Mayden

IAPT and ehealth: commissioner perspectives

by Alison Sturgess-Durden

Introduction

Over the past year Mayden® has worked with stakeholders across the Improving Access to Psychological Therapies (IAPT) community – ehealth providers, policy makers, commissioners and researchers – to understand the issues around offering online interventions to their patients.

As the developers of **iaptus®**, the most widely used patient management system in IAPT, we wanted to understand whether technology – in this case the digital care record – could work harder to help IAPT services overcome any barriers to the uptake of online therapy.

This paper explores the perspective of mental health commissioners in particular as key decision makers in whether and how online therapies are offered to local populations.

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About Mayden

Mayden develops innovative, end-to-end managed web applications for the healthcare sector. We are driven by a passion to harness the power of data and digital applications to transform the way services are delivered by staff and experienced by patients.

We are the company behind **iaptus**, the market leading psychological therapy patient management system used by over 5000 therapists across 80 organisations, covering 70% of England's IAPT services. We are also the developers of **iaptus CYP**, a patient management system designed specifically to support CAMHS and CYP IAPT in delivering their service and reporting against the new minimum dataset.

Last year **Mayden** was awarded a development contract from NHS England's SBRI Healthcare programme to make new technologies available to IAPT services.

About the author

Alison held a number of operational and strategic management positions in acute and community healthcare sectors before moving to work with one of the UK's leading healthcare consultancy firms. There she worked on service transformation programmes with a range of NHS clients.

Since joining **Mayden**, Alison has been seeing where services can be transformed by harnessing the power of data and digital, working with the NHS and wider partners to identify areas where the need is greatest.
Her current focus is on understanding the potential of online psychological therapies in improving access mental healthcare.

The challenge

IAPT is under increasing strain. Services are commissioned to meet 15% of need, which alone results in over 1 million referrals annually.[1] Services must achieve certain recovery rates and also now the national Referral to Treatment Time standard. This against a background of unprecedented financial pressure across the NHS and reports of high staff turnover and vacancy rates in some services.

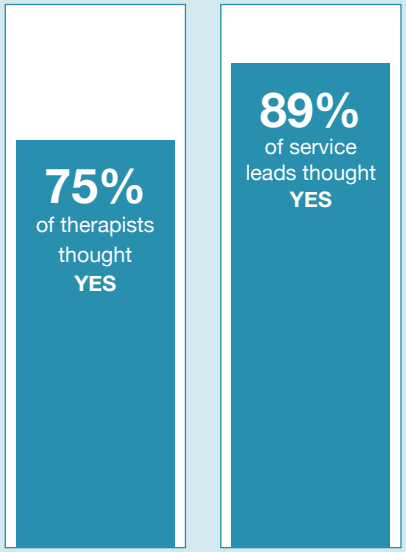
What is clear is that the need has never been greater to consider new ways of working in order to balance these pressures.

At the same time, a number of national initiatives seek to make more health services available online, whilst patients are demanding greater choice in how, where and when they access care.[2]

Online psychological therapies are seen by many as a way of addressing all of these challenges.

Our own survey found that 75% of therapists and 89% of service leads thought patients would benefit from an online option. Research suggests online therapies may have the potential to achieve comparable outcomes to face-to-face interventions.[3] They often come at a fraction of the cost of face-to-face therapy.

Responses from therapists and services leads when asked whether they believe that patients would benefit form having the option of treatment via the internet.



[1] HSCIC (17.09.2014). Psychological Therapies, Annual Report on the use of IAPT services - England, 2013-14. Accessed 29.10.2015, from: http://www.hscic.gov.uk/catalogue/PUB14899

[2] NHS Digital Technology (n.d.). Harnessing the Information Revolution. Accessed 2.11.2015, from: https://www.england.nhs.uk/digitaltechnology/info-revolution/

[3] Cuijpers, P., Donker, T., et al. (21.04.2010). Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A meta-analysis of comparative outcome studies. Psychological Medicine. 2010, 40(12), 1943–1957. Accessed 5.2.2015, from: http://www.ncbi.nlm.nih.gov/pubmed/20406528

The Joint Commissioning Panel for Mental Health recently released a report on commissioning sustainable mental health care[4] which recommends:

> **Commissioners should encourage investment in online services that allow self-monitoring of symptoms, access to an individual's online health record, and that provide opportunities for mental health education and additional support or treatment (such as electronic CBT, video-link therapy or peer support). [5]**

Yet according to the most recent annual report of IAPT services, less than 2% of appointments were delivered via cCBT (computerised cognitive behavioural therapy)[6], and our survey conducted more recently revealed that less than half of IAPT services offer any online treatment at all.

