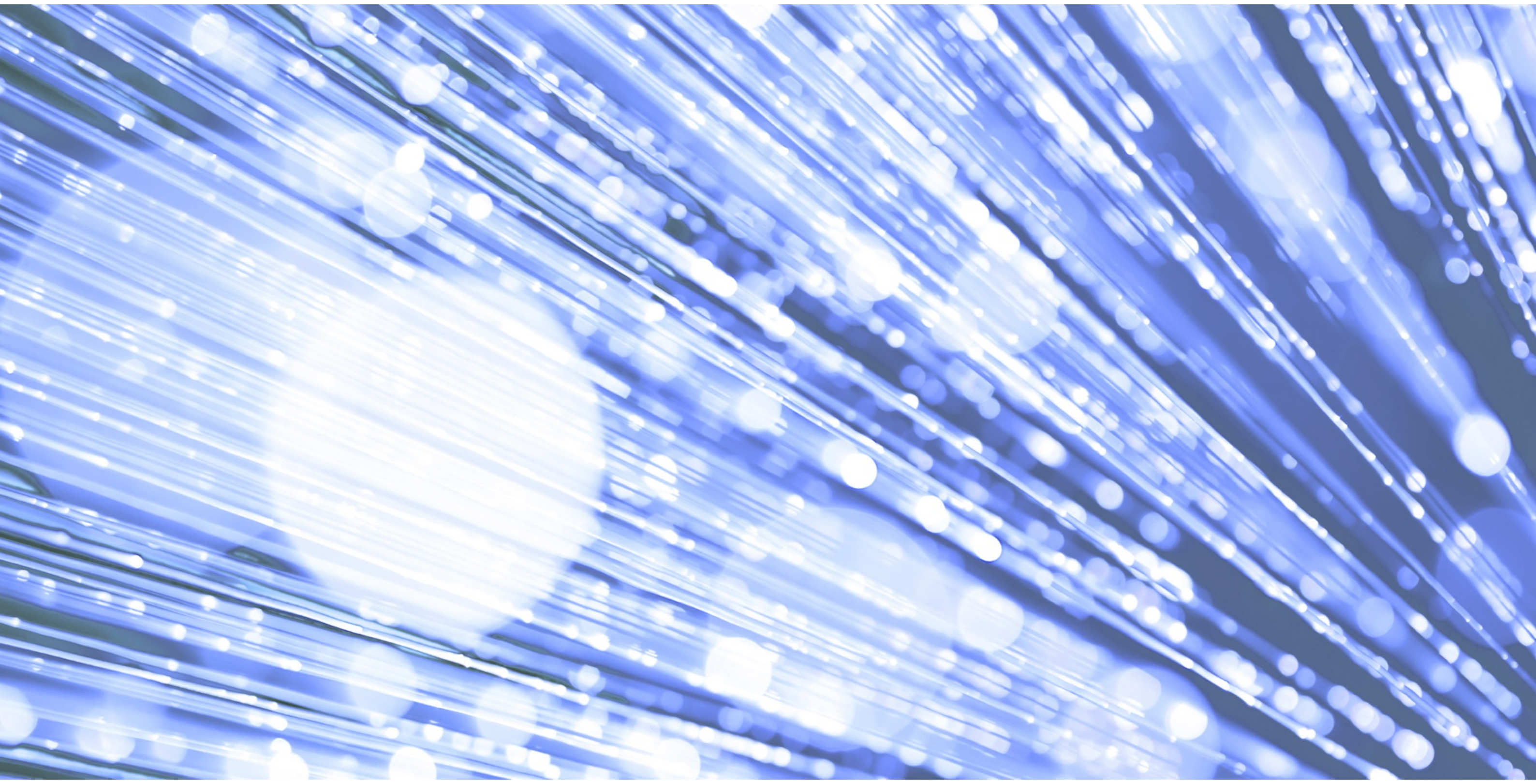
DAPB1520 Improving Access to Psychological Therapies (IAPT) Data Set v2.1

Implementation Guidance

Published 20 July 2021



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Data Alliance Partnership Board

Acting on behalf of the Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, the Data Alliance Partnership Sub Board (DAPSB) has approved a change to an existing information standard for publication under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification
- Technical Output Specification (TOS).

An Information Standards Notice (DAPB1520 Amd 13/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 20 July 2021

Update 6 October 2021

At the time of publication of version 2.1 (20 July 2021), users were expected to fully conform with this standard by 25 March 2022. Due to continuing investment in COVID-19 activity, NHS Digital has since extended the implementation and conformance dates of this standard by three months. Full conformance is now expected with the submission of the April 2022 reporting activity by 29 June 2022.

Where dates throughout this document refer to 1 January 2022, this should now be read as 1 April 2022; where dates refer to 1 February 2022 this should now be read as 1 May 2022; where dates refer to 25 March 2022 this should now be read as 29 June 2022.

The Requirements Specification, Change Specification, and Implementation Guidance have been updated to reflect this.

Contents

1. Introduction

1.1 Purpose of Document

The following guidance is intended to support preparations through to submission for the complete implementation of the Improving Access to Psychological Therapies (IAPT) Data Set v2.1 which is mandated for collection from 1 January 2022.

This document is not exhaustive but aims to make users aware of guidance available, draw attention to essential steps and help services assess their state of readiness. This document also includes information on a variety of topics that impact implementation of the data set such as information governance, training and ongoing maintenance. All aspects of this Implementation Guidance should be considered during initial set up (for new providers) and reviewed as a result of uplift to the IAPT Data Set v2.1 (for existing submitters).

Users should make use of this document when preparing a high level project plan of how their organisation intends to complete this implementation to meet the anticipated timescales.

1.2 Scope of the Document

This document provides guidance on how to implement the IAPT Data Set, either as a new user or an existing user looking to make changes as part of the version 2.1 standard. This document should be read in conjunction with the following documents:

- IAPT v2.1 Requirements Specification
- IAPT v2.1 Change Specification
- IAPT v2.1 Technical Output Specification (TOS)
- IAPT v2.1 Enhanced Technical Output Specification (ETOS)
- IAPT v2.1 User Guidance
- IAPT v2.1 Data Model
- NHS Data Model and Dictionary[i]

1.3 Out of Scope of Implementation Guidance

The following areas are out of scope of this document:

- Detailed background and justification for the development of the Information Standard.
- Data submission framework (i.e. how data is submitted by data providers to the data landing platform). Further information about this is available from the IAPT Webpage[ii]
- Restating information already accessible from the *IAPT v2.1 Technical Output Specification*.
- Detailed submission guidance relating to new or amended data items to aid interpretation and implementation within submission extracts. This information is available in the *IAPT v2.1 User Guidance*.

