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NHS Digital Data Publications Psychological Therapies, Reports on the use of IAPT services

Psychological Therapies: reports on the use of IAPT services, England, July 2022 Final including a report on the IAPT Employment

Advisers pilot

Publication, Part of Psychological Therapies, Reports on the use of IAPT services

Psychological Therapies: reports on the use of IAPT services, England, July 2022 Final including a report on the IAPT Employment Advisers pilot

Official statistics, Experimental statistics

Publication Date:

13 Oct 2022

Geographic Coverage:

England

Geographical Granularity:

Care Trusts, Clinical Commissioning Groups, Independent Sector Health Care Providers, Mental Health Trusts, NHS Trusts, Sustainability and Transformation Partnerships

Current Chapter

Psychological Therapies: reports on the use of IAPT services, England, July 2022 Final including a report on the IAPT Employment Advisers pilot

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Introduction

Implementation of Integrated Care Systems (ICSs)

Integrated Care Systems (ICSs) were formally established across the NHS in England on 1 July 2022, with the introduction of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), and abolition of CCGs. For more information on the change and the impact on July's publication, please see the relevant section in the Overview page.

13 October 2022 00:00 AM

Summary

This statistical release makes available the most recent Improving Access to Psychological Therapies (IAPT) monthly data, including activity, waiting times, and outcomes such as recovery.

IAPT is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety. This release also includes experimental statistics from the IAPT Employment Adviser Pilot.

Due to the coronavirus illness (COVID-19) disruption, it would seem that this is affecting the quality and coverage of some of our statistics, such as an increase in non-submissions for some datasets. We are also seeing some different patterns in submitted data. For IAPT, whilst the number of submitters remains unchanged, there is a significant change in the rates for recovery and improvement since pre-Covid-19 months.

We hope this information is helpful and would be grateful if you could spare a couple of minutes to complete a short customer satisfaction survey. Please use the survey in the related links to provide us with any feedback or suggestions for improving the report.

Establishment of Integrated Care Boards (ICBs) / Integrated Care Partnerships (ICPs) and abolition of CCGs and STPs as of July 2022

Integrated Care Systems (ICSs) were formally established across the NHS in England on 1 July 2022, with the introduction of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), and abolition of CCGs.

Further information around the introduction of ICBs and ICPs is available via the relevant Organisation Data Service (ODS) page here.

The derivations necessary to support reporting under the new commissioning structures are underway but are yet to be completed. As a result, it has not been possible to include ICB / sub-ICB breakdowns in the July 2022 data released as part of this publication.

Furthermore, breakdowns relating to the legacy commissioning structures (CCG's) have been omitted from the PowerBI dashboard and the following CSV files for the July 2022 data:

- IAPT Monthly Activity Data File - July 2022
- Report on Employment Adviser IAPT services pilot - Data File, July 2022
- IAPT Enter Treatment Rolling Quarter report - May 2022 - July 2022
- Monthly Time Series for Key Measures - July 2021 - July 2022

It was not considered appropriate to keep these in, given that they were no longer current as of 1 July 2022. Breakdowns relating to commissioning structures in data before July 2022 are unaffected.

NHS Digital will include reporting on the new commissioning structures in all monthly IAPT publications at the earliest opportunity. Should delays persist into next month or beyond, we will seek to report on these new commissioning structures retrospectively for any months for Performance data from July 2022 onwards once in a position to do so.

Key Facts

In July 2022 there were:

131,766 referrals to talking therapies

88.7% of referrals accessing IAPT within 6 weeks

96,156 referrals accessing IAPT

8.1 sessions of treatment on average per referral

57,597 referrals completed a course of treatment

49.7% referrals moved to recovery

66.5% of referrals finishing a course of treatment showed reliable improvement

57,402 Internet Enabled Therapy sessions took place

14,759 referrals with an integrated care contact

Interactive Dashboard July 2022
Access the IAPT Monthly Interactive Dashboard

Please note that these numbers reflect activity in the month and are not all based on the same group of referrals.

The proportion of referrals starting treatment within 6 weeks, mean treatment session, and the recovery rate are based on referrals completing a course of IAPT treatment in the month.

