. If I had a serious illness, I would still be able to enjoy things in my life quite a lot.
    b. If I had a serious illness, I would still be able to enjoy things in my life a little.
    c. If I had a serious illness, I would be almost completely unable to enjoy things in my life.
    d. If I had a serious illness, I would be completely unable to enjoy life at all.

16. a. If I developed a serious illness there is a good chance that modern medicine would be able to cure me.
    b. If I developed a serious illness there is a moderate chance that modern medicine would be able to cure me.

c. If I developed a serious illness there is a very small chance that modern medicine would be able to cure me.
d. If I developed a serious illness there is no chance that modern medicine would be able to cure me.

17. a. A serious illness would ruin some aspects of my life.
b. A serious illness would ruin many aspects of my life.
c. A serious illness would ruin almost every aspect of my life.
d. A serious illness would ruin every aspect of my life.

18. a. If I had a serious illness I would not feel that I had lost my dignity.
b. If I had a serious illness I would feel that I had lost a little of my dignity.
c. If I had a serious illness I would feel that I had lost quite a lot of my dignity.
d. If I had a serious illness I would feel that I had totally lost my dignity.

All groups are scored 0, 1, 2 or 3 depending on the statement selected (a=0, b=1, c-2, d=4);
If more than one statement is selected, use the highest-scoring statement of those chosen.

Main section score (questions 1 to 14) =

Negative consequences score (questions 15 to 18) =

Total score =

(Data item 44 in the IAPT Data Standard)

Appendix D8.2 - Avoidance Questionnaires

The following questions can be used by clinicians collaboratively with patients to help them decide on therapeutic targets and activities. They are not included in the IAPT Data Standard.

Choose a number from the scale below to show how much you would avoid each of the situations listed below because of fear or other unpleasant feelings. Then write the number you chose in the space provided.

0.....1.....2.....3.....4.....5.....6.....7.....8

Would not avoid it	Slightly avoid it	Definitely avoid it	Markedly avoid it	Always avoid it

1. Consulting your family doctor....._____
2. Visiting a friend in hospital....._____
3. Visiting a relative in hospital....._____
4. Going to a hospital for treatment....._____
5. Talking about illness....._____
6. Reading about illness....._____
7. Visiting a hospital for other reasons
   (e.g. delivering a message)....._____
8. Watching TV programmes about illness....._____
9. Listening to radio programmes about illness....._____
10. Thinking about illness....._____

Choose a number from the scale below which best describes how often you seek reassurance about your health, from each of the sources described below. Then write the number you have chosen in the space provided.

0.....1.....2.....3.....4.....5.....6.....7.....8

Never	Rarely	Sometimes	Often	Daily

1. Friends....._____
2. Family....._____
3. Reading books....._____
4. Checking body for changes....._____
5. Family doctor....._____
6. Nurses....._____
7. Hospital outpatient clinic....._____
8. Hospital casualty....._____
9. Other (specify)....._____

Appendix D9 - Agoraphobia - Mobility Inventory

Please indicate the degree to which you avoid the following places or situations because of discomfort or anxiety. Rate your amount of avoidance when you are with a trusted companion and when you are alone. Do this by using the following scale.

1. Never avoid
2. Rarely avoid
3. Avoid about half the time
4. Avoid moist of the time
5. Always avoid

(You may use numbers half-way between those listed when you think it is appropriate. For example, 3½ or 4½). Write your score in the blanks for each situation under both conditions; when accompanied, and, when alone. Leave blank those situations that do not apply to you.

Place	**When accompanied**			**When alone**		
Theatres						
Supermarkets						
Classrooms						
Department stores						
Restaurants						
Museums						
Elevators/lifts						
Auditoriums or stadiums						
Car parks						
High Places						
Tell How High						
Enclosed spaces (e.g. tunnels)						
Open spaces						
(A) Outside (e.g. fields, wide streets, courtyards)						
(B) Inside (e.g. large rooms, lobbies)						
RIDING IN:						
Buses						
Trains						
Undergrounds/Tubes						
Airplanes						
Boats						
Driving or riding in a car:						
(A) At any time						
(B) On motorways						
SITUATIONS:						
Standing in lines						
Crossing bridges						
Parties or social gatherings						
Walking on the street						
Staying at home alone						
Being far away from home						
Other (specify): _____						
Totals: >>>>>>>>>>>>>>>>>>>>>>>>						

(Data items 40 & 41 in the IAPT Data Standard)

Appendix D10 - Post Traumatic Stress Disorder

Impacts of Events Scale - Revised

Name……. Date……

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you **DURING THE PAST SEVEN DAYS**.