2. Background

The Improving Access to Psychological Therapies (IAPT) Data Set is a patient level, output based, secondary uses data set which aims to deliver robust, comprehensive, nationally consistent, and comparable information for people accessing NHS funded IAPT services located in England.

This national data set has been developed with the IAPT Programme to support service delivery and inform clinical decision-making and encourage improved access to talking therapies for people with common mental health problems such as depression and anxiety disorders.

An ongoing requirement exists to review the data set to ensure the content remains ‘fit for purpose’. The changes included in this version 2.1 release relate to new government policy initiatives, resolution of issues within the current data collection, and inclusion of other key stakeholder requirements as follows:

1. Alignment with MHSDS v5.0 on the capture of gender.
2. Facilitate the capture of medical history information by adding a Medical History table - IDS601 Medical History (Previous Diagnosis).
3. Addition of a new table to capture the type of accommodation that is the patient’s main or permanent residence – IDS003 Accommodation Status.
4. Minor changes to the IDS004 Employment Status and IDS201 Care Contact tables to ensure the Employment Advisors in IAPT program remains ‘fit for purpose’.
5. Change the mandation status of two data items from ‘Required’ to ‘Mandatory’:
    - ‘Person Birth Date’ in the IDS001 Master Patient Index table
    - ‘Employment Status Recorded Date’ in the IDS004 Employment Status table
6. Deletion of data items no longer required.
7. Other minor maintenance changes to respond to issues raised by, for example, the NHS Data Model and Dictionary Service.

2.1 Purpose of this Data Set

The IAPT Data Set is an output data set intended for secondary uses only.

As an ‘output’ data set, it provides a description of the data that needs to be extracted or derived from an existing patient administration system (PAS) or clinical system and does not directly support patient care.

The data set is not a specification for the standardisation of a patient care record and does not describe the data that services must collect locally.

Service Providers have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output and submit data, as per the Technical Output Specification. Providers should therefore look to re-use their clinical and operational systems to extract the required data.

2.2 Legal Basis

The Health and Social Care Act 2012 (HSCA) makes two specific provisions with regard to the flow of data through NHS Digital.

1. Section 254 - In order to establish and operate a system for the collection or analysis of information, the Secretary of State, or devolved authority, must provide to NHS Digital a description of the requirement in the form of a Direction.

2. Section 259 – In order to require and request the provision of information from any health or social care body; or any person (other than a public body) who provides health services, or adult social care in England, NHS Digital must publish a procedure for notifying persons of requirements imposed, and requests made.

In respect of section 254, NHS Digital has received Direction from NHS England to establish and operate a system for the collection and analysis of IAPT data. A copy of the Directions is published on the NHS England Directions webpage[iii].

As part of section 259, NHS Digital has produced a section 259 Notification, referred to as a Data Provision Notice (DPN), which is published on the Data Provision Notices webpages[iv].

2.3 Information Standards Notice Process

All approved new data standards, and changes to existing standards, are communicated to the providers and system suppliers through the publication of an ISN. These notices are published and available to view on the ISN web pages[v].

This Information Standard amendment has been put through rigorous assurance prior to approval by the Data Alliance Partnership Board (DAPB). The resulting Standard has been assigned Release Number Amd 13/2021 and retaining standard number DAPB1520. The ISN formally requires care providers to submit data as per the HSCA.

The ISN does not directly place any requirement on system suppliers to accommodate the data set within their systems. It is the service providers who must ensure that they have a system or systems to deliver the requirements specified in the standard. The IT Suppliers need to be aware of these requirements so that they can respond to the service providers they support. The contractual agreement between data providers and system suppliers will dictate whether system suppliers have to abide by the ISN and at what cost.

The Information Standard including latest amendments can be found on the DAPB1520 IAPT Data Set ISN webpage[vi].

More information on the stages of information standard development is available on the information standards and data collections (including extractions) webpage[vii].

2.4 Related Standards

Reference	Title
DCB0011	Mental Health Services Data Set (MHSDS)
DCB0090	Health and Social Care Organisation Reference Data
ISB0149-02	NHS Number for Secondary Care
ISB0149-01	NHS Number for General Practice
SCCI0034	SNOMED CT
SCCI0021	International Classification of Diseases
DCB1605	Accessible Information
DCB2094	Sexual Orientation Monitoring
DCB3017	Overseas Visitor Charging Category (OVCC)
DCB0129	Clinical Risk Management: its Application in the Manufacture of Health IT Systems
DCB0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems

Further details regarding the above standards can be found on the DAPB Standards and Collections webpage[viii]. This webpage also contains a list of all current DAPB and Information Standards Board (ISB) standards and collections.

2.5 Related Documents

A comprehensive set of documentation has been developed by the NHS Digital Data set Development Service (DSDS) for the IAPT Data Set Information Standard. These documents are arranged across two areas of the NHS Digital website as follows:

- DAPB1520 IAPT Data Set ISN webpage[ix]: Contains DAPB Information Standard documentation which define the standard and remain static.
- IAPT Specifications and Guidance webpage[x]: Contains supporting technical documentation as well as organisational assessment and planning tools. These documents and tools are continually reviewed by DSDS and updated where necessary.