Resources

IAPT Monthly Activity Data File - July 2022

CSV   3 MB

IAPT Data Quality Report - July 2022 Final

CSV   3 MB

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IAPT Data Quality Report - August 2022 Primary

CSV   3 MB

Report on Employment Adviser IAPT services pilot - Data File, July 2022

CSV   2 MB

IAPT Enter Treatment Rolling Quarter report - May 2022 - July 2022

CSV   19 KB

Monthly Time Series for Key Measures - July 2021 - July 2022

CSV   21 MB

Pre-Release Access List

PDF   109 KB

Related Links

- See all IAPT reports and contextual information
- Customer satisfaction survey
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- Submitting IAPT Data

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Introduction

Pages in this publication

RLIT0001860_0005

Introduction

Psychological Therapies (IAPT) is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE)[1], for treating people with depression or anxiety.

The IAPT programme is supported by a regular return of data generated by providers of IAPT services in the course of delivering those services to patients. These data are received by NHS Digital and published in monthly reports.

This report summarises activity in the IAPT programme for July 2022[2]. It shows key information about activity, patient outcomes, and waiting times.

A monthly time series of the key IAPT measures is also available in the Interactive dashboard for this publication.

Main findings

Information about the IAPT programme is based broadly on three areas:

• Outcomes: whether referrals measurably improved as a result of a course of IAPT therapy;

• Waiting times: how long referrals waited to be seen or treated by providers of IAPT services;

• Activity: such as how many referrals were received, had accessed services, or ended in the month, or how many appointments took place.

Activity

131,766 new referrals were received in July 2022.

96,156 referrals had accessed IAPT in the month.

147,487 referrals ended (for any reason) in the month.

Waiting times

Of the 57,597 referrals that finished a course of treatment in July 2022, 88.7% waited less than 6 weeks and 98.4% waited less than 18 weeks to access IAPT services.

Outcomes

54,305 referrals finished a course of treatment in July 2022 having started at caseness[3], of which 27,003 (49.7%) moved to recovery.

[1] https://www.nice.org.uk/

[2] All historical IAPT publications can be found at http://www.digital.nhs.uk/iaptreports.

[3] 'Caseness' is the term used in IAPT to define a clinical case of anxiety or depression. See the 'Guide to IAPT data and publications' published at http://www.digital.nhs.uk/iaptreports for details.

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Activity

Activity

NHS Digital also publishes a wide range of information about activity in the IAPT programme within the month.

39.1% of all referrals that ended completed a course of treatment

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The chart below shows the relative volumes of referrals that were received, had accessed services, ended, and finished a course of treatment in each month.

