iapt
Improving Access to Psychological Therapies

NHS England

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Waiting Times Guidance

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Version 2

Document Version Control

Version	Date	Author	Key Changes
1.0	01/06/14	Margaret Oates	First release
2.0	25/06/14	Margaret Oates	Changes made to example 2 on page 7

Introduction

The NHS Mandate[1] has committed DH and NHS England to an examination of current waiting times in mental health services. This will involve working with other stakeholders to develop a range of costed implementation options for a set of clinically informed standards with effect from April 2015 coupled to a phased implementation approach depending on affordability. The need to progress work on waiting times was further emphasised by DH in "Closing the Gap: priorities for essential change in mental health services" (Jan 2014).

The above work is on-going and it is not possible at this stage to determine focus or impact but it may in due course inform an access standard for IAPT. However in the interim, given important revisions to the IAPT MDS with the introduction of v1.5 from 1st July 2014, this refreshed guidance should be followed. During this time we will continue to work with providers and other interested parties to examine existing practice and produce revised rules and guidance for the application of any clock stops by exception to ensure that the access standard, if rolled out, is both robust and deliverable without driving perverse incentives.

Guidance

1. A key priority of the IAPT programme is to reduce the time people wait for treatment. The programme has monitored waiting times since roll-out of its first wave sites in 2008. However it is widely acknowledged that measuring waiting time across all areas of health is not straight-forward and complicated by local processes, IT system capabilities and patient choice. Accurate and consistent returns are essential in order to improve service models, manage performance, and report on standards delivered.

2. The process for central return and reporting of IAPT data changed from an aggregate commissioner submission to a patient level service provider submission in 2013/14. This guidance has been developed to further support the new process, updates for the introduction of v1.5 of the MDS and supersedes previous guidance issued in the IAPT 2012/13 KPI publication.

3. Services should measure and monitor waiting times with the aim of ensuring that no patient waits longer than the locally stipulated maximum that is acceptable to patients. A choice of appointment times, and where possible, venue and the mode of treatment (phone, email, etc.) should be offered to every patient. A patient may only be able to attend an appointment on certain days or times; the service should endeavour to accommodate this. However, if the patient declines two reasonable appointments offers then the waiting time clock should be paused for a period. National publications will show total waits by bandings so that local services will be able to monitor improvement and make comparison with other services. It is the service's responsibility to monitor individual patient waits.

[1] The Mandate – A mandate from the government to NHS England; April 2014 to March 2015

4. For some patients more than one course of treatment may be appropriate. The patient should be given enough information to make an informed choice about which treatment best meets their needs. The treatment plan should be mutually agreed between the practitioner and the patient. Local standards should be set for all waits, not just the nationally reported wait from referral to first treatment to ensure the necessary visibility and resolution of any hidden long waits.

5. The Department of Health (DH) has issued best practice guidance for calculating waiting times[2]. This guidance has been reviewed and adapted for IAPT services in order to reflect best practice. Under the IAPT Data Standard, waiting times will be derived from patient level data submitted to the IAPT central reporting system using the 'Date Referral Received' and the 'Appointment Date' fields. The Appointment date used will be the Appointment date for the first treatment appointment in the Referral table. In Version 1.0, an appointment is identified as a treatment appointment through the presence of a Therapy Type for the appointment record. In Version 1.5 of the IAPT data set (implemented in July 2014) this determination will instead be based on the Appointment Type, with Appointment Types 02 – Treatment, 03 - Assessment and Treatment, and 05 - Review and Treatment being used to identify a treatment appointment. Local systems should be able to generate reports using these variables to manage waiting lists.

6. From July 2014 the IAPT central reporting system will have the functionality to capture clock pauses. Clock start, pause and stop should be managed locally. DH guidance sets out the rules and definitions for referral to treatment to ensure that each patient's waiting time clock starts and stops fairly and consistently. It should be noted that this guidance is currently under review but at present these principles should be adopted for IAPT services as follows:

7. Clock Starts – The waiting time clock starts when:

   i) Any care professional (GP or other) or service permitted by an English NHS commissioner to make such referrals, refers to an IAPT service with the intention that the patient be assessed and, if appropriate, treated.
      - The clock will start when the referral letter, complete with all the required information, is received. The commissioner and providers should agree locally what information the referral is expected to contain.
      - Some localities operate a 'single point of access' approach where all referrals for mental health services are processed by a central multi-disciplinary team and referred on to the appropriate service. Previous

[2] We used two documents to inform this paper a) 'Allied Health Professional Referral to Treatment - Revised Guide 2011' available from http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131969.pdf and b) 'Referral to treatment consultant-led waiting times – Rules Suite – January 2012' available from http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_132484.pdf

IAPT guidance stated that the clock should start when the referral is received by the IAPT service. This will now change to bring IAPT in line with wider NHS guidance and the clock will now start when the referral is received by the single point of access. It is the responsibility of the single point of access to ensure that essential information regarding the person is sent to the provider this includes the date the referral was received. It is important that local protocols are put in place to ensure the referral is progressed through the system in a timely manner.