Over the past year **Mayden** has worked with stakeholders across IAPT – including services, policy makers, commissioners, researchers and ehealth providers – to better understand the barriers to the uptake of online psychological therapies.

In particular, we wanted to know whether the technology – in this case the IAPT digital care record – could work harder to overcome any obstacles.

Administrative complications and information governance concerns around the making of an online referral were soon identified as immediate issues. Supported by funding from NHS England's Small Business Research Initiative, **Mayden** set about developing an online therapy hub – Prism – to connect IAPT services with online service suppliers.

Prism allows the seamless and secure two way exchange of referral, progress and outcomes data between the two parties, all via the patient's care record.

However, through our conversations it became clear that barriers to uptake extend beyond administrative arrangements and security concerns, and that a number of stakeholders beyond IAPT services themselves influence whether online therapies are adopted – at scale, or at all.

[4] Joint Commissioning Panel for Mental Health (Oct 2015). Guidance for commissioners of financially, environmentally, and socially sustainable mental health services. Accessed 27.10.2015, from: http://www.jcpmh.info/wp-content/uploads/jcpmh-sustainable-guide.pdf

[5] Joint Commissioning Panel for Mental Health (Oct 2015). Guidance for commissioners of financially, environmentally, and socially sustainable mental health services. p.18. Accessed 27.10.2015, from: http://www.jcpmh.info/wp-content/uploads/jcpmh-sustainable-guide.pdf

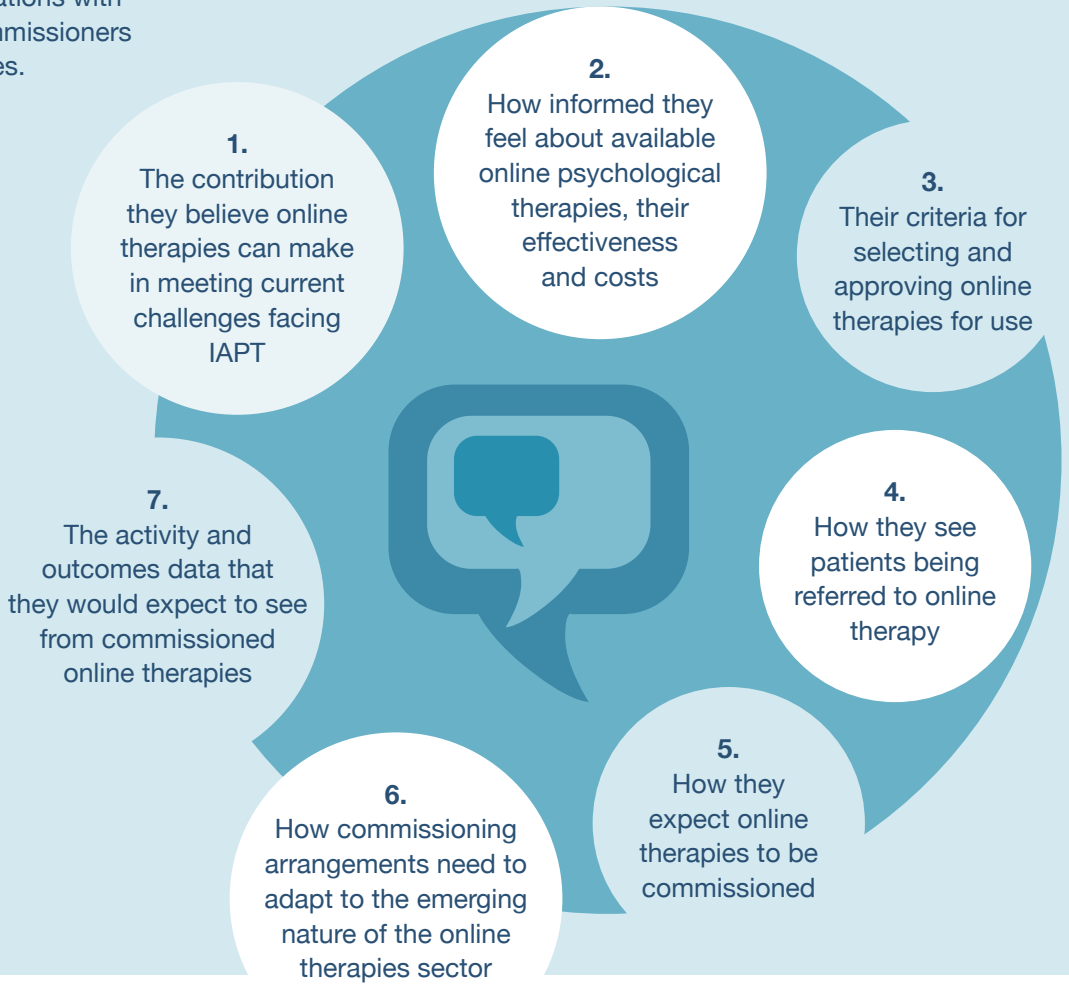
[6] HSCIC (17.09.2014). Psychological Therapies, Annual Report on the use of IAPT services - England, 2013-14. Accessed 29.10.2015, from: http://www.hscic.gov.uk/catalogue/PUB14899

