Improving Access to Psychological Therapies, Key Performance Indicators (IAPT KPIs) – Q4 2011/12 final and Q1 2012/13 provisional
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Version: 1.0

Date of Publication: 11th September 2012
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Executive Summary

This is the latest publication of the Improving Access to Psychological Therapies Key Performance Indicators (IAPT KPIs) - and includes data for Quarter 4 (Q4), January to March final data for 2011/12 and Quarter 1 (Q1) April to June provisional data for 2012/13. The purpose of this publication is to provide Department of Health (DH), IAPT services, commissioners and members of the public with information on how IAPT services are performing.

The information has been collected using the Health and Social Care Information Centre (HSCIC) Omnibus online collection system. The collection will continue until the end of the financial year 2012/2013 with the last collection covering the period January 2013 – March 2013. After that, IAPT KPIs will be reported using the new IAPT dataset as the data source.

The collection was made on a mandatory basis and sent to all Primary Care Trusts (PCTs) in England regardless of whether they have commissioned an IAPT service or were in the process of commissioning one, (in which case nil returns were accepted). All 151 PCTs responded.

An assessment of data quality is provided in an accompanying data quality and methodology statement, which should be taken into account when using these data.

Key facts from this publication:

In Q1 April 2012 to June 2012:

- 233,027 people were referred for psychological therapies (a reduction of 6.0% from Q4 in 2011/12 but an increase of 12.6% over the same quarter of 2011/12);
- It is estimated that 6.1 million people suffer from anxiety and depression disorders in England, suggesting that the access rate of people with anxiety or depression orders to IAPT services was 2.4% in quarter 1;
- 146,702 people entered treatment¹ (reducing 1.4% from Q4 2011/12 but this was an increase of 18.5% over the same quarter of 2011/12);
- 87,929 people completed a minimum of two treatment contacts. Of these:
  - 10,572 were not at clinical caseness at the start of their treatment;
  - 77,357 were at clinical caseness at the start of their treatment, with 35,663 of this number (46.1%) 'moving to recovery'.
- A total of 5,288 people moved off sick pay and benefits (a fall of 401 or 7.0% since Q4).

PCT’s provided a refresh of their data for quarter 4 January 2012 to March 2012, when the Q1 data for 2012-13 was collected. PCTs are only granted one opportunity to resubmit and update their data (i.e. when the provisional data for the subsequent reporting period is collected). Forty organisations resubmitted data for Q4, and details are provided in the data quality and methodology document published alongside the data.

Where data was incomplete or raised validation queries and a PCT provided further explanatory information (e.g. IAPT services were in the process of commissioning at the time of collection), this is included in an appendix to the data quality and methodology document.

¹ The number of people who completed treatment in the quarter is not a direct subset of the number of people referred in the same quarter, as some may have been referred for treatment in a previous quarter.

Caseness – A patient is deemed to be at caseness when suffering from depression and/or anxiety disorders, as determined by scores on the Patient Health Questionnaire (PHQ9) for depression.
and/or the Generalised Anxiety Disorder (GAD7) for anxiety disorders, or other anxiety disorder specific measure as appropriate for the patient’s diagnosis.

The data tables relating to this publication can be found here with analysis at both PCT and SHA level: www.ic.nhs.uk/pubs/psychologicaltherapies1112q4

Background
The IAPT programme is designed to support the NHS in delivering by 2014/2015:

- Evidence-based psychological therapies, as approved by the National Institute for Health and Clinical Excellence (NICE), for people with depression and anxiety disorders;
- Access to services and treatments by people experiencing depression and anxiety disorders from all communities within the local population;
- Increased health and well-being, with at least 50% of those completing treatment moving to recovery and most experiencing a meaningful improvement in their condition;
- Patient choice and high levels of satisfaction from people using services and their carers;
- Timely access, with people waiting no longer than locally agreed waiting times standards;
- Improved employment, benefit, and social inclusion status including help for people to retain employment, return to work, improve their vocational situation, and participate in the activities of daily living.

The vision for the IAPT programme over the next spending review cycle (April 2011 – March 2015) was set out in ‘Talking Therapies: A four-year plan of action’. IAPT KPI’s will support measurement of the following objectives:

- 3.2 million people will access IAPT, receiving brief advice or a course of therapy for depression or anxiety disorders;
- 2.6 million patients will complete a course of treatment;
- Up to 1.3 million (50% of those treated) will move to measurable recovery;

During 2012/13, IAPT KPIs will also be used to support the NHS Operating Framework. Two IAPT indicators are included in the NHS Operating Framework to measure quarter on quarter improvement in:

I. The proportion of people entering treatment against the level of need in the general population (the level of prevalence addressed or ‘captured’ by referral routes), and
II. The proportion of people who complete treatment who are moving to recovery.

The level of need in the general adult population is known as the rate of prevalence, defined by the Psychiatric Morbidity Survey. For common mental health conditions treated in IAPT services, it is expected that a minimum of 15% of those in need would willingly enter treatment if available.