STATEMENTS

	Not at all	A little bit	Moder-ately	Quite a bit	Extremely
1. Any reminder brought back feelings about it.	0	1	2	3	4
2. I had trouble staying asleep.	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry.	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6. I thought about it when I didn't mean to.	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders about it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

Total Score - sum of all 22 items. *If a client omits any items, calculate the mean of the non-missing items and then multiply by 22 to arrive at the total score, i.e. pro-rate.*	

(Data item 47 in the IAPT Data Standard).

Appendix D11 – Panic Disorder Severity Scale

(Data item 46 in the IAPT Data Standard)

Name:_____

Date:_____

Panic Disorder Severity Scale – Self Report Form

Several of the following questions refer to panic attacks and limited symptom attacks. For this questionnaire we define a panic attack as a sudden rush of fear or discomfort accompanied by at least 4 of the symptoms listed below. In order to qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks but having fewer than 4 of the listed symptoms are called limited symptom attacks. Here are the symptoms to count:

- Rapid or pounding heartbeat
- Sweating
- Trembling or shaking
- Breathlessness
- Feeling of choking
- Chest pain or discomfort
- Nausea
- Dizziness or faintness
- Feelings of unreality
- Numbness or tingling
- Chills or hot flushes
- Fear of losing control or going crazy
- Fear of dying

---

1. How many panic and limited symptoms attacks did you have during the week?

   0 No panic or limited symptom episodes
   1 Mild: no full panic attacks and no more than 1 limited symptom attack/day
   2 Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day
   3 Severe: more than 2 full attacks but not more than 1/day on average
   4 Extreme: full panic attacks occurred more than once a day, more days than not

2. If you had any panic attacks during the past week, how distressing (uncomfortable, frightening) were they while they were happening? (If you had more than one, give an average rating. If you didn't have any panic attacks but did have limited symptom attacks, answer for the limited symptom attacks.)

   0 Not at all distressing, or no panic or limited symptom attacks during the past week
   1 Mildly distressing (not too intense)
   2 Moderately distressing (intense, but still manageable)
   3 Severely distressing (very intense)
   4 Extremely distressing (extreme distress during all attacks)

3. During the past week, how much have you worried or felt anxious about when your next panic attack would occur or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment)?

   0 Not at all
   1 Occasionally or only mildly
   2 Frequently or moderately
   3 Very often or to a very disturbing degree
   4 Nearly constantly and to a disabling extent

4. During the past week were there any places or situations (e.g., public transportation, movie theatres, crowds, bridges, tunnels, shopping malls, being alone) you avoided, or felt afraid of (uncomfortable in, wanted to avoid or leave), because of fear of having a panic attack? Are there any other situations that you would have avoided or been afraid of if they had come up during the week, for the same reason? If yes to either question, please rate your level of

fear and avoidance this past week.

0 None: no fear or avoidance
1 Mild: occasional fear and/or avoidance but I could usually confront or endure the situation. There was little or no modification of my lifestyle due to this.
2 Moderate: noticeable fear and/or avoidance but still manageable. I avoided some situations, but I could confront them with a companion. There was some modification of my lifestyle because of this, but my overall functioning was not impaired.
3 Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual activities.
4 Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed.

5. During the past week, were there any activities (e.g., physical exertion, sexual relations, taking a hot shower or bath, drinking coffee, watching an exciting or scary movie) that you avoided, or felt afraid of (uncomfortable doing, wanted to avoid or stop), because they caused physical sensations like those you feel during panic attacks or that you were afraid might trigger a panic attack?. Are there any other activities that you would have avoided or been afraid of if they had come up during the week for that reason? If yes to either question, please rate your level of fear and avoidance of those activities this past week.

   0 No fear or avoidance of situations or activities because of distressing physical sensations
   1 Mild: occasional fear and/or avoidance, but usually I could confront or endure with little distress activities that cause physical sensations. There was little modification of my lifestyle due to this.
   2 Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired.
   3 Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning.
   4 Extreme: pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this such that important tasks or activities were not performed.

6. During the past week, how much did the above symptoms altogether (panic and limited symptom attacks, worry about attacks, and fear of situations and activities because of attacks) interfere with your ability to work or carry out your responsibilities at home? (If your work or home responsibilities were less than usual this past week, answer how you think you would have done if the responsibilities had been usual.)