Commissioners as key decision makers

Mental health commissioners in particular are key to the decision as to whether online therapies are made available to local populations.

This summer, we held conversations with a number of mental health commissioners to understand their perspectives.

With them we discussed:



These discussions revealed a willingness, and in many cases enthusiasm, to make use of online therapies, whilst identifying further barriers to adoption that would need to be addressed.

Commissioner perspectives: what we found

Commissioners had varying levels of knowledge about online therapies, but the overwhelming majority we spoke to were positive about the contribution they thought they could make. Nearly all those who were not already offering online treatment said they were planning to do so in the near future.

We found two primary drivers for this:

1. the need to increase capacity in order to meet demand and wait times
2. a view that online therapies are a cost effective alternative to face-to-face treatment.

Commissioners also thought online therapies had the potential to appeal to groups that did not access IAPT readily, including rural communities, younger people and men.

At the same time commissioners were cautious about adopting online therapies at scale until they had a better understanding of how patients would be safeguarded and of the clinical outcomes that could be achieved.

Knowledge of available online therapies

Commissioners reported a relatively limited knowledge of what online therapy is, and of the supplier market and costs.

Some reported previous experience of offering an online option, but after finding it unpopular with patients did not plan to offer online therapy again. This suggests that online therapies are seen as largely equivalent by some. A poor experience with one may lead all to be “tarred with the same brush”. Yet the number and diversity of available applications is growing all the time.

The term “online therapy” covers a wide range of interventions, from large, content-rich platforms covering a variety of clinical conditions, through to single purpose mobile apps, and from synchronous engagement with a therapist in a virtual environment (instant messaging, video chat etc) to asynchronous use of online materials and progress reporting.

Commissioners agreed that they needed to better understand the range of therapies and providers in the market in order to make well-informed choices.

Efficacy and approval for use

The commissioners we spoke to reported issues with interpreting the evidence base relating to online therapies, and understood that it was in its infancy in any case. They recognised the challenge in achieving a coherent picture given the range of applications available and the speed at which they are emerging.

Commissioners were aware of the debate around how online applications should be evaluated and approved for NHS use, but were unsure where that left them in commissioning online services now. There was some uncertainty over which are currently approved and have an evidence base, and around the place of NICE approval within this.

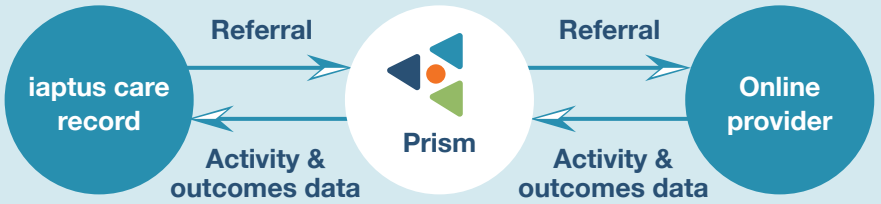
The case of online therapy highlighted a wider issue for commissioners around how to evaluate and make decisions about emergent digital technologies.

