

High Impact Digital Opportunities to Optimise IAPT Service Delivery

Digital transformation to improve access whilst maintaining clinical quality

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NHS England and NHS Improvement



Background

- The NHS Long Term Plan committed to expanding access to IAPT services for adults and older adults with common mental health problems, with an ambition to reach 1.9 million by 2023/24. This is an ambitious target.
- Now, more than ever, is the time to explore opportunities to optimise IAPT service delivery and in particular, review the role of digital transformation in supporting improved access. This means ensuring that more people can be supported with evidence based interventions that IAPT services provide.
- The IAPT Manual references some best practices using digital, to increase access and reduce missed appointments. This resource explores these digital opportunities in further detail.
- Digital products can also support improvements in staff retention and wellbeing by providing flexibility and reducing pressure. The national team will be collating further case studies to highlight these benefits.
- Following a piece of work to map the IAPT service pathway in early 2020/21, the national IAPT team carried out an engagement exercise to develop a set of high impact opportunities for local areas to consider implementing, to optimise IAPT service delivery by leveraging digital solutions.
- Rapid engagement was undertaken with the following groups:
 - National digital mental health team
 - Access Deep Dive task force:
 - NHSE/I regional mental health teams
 - Experts by experience
 - IAPT Service representatives
 - Local IAPT services including Humber, Coast and Vale Health and Care Partnership, Mid and South Essex, Frimley CCG, TalkPlus (North Hampshire Urgent Care), Coventry and Warwickshire, Dorking Health Care Talking Therapies.
- Whilst this resource includes case studies which makes reference to specific digital products and developers, this is not a formal endorsement of specific products / developers over others. Local systems are encouraged to review and commission digital products in a way that meets local need.

Case for change

- The NHS Long Term Plan (LTP) sets out ambitions for IAPT in particular, improving access, quality of care and outcomes.
- Currently, IAPT access is below target trajectory (see Figure 1).
- There are two key enablers to close the access gap. These include: 1) expanding the workforce at a greater pace, and 2) increasing efficiency and productivity of services.
- The critical enabler is increasing the workforce as laid out in the Long Term Plan. In terms of increasing the productivity and efficiency of IAPT services, digital transformation plays an important part in ensuring we are able to achieve our access ambitions.
- Further, digital has been a key facilitator in enabling IAPT services to continue providing their incredible support throughout the Covid-19 pandemic; as IAPT services moved quickly to remote treatment delivery and remote outcomes reporting. Moreover, the two main IAPT system suppliers (PC-MIS and IAPTus) enabled mobile phone entry of the IAPT Minimum Dataset (MDS) and of the patient experience questionnaire (PEQ). The latter has produced a significant increase in PEQs (from 130,988 in 2019/20 to 799,943 in 2020/21). This now means we have a much better idea of how patients perceive our services and what we can do to improve.

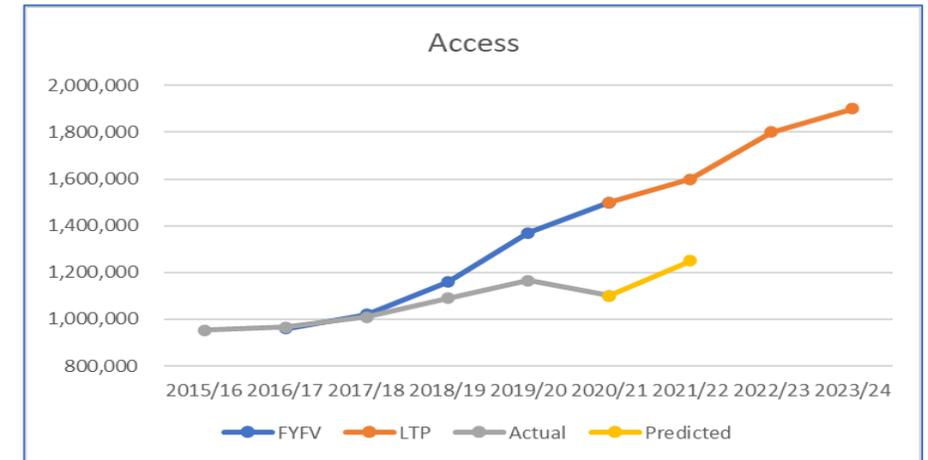


Figure 1: IAPT Access

Digital transformation must be a priority for systems, to ensure that we can recover from the impacts of the pandemic and to reach our access ambitions in order to support more people with evidence-based interventions.