   0 No interference with work or home responsibilities
   1 Slight interference with work or home responsibilities, but I could do nearly everything I could if I didn't have these problems.
   2 Significant interference with work or home responsibilities, but I still could manage to do the things I needed to do.
   3 Substantial impairment in work or home responsibilities; there were many important things I couldn't do because of these problems.
   4 Extreme, incapacitating impairment such that I was essentially unable to manage any work or home responsibilities.

7. During the past week, how much did panic and limited symptom attacks, worry about attacks and fear of situations and activities because of attacks interfere with your social life? (If you didn't have many opportunities to socialize this

past week, answer how you think you would have done if you did have opportunities.)

0 No interference
1 Slight interference with social activities, but I could do nearly everything I could if I didn't have these problems.
2 Significant interference with social activities but I could manage to do most things if I made the effort.
3 Substantial impairment in social activities; there are many social things I couldn't do because of these problems.
4 Extreme, incapacitating impairment, such that there was hardly anything social I could do.

Appendix E - IAPT Information System Commissioning Guidance

The following extract from the IAPT Commissioning guidance, *Commissioning Talking Therapies for 2011/12 (March 2011)*, may be helpful to commissioners in reviewing or purchasing services from system suppliers.

> The collection of outcome data is a defining characteristic for stepped care and the National Institute for Health and Clinical Excellence (NICE) recommended model of delivery of psychological therapies.
>
> IAPT has established a central principle of sessional collection of outcome measures. This has a therapeutic value as well as ensuring that patients, commissioners and providers can see the progress made towards recovery by individuals and the success of the service delivery overall.
>
> An NHS data standard for IAPT has been approved (Information Standards Board reference 1520). Implementation of the data standard will enable patients, commissioners and providers to access transparent information that facilitates benchmarking for patient choice, service monitoring and service improvement. The ISB has issued an Information Standards Notice to confirm the commencement of the IAPT Data Standard. Further information is available in the IAPT Data Handbook, version 2, available from http://www.iapt.nhs.uk/services/measuring-outcomes/
>
> Commissioners may wish to use the Standards Enforcement in Procurement tool ('STEP') available on the ISB website at http://www.isb.nhs.uk/use/step to ensure supplier compliance with ISB standards. Both existing and prospective information system suppliers should be encouraged to visit the ISB site for updates and may be invited to register to use the STEP tool as part of the procurement process. Further advice about the adoption of ISB standards and procurement, including an example contract clause, is available at http://www.isb.nhs.uk/use/procurement.
>
> The recommended IAPT data set includes information on:
> - Patient demographics; geographical, gender, age, ethnicity, religion, sexual orientation and disability
> - Care pathways; provisional diagnosis information, psychological intervention types, referral and sessional details
> - Appointments; clinical, economic and social outcomes (including employment status) relating to the interventions provided
>
> Data collection rates should be monitored on a regular basis to help ensure that sites are achieving at least 90% complete outcomes for the number of people who have had two or more therapeutic sessions, including as a minimum PHQ-9 and GAD7. This percentage can be calculated, using relevant data fields embedded in systems, and should be incorporated in the automated validation procedures of capable systems.
>
> Key Performance Indicators have measured the success of the IAPT programme across the country. Local commissioning arrangements should lead further development of IAPT data and information systems. Certain key KPIs will support future expansion of services as outlined in the Spending Review 2010. Detailed information of current KPIs is available from the IAPT website, http://www.iapt.nhs.uk/services/measuring-outcomes/

As services mature, commissioners and clinical leads will want to address deficiencies in service provision and, in particular, inequalities affecting protected groups defined in equalities legislation. Data reports generated in services should inform this analysis, and commissioned data systems should have the capability to produce such reports on demand. Guidance on the use of data in addressing inequalities is in the IAPT Equality Guidance for Commissioners, *Being Fair. Including All* – available from http://www.iapt.nhs.uk/equalities/

Where specific shortcomings in system or supplier performance are identified, improvements in data collection systems and practices may be negotiated through contract monitoring or re-tendering procedures.