The interim report of the Accelerated Access Review[7] not only identifies the need to develop *"new pathways for digital products which clarifies the steps involved in getting a product to market and the evidence required for evaluation and uptake"*, but calls on commissioners themselves to *"play an active role in innovation, stimulating new approaches to service development and ensuring service delivery to improve health and care outcomes"*.

Data, care records and digital maturity

IAPT has a well developed minimum dataset covering activity and outcomes. Commissioners wanted online services to be able to return relevant data as face-to-face services do, so that the CCG could assure and report on all psychological therapy services offered. The NHS Number should be the unique identifier. However, some forms of online therapy are used anonymously by patients. Commissioners recognised that data reporting requirements would need to be appropriate to the therapy offered.

It was suggested that an online provider's ability to provide data should be a prerequisite in selecting them as a supplier. Interoperability between online supplier systems and the patient's NHS care record was seen as the ideal and could potentially be mandated in contract terms. Commissioners welcomed the Prism online therapy hub which would achieve this, at least with services using the **iaptus** care record and online providers who had achieved connectivity to Prism.



[7] Accelerated Access Review, Department for Business, Innovation & Skills, Department of Health and Office for Life Sciences (27 October 2015) Accelerated Access Review: Interim report. Accessed 29.10.2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/471562/AAR_Interim_Report_acc.pdf

As well as increasing access to Technology Enabled Care[8] (in this case online therapies), commissioners saw how interoperability between digital forms of care and the patient's NHS record would contribute to CCG digital roadmaps, and in this case leverage a significant shift towards digital maturity within IAPT.[9]

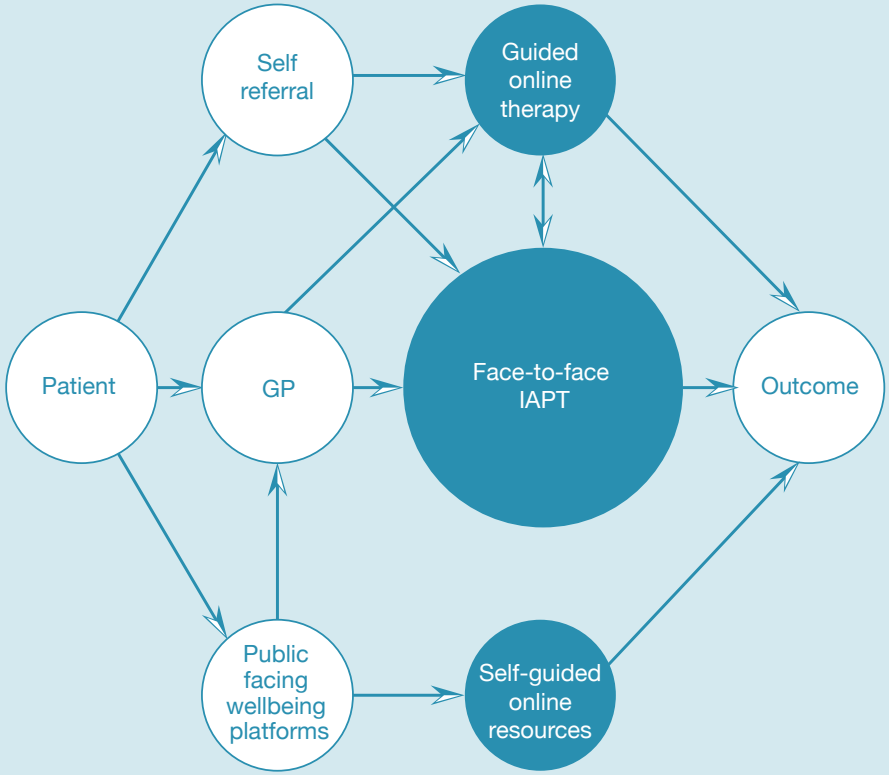
Commissioners also recognised how better data collection from online services would inform our knowledge of their efficacy.