A breakdown of the individual products can be found below:

Document/Product	Description	Publication Status
DAPB Information Standard Documentation		
Information Standards Notice	Notification of publication of a new or amended standard.	Published on ISN web page
Change Specification	Details all of the changes made to the IAPT information standard. For example, the addition of new data items or tables, the renaming of data items/tables to conform to the NHS Data Model and Dictionary and the deletion of other items.	Published on ISN web page

Requirements Specification	• Confirms the scope of the Information Standard and how it should be implemented. • Confirms the requirements that are to be met for both care providers and system suppliers, and associated conformance criteria (the tests that can be measured to assess whether the standard has been conformed to). • Includes key dates including implementation completion dates for both care providers and systems.	Published on ISN web page
Technical Output Specification (TOS)	Specification for the output data set required of providers which is part of the standard and published on the DAPB website. The TOS is further enhanced with technical information in the form of the (ETOS) (please see below).	Published on ISN web page
NHS Data Model and Dictionary Change Request	Provides a detailed technical specification of all changes made to the NHS Data Model and Dictionary as a result of the changes to this information standard.	Published on ISN web page
Technical Documentation		
Enhanced Technical Output Specification (ETOS)	The ETOS contains all of the information included in the *TOS,* which will remain static as part of this Information Standard release. The ETOS also includes additional information relating to the validations carried out at the data landing platform and the derived data items that are included in the provider and commissioner extracts. The validations and derivations are not controlled through the DAPB process and can therefore be subject to change. To be referred to alongside the *Data Model*.	Published on IAPT web page
Data Model	The Data Model provides a pictorial representation of the output data set. The data model clearly defines the referential integrity that will be enforced when the submission file is validated.	Published on IAPT web page
Intermediate Database (IDB) guidance	Advice about populating the Intermediate Database (IDB) tool used to import data, and	Published on IAPT web page
User Guidance	Guidance for care providers and system suppliers about the structure and content of the data set, including guidance about how to map/submit each individual data item.	Published on IAPT web page
Organisational assessment and planning tools		
Implementation Guidance (THIS DOCUMENT)	A document containing guidance to support care providers and system suppliers with the implementation of the data set, including organisational guidance around data set users and information governance.	Published on ISN web page
Implementation Planning Template	You can use this planning template to plan your organisation's activity for implementing the data set. The resulting plan should give a high-level picture of how your organisation intends to tackle this implementation within the anticipated timescales.	Published on IAPT web page
System Conformance Checklist	This is a worksheet tool for service providers to assess how well their local IT systems 'map' to the TOS.	Published on IAPT web page

3. Organisational Guidance

The updated IAPT Information Standard may be used across the range of service providers and organisations that provide IAPT services.

Health and Care Organisations and System Suppliers should be aware of the requirements and conformance criteria specified for the standard. These are outlined in the *Requirements Specification* document.

This section provides guidance with regard to various implementation considerations for organisations seeking to implement the data set within their services.

3.1 Resources/Costs

Providers of IAPT services will have a requirement to collect data for both clinical and patient administration primary purposes. The data set is designed to build on this requirement by gathering this information and using it for a number of secondary purposes, including national reporting and dissemination to commissioners. As such, funding is not available for sites to:

- procure or install data collection systems.
- train staff in order to facilitate data collection.
- undertake additional activities required to facilitate data extract submission.

It is not within the scope of this document to provide advice with regard to the procurement of systems, however staff at NHS Digital are available to help where a requirement exists, and can be contacted via the enquiries@nhsdigital.nhs.uk email address.

Providers should however expect some resource to be required in order to uplift data collection to enable extraction of the required data items. This is likely to be the case whether the provider is new to the data set or making amendments following publication of the ISN, and should be provided for as part of the contract between commissioner and provider.

3.2 Information Governance

All data providers should be aware of their legal and professional obligations with regard to information governance as it applies to the mandated IAPT Data Set standard. The NHS and government publish a significant amount of guidance that can assist data providers to comply with their obligations. Some of this information is signposted below. Please also see the NHS Digital Looking after information[xi] web page for an overview of information published by NHS Digital.

- The NHS Confidentiality Code of Practice[xii] (2003)

  “This document is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients’ consent to the use of their health records.”[1]

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[1] The NHS Confidentiality Code of Practice, Page 3

- Report of the Review of Patient Identifiable Information[xiii] (1997) (Caldicott Report)

  “A review commissioned in 1997 by the Chief Medical Officer of England which highlighted six key principles and made 16 specific recommendations regarding he transfer of patient-identifiable information from NHS organisations to other NHS and non-NHS organisations.”

- The Information Governance Review[xiv] (2013) (Caldicott 2):

  “The guidance in this report is intended to help health and social care professionals and staff in sharing information appropriately in their day-to-day activities. There will however, always be exceptional and difficult circumstances where solutions are not obvious. In these situations, professionals and staff should seek advice from Caldicott Guardians or their professional bodies, and use their judgement to act in the best interests of their patients and clients.”[2]

- Guide to the General Data Protection Regulation (GDPR)[xv]

  “The guide to the General Data Protection Regulation contains:
    - *information about consent*
    - *an explanation of rights under GDPR*
    - *descriptions of special category and criminal offence data*
    - *guidance on protecting children’s data”*

- NHS Digital has also published A Guide to Confidentiality in Health and Social Care[xvi] (2013) which provides good practice advice and guidance for healthcare staff.

All data providers must ensure compliance with the transparency requirement of the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679 (GDPR). To meet these requirements, data providers must make available information and guidance to patients and/or their legal guardians regarding the processing of their data (or their child’s data where applicable) for secondary uses purposes (such as service development analysis and national statistical research).

Information must be provided in a concise, transparent, intelligible and easily accessible form and should include details such as an understanding of the data in question, what it will be used for and the patient’s rights. This should be in the form of transparency wording. Further details can be found in the IGA GDPR: implementation checklist[xvii] under ‘7) Comply with more stringent transparency requirements’.

As a result of new data being included in the IAPT Data Set for the first time, existing users should review their transparency/fair processing wording as part of a wider Data Protection Impact Assessment (DPIA).

NHS Digital is also required to provide a Transparency notice[xviii].

Data providers should note that the transparency requirements under GDPR replace the prior requirement to provide ‘fair processing’ or ‘privacy’ information.

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[2] The Information Governance Review, Page 22

3.2.1 Patients' rights with regard to opt-out as applied to IAPT

NHS Digital is exempt from Section 251 support[xix] when mandated to collect data via Directions from NHS England or the Department of Health and Social Care (DHSC) and when acting as data controller. This is set out in Sections 254 and 255 of the Health and Social Care Act 2012. As a result, explicit consent to flow data from provider to NHS Digital is not required; however, providers are required to inform patients that their information will be used to support secondary uses and should highlight the national data opt-out process as part of their transparency information.