Figure 1: Number of referrals received, accessed services, ended, and finished a course of treatment, July 2021 to July 2022, England
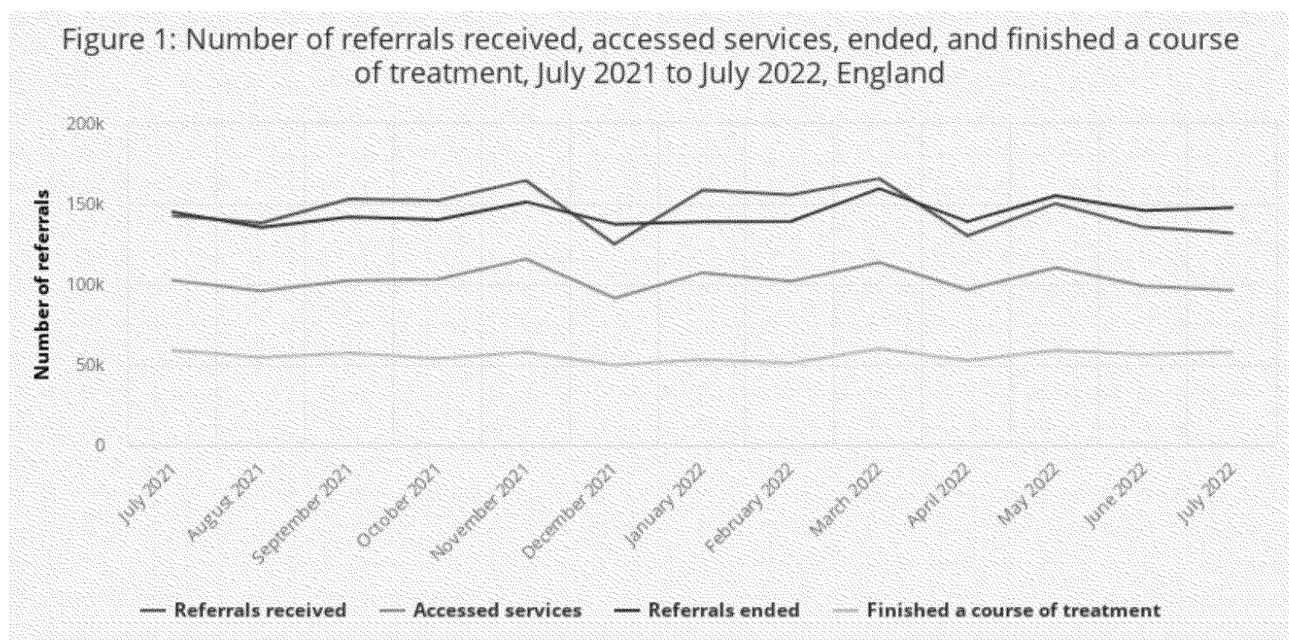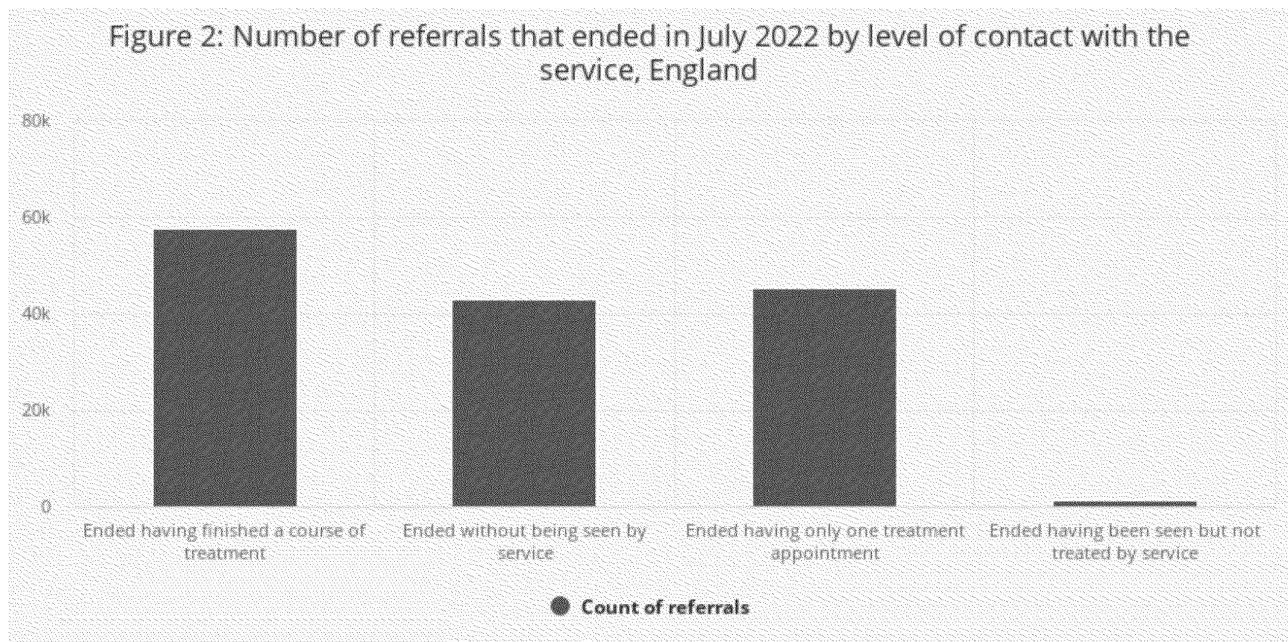
Download the data for this chart Figure 1: Number of referrals received, accessed services, ended, and finished a course of treatment, July 2021 to July 2022, England

There is a degree of seasonality in these volumes, with slightly less activity around December. There is higher activity where there are more working days in the month.

It is important to note that these numbers are not based on the same group of referrals as each other. A referral that was received in July 2022 did not necessarily enter treatment in this month, and is less likely again to have ended in the month.

The number of referrals that finished a course of treatment is a subset of all referrals that ended in the month. In July 2022, 39.1% of referrals that ended had finished a course of IAPT treatment. Referrals can end having had different levels of contact with the service; these are shown in the chart below.