Treatment pathways

Commissioners had mixed views about where in the care pathway online therapies would be offered.

Some saw online services making a particular contribution as part of a public facing mental wellbeing service, offering members of the public information, advice and support. This might be specially provisioned locally, or via national platforms such as NHS Choices which already provides online therapy listings and seeks to evolve its public facing digital health offer with the development of NHS.UK.

For patients reaching a threshold for IAPT treatment, commissioners called for more clarity about referral routes. Would patients be referred online by a GP or following initial assessment by IAPT? If the latter, would they remain under the guidance and regular review of the assessing IAPT therapist? How would patients self-referring for IAPT services end up in online treatment? When would patients receive online treatment as an adjunct to face-to-face therapy within IAPT?



[8] NHS Commissioning Assembly (Jan 2015) Technology Enabled Care Services: Resource for Commissioners. Accessed 3.11.2015, from: https://www.england.nhs.uk/wp-content/uploads/2015/04/TECS_FinalDraft_0901.pdf

[9] NHS Digital Technology (n.d.). The Forward View into Action: Paper-free at the Point of Care – Preparing to Develop Local Digital Roadmaps. Accessed 2.11.2015, from: https://www.england.nhs.uk/digitaltechnology/info-revolution/digital-roadmaps/

Commissioning arrangements

Discussions around routes to online treatment raised the question of who should commission online therapy: CCGs in parallel with their commissioning of face-to-face services, or the IAPT service as part of its delivery on CCG contracts?

Views were mixed, with some maintaining that the commissioner should procure and manage online service contracts, whilst others felt that IAPT services were best placed to do so, using their clinical expertise to select and manage suppliers.

The variety of online therapies on offer and emerging for different clinical conditions would suggest that purchasing arrangements need to be open, flexible and responsive. Yet the majority of commissioners we spoke to were considering adopting a relatively conventional approach to procurement, selecting a single preferred online provider from whom they bulk-buy user licences in advance.

Some commissioners had made one or two online therapy providers available under their Any Qualified Provider (AQP) programme to improve availability and choice, though felt this route was relatively cumbersome given the size of suppliers and numbers of referrals involved. Others were exploring the relevance of outcomes-based commissioning or alliance contracting arrangements.

Incentivising uptake

Given the potential that online therapy may offer in relieving pressure within IAPT, we asked commissioners whether they intended to incentivise the scale, scope or speed of adoption. Some were considering this, with ideas including CQUIN payments for GPs referring appropriate patients online, and clauses in IAPT contracts for a proportion of contacts to be managed online.

Following our discussions with commissioners, the Joint Commissioning Panel for Mental Health report concluded that:

> **incentive payments, such as those made through the Commissioning for Quality and Innovation (CQUIN) framework, play a crucial role in encouraging the uptake of sustainable approaches. Local negotiation of the terms of the CQUIN and comprehensive discussion about the intended aims are fundamental parts of the commissioning process."** [10]

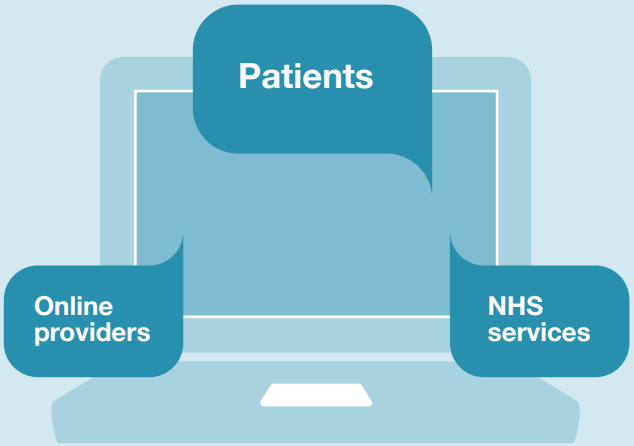
Commissioners anticipated a negotiation with IAPT services around where savings from a shift to online would be realised, and to what extent they would be made available to fund additional throughput.