Digital transformation as an enabler and process

- It is important to note that implementing a digital solution alone won't deliver all the benefit. Instead, digital solutions enable a change in way of working that creates productivity and efficiency benefits overall; mainly by reducing average clinical time per patient and maximising clinical time.
 - Reducing average clinician time per patient (or per course of treatment), so that each clinician can see more patients in a given amount of clinical time.
 - For example:
 - digital tools can facilitate the delivery of group treatment.
 - digitally therapy programmes can be an option for patients to learn online through self-study with ongoing contact with a therapist.
 - Removing non-clinical tasks from clinicians and maximising time spent on clinical duties, so that more time per week can be allocated to clinical duties.
 - For example:
 - digital tools to collect outcome measures before the start of a clinical session to ensure that clinical time is not used for the completion of measures.
 - electronic booking systems to remove booking/rebooking burden from clinical staff, and also reduce missed appointments which creates clinical capacity inefficiencies.
 - remote platforms that interact with health records to minimise the need to liaise with health care professionals for historic information.
 - Growing the workforce and implementing other operational changes will need to be considered alongside digital transformation, to maximise these overall benefits. The IAPT Manual highlights some of these operational considerations.
 - Digital transformation must be considered in the context of wider service design. This resource focuses on how digital transformation can improve access but it will also be important for local systems to look at the entire IAPT patient pathway and consider the needs of users. This local work should also consider digital transformation through the lens of inclusion and inequalities.

High impact digital opportunities to improve the way people access and engage with IAPT services (1 of 2)

Digital opportunities to consider:

	Opportunity	Examples of digital transformation to maximise the opportunity
1 	Raising awareness of IAPT services, to ensure that services are visible to people in order to increase self-referral activity.	<ul style="list-style-type: none"> Using different channels to promote service e.g., local social media campaigns, national campaigns such as Help Us Help you. Using targeted social media advertising e.g. via Facebook. Collaborating with primary care e.g., sending text messages from GPs. Displaying brief videos or clips that can be played on GP waiting room screens, etc. Using service websites to socialise patients to service offer and set expectations e.g. explainer videos.
2 	Improving appropriate referrals into IAPT, to reduce inefficiencies within the service.	<ul style="list-style-type: none"> Using online screening and triage platforms to ensure people are accessing appropriate level of care e.g., London triage platform, Limbic. Leveraging chat bots at the front end to ensure patients get answers when they need it.
3 	Making it easy for people to book and rebook appointments , to streamline the patient journey and reduced missed appointments.	<ul style="list-style-type: none"> Implementing a booking system to allow patients to self-service where possible (for initial appointments and for rescheduled appointments within a course of therapy). Implementing an e-rostering platform to manage demand and capacity effectively. Providing functionality to allow patients to select their preferred therapist to increase engagement and reduce likelihood of drop out.

High impact digital opportunities to improve the way people access and engage with IAPT services (2 of 2)

Digital opportunities to consider:

	Opportunity	Examples of digital transformation to maximise the opportunity
4 	Supporting people whilst they are waiting for assessments and/or treatments, to increase engagement and reduce DNAs.	<ul style="list-style-type: none"> Using apps, text messages, appointment reminders, etc to assure patients that they are still on the waiting list and/or support patients as they complete their course of treatment.
5 	Increasing the ways in which people can receive evidence-based therapies*, to maximise clinical productivity.	<ul style="list-style-type: none"> Improving the pace of the digital therapies assessment process to build confidence amongst commissioners / services about which digitally enabled therapy products to select locally. Ensuring IAPT clinicians are trained sufficiently to use products effectively. Leveraging remote channels of delivery and investing in innovative channels (VR, text type platforms, etc.). Ensuring the accessibility of content and engagement of different IAPT patient cohorts.
6 	Enhancing ability to share records across the care pathway, to save admin and clinical time and improve patient experience.	<ul style="list-style-type: none"> Building interfaces between IAPT and other primary care settings by working closely with system suppliers. Building interfaces between IAPT and secondary care. Improving information sharing between local system partners (interoperability).

