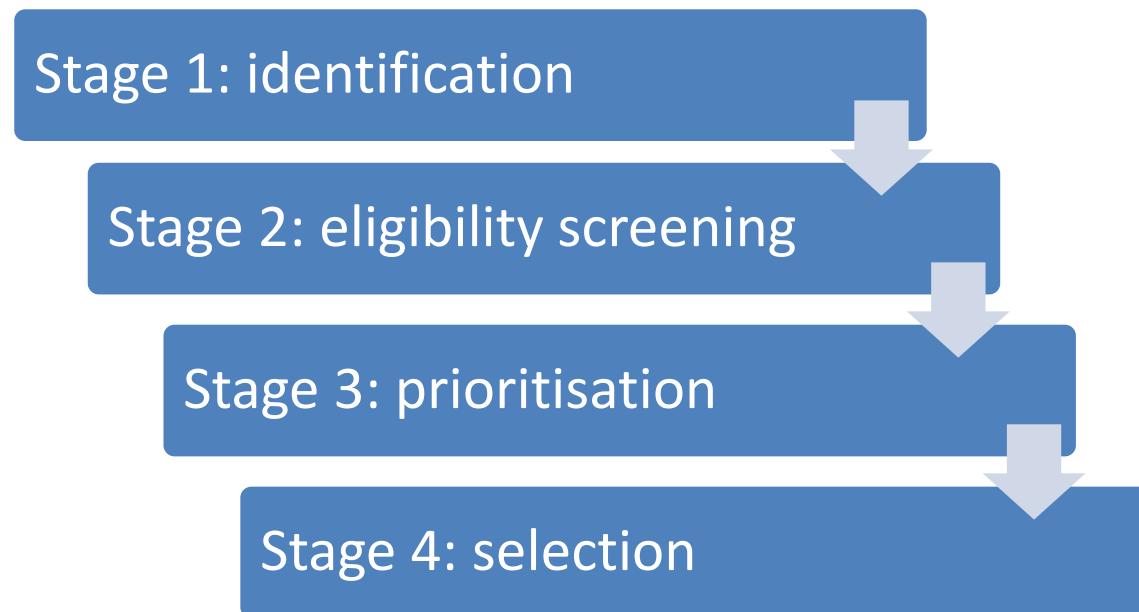


## **Digital therapy technology endorsement for IAPT project eligibility and prioritisation criteria**

NICE has been commissioned by NHS England to assess selected, digitally enabled therapies (self study online reinforced and supported by the therapist) for depression and anxiety using ongoing data collection to determine whether there are improvements in service efficiency, and whether patient outcomes are at least as good as those achieved by NICE recommended, non-digital therapy. The NICE and NHS England digital therapy technology endorsement for IAPT programme has 3 workstreams: selection and assessment, developmental support, testing in practice.

The eligibility screening and prioritisation criteria for selecting digital IAPT technologies for assessment are part of four stages briefly outlined below. For those technologies that NICE selects at stage 4, NICE will develop a digital IAPT assessment briefing (IAB) which an expert panel will review.

The 4 stages in selection for assessment are:



**Eligibility screening** NICE will complete an eligibility screen for all identified technologies. The aim of the screening is to identify those technologies that meet set eligibility criteria (see below), including having all the elements of an intervention recommended by NICE and that address a condition currently managed by the IAPT programme. To progress to the prioritisation stage, the digital IAPT technology will need to meet all six eligibility criteria (Table 1). The exclusion criteria shown in the table will also be applied and if any are relevant to a specific technology it will not progress to prioritisation.

**Table 1: Eligibility and exclusion criteria for digital IAPT technologies to proceed to prioritisation for IAB programme**

Eligibility criteria	Eligibility	Exclusion
1. Condition treated by IAPT	<ul style="list-style-type: none"> <li>• Designed to treat one of the 13 clinical conditions covered by IAPT. These are: <ul style="list-style-type: none"> <li>◦ Depression</li> <li>◦ Generalized Anxiety Disorder</li> <li>◦ Social Anxiety Disorder</li> <li>◦ Panic Disorder</li> <li>◦ Agoraphobia</li> <li>◦ Post-Traumatic Stress Disorder</li> <li>◦ Health Anxiety (hypochondriasis)</li> <li>◦ Specific Phobia</li> <li>◦ Obsessive-Compulsive Disorder</li> <li>◦ Body Dysmorphic Disorder</li> <li>◦ Irritable Bowel Syndrome</li> <li>◦ Chronic Fatigue Syndrome</li> <li>◦ Medically Unexplained Symptoms not otherwise specified</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Not designed to treat a condition covered by IAPT</li> <li>• A digital treatment which is not a psychological therapy (e.g. digital programmes which are designed to promote wellbeing, but are not treatment packages for depression, anxiety or medically unexplained symptoms covered by IAPT)</li> </ul>