Figure 2: Number of referrals that ended in July 2022 by level of contact with the service, England

Download the data for this chart Figure 2: Number of referrals that ended in July 2022 by level of contact with the service, England

Each quarter, more detailed data are published about activity. The most recent quarterly data, Quarter 1 2022/23[4], can be found at: http://digital.nhs.uk/pubs/iaptjun22.

[4] Percentages for each variable will not sum to 100% as a subgroup was either not recorded or was recorded using an invalid code for some records.

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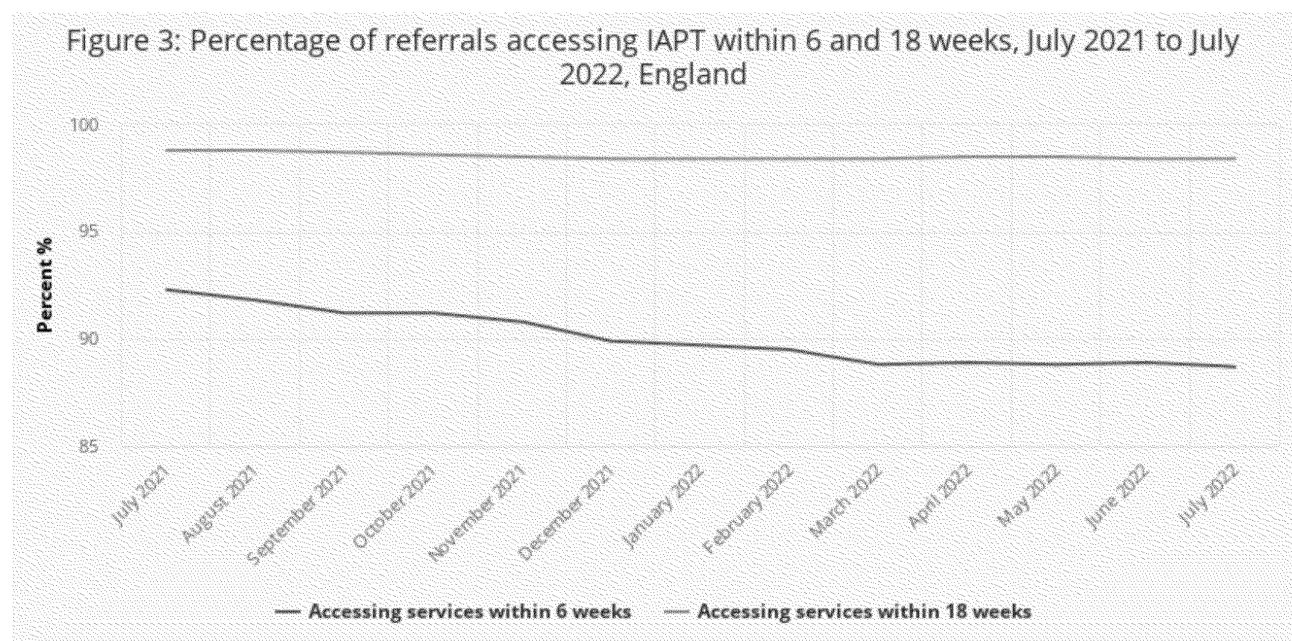
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Waiting Times

Waiting Times

One of the stated targets of the IAPT programme is that for referrals finishing a course of treatment in the month, 75% access services within 6 weeks, and 95% within 18 weeks[5]. These are based on the waiting time between the referral date and the first attended treatment appointment.

88.7% of referrals waited less than 6 weeks to access IAPT services.

Calculating Waiting Times

The chart below shows that, nationally, waiting times measures have consistently been above the target, particularly the proportion seen within 6 weeks.

Figure 3: Percentage of referrals accessing IAPT within 6 and 18 weeks, July 2021 to July 2022, England

Download the data for this chart Figure 3: Percentage of referrals accessing IAPT within 6 and 18 weeks, July 2021 to July 2022, England

For an explanation of the terms used and further information about how measures are calculated in IAPT see the 'Guide to IAPT data and publications' at www.digital.nhs.uk/iaptreports.

[5] See p16-17 of The Mandate: A mandate from the Government to NHS England: April 2015 to March 2016, available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386221/NHS_England_Mandate.pdf

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Outcomes

Outcomes

Outcomes in IAPT are measured in terms of three measures:

recovery,
reliable improvement,
and reliable recovery.