The following sections are provided to assist managers in new services and may be useful to inform discussions with procurement advisers or suppliers:

Process for commissioning an IAPT data system

a) PCT/Service providers should consider all potential data system options this may include developing a local system or commissioning a bespoke system.
b) PCTs should use existing financial instructions and tender procedures.
c) The trust and provider should create evaluation criteria through discussions with clinical and informatics leads and consultation with Caldicott Guardians.
d) Systems/development proposals should be judged against specific evaluation criteria (key evaluators should include clinician and PCT/service provider informatics staff). This may include a written proposal in response to a tender and/or presentations by system providers.
e) Selection of supplier should be made with clear agreement of timescales and responsibilities.

Sample Evaluation Criteria for an IAPT System

The following are example criteria for assessing the suitability of a system. These are not exhaustive and should be reviewed by both informatics leads and clinicians either for use in a tendering or procurement processes or to support local system provider development.

Please note; the following list is not exhaustive and should be considered in light of local requirements.

a. Clinical functionality

- Are all items in the IAPT Data Standard included in the system design?

- Does the system provide real time functions for tracking patient improvement and recovery using numerical/graphical displays for health and wellbeing outcome measures?
- Does the system automatically flag cases for clinical case management supervision according to pre-ordained criteria such as length of treatment episode, clinical severity, non-attendance and risk?
- Can practitioners and supervisors see the same patient data simultaneously using different computer monitors in different locations?

b. Data Entry and Data Validation

- Are all providers (including voluntary and non-NHS providers) able to enter data locally?
- Are data screens clear and uncluttered and well labelled?
- Are drop down lists provided?
- Are those specific items in the Data Standard marked as 'Contributing to the data set' mandated/validated on entry?
- Are there audit reports/flags for missing data?

c. Reporting

- Are all items in the Data Standard able to flow to central reporting systems?
- Is there flexibility in the system to build new reports or extract all data for reporting purposes?
- Are there additional costs associated with new reports?
- Patients have the right to stop their data being used for secondary uses. Systems should allow for patients to 'opt out' from national reporting

d. Database Structure

- How are the IAPT Data Standard items collected and reported?
- Is it possible to collect appropriate items sessionally?
- Are these items exportable/ reportable?

e. System Requirements

- How is hosting provided? I.e. by remote or local server?
- Is the system interoperable with a local/national Electronic Patient Record (EPR) systems (where possible) to avoid duplication of entry?
- What additional I.T. equipment will need to be purchased, e.g. RSA Key Fobs?

f. Network Security

- Does the security comply with NHS Security standards for N3 connection? See http://nww.connectingforhealth.nhs.uk/infrasec

g. System Configuration

- How is the system initially configured?

- Can the system be easily configured to meet local requirements?
- Is system configuration controlled locally or by the system supplier?
- Will this include local functionality, e.g., developing letter templates or locally defined data entry/ reporting screens

h. System Administration

- How will the system be updated with new national requirements including changes to the IAPT Data Standard (communicated through Information Standards Notices) and national reference tables, e.g. GP practice lists?

i. Database Security

- Does the system ensure permission to access information is defined by different user roles in accordance with NHS Information Governance requirements? http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/confidentiality
- Does the system comply with guidance and conditions relating to security and information assurance in the NHS? See; http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/security

j. System Support

- Will training be provided, to how many users and at what cost? Will training be provided on site?
- What system support is available e.g. site visit support and telephone support lines (help desk). What if any are the additional costs of this support? Over what days of the week/hours of the day is support available

k. Contracts

- What are the setup costs and ongoing maintenance costs?
- What are the timescales for system installation? Is training provided to local system administrators (if applicable)?

Appendix F - IAPT Key Performance Indicator (KPI) Technical Guidance

KPI information is available is a separate file available from the IAPT website at http://www.iapt.nhs.uk/services/measuring-outcomes.

Appendix G - Information Governance and Consent

Internal use of data

When a service user provides or contributes confidential information to a service and has been made aware of whom may need to see the information about them, their consent to this use of their information can be *implied*.

Use of outcome measuring tools as part of the IAPT data set is part of clinical practice, primarily for the benefit of the patient, to inform treatment and appropriate care pathways. Therefore, the notion of implied consent applies. However, sites should adopt a 'no secrets' approach informing patients of the content and rationale of routine outcome measurement so that the purpose and benefits to the patient are properly conveyed

However, generally, service users retain the right to restrict the disclosure of their confidential personal information, explicitly declining to allow information to be shared so that no one can decide to share this information on their behalf except for parents or legal guardians, or people with powers under mental health law.