* Services should consider how digital can increase the ways in which people receive evidence-based therapies; however, there should always be provision of face-to-face therapy (in line with local and national guidance), to ensure informed choice of therapy delivery in all areas. Waiting times for face to face should be no longer than waiting times for remote therapy.

- The following slides contain further considerations on the suggested high impact opportunities, including:
 - further description of the opportunity
 - potential benefits (for systems, mental health providers and patients)
 - case studies / good practice

Please note that whilst this resource includes case studies which makes reference to specific digital products and developers, this is not a formal endorsement of specific products / developers over others.



1. Raising awareness of IAPT services, to ensure that services are visible to people in order to increase self-referral activity

Description

Professionals and the public need clear and accessible information about how to access local IAPT services and the range of choice available. This is particularly important to promote self-referral, improve access and address the fact that anxiety disorders are commonly under-detected by primary care professionals.

The IAPT Manual advocates the use of technology, such as:

- engaging with the community and voluntary sector social media networks to reach high volumes of people
- appealing to different communication and learning preferences by using video clips and animations
- developing an easy to navigate, patient-focused website that describes the ways in which the service can be accessed (which could include online booking), who the service is for and the available treatments.

Potential Benefits

- Digital channels and digital marketing can be used to raise awareness about local IAPT services, and specifically help to raise awareness with target audiences who are under represented in IAPT services. For example, older adults, students, ethnic minorities and those with particular disabilities or long term conditions.
- Improving websites, often the entry point to IAPT, can increase the conversion rate and reduce barriers to self-referral.
- Collaborating with other services such as GPs could create better links with other services in the health system.
- Engaging with experts by experience to create awareness resources ensures high quality materials and supports better links with service users.

Case studies: Raising awareness of IAPT services through digital



- Wellbeing Norfolk and Waveney IAPT service experienced a drop in referral rates after Covid first hit and referrals remained low. As many of their referrals are via GPs or GPs recommending self-referral, the service wanted to be able to connect directly with the local population and share the message that the IAPT service was open and available to support them. The service worked with their commissioners and came up with a text message and asked all GPs to send the text message to all of their patients. Impact:
 - The service noticed a significant spike in referrals after the texting campaign.



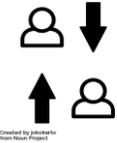
- Providers in Surrey used social media advertising to target groups impacted by COVID. Target new audiences: Adults with long COVID, Younger people, Key workers. Six providers came together to brand as 'Talking Therapies Surrey'. Impact:
 - The peak in website visits during 2021 was 6x higher than in 2020.
 - Google Analytics shows unique visitors increased from 1,789 to 14,621 during this period.



- We Are With You (South East) implemented several digital changes to improve waiting times. This included changing language, introducing webchat for registration, streamlining the questions asked and the look and feel of the website. Impact:
 - Online referral form completion increased, now makes up 80% of referrals vs 50% before.
 - Service users can register online using Google Forms and instantly book an appointment using Calendly within the next three weeks. Service users can change and cancel appointments online as and when it suits them, reducing DNAs and freeing up capacity.
 - No. of people closed without booking an appointment reduced from over 40% to 10%.
 - Changes to the system have been possible through the reduction in resource needed to book people into appointments.

To support a nationally consistent brand for IAPT services, we encourage services to have 'IAPT' in the service name and if that's not possible, to include IAPT as a subtitle.

2. Improving appropriate referrals into IAPT, to reduce inefficiencies within the service



Description

The process of referral can be long and difficult for prospective patients. It can also be time consuming for clinicians to cross check patient health records and ensure that patients receive the right level of care.