Recovery

Recovery in IAPT is measured in terms of 'caseness' – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition.

The Government target is that 50% of eligible referrals to IAPT services should move to recovery.[6]

49.7% of eligible referrals moved to recovery

Calculating Recovery rates

Reliable improvement

A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition.

66.5% of referrals finishing a course of treatment showed reliable improvement
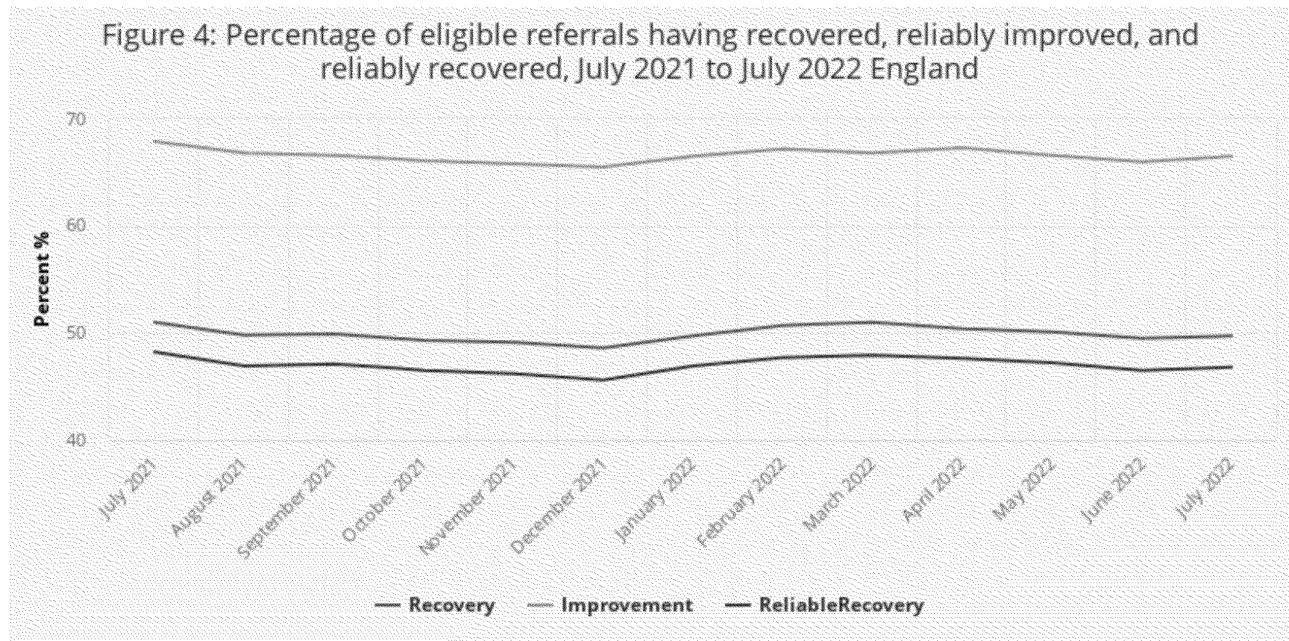
Calculating improvement rates

Reliable recovery

A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a significant improvement in their condition.

46.8% of referrals reliably recovered

Calculating reliable recovery rates

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The chart below compares recovery, reliable improvement, and reliable recovery rates across a period of thirteen months.

Figure 4: Percentage of eligible referrals having recovered, reliably improved, and reliably recovered, July 2021 to July 2022 England

Download the data for this chart Figure 4: Percentage of eligible referrals having recovered, reliably improved, and reliably recovered, July 2021 to July 2022 England

Consistently, a higher proportion show reliable improvement than move to recovery; this is because reliable improvement only looks at the scale of change, and not whether the referral has moved below the clinical caseness threshold.

Reliable recovery, which requires both recovery and reliable improvement, is the most stringent measure and therefore has the lowest rate.

Each quarter, more detailed data are published about recovery, reliable improvement and reliable recovery. The most recent quarterly data, Quarter 1 2022/23, can be found at: http://digital.nhs.uk/pubs/iaptjun22.

For an explanation of the terms used and further information about how measures are calculated in IAPT see the 'Guide to IAPT data and publications' at www.digital.nhs.uk/iaptreports

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[6] See p16-17 of The Mandate: A mandate from the Government to NHS England: April 2015 to March 2016, available at:
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