NHS Digital have published a Data Provision Notice (DPN), issued under section 259 (10) of the Health and Social Care Act 2012. As such, providers are legally required to submit full returns of IAPT data, as the DPN sets aside the common law duty of confidence in respect of this data. However, providers may themselves exclude records where they are subject to any other restrictions on disclosure e.g. by other laws.

Additional guidance to support services with transparency information is available from the IAPT webpage[xx].

National data opt out

The national data opt-out is a service that allows patients to opt-out of their confidential information being used for research or planning purposes. Further information about national data opt-outs is available on the National data opt-out programme[xxi] webpages, which include resources for health and care staff to use when informing patients.

Where an objection is received from a patient (or their parent or guardian in the case of a child), NHS Digital will exclude the relevant records from any onward dissemination of the data for which the national data opt-out applies.

Providers should maintain awareness of developments in legislation around opting out, as this may impact the required approach to opt-outs during the lifetime of this information standard.

Other potentially identifiable information – Care Personnel

The IAPT Data Set also flows data with respect to Care Personnel, which includes Care Professionals and Employment Advisers.

Care Personnel should be notified by the provider where their data will flow as part of the data set, to inform them that their data will be used to support secondary uses.

3.2.2 Compliance against statutory requirements

The specification and guidance for implementing this data set has been designed to support organisations in adhering to their statutory responsibilities relating to Information Governance, Data Protection Act 2018 and the Freedom of Information Act 2000 and GDPR 2018. It is the responsibility of the providing organisation to ensure that these statutory responsibilities are adhered to.

3.2.3 Potential Safety/Confidentiality/Risk Considerations

The IAPT Data Set utilises information already collected in potentially a variety of disparate provider systems and collated in a non-clinical setting for secondary uses purposes.

The primary purpose of the DAPB1520 Amd 13/2021 Improving Access to Psychological Therapies (IAPT) Data Set v2.1 is for secondary uses only and therefore has no direct impact on Clinical Safety and as such is not in scope of DCB0129 – Clinical Risk Management: its Application in the Manufacture of Health IT Systems[xxii]. Consequently, a Clinical Safety Case Report is not required.

However, the implementation of DAPB1520 Amd 13/2021 Improving Access to Psychological Therapies (IAPT) Data Set v2.1 may require modification to health IT systems, including SNOMED CT changes, from which the collection/extraction is made. The safety implications of any such modifications must be considered by the manufacturers and all other parties involved under DCB0129 and the deploying organisations under DCB0160 – Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems[xxiii]." It is expected that Manufacturers and Organisations will take ownership of this risk and make the necessary additions to their respective Clinical Safety Case Reports.

As with all secondary use data sets there is a small underlying risk that the capture of additional information may be time consuming thus potentially impacting upon patient care. To mitigate this risk every effort has been taken to ensure that all changes to the data set are already routinely captured for primary use purposes.

Whilst the IAPT Data Set does not mandate data collection, care providers should be aware that there may be a small risk with regard to some patients who may withdraw from treatment due to data collection, such as those with anxiety disorders. Data collection may also cause patients to conceal pertinent information due to their personal circumstances, such as benefits statuses or substance misuse. The clinical practice of care professionals should take this risk into consideration and, where appropriate, assist with mitigation.

Stakeholders including the NHS (NHS England and Improvement, care providers, commissioners) and the Department of Health and Social Care (DHSC) are actively encouraged to raise any potential safety risks or adverse incidents during definitional testing and consultation exercises throughout the development of each release of this standard. To date no significant issues relating to safety or potential adverse incidents have been identified.

Any concerns, potential safety risks identified or adverse incidents resulting from the implementation of these changes to the data set should be reported immediately to the user's local service desk. This will then be escalated through the correct process.

3.3 Data Quality

NHS Digital are committed to supporting providers with their local data quality at various stages of the data set life cycle, including:

- At the point of submission, via immediate data quality reports, and;

- Following submission, via additional data quality and consistency reports, including those published as part of monthly reporting.

Data quality is a consideration as part of the mandated requirements for providers and as such should review the Data Quality Feedback section within the Requirements Specification.

As an output data set, the IAPT Data Set does not pose any requirement for the modelling and design of local systems and, subsequently, local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by data providers within their local governance arrangements.

3.3.1 Corporate Data Quality Framework

Each organisation will have its own corporate framework for managing data quality in respect to data collection, submission and publication. Such a framework is likely to involve a number of components such as leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the IAPT, so that data quality relating to the data set is at the heart of the organisation’s data quality framework.

3.3.2 Data Quality Risks

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks, which could be considered, are:

- Organisational - does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?
- Team - are all relevant staff aware of the purpose and importance of collecting data for the national data set? Are there sufficient resources available to continue data collection during staff absences?
- Individuals - do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data (especially where systems are upgraded)?

3.3.3 Organisational and Departmental Objectives

In any organisation, resources will be deployed towards organisational and departmental objectives. The organisation’s performance management framework will identify the extent to which objectives are met, and, where necessary, revised.

Where data set is used to monitor progress towards objectives, there will be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation’s performance management framework (and therefore set local objectives) to ensure data is collected in a reliable and timely manner.

The structure and internal processes of each data provider, as well as the departmental areas covering the data set, will vary and, to a certain extent, depend on the priority given to IT and informatics. Some organisations will have well developed processes and systems that, with minimum effort, will accommodate the data set. Other organisations, for who processes and systems are underdeveloped or in their infancy, may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance.

The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

3.3.4 Timeliness

The data should be entered in local systems and submitted in a timely manner, according to the prescribed submission window deadlines available from the IAPT webpage[xxiv]. This will ensure that the data set can deliver meaningful, relevant and timely reports for stakeholders. This should be followed by a review of data quality feedback provided at the point of submission at the data landing platform to implement improvement actions.

In particular, providers should reference the validation and inclusion rules detailed within the *Technical Output Specification* to understand the requirements of when each data item must be reported according to the relevant reporting period. These inclusion rules also restrict the opportunity to correct errors in certain data items after the original reporting period, as necessary for national reporting purposes.

Any delays in data submissions may have adverse impact on data quality if insufficient time is allowed to make improvements following the production of the data quality report provided after each submission to the data landing platform.

3.3.5 Utilisation of Data Quality Feedback

The validations applied to data submission files at the data landing platform, which are described in the *Technical Output Specification*, are designed to report errors and inconsistencies within a single submission. The *Requirements Specification* includes a requirement to utilise these reports as early as possible within the submission window deadlines.

