2020 National Cost Collection guidance

Volume 5ii: National Cost Collection – Improving Access to Psychological Therapies (IAPT)

September 2020

NHS England and NHS Improvement

Contents

1. Introduction

1. This document forms part of the financial year 2019-20 National Cost Collection (NCC) guidance which is being published in volumes.

2. As a Mental Health provider, you only need to read this volume if you provide Improving Access to Psychological Therapies (IAPT) services and are mandated to submit costs for those services.

3. You should have read *Volume 1: Overview*[1] before reading this document.

4. You should also read *Volume 2: National cost collection reconciliation and exclusions*[1].

5. You should also read *Volume 5i: Mental Health* to understand the following collection specifics:

   - Cost collection resources and activities for the Mental Health sector
   - Preparing data for other services areas in your organisation
   - How to submit and reconcile your data
   - Validating your data using the Data Validation Tool (DVT)

6. You should also read Volume 7: *Data Submission*

7. Financial year 2019-20 data is the first year of mandated PLICS for the mental health sector; NHS England and NHS Improvement have facilitated a collection of limited change to enable those providers who had not participated in a voluntary collection to work from a stable foundation of guidance and data collection requirements.

8. For your main support contacts during the collection, please refer to *Volume 1: Overview*.

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[1] https://improvement.nhs.uk/resources/approved-costing-guidance-2020/

1.1 IAPT dataset[2]

9.   The IAPT Data Set was developed with the IAPT Programme as a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable information for patients accessing NHS-funded IAPT Services in England. Mental Health services for people under the age of 18 are recorded in MHSDS rather than IAPT services.

10.   IAPT services are characterised by:

  - evidenced-based psychological therapies
  - routine outcome monitoring
  - regular and outcomes-focused supervision.

1.2 IAPT collection overview and main areas of change

11.   This section provides an overview of the NCC in January 2021 relating to financial year 2019-20.

12.   The PLICS IAPT data that should be reported at patient level for this collection and is defined in the IAPT feed within the NCC 2019-20 - NHS D Extract IAPT Specification[3]:

  - IAPT Extract List

1.3 Reasons for changes to 2020 national cost collection

13.   The aim of the FY2019-20 collection is 'minimum change' to give mental health trusts providing IAPT services the best opportunity of success in their first mandated PLICS collection, we have only made changes to address the following:

- changes to Trusts Organisation Codes as a result of the introduction of a new code structure (ANANA) for new organisation identifiers allocated by ODS
- New Patient cluster assessment status field

14. If you are concerned about collecting the new fields, contact costing@improvement.nhs.uk citing 'DC – IAPT new collection fields'.

1.4 Main areas of change for 2020

15. Table 1 highlights the main changes to how costing data is to be collected for the 2020 collection.

Table 1: Main changes to the 2019/20 national cost collection

Change for 19/20 collection	Detail
Organisation identifier (Code of submitting organisation) – revised	Organisation ID extended to allow 3 or 5 characters to allow for ANANA Org ID Organisation identifier (Code of submitting organisation)codes (submitter) in the IAPT feed
Person gender code current revised to Person stated gender code	The 'Person gender code current' has been revised to: 'Person stated gender code' to align with the future release of IAPT v2.0 specification in the IAPT feed and the NCC 2019-20 acute extract specification
Patient cluster assessment status – new field added	New field added in the IAPT feed to indicate whether the patient has either been assigned an ADULT MENTAL HEALTH CARE CLUSTER CODE that is still within its assessment period, was assessed but not accepted into service, has not been assessed or clustered or the patient's treatment is not a clustered mental health service.

2. Preparing PLICS files for Mental health services

16. The extract file specification,[4] published separately from this collection guidance, sets out the exact structure of the CSV or XML files you need to produce for the collection: the field names and formats, along with valid codes for certain fields where applicable.

2.1 Improving Access to Psychological Therapies (IAPT)

17. IAPT providers should not use NCC workbook worksheets 'MHIAPT' unless agreed in advance with the National Cost Collection team. In most instances, all IAPT attendances should be submitted in the PLICS files as noted below.

18. The currency for IAPT clusters is cost per completed referral.

19. The PLICS IAPT collection continues to be on a separate feed to the main PLICS mental health feeds because IAPT services are distinct mental health services and in some areas are delivered by different organisations[5].

20. All IAPT activity recorded through the IAPT dataset v1.5 should be reported on the IAPT feed[6]. IAPT attendances use the same cluster definitions as other mental health contacts but we expect most IAPT patients to fall into clusters 01 to 08.

21. Some IAPT activity may:

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[4] https://improvement.nhs.uk/resources/approved-costing-guidance-2020/
[5] This is under review for the next annual collection FY20-21
[6] All attended IAPT appointments within the collection year are in scope of this collection.   Data for Long Term Care/IAPT integrated services pilots and Employment Advisor pilots is not in scope.

- be patients who are not assessed or clustered[7] (use 'Patient cluster assessment status' (Code 02 and leave 'Adult mental health care cluster code' blank)

- be patients where a 'Adult mental health care cluster code' cannot be assigned (use 'Patient cluster assessment status' Code 01 and 'Adult mental health care cluster code' 00)

22. The collection year begins on 1 April 2019 and ends on 31 March 2020. All appointments attended within the collection year are in scope of this collection. To separate the data extract into appropriately sized files, it must be split into 12 monthly files which cover the reporting period, using the 'Appointment Date' field.[8]

23. All costs that occur for open referrals in the collection year must be reported, regardless of whether they relate to patients whose referrals have not started or have not been completed within the collection year. In addition, referrals that have started and finished in a previous reporting period and have follow up appointments in the current collection year should also flow.

24. The number of attendances relates to appointments with the patient only – either face-to-face, by telephone[9] or other methods such as email where appropriate.

25. Where a patient attends a group appointment, each patient counts as an attendance for that group session.

26. Where more than one staff member runs or participates in a group the number of attendances for that group remains as per paragraph 25 i.e. each patient counts as one attendance for that group session. You should ensure that where:

- the professionals fall into the same collection resource that the aggregate cost of the staff members is submitted per attendance
- the professionals fall into different collection resources that the individual costs are submitted on the appropriate resource per attendance

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[7] Formally submitted in XML Field 'Cluster' code 99
[8] See Volume 5: 'Section 9 - Submitting PLICS files' for further details
[9] Telephone contact must replace a face to face contact.

27. Only attendances with staff members within your cost quantum should be counted.

28. Missed Appointments (DNA's) should not be recorded and the cost should be treated as an overhead.

29. We do not anticipate that the IAPT cluster costs will include any inpatient costs. Where a patient moves between mental health and IAPT, a new mental health spell / mental health care contact should be created in the MHSDS dataset. Further detail on Patient cluster assessment status (PatCAS) is provided in chapter 4.3 of NCC volume 5 – Mental health10.

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[10] https://www.england.nhs.uk/approved-costing-guidance-2020/#approved-costing-guidance-collections

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