Potential Benefits

- Online screening and triage platforms can ensure people are accessing the right level of care.
- Chat bots on websites can ensure patients can register for services instantly and get answers when they need them.
- Chat bots also reduce admin because forms are already filled in when clinical staff are ready to assess patients, and ensure patient experience is responsive.
- Chat bots can be helpful for signposting people elsewhere if IAPT is not appropriate.

Case studies: Improving appropriate referrals into IAPT through digital



- IAPT e-triage project by Healthy London Partnership. The Digital IAPT Team have been developing a new digital process to enable quicker, safe and secure access to IAPT services. The process and tools are currently being tested at Barking and Dagenham, and Greenwich IAPT services. The test involves the full use of the new e-triage forms (self-referral form and clinical assessment form) and the evaluation will look at impact on service users and the workforce.



- 21 IAPT services use Limbic Access, a web-based conversational AI chatbot to assist patient self-referral. Impact:
 - 92% of patients say it helped them access care
 - When used in conjunction with PCMS, patients can book appointments directly, reducing admin time to book appointments, and reducing waiting time for first clinician led appointment



3. Making it easy for people to **book and rebook appointments**, to streamline the patient journey and reduce missed appointments

Description

In many cases, booking and rebooking appointments take up excessive admin and clinical time. Since systems are not planned around patient choice, patients may not reschedule or do not come to appointments.

Commissioning main system suppliers to implement a booking system to allow patients to self-service where possible could help with this challenge.

Potential Benefits

- The IAPT Manual states that an online choose-and-book system, SMS reminders and offering appointments flexibly have been linked to reductions in missed appointments.
- Fewer missed appointments reduces waiting times.
- Digital methods allow more interaction with patients with less resource required from clinical staff.
- Allowing patients to self-service where possible reduces admin burden of booking appointments, particularly phone calls / phone tag between the person booking and the patient, avoids last minute cancellations and reduces DNAs.

Case studies: Making it easy and simple for people to book their IAPT appointments through digital

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- Frimley CCG's TalkPlus implemented an online booking system from Maiden (iaptus) that reduced DNAs, reduced admin burden and increased the conversion rate of referrals to people booking into Initial Assessments. Impact:

- Saved admin time calling people back for appointments
- Higher conversion rate – 78% vs 71% for other booking
- Reduced waiting time – average 4 days vs 10 days for other booking
- Reduced appointments cancelled by patient- 6% vs 10% for other booking
- Able to use data to plan staff capacity around the most popular appointment times requested



- Choose and Book, a PCMIS product, was implemented by Healthy Minds Bucks in July 2021. The service is currently measuring impact and results. Preliminary impact:

- Acceptability: Very high percentage use 'Choose & Book'
 - 73% of all referrals in the last quarter were eReferrals, 93% of these eReferrals opted to make a Choose & Book appointment, 53% of people entering treatment booked their appointment with Choose & Book
- Effectiveness: Majority using Choose & Book 'enter' treatment
- Reduced burden: Less work for IAPT teams contacting people to book appointments
- Suitability: No evidence of significant increase of inappropriate referrals entering treatment
- Equity: Some evidence that an online booking system might increase proportion of referrals from people with protected characteristics



4. Supporting people whilst they are waiting for assessments and/or treatments, to increase engagement and reduce DNAs



Description

Patients are most likely to engage when they have just made the request for referral. Patients spend time between referral and assessment. Over time, likelihood of engagement goes down, and motivation reduces. Engaging with patients as soon as they ask for help means we have the highest chance of successful treatment. This increases patient engagement, reduces DNAs and enables patients to start treatment in a fully prepared way.

Potential Benefits

- Leveraging apps/platforms during the 'holding phase' between waits, whether between referral and assessment, or between step 2 and step 3, can keep patients engaged and provide them with help without aligning their diary with clinical staff.
- Encouraging patients through apps, appointment reminders, etc can help to ensure that patients are completing their course of treatment and reduce DNAs.
- Patients are able to access help and worksheets in between appointments.
- Keeping patients engaged with their therapy can increase recovery rates and give patients somewhere to go beyond the course of therapy.

