IAPT FAQs

It is intended that this set of FAQs will address some questions regarding the IAPT programme. At the point of development the information contained represents what is understood by the NICE IAPT project team. The elements of 1) conditions managed in IAPT services and 2) NICE recommended treatment modality will be monitored and updated if and when appropriate.

What is the NICE IAPT programme?

The Improving Access to Psychological Therapies (IAPT) programme provides psychological therapies to adults in the community with depression, anxiety and medically unexplained symptoms.

New joined up working between NICE and NHS England has seen the launch of a new digital therapy assessment process in 2017. In this programme up to 14 digital therapy products will be assessed over the next three years for use in NHS IAPT services. This will help expand provision of psychological therapies, as well as improving access to digital services, both goals set out in the Five Year Forward View for Mental Health.

Digitally enabled therapy is psychological therapy that is provided online or through mobile applications, with the support of a fully trained therapist. There is evidence to show that these therapies can achieve comparable outcomes to face-to-face therapy, and also that many people prefer to access therapy in this way.

The aim of this project is to find good quality, evidence-based digital therapy packages for use in IAPT services delivered as part of a blended model of care.

How will NICE and NHS
England find good quality,
evidence-based digital
therapy packages for use
in IAPT services delivered
as part of a blended
model of care?

This will be achieved through a three stage process:

 Notified products will first be selected in accordance with NICE's <u>eligibility and</u> <u>prioritisation criteria</u>.

	 Next NICE will lead an assessment process and produce an 'IAPT assessment briefing' (IAB) which a panel of experts will review. Products which are deemed by the panel to meet evidence of effectiveness, content, digital standards and resource impact will then progress to the third phase, during which they will be evaluated in practice by IAPT services for up to two years. NHS England will lead on this workstream.
How do NICE identify digitally enabled technologies?	 NICE and NHS England are working to identify and assess digital therapies that: have all the elements of a NICE recommended intervention address a condition currently managed by the IAPT programme. NICE encourage technology owners to self-submit technologies which meet the eligibility criteria using the technology notification form to IAPT@nice.nhs.uk. Technologies will only be considered if they are notified to NICE using the technology notification form.
What are the eligibility and prioritisation criteria?	NICE, NHS England and the IAPT expert panel have developed and documented a set of eligibility and prioritisation criteria. For a digitally enabled therapy to be considered for assessment it must meet all elements of the eligibility criteria. Technology owners and developers are strongly encouraged to look at these criteria as they will need to be able to evidence on the notification form how their technology is eligible. Technologies which meet all the elements of the eligibility criteria will be presented to the IAPT expert

	panel who will prioritise which technologies for NICE to assess.
	As technologies will be identified and notified at different times during the three years the panel retain the right to run rolling prioritisation throughout the course of this project.
	The panel have developed prioritisation criteria which will help them consider which notified technologies to prioritise and in some instances reprioritise. These prioritisation criteria take into account the potential impact of the technology to increase access to psychological therapy, the level of unmet need the technology addresses, the evidence base and resource impact of the technology.
What is a 'blended model of care'?	A blended model of care is psychological therapy that is provided online or through mobile applications, with the support of a fully trained therapist. In this approach much of the learning to be achieved through patient self-study, reinforced and supported by suitably trained therapists.
Who is responsible for selecting technologies for assessment?	The NICE expert IAPT panel have responsibility for prioritising and selecting technologies for NICE to asses.
Who are the NICE expert IAPT panel?	The NICE IAPT expert panel are experts with clinical mental health, health economic and data analysis backgrounds and service user representation.
What assessment will be done?	NICE will apply the same assessment process to each of the prioritised technologies selected for assessment.
	The assessment will have 4 elements:
	Content
	Digital standards

	Clinical effectiveness		
	Cost and resource impact		
	The outcome of the assessment will be presented to the panel in a DRAFT IAPT assessment briefing (IAB).		
	The panel consideration and recommendation will be incorporated into the FINAL IAB which will be published on the NICE website.		
	For further details of the assessment see the <u>IAPT</u> interim process and methods statement.		
What recommendation can the panel make?	The panel will use the information in the draft IAB to make one of three recommendations that the digitally enabled technology:		
	can be routed to testing in practice in IAPT services		
	should not be routed to testing in practice		
	needs further development.		
What happens to digitally enabled therapies recommended as provisionally suitable for IAPT?	Products which are deemed by the panel to meet evidence of effectiveness, content, digital standards and resource impact will then progress to the third phase, during which they will be evaluated in practice by IAPT services for up to two years.		
	Services involved will be provided with free access to the digital therapy products they are testing, and will receive support with implementation. The technology owner/developer will be able to apply for funding to cover the costs incurred in training. This is subject to NHS England approval, capped at £9,999 incl. VAT regardless of the number of services in which the product is tested. The funding will be available on a per-technology basis, not per supplier.		