Additional data quality feedback is provided post-submission through individual Data Quality Notices which include further consistency checks across submissions. Nationally, data quality is reported on through the published Data Quality Reports which accompany each publication.

Such data quality feedback is not designed to replace local data validation but is designed to assist with this activity.

3.3.6 Local Data Validation

The validations, which are described in the *Technical Output Specification*, only relate to the structure and validity of the submitted data. On submission it will be impossible to identify whether data is accurate and complete. For this, local data quality measures must be implemented.

3.4 Skill Mix Changes and Training

Care provider and system supplier organisations will benefit from developing a local implementation strategy. The strategy should ensure the identification of skills gaps which might impact on the implementation and maintenance of the data set extract within the organisation. Staff affected will include clinicians, administration personnel, informatics personnel and IT services.

The data set is an output-based specification for data submission. Consequently, ‘in scope’ services will normally collect information locally using an electronic system, whether this is a commercial or a bespoke system. To ensure systems are used in the correct manner, system suppliers and/or care providers will need to provide guidance for staff on how to use the local system.

Training that might need to be considered includes:

Technical skills:

- Data input training
- Using new technologies such as hand-held devices
- Using new applications
- Uploading data from remote devices to provider network / system
- Collation of data from clinical system(s)
- Validation of extract
- Rectification of poor data quality
- Compilation of the submission in the IDB
- Usage of the data landing platform including uploading and accessing extracts and data quality reports
- Analysis of data quality reports.

Soft skills:

- Interpersonal and communication skills in asking sensitive questions on areas such as mental health.
- Collaboration between clinical and informatics staff to identify and resolve errors in data entry and address systemic data quality issues.
- Information governance

Clinicians: A local implementation strategy may require additional skills and training for clinicians in using new functions and modules within an existing or new IT system.

Administration Personnel: A local implementation strategy may require additional skills and training for administration personnel in using new functions and modules within an existing or new IT system. Additionally, administration personnel may be responsible for transcribing data to a new IT system.

Informatics and IT Support Services: From an IT or Information Management Service perspective, skills may be required in

- configuring local systems to capture information using SNOMED CT as required
- developing and maintaining a local data warehouse
- creating a submission file from a spectrum of local IT systems
- creating uni- or bi-directional interfaces between electronic systems.

Information Governance: The data set facilitates the flow of patient confidential data. All organisations involved in the collection and dissemination of data that will ultimately form part of the data set must ensure that staff involved in data handling in any respect are fully conversant with the organisational information governance responsibilities.

For further information regarding the information governance responsibilities of care provider organisations with respect to patient confidential data, please see section 3.2 Information Governance.

NHS Digital does not offer explicit training in any of these areas; however we are able to help users through:

- leading regular events to help familiarise users with the data set
- response to queries sent to the NHS Digital queries mailbox
- written guidance referenced elsewhere in this document and other documents
- one to one meetings to discuss specific issues
- other means appropriate to the organisations and issues involved.

3.5 Step-by-Step Implementation Guide

3.5.1 New Users – Implementing the IAPT Data Set

The table below provides a high-level summary of essential steps for implementing the data set within your organisation. Please also see the *Implementation Planning Template* tool which contains more detailed planning guidance and a template to monitor progress.

Activity	**Step**	**Description**
Background, Objectives and Scope	Understand the background to the project, and the scope of the Information Standard	Establish whether the implementation applies to your organisation. Review this *Implementation Guidance* along with the *Requirements Specification* to fully understand the background, objectives and scope to this Information Standard.
	Consider using the IAPT *Implementation Planning Template* to plan implementation	The IAPT *Implementation Planning Template* will help your organisation to plan the tasks needed to implement the data set. The resulting plan should describe how you intend to approach implementation and meet the timescales you have set out.
Communications	Identify and engage with key stakeholders	Identify the key stakeholders for your IAPT implementation and ensure they are aware of the requirement. In particular: Read section '3.4 Skills Mix Changes and Training' to fully understand what local support may be required for different stakeholder groups. Inform local commissioners of progress with implementation and discuss plans for utilising the commissioner extracts made available post-submission. Ensure relevant systems suppliers and involved stakeholders are aware of the requirements for mental health systems as per the *Requirements Specification*. Maintain ongoing stakeholder engagement.
	Keep up to date with news and updates	Attend any of the regular stakeholders' events which may have relevance to your organisation. Ensure you subscribe to receive our regular Mental Health Information Update[xxv] and other important emails by requesting to join our mailing list. Please see section 8.2 of this document for further information about subscribing.
Information Requirements	Understand how the data is grouped within the data set	Review the *Data Model* and the *Technical Output Specification* to understand at a higher level how the data items are grouped, and how those groups relate to each other.
	Decide whether and how data items will be collected – Data Mapping.	Look more closely at each individual data item in the *Technical Output Specification* and check whether local systems record the data in a way that means it can be submitted within the IAPT, either directly or with local transformation.

Activity	Step	Description
		Read the *User Guidance* for further guidance on interpretation and data mapping. The *System Conformance Checklist* can be used to mark off each data item and record progress towards mapping each data item.
	Prioritise approach to meeting information requirements	Prioritise your approach to implementing the data set and achieving full coverage of the information requirements. This should involve agreeing how implementation might be phased, for example by identifying those services that are well placed to collect IAPT as 'early adopters'. You may choose to prioritise: • by data items (e.g. all mandatory data across all systems in all services first) • by service (e.g. starting with largest services) • by system (e.g. all data from a particular clinical support system first).
Information Governance	Ensure the organisation complies with Information Governance requirements.	The *Implementation Guidance* signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data. Caldicott Guardians and the mental health, learning disabilities and autism spectrum disorder services lead(s) MUST: • Review the Information Governance Guidelines signposted within the *Implementation Guidance* to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items. • Review management of the consent issues and put in place local processes. • Review the Information Governance guidelines outlined on the NHS Digital webpages here. The User Guidance may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate.
Submission Process	Understand the end-to-end submission process	Review the SDCS Cloud Web page to fully understand the data submission process.