Case study: Supporting people whilst they wait for IAPT treatment through digital

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Berkshire Healthcare
NHS Foundation Trust

- Berkshire Healthcare NHS Foundation Trust implemented Silvercloud as a direct digital pathway for patients. This means the patient can register on the website and then get instant access to a 'holding programme' to manage low mood and anxiety online, with video clips, quizzes, case studies and worksheets to interact with before their first clinician led assessment. Outcomes:
 - Online CBT is available straight away
 - Some 'quizzes' are completed online, e.g. GAD 7 and PHQ 9, so patients' first session is more therapeutic because they can focus on the person, their issue and their treatment plan, not the admin
 - Reduces the wait between a patient self-referring and accessing treatment.



5. Increasing the ways in which people can **receive** evidence-based therapies, to maximise clinical productivity.

Description

Demand for services is high. Improving assessment and uptake of digitally enabled therapy products would enable providers to deliver appropriate services while maximising clinical staff time. Digitally enabled therapy is psychological therapy that is provided via the internet with the support of a clinician. Previous work in this area has shown that confidence in the reliability and efficacy of digital services could be increased. Instilling confidence in the products so that they are not looked at as second-rate or poor substitutes, would empower clinicians and commissioners to use these systems to their benefit. Please note that whilst digital therapy products should be explored and commissioned, if suitable, there should always be provision of face-to-face therapy (in line with local and national guidance), to ensure informed choice of therapy delivery in all areas. Waiting times for face to face should be no longer than waiting times for remote therapy.

Potential Benefits

- Digitally enabled therapies can achieve comparable outcomes to face-to-face therapy, when the same therapy content is delivered in an online video format that allows much of the learning to be achieved through patient self study, reinforced and supported by a suitably IAPT trained clinician. Ref: Fernandez et al (2021). Live psychotherapy by video versus in-person: A meta-analysis of efficacy and its relationship to types and targets of treatment. *Clin Psychol & Psychotherapy*.
- Therapies delivered digitally can maximise the geographic reach of the IAPT programme and delivering treatment via digital platforms means that treatment can be accessed anywhere and at any time.
- It can also help promote access to treatment for people who may be less likely to engage with more traditional face-to-face therapy appointments.

Case studies: Increasing ways in which people can receive IAPT therapies through digital



- SilverCloud has been assessed by NICE. Impact:
 - The assessment showed that results for patients are roughly on par with more clinician intensive face to face therapy.
 - The reduction in time spent per patient could triple the number of assessments conducted by a PWP compared to face to face.



- Four IAPT services are trialling Paddle, an app that helps patients make the most of therapy by storing all related information in one secure location. Impact:
 - Notes and worksheets from therapy are not lost, as happens with notes on paper.
 - Patients have an enhanced experience of therapy because they can add thoughts and reflections directly on the app.
 - Patients can use the app post-therapy, with access to Staying Well booklets, relapse prevention worksheets, information on post-discharge support groups and plans to keep using techniques learnt during therapy.



6. Enhancing ability to **share records** across the care pathway, to save admin and clinical time.



Description

Integrating systems between IAPT and other primary care settings as well as secondary care, to improve patient experience and ensure that patient data is shared across providers and across services. This means that patients are less likely required to retell their stories repeatedly and there are less chances of errors when patients move across care boundaries, reducing clinical risk.

Potential Benefits

- Reduced waiting time because care systems' technology can speak to each other, so patients don't wait while the service confirms health records.
- Automatically identify patients who are not suitable for IAPT and need a different level of care.
- IAPT clinicians can easily see related information from hospitals, for example, suicide attempts.
- Supports multi disciplinary working, which is more efficient for the NHS as a whole, and provides a better patient experience.

Case study: Enhancing the ability to share records across the care pathway through digital



- North Lincolnshire IAPT service implemented a digital solution to link Servelec's Rio (patient record system used in secondary care) and iaptus. This means clinicians no longer need to check both systems for relevant information from primary and secondary care. Impact:
 - Automatic flags when patients have matching records, up to date view of each patient and their care pathway in one simple workflow.
 - Time saved and risk reduced by switching from manually searching two systems
 - Improved patient experience – patients do not need to re-tell their story to multiple professionals.