How will performance of a The IAPT services and technology owners will be digitally enabled required to collect pre-agreed data during the technology be monitored evaluation in practice on: during the evaluation in Safety practice phase? Clinical effectiveness Patient experience Resource impact against face to face therapy This data will be collated and presented to the NICE expert IAPT panel to review on an ongoing basis for up to 2 years. Based on the performance of the technology against the above elements the panel will decide if the technology: should be available to all IAPT services requires further evaluation should be removed from evaluation What happens to a digital A report on each of the products will be published therapy after the 2 year following this evaluation phase. This report will testing in practice period? provide information to services which will help them to select high quality, evidence-based products, which are cost-effective and achieve good outcomes for those who wish to access therapy in this way. What are the conditions The NICE expert IAPT panel discussed and agreed managed by IAPT that the following conditions are those managed in services which are **IAPT** services: included in this Depression assessment? Generalized Anxiety Disorder Social Anxiety Disorder Panic Disorder Agoraphobia

	Post-Traumatic Stress Disorder	
	Health Anxiety (hypochondriasis)	
	Specific Phobia	
	Obsessive-Compulsive Disorder	
	Body Dysmorphic Disorder	
	Irritable Bowel Syndrome	
	Chronic Fatigue Syndrome	
	Medically Unexplained Symptoms not otherwise specified	
What NICE guidance relate to conditions managed by IAPT services?	The following NICE guidance have been mapped against conditions managed in IAPT services [May 2017]:	
services?	Common mental health problems: identification and pathways to care (CG123)	
	Depression in adults: recognition and management (CG90)	
	Depression in adults with a chronic physical health problem: recognition and management (CG91)	
	 Generalised anxiety disorder and panic disorder in adults: management (CG113) 	
	Obsessive-compulsive disorder and body dysmorphic disorder: treatment (CG31)	
	Post-traumatic stress disorder: management (CG26)	
	 Social anxiety disorder: recognition, assessment and treatment (CG159) 	
	<u>Chronic fatigue syndrome/myalgic</u> <u>encephalomyelitis (or encephalopathy):</u> <u>diagnosis and management (CG53)</u>	
	 Irritable bowel syndrome in adults: diagnosis and management (CG61) 	
	Antenatal and postnatal mental health: clinical management and service guidance (CG192)	

What is the definition of digitally enabled therapy?	Digitally enabled therapy is psychological therapy that is provided online or through mobile applications, with the support of a fully trained therapist. There is evidence to show that these therapies can achieve comparable outcomes to face-to-face therapy, when the same therapy content is delivered in an online format which allows much of the learning to be achieved through patient self-study, reinforced and supported by suitably trained therapists, and also that many people prefer to access therapy in this way.		
What is meant by content in line with nice guidelines?	It means that the content of the internet programme is in line with NICE guidance for that particular disorder. For example, a programme that purports to treat obsessive-compulsive disorder will need to include exposure and response prevention. If the programme only advocates generic anxiety management procedures, it would not be in line with NICE guidance, and would not be considered appropriate.		
Who are the NICE expert IAPT panel?	The members of the panel represent core areas of expertise relevant to the digital IAPT pilot and are as follows:		
	Chair	Professor Tim Kendall, National Clinical Director for Mental Health, NHS England	
	Research and trial expert	Professor Steve Pilling, Professor of Clinical Psychology and Clinical Effectiveness, University College London	
	Lay member	Lauren Aylott	
	Observational data expert	Professor Peter Bower, Professor of Health Services Research, Manchester University	
	Health Economist	Dr Ifigeneia Mavranezouli, Senior Health Economist, University College London	

	Health Service Commissioner	Dr Georgina Ruddle, Commissioner, NHS Wiltshire CCG
	Digital technology expert and psychiatrist	Professor Chris Hollis, Professor of Child and Adolescent Psychiatry, University of Nottingham
	Psychologist	Dr Nicholas McNulty, Primary Care Psychologist, South London & Maudsley NHS Trust
	Health Service Provider	Ms Toni Mank, Clinical Director for Planned and Scheduled Care and Head of IAPT, Sheffield Health and Social Care NHS Foundation Trust.
What can I do if I have more questions about this project?	Please email <u>nice@nice.org.uk</u> if you have any more questions regarding this project.	