Activity	Step	Description
	Ensure compliance with technical requirements to enable data submission	Look closely at the technical requirements needed to get ready for data submission. In particular, ensure sufficient time is allowed to take action where required. These requirements, such as ensuring your organisation has a registered Organisation Data Service (ODS) code and Senior Information Risk Owner (SIRO), are further described on the SDCS Cloud Web page.
	Obtain login credentials for the data landing platform	Undertake the authorisation process to enable members of staff to be authorised to access the data landing platform to upload submission files. Detailed instructions are available on the SDCS Cloud Web page.
	Obtain a copy of the latest Intermediate Database (IDB)	Obtain a copy of the IDB which defines the exact structure and content of the submission file. Details can be found on the Technology Reference data Update Distribution (TRUD) webpages.
	Construct data submission file	Use local processes and technologies to generate the IDB submission file. The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources. Please refer to the SDCS Cloud Web page and *IDB Guidance* which provides further support on the submission process and the IDB which defines the exact structure and content of the submission file.
	Fully understand the validation reporting provided by the data landing platform	The *Technical Output Specification* defines the reports that will be returned to data providers and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned. Review this specification to ensure a thorough understanding of the errors and warnings that may be produced and also how they can be fixed for later submissions.
	Understand the pre and post-deadline extracts that will be available to data providers and commissioners	The *Enhanced Technical Output Specification* defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing. *XML Schemas* are also provided which show the structure of these extracts. Data providers will need to consider how they may use the extract files. Data providers therefore should remain in contact with local commissioners such as to explain

Activity	Step	Description
		any changes to data submitted or with respect to identified data quality issues.
Share your implementation experience	Get in touch with the team	The DSDS welcome any feedback you may have on the submission process and data set design. Future requirements for the data set design can be viewed in the IAPT *Change Requests* document available from the IAPT Home Page[xxvi].

3.5.2 Existing Users – Implementing v2.1 changes

The table below provides a high-level summary of essential steps for implementing the changes to the IAPT within your organisation. Please also see the *Implementation Planning Template* tool which contains more detailed planning guidance and a template to monitor progress.

The impact of the IAPT v2.1 changes will vary depending on the relevance of each change to individual providers.

Activity	Step	Description
Background, Objectives and Scope	Understand the background to the project, and the scope of the Information Standard	Review this *Implementation Guidance* along with the *Requirements Specification* to fully understand the background, objectives and scope to this Information Standard.
	Consider using the IAPT Implementation Planning Template to plan implementation	The IAPT Implementation Planning Template will help your organisation to plan the tasks needed to implement the data set. The resulting plan should describe how you intend to approach this implementation and meet the timescales you have set out.
Communications	Stakeholders	Continue to ensure that stakeholders are aware of the requirements. In particular: Read section '3.4 Skills Mix Changes and Training' to fully understand what local support may be required for different stakeholder groups. Inform local commissioners of progress with implementation and discuss plans for utilising the commissioner extracts made available post-submission. Ensure relevant systems suppliers and involved stakeholders are aware of the requirements for mental health systems as per the *Requirements Specification*. Maintain ongoing stakeholder engagement.
	Keep up to date with news and updates	Attend any of the regular stakeholders' events which may have relevance to your organisation. Ensure you have subscribed to receive our regular Mental Health Information Update[xxvii] and other important emails by requesting to join our mailing list. Please see section 8.2 of this document for further information about subscribing.

Activity	Step	Description
Information Requirements	Understand how the data is grouped within the data set	Review the *Change Specification, Data Model* and the *Technical Output Specification* to understand how the new or amended data items are grouped and how those groups relate to each other. The *Technical Output Specification's* Change Control tab contains detailed information about each change made.
	Decide whether and how new or amended data items will be collected – Data Mapping.	Look more closely at each individual change to the *Technical Output Specification* and check whether local systems record the data in a way that means it can be submitted within v2.1 of the data set, either directly or with local transformation. Read the *User Guidance* for further guidance on interpretation and data mapping for the changes. The *System Conformance Checklist* can be used to mark off each data item and record progress towards mapping each data item.
	Prioritise approach to meeting information requirements	Prioritise your approach to implementing the data set changes and achieving full coverage of the new/amended information requirements.
Information Governance	Ensure the organisation continues to comply with Information Governance requirements.	The *Implementation Guidance* signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data. Caldicott Guardians and the IAPT services lead(s) MUST: • Review the Information Governance Guidelines signposted within the *Implementation Guidance* to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items. • Review management of the consent issues and put in place local processes. • Review the Information Governance guidelines outlined on the NHS Digital webpages here. The *User Guidance* may also contain data item level guidance in relation to specific local information Governance aspects, where appropriate.
Submission Process	Understand the end to end submission process	Review the SDCS Cloud Web page to fully understand any changes to the data submission process.
	Obtain a copy of the latest Intermediate Database (IDB)	Obtain a copy of the amended IDB which defines the exact structure and content of the submission file. Details can be found on the Technology Reference data Update Distribution (TRUD) webpages.

Activity	Step	Description
	Construct data submission file	Use local processes and technologies to generate the IDB submission file. The Information Standard does not stipulate any particular local processes that should be used to generate the required output file. It may be that some data providers will construct a temporary local data warehouse to enable them to aggregate data from a number of different sources. Please refer to the SDCS Cloud Web page and *IDB Guidance* which provides further support on the submission process and the IDB which defines the exact structure and content of the submission file.
	Fully understand the validation reporting provided by the data landing platform	The *Technical Output Specification* defines the reports that will be returned to data providers and lists all the error and warning messages that may be produced. The specification also defines diagnostic (data quality) reporting that will be returned. Review this specification to ensure a thorough understanding of the errors and warnings that may be produced for the new or amended data items and how any issues be fixed for later submissions.
	Understand the amended pre and post-deadline extracts that will be available to data providers	The *Technical Output Specification* defines the content of the extract files for providers and commissioners and also all the derived data items that will be generated by the post-deadline processing. *XML Schemas* are also provided which show the structure of these extracts. Data providers and commissioners will need to consider how they may use the amended extract files. Data providers therefore should remain in contact with local commissioners such as to explain any changes to data submitted or with respect to identified data quality issues.
Share your implementation experience	Get in touch with the team	The DSDS welcome any feedback you may have on the submission process and data set design. Future requirements for the data set design can be viewed in the *IAPT Change Requests* document available from the IAPT Home Page[xxviii].