<p>2. In line with NICE guidance</p>	<ul style="list-style-type: none"> <li>Designed to deliver a treatment modality with content that is in line with NICE guidance for the relevant condition <i>[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.]</i></li> </ul>	<ul style="list-style-type: none"> <li>Not in line with NICE guidance</li> </ul>
<p>3. Product</p>	<ul style="list-style-type: none"> <li>Designed to be delivered as part of a blended model of care*, supported by an appropriately trained IAPT therapist</li> </ul> <p><i>*A blended care model would involve the therapist's input being essential to the technology, whereby the technology could not be used without therapist's input.</i></p> <p>The panel will also consider facilitated care models where the therapist can monitor the user's progress and send them feedback on their progress, but this is not essential to the technology.</p>	<ul style="list-style-type: none"> <li>Standalone products (e.g. mood diaries, leaflets) <ul style="list-style-type: none"> <li>Digital channels without clinical content (e.g. skype, email, SMS)</li> <li>Products that rely solely on therapists to provide all of the clinical content</li> <li>Platforms through which multiple digital therapy packages and other digital tools are available</li> </ul> </li> </ul>

4. Eligible population	<ul style="list-style-type: none"> <li>Adults</li> </ul>	<ul style="list-style-type: none"> <li>Specifically designed for children</li> </ul>
5. Evidence base	<ul style="list-style-type: none"> <li>There is at least one randomised controlled trial available on the technology in the condition under assessment</li> </ul>	<ul style="list-style-type: none"> <li>No published RCT available</li> </ul>
6. Technology accountability	<ul style="list-style-type: none"> <li>Supplied by an organisation committing to retain ownership and responsibility to maintain and update the digital therapy technology.</li> </ul>	<ul style="list-style-type: none"> <li>No clear accountability for the technology</li> </ul>

**Prioritisation** Digital therapy technologies that meet the eligibility criteria will progress to an Assessment Briefing, following a prioritisation process. Technology owners will be required to provide appropriate access to the technology for this purpose. They will also be invited to submit details of any evidence that evaluates the clinical effectiveness of the technology.

NICE will collate available information and develop a summary of the elements in Table 2 to enable the NICE digital IAPT expert panel to prioritise digital IAPT technologies for an IAB. The NICE IAPT expert panel will consider these factors, to help them reach a consensus view of the priority in which technologies will be assessed. Technology owners will be contacted to advise them of when their product will be prioritised for assessment.

**Table 2: IAB prioritisation considerations**

	Consideration to be given to the following elements
1. Potential impact of the technology to increase access to psychological therapy	<ul style="list-style-type: none"> <li>The technology is designed to target a small population currently underserved, e.g. hard to reach groups.</li> <li>The technology is designed to manage a condition for which there are currently limited digital therapy options.</li> <li>The technology has the potential to reach a large sub-population.</li> </ul>
2. Evidence base	<ul style="list-style-type: none"> <li>There are multiple trials relevant to the technology which can be made publicly available to summarise and critically appraise</li> <li>There are non-inferior randomised control trials against face to face treatment.</li> </ul>
3. Resource impact	<ul style="list-style-type: none"> <li>There is evidence that a cost consequences analysis has been undertaken by the technology developer</li> <li>There is potential that the digital therapy technology will improve efficiency compared with current management</li> </ul>

**Selection** The NICE IAPT expert panel will identify technologies for the NICE team to assess and develop an IAB. NICE will contact the technology developers to inform them of the prioritisation outcome.

## ***Assessment***

The IAB will include an assessment of evidence of effectiveness, resource impact, technical reliability conducted by IQVIA and content conducted by clinical experts. The IAB will be considered by the expert panel to make a recommendation for inclusion, or not, in the IAPT programme. Those with a positive recommendation will be labelled 'Assessed as provisionally suitable for IAPT'.

## ***Evaluation in practice***

Suitable products will be allocated, by NHS England, to a set of local IAPT services that express an interest in using the products and already achieve clinical outcomes that are not markedly below expectation. Each service will be responsible for identifying and training therapists in how to deliver each digitally enhanced therapy. Data will be collected as part of the ongoing data collection for the IAPT programme, and will be reviewed by the expert panel on a quarterly basis for 2 years. Analysis will be based on a before and after comparison.