ii) The patient refers themselves to an IAPT service and the referral is deemed appropriate for the service. The clock will start when the patient first contacts the service and requests to be seen. This should exclude general enquiries. If after assessment the patient is not deemed suitable for IAPT treatment the referral should be closed. This is coded '10 - Not suitable for IAPT service - no action taken' or directed back to referrer or '11 - Not suitable for IAPT service - signposted elsewhere with mutual agreement of patient' in the IAPT data set

iii) Opt-in and starting the clock
Many IAPT services adopt an 'opt-in' model where on receipt of a referral (other than from the patient), the patient is contacted and asked to confirm if they would like to be considered for treatment. This has been found to be an effective way of managing inappropriate referrals, limits DNAs and utilises staff time more effectively. In effect the patient is referring themselves to the service. The IAPT Programme accepts that where this model has been clearly specified and agreed with the commissioner then this is acceptable. National publications will report both opt-in to treatment and referral to treatment for the services who operate this model. However, local processes must be put in place to ensure that patients are contacted within the timeframe agreed with the commissioner - this should not be more than two weeks. Where this model is adopted, the clock should start when the patient confirms they want to be considered for treatment.

8. Clock Stops (waiting time ends) - A clock stops when:

i. A patient receives their first treatment appointment. In version 1 of the dataset this was the first appointment with a therapy type recorded. In version 1.5. this will be the first appointment with an appointment type of 02-Treatment, 03-Assessed and Treated or 05-Review and Treatment.

It is the responsibility of every service to ensure all referrals are followed up and every effort made to understand why patients may disengage with the service. However this information is not captured in the IAPT data standard therefore people who are referred but never seen should be excluded from waiting time calculations.

Example 1 - IAPT clock start/ stop

An IAPT service receives a GP referral on 1st April. The service notices that the referral is incomplete and returns to the GP requesting further information. On 4th April, the service receives a complete referral. On 7th April, the service telephones the patient and offers an appointment on 15th April. This is accepted and the patient attends the appointment where assessment takes place. The patient is then booked in for treatment on 19th April.

Clock start – 4th April
Clock Stops – 19th April
Total waiting time = 16 days

9. Clock Stops (and is nullified) - A clock stops when:

A patient does not attend (DNAs) their first appointment, a new clock for that patient restarts from the DNA date.

10. A clock should not stop when:

i. A patient is referred on to another IAPT service before first treatment commences (for example, when they are 'stepped up').

ii. A patient cancels an appointment. As part of the rebooking process, the patient should be offered alternative dates for treatment. If at the rebooking stage the patient declines two or more reasonable offers, then the clock may be paused. The date the waiting times clock is paused is the date of the earliest reasonable appointment offered.

iii. Previous IAPT guidance stated that the clock did not stop when "A patient has an 'assessment with treatment' session but does not start a full course of treatment within 28 days." This will no longer be enforced, however it is good practice that as part of the assessment process a treatment plan is agreed including frequency of contact and at the first appointment for treatment the date for the next treatment is set. Nationally IAPT will measure time from referral to first treatment, regardless of whether a second appointment has been booked, but will also look at patterns and duration of treatment. It is good practice for local areas to monitor any delays that occur throughout the care pathway in order to understand blockages and minimise.

11. Patient initiated delays and Clock Pauses

When a patient chooses to delay attendance of their first appointment, for example due to work commitments, religious reasons or holidays then this will delay the waiting times clock stop. Beyond a certain point, patient-initiated delay like this makes it unreasonable or impossible for the NHS to provide treatment in a timely manner and will prevent IAPT services meeting a local waiting time target where this exists. However, there are mechanisms available to flag some of these situations.

There are instances in other NHS services when clocks can be paused under specific circumstances to allow for significant patient choice delays. As referenced above, although this is currently acceptable, IAPT will adopt recommendations from the wider DH/NHS England review of waiting times and this guidance will be refreshed accordingly.
In the interim, the clock may be paused or stopped in line with the following rules, and use of an 'opt in' model should have no bearing on application of these rules.

For now a clock may be paused when a referral or self-referral has been made, and the patient has declined at least two reasonable appointments. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available again for treatment.

An appointment offer is considered reasonable where the offer is for a time and date three or more weeks from the time that the offer was made **or** the patient accepts the offer (www/datadictionary.nhs.uk).

> Example 2 IAPT clock start/ paused/ stopped
> An IAPT service receives a complete referral on 29th May. The service offers the patient an appointment for 29th June. The patient declines this offer and advises that they will be available to attend an appointment from 5th July. An appointment is booked for 10th July.
>
> Clock start – 29th May
> Clock paused – 29th June
> Clock restarts – 5th July
> Clock stops –10th July
>
> Calculation :
> 29th May to 28th June = 31 days wait
> 29th June to 4th July = 6 days pause
> 5th July to 10th July = 6 days wait
>
> Total time waiting = 37 days + 6 days pause

12. Group therapy sessions and stopping the clock

During the early years of IAPT implementation guidance excluded people attending group therapy session from waiting times analysis. This will no longer be the case as mature services should ensure that waits are kept to a minimum for all modes of treatment.

13. Processing data

All patient activity should be recorded routinely on local IT systems. A monthly extract of activity should be submitted to the HSCIC for secondary uses. Full

guidance on data requirements and how to submit can be found at http://www.hscic.gov.uk/iapt

i. Displaced activity: Where activity occurs close to the end of the reporting period it may not be possible to process appointments in time to meet data submission requirements. In this case services should use the refresh submission to make corrections otherwise this activity will not be reported in national publications. This is the accepted way of ensuring accurate reporting and is adopted across many NHS data collections.