[10] Joint Commissioning Panel for Mental Health (Oct 2015) Guidance for commissioners of financially, environmentally, and socially sustainable mental health services. p.12. Accessed 27.10.2015, from: http://www.jcpmh.info/wp-content/uploads/jcpmh-sustainable-guide.pdf

Patient user experience

Commissioners thought uptake, compliance and potentially recovery itself would depend as much on the patient's interface and experience of using any online application as it would on the inherent merits of the application's content.

They advocated continuous patient involvement in the development of online services as they would have in the development of face-to-face health services. Again, user involvement in development could be a prerequisite to any online therapy being selected for use.



Conclusions and recommendations

Our conversations with commissioners have lead us to make the following initial conclusions and recommendations for further discussion and action:

Potential to address multiple agendas

Commissioners are optimistic about the potential for online therapies to relieve demand and wait time pressures in IAPT at a lower cost, whilst widening choice in how, where and when care is delivered. However, they require more clarity from clinical and research communities about where – in terms of which applications, clinical conditions and points in the care pathway – they may be used to best effect.

Collaborative learning

The IAPT community should create places and opportunities to more systematically share experience of adopting online therapies. This would contribute to a collective assessment of the appropriate application of online therapy in IAPT treatment pathways, and a knowledge base around how real and perceived barriers to uptake can be overcome.

Differentiating choice

A means of classifying the array of available and emerging online therapies should be developed. Such a taxonomy should help commissioners and IAPT services understand the choices available to them, and potentially also the evidence base relevant to each. To this end, the psychological therapies research community should be fully involved.

Data capture and interoperability

Online providers should be able to return data about activity, progress and outcomes that is appropriate and proportionate to the treatment they offer. This will help with monitoring individual patients, delivery of treatment against standards, and provide data for research into the efficacy of these forms of treatment (subject to necessary data usage consents). Online providers should be expected to work towards interoperability with the patient's NHS care record. Commissioners should consider, where appropriate, making data reporting and interoperability a prerequisite when selecting any online provider.

Informing choices about emerging technologies

Whilst the evidence base relating to online therapies continues to develop, commissioners need guidance in how to evaluate and make decisions about emerging healthcare technologies. Evaluation regimes should not stifle innovative new applications becoming available. We welcome the National Information Board's initiative[11] to create a fresh approach to the assessment and approval of digital applications for NHS use, and the work of the Accelerated Access Review[12] to find new pathways for the development and evaluation of emerging digital products, including approaches such as 'Commissioning through Evaluation'. These programmes should consider mechanisms for making use of data captured in the process of their uptake (advocated above) as this has the potential to create an immediate and continuous feedback loop.

Innovative commissioning arrangements

Practical examples should be developed of more flexible commissioning arrangements for existing and emerging digital healthcare. New and creative incentives to help leverage appropriate uptake at scale and speed should be included in these examples.

Patient user experience

User experience is seen as key to uptake of and compliance with online therapies. Online providers should actively engage with NHS services and patient groups to continuously improve their offer. Commissioners should consider the degree of patient involvement in product development when procuring online therapies.

[11] National Information Board (November 2014) Personalised Health and Care 2020, Using Data and Technology to Transform Outcomes for Patients and Citizens, A Framework for Action. Accessed 29.10.15. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384650/NIB_Report.pdf

[12] Accelerated Access Review, Department for Business, Innovation & Skills, Department of Health and Office for Life Sciences (27 October 2015) Accelerated Access Review: Interim report. Accessed 29.10.2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/471562/AAR_Interim_Report_acc.pdf

Have your say

This is just the beginning of the conversation that needs to take place around the adoption of ehealth tools by IAPT services. Others will have different or additional views to those captured in the course of our early conversations with commissioners. During the coming months **Mayden** will continue to work with stakeholders from IAPT and the wider mental health community to understand their perspectives.

On Friday, **November 27th** we're hosting the **IAPT & ehealth summit** in London. The event will be an opportunity for stakeholders to debate these issues and share practical steps forward in implementing ehealth for IAPT services. Register for your free place today and join the conversation.

Or have your say about online therapy in IAPT on LinkedIn, Twitter,
or by contacting Alison Sturgess-Durden alison.sturgess@mayden.co.uk

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