3.5.2.1 Change to IDB

The changes included in this release require amendments to the IAPT IDB. For example, at a data item level, the addition of the Gender Identity Code and Gender Identity Same at Birth Indicator, which were not present in the IAPT v2.0 IDB. This means that all existing providers will be required to submit in a new IAPT v2.1 IDB in line with the data submission timetable. There is no facility for dual running versions and submissions made using the IAPT v2.0 IDB will be rejected.

For further details about obtaining and using the IAPT v2.1 IDB, please see the Technology Reference data Update Distribution (TRUD) webpages.

3.5.3 Further Guidance

Detailed submission guidance to support the major changes included in IAPT v2.1 can be found in the *User Guidance.* Where wider guidance exists (such as where applicable across multiple data items), this will usually be contained in a standalone appendix within the User Guidance.

4. Human Behavioural Guidance

The following section describes how the changes to the data set should be used by clinical and operational staff and providers. Providers should meet the compliance requirements for their IT system or systems to implement the changes. This section also explains where data, in relation to the data set, can be found in the care pathway.

- **Clinical and Administrative Staff:** will be responsible for capturing information as part of the on-going care of the patient i.e. for primary use purposes and will be responsible for capturing information such as demographics and details of contacts/activities.
- **IAPT Informatics Staff:** will be responsible for the collation of information from a range of disparate systems into the IAPT Intermediate Database and the submission to the data landing platform. This will include ensuring completeness and data quality of the information within the data set.
- **IAPT Systems:** should be implemented by providers ensuring that data items can be captured electronically and output produced or derived to nationally agreed standards to allow extraction and/or derivation to produce the data set.

4.1 Data Users

4.1.1 Primary Users

The IAPT Data Set is not intended for primary data use. The IAPT Data Set is not a specification for the standardisation of a patient care record, but it is based on clinical and operational information. Service Providers have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output a suitable data extract as per the TOS, for submission to the data landing platform.

Providers should therefore look to re-use their clinical and operational systems to extract IAPT data.

4.1.2 Secondary Users

As a secondary uses data set the data set will be made up of existing data extracted from Patient Administrative Systems (PAS) and clinical systems.

Information generated by this Information Standard through individual record-level data extracts or published aggregate reports is likely to be used by the following organisations:

At a local level:

- Providers of IAPT services including NHS Mental Health Trusts, NHS Acute Trusts, NHS Community Health Trusts and Independent and third sector healthcare providers offering a service model that includes NHS funded patients.
- Commissioners, including CCGs and commissioning support functions.

The information captured through the IAPT Data Set may support the following local activity:

- commissioning
- organisational performance management

- service planning and improvement
- clinical audit.

At a national level:

- NHS England and NHS Improvement
- Department of Health and Social Care (DHSC)
- Audit Commission
- Care Quality Commission (CQC)
- NHS Digital
- Commercial companies (where approved through the Data Access Request Service[xxix])
- Research organisations including Universities.

The information captured through the IAPT Data Set will support the following national activity:

- monitoring the implementation and effectiveness of national policy/legislation
- policy development
- performance analysis and benchmarking
- national analysis and statistics i.e. activity
- national audit of IAPT Services

The following groups of people are likely to analyse information captured through the amended IAPT Data Set:

- managers
- performance analysts
- finance staff
- commissioners
- IAPT care professionals
- researchers.

Analysis carried out by NHS Digital can be found on the Mental Health Data Hub[xxx], which is a collection of interactive dashboards, NHS Digital publications and links to other useful mental health data resources for England.

5. Technical Guidance

Technical guidance in support of the IAPT Data Set can be found in a number of supporting documents described at the beginning of this document, section 2.5 Related Documents, and will not be repeated here. Key documents include:

- IAPT v2.1 ETOS
- IAPT v2.1 User Guidance
- IAPT v2.1 Data Model

Users should also review:

- NHS Data Model and Dictionary [xxxi]
- SNOMED CT webpages[xxxii]
- SDCS Cloud Web page[xxxiii]
- Technology Reference data Update Distribution (TRUD) webpages[xxxiv]

6. Maintenance

6.1 Data Set Maintenance

The IAPT Information Standard will be formally maintained by NHS Digital in accordance with the Data Set Development Service maintenance procedures.

The data set is subject to ongoing maintenance such as to ensure it remains ‘fit for purpose’. The data set maintenance process ensures the information standard continues to reflect changes to priorities, policy, practice and/or underlying classifications.

IAPT users are integral to the maintenance strategy for IAPT.

As such, the content of the data set is determined from consultation with various stakeholder groups. Stakeholders include various sections of Department of Health and Social Care policy, NHS England and Improvement, Care Quality Commission, service providers and commissioners (including informatics staff and clinicians), system suppliers and commissioners. Other changes arise from service providers identifying issues in the current requirements which do not align with current practice, such as the need for permissible value amendments. Commissioners raise issues around the availability of data which will allow them to undertake their duties.

Changes identified are likely to require the inclusion of new data items, amendment of existing items or removal of no longer required items which in turn will require a change to provider extracts.

The scope of the maintenance process covers:

- Management of change requests from users and stakeholders. Changes currently under consideration can be found in the *IAPT Change Requests* document (see section 6.4);
- Elaboration of data requirements through engagement with senior stakeholders, including provision of support and guidance to external stakeholders in developing the data set changes to meet information/policy requirements;
- Development of options papers when required to enable senior stakeholders and the Programme/Project Board to make informed design decisions;
- Liaison with care provider and system supplier organisations to develop appropriate technical solutions;
- Establishment and maintenance of data set specific expert reference groups, which consist of care provider and system supplier representatives;
- The process for authorisation and approval of changes to data set items, including obtaining DAPB standard change acceptance;
- Undertaking periodic reviews of the data set including data items, definitions and data values;
- Horizon scanning for potential changes to policy that may impact the data sets
- Updates to the Implementation Guidance;
- Ongoing updates to associated guidance documents outside the new version development cycle responding to changes in policy and practice; to clarify or improve pre-existing guidance; and amend identified errors. Documents affected include: User Guidance and the Technical Output Specification (provided this does not change the published standard).