Service users also have the right to change their mind about a disclosure decision at any time before the disclosure is made, and can do so afterwards to prevent further disclosures where an activity requires a regular transfer of their personal information.

Secondary Use of data

The IAPT Programme intends to introduce a central reporting system whereby local services will be required to provide an extract of patient data for reporting purposes. This will support the effective monitoring of service standards including efficiency, equity and effectiveness of service. Data will be made available to the public in order to inform patient choice. Only anonymised data will be reported, however, it is the responsibility of the local service to inform patients that their data may have secondary uses and allow them to dissent from the process. This might best be achieved by introducing a flag in local IT systems that will exclude data from extracts.

External use of data

Consent cannot be implied for other purposes, such as disclosure to outreach teams, the police, government departments (other than the Department of Health), or the courts, for example. In most cases, service users should be asked for their *explicit* consent for information to be shared for non-care purposes.

In certain circumstances, information can be disclosed without seeking explicit consent, or where consent has been sought but refused. This happens when:

- The disclosure is *required* or *permitted by law* – perhaps by court order or under an Act of Parliament. For example, certain confidential information must be disclosed to the Health Protection Agency for monitoring and controlling disease. Disclosures may also be permitted under section 251 of the NHS Act 2006 (formerly section 60 of the Health and Social Care Act 2001)
- There is a robust *public interest* in disclosure, where failure to do so would put someone else at risk. Senior members of staff such as the Caldicott Guardian decide this, taking legal advice where necessary. Ultimately, this issue may rest with the courts.

Key guidance documents

Information Governance Training Materials

As a key part of the Information Governance agenda, the Department of Health and the NHS Connecting for Health have produced an online Information Governance Toolkit available at:

http://www.connectingforhealth.nhs.uk/systemsandservices/infogov

The Toolkit has been made available to assist organisations to achieve the aims of Information Governance, including:

- Information Governance Management
- The Confidentiality NHS Code of Practice
- Data Protection Act 1998
- Information Security
- Information Quality
- Records Management
- Freedom of Information Act 2000

Patient Information

Services have a legal responsibility to inform patients how their data will be used. The IAPT Programme has developed a suggested explanatory leaflet for patients that should be given to patients on entering services (please see Appendix H).

Appendix H – Patient Information Leaflet

USE OF PATIENT INFORMATION BY THIS SERVICE

(Part of the Improving Access to Psychological Therapies programme)

Your service was created as part of the Improving Access to Psychological Therapies (IAPT) programme in England. We want to offer the best possible service to patients. To do this, we have to assess our effectiveness and continually improve patient care, which means we need to collect data about our patients, their treatments and the outcomes and analyse it. This leaflet describes how the information helps improve patient care.

What information is collected by an IAPT service?

Your IAPT service collects information about you and the care you receive, including the assessments, results of tests and your answers to questionnaires. This enables your progress to be monitored and future care planned. This information may be shared with other health professionals involved in your care, so that you get the best possible care. If you would like to see the information collected about you or find out more about how the information is stored and used locally please speak with the people who are treating you.

What information is collected nationally?

Some of this information collected is reported nationally to give a picture of service delivered across the country, to check that quality standards are similar everywhere. **No information that could reveal a patient's identity is used in national reports.** These reports only show summary numbers of, for instance, patients receiving different types of treatments and it is impossible to identify any person seen by any IAPT service from them. Security of patient information is very important in IAPT services.

How is the information used nationally?

The information collected is used to check that:

- services are available to those who need them
- an appropriate range of NICE compliant treatments is provided
- patients achieve positive outcomes from treatment.

National reports offer huge service delivery benefits by checking, for example, numbers of referrals received, time taken to access services, the type of treatments used and the outcomes of those treatments. Also, under the Equality Act 2010, the NHS has to monitor personal characteristics and check everyone has equal access to services and is not discriminated against in any way.

How we keep your information safe?

The IAPT service stores all information safely and securely and sends national reporting information safely to a secure central data storage area. All data collected is subject to the strict rules of confidentiality, laid down by Acts of Parliament, including the Data Protection Act 1998 and the Health and Social Care Act 2001 and the NHS Care Record Guarantee

Do you need to use my information?

IAPT national reports offer the most benefit when they use information from as many patients as possible, because this creates the most accurate picture of services. If, however, you do **not** want your information included in national analyses, please tell

the people who are treating you and they will make sure your information is not used. **This will not affect your treatment in any way.**