6.2 Review of changes to Policy and/or Practice

Relevant policy, practice and classifications, including NHS Data Model and Dictionary and Information Standards Notices (ISNs), will be continually monitored by the Data Set Development Service. Where changes are identified, implications for the data set will be assessed and Data Set Change Requests may be generated.

6.3 Data Set Requirements

Requirements for future versions of the Data Set can be submitted to NHS Digital by the sponsor, stakeholders and users.

Requests can be submitted, describing any proposed changes to the IAPT, to NHS Digital via enquiries@nhsdigital.nhs.uk (please include 'FAO DSDS - IAPT in the subject line).

Each request should be supported by a valid business requirement (i.e. what change is needed), justification (i.e. why is it needed) and also any associated timescales.

Any proposed changes will be considered and agreed by the Sponsor prior to submission to the DAPB for formal assurance and the publication of an ISN. The ISN will inform the NHS and systems suppliers of the changes and timescales.

6.4 High-Level Data Set Change Requests Summary

The DSDS provides a high-level summary of the requested changes currently in development or under consideration for the IAPT. This *IAPT Change Requests* document is refreshed on a regular basis and can be found on the IAPT Home Page[xxxv].

6.5 Data Alliance Partnership Board (DAPB)

The Data Alliance Partnership has been established following instruction from the Secretary of State for Health and Social Care. Made up of key national organisations which use health and care data, the DAP is committed to maximising the benefits from using and sharing data already held in health and care systems in order to minimise the burden on frontline service providers.

The mission is to *collect once and use for multiple purposes* to benefit health and care provision and planning. A new Data Alliance Partnership Board (DAPB) with responsibility to oversee the process has been set up to support DAP member organisations achieve the DAP goals.

The changes introduced in IAPT v2.1 ensure closer alignment with the MHSDS, which will enable a possible future merger of the IAPT Data Set into MHSDS.

6.6 Information Standards Notice (ISN)

Any changes to this NHS Information Standard will be communicated to the relevant providers of services affected, and their associated system suppliers, via the publication of an ISN. This will outline any new or changed requirements and associated timescales for implementation.

7. Risks/Issues

The DSDS currently hold a list of known risks and issues which are assured by DAPB. In the event that a technical risk or issue needs to be raised by a supplier or service provider, this should be communicated to the NHS Digital by writing to enquiries@nhsdigital.nhs.uk To help us redirect your questions to the most appropriate team and to speed up our response times, please include ‘DSDS - IAPT’ in your subject line.

8. Implementation Support

8.1 Support

For specific enquiries relating to the IAPT Data Set Information Standard please contact NHS Digital via the central customer service centre:
Telephone: 0300 303 5678
Email: enquiries@nhsdigital.nhs.uk (please include ‘FAO IAPT’ in subject line)

8.2 Mental health news and service updates

The Mental Health Information Update includes the latest information and relevant updates on all mental health data sets collected by NHS Digital, including the IAPT Data Set and the MHSDS. This newsletter is communicated on a monthly basis via our Mental Health contact list.

The latest version of the newsletter can always be found published via the Mental Health Data Hub[xxxvi].

To subscribe to our mailing list for this regular update and other important communications, please register through our subscription page[xxxvii].

8.3 Additional Sources of Information

Mental Health Data Hub

The Mental Health Data Hub is a collection of interactive dashboards and useful links covering mental health data in England:

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub

NHS Data Model and Dictionary

Full details of changes to data items, including definitions and associated value lists are available on the NHS Data Model and Dictionary website:

https://www.datadictionary.nhs.uk/

Terminology and Classifications

SNOMED International: https://www.snomed.org/

UK National Release Centre (part of NHS Digital): https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct

Data Alliance Partnership Board (DAPB)

The DAP is committed to maximising the benefits from using and sharing data already held in health and care systems in order to minimise the burden on frontline service providers.

The Data Alliance Partnership Board (DAPB) has been set up to oversee the process: https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions

Data Security and Information Governance

NHS Digital offers guidance on protecting data and handling information securely.

Our guidance is designed to help health and care organisations meet the standards required to handle care information:

https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance

8.4 Disclaimer

This document is intended to provide guidance for users in relation to the capture and submission of information for the Improving Access to Psychological Therapies (IAPT) Data Set. It is not intended to represent official policy or legislative guidance.
If you are concerned that any aspect of this guidance does not accurately reflect the intended purpose and/or official policy, legislative or practice guidance; please send details to the NHS Digital at enquiries@nhsdigital.nhs.uk (including 'FAO IAPT' within the subject line).

8.5 Endnotes

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[i] https://datadictionary.nhs.uk/index.html

[ii] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set

[iii] https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/nhs-england-directions

[iv] https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns

[v] https://digital.nhs.uk/isce/publication/isns

[vi] https://digital.nhs.uk/isce/publication/dapb1520

[vii] https://digital.nhs.uk/isce

[viii] https://digital.nhs.uk/isce/publication/standards

[ix] https://digital.nhs.uk/isce/publication/dapb1520

[x] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set

[xi] https://digital.nhs.uk/data-and-information/looking-after-information

[xii] https://digital.nhs.uk/isce/publication/dapb1520

[xiii] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationspolicyandGuidance/DH_4068403

[xiv] https://www.gov.uk/government/publications/the-information-governance-review

[xv] https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation

[xvi] https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care

[xvii] https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance

[xviii] https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr/gdpr-register

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[xix] http://www.legislation.gov.uk/ukpga/2006/41/section/251
[xx] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set
[xxi] https://digital.nhs.uk/services/national-data-opt-out-programme
[xxii] https://digital.nhs.uk/isce/publication/dcb0129
[xxiii] https://digital.nhs.uk/isce/publication/dcb0160
[xxiv] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set
[xxv] https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-information-updates
[xxvi] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set
[xxvii] https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-information-updates
[xxviii] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set
[xxix] https://digital.nhs.uk/services/data-access-request-service-dars
[xxx] https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub
[xxxi] https://www.datadictionary.nhs.uk/
[xxxii] https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct
[xxxiii] https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud
[xxxiv] https://isd.digital.nhs.uk/trud3/user/guest/group/0/home
[xxxv] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set
[xxxvi] https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub
[xxxvii] https://crm.digital.nhs.uk/clickdimensions/?clickpage=/jxgkfjfleeebfnaqb6vdwq