Xyla Mental Health – Adult Service Specification

1. Service Overview

Xyla Mental Health provides high-quality, digitally delivered psychological therapies for adults experiencing common mental health problems. The service operates within the national IAPT/ NHS Talking Therapies framework and delivers evidence-based assessment and treatment at Step 2 and Step 3 of the stepped-care model.

Our model enables flexible, accessible care delivered outside traditional hours, supported by experienced PWPs, CBT Therapists, Counsellors, IPT therapists, DIT therapists, EMDR practitioners and Clinical Supervisors. All care provided is evidence based and aligns with NICE guidance.

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2. Scope of Service

Xyla receives and manages referrals from partner organisations via iaptus or other case management system used. Depending on commissioning requirements, we can provide:

- Assessment only
- Treatment only (Step 2 or Step 3)
- Assessment and treatment end-to-end

All clinical work is recorded within iaptus, and outcomes are returned seamlessly to the referring service.

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3. Key Deliverables

Monthly reporting (or as agreed) includes:

- Referrals received
- Referral-to-treatment times
- Appointments offered/attended
- DNA/ cancellations

- Recovery, reliable improvement and reliable recovery rates
- Any additional KPIs available within iaptus without development work

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4. Service Access & Referral Criteria

All referrals are audited on receipt to ensure alignment with inclusion criteria, based on national guidance for common mental health disorders.

Inclusion examples:

- Depression (mild–moderate)
- Generalised anxiety disorder
- Panic disorder
- OCD
- PTSD
- Social anxiety
- Health anxiety
- Long-term condition-related distress
- Body dysmorphic disorder
- Habit disorders

Exclusion examples:

- Severe depression or risk
- Psychosis or bipolar disorder (unless depression-focused work is agreed)
- Moderate–severe substance misuse
- Moderate–severe eating disorders
- Cognitive impairment or dementia
- Significant risk to self/others requiring secondary care

If a referral does not meet criteria, it is returned with explanation.

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5. Operational Standards

- Operating hours: **07:00–23:00, 7 days per week**
- Referrals reviewed and accepted via iaptus
- Patients contacted within **2 business days** to arrange an appointment
- Webforms automatically sent and returned via iaptus
- SMS appointment reminders sent 24 hours prior
- All notes and outcome measures recorded within iaptus
- Clinical oversight available at all times during operational hours

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6. Clinical Pathway

Assessment

- Eligibility checked on receipt
- Appointment arranged via email/SMS
- Outcome measures completed via webform before assessment
- Risk, suitability, and treatment options reviewed in supervision
- Recommendations shared with referring service

Step 2 Treatment

- Provided by qualified PWPs
- Regular supervision in line with IAPT/NHS Talking Therapies guidance
- Step-up considered if symptoms remain high or risk increases

Step 3 Treatment

- Provided by accredited Step 3 clinicians – CBT, Counselling, IPT, DIT, EMDR, Clinical & Counselling Psychologists
- Step-down/ step-up decisions agreed in supervision
- GP and referring service informed where required

Step 4 Treatment

- Provided by accredited Step 4 clinicians – CBT, EMDR, Clinical & Counselling Psychologists
- Risk tolerance to these referrals to be agreed with referring service

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7. Risk Management

Risk assessment and management are integral to every assessment and treatment session.

Key principles:

- Risk considered across self-harm, harm to others, neglect, and vulnerability
- Plans built using patient strengths and recovery-focused approaches
- All assessments logged and time-stamped in iaptus
- Immediate access to senior clinical support for staff managing risk
- All staff receive annual mandatory risk-management training
- Information shared with GPs or services if risk overrides confidentiality

Where urgent or acute risk is identified, Xyla ensures appropriate escalation, including contacting crisis teams, emergency services, or GP as clinically indicated.

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8. DNA, Lateness & Discharge

- A DNA is recorded after 15 minutes with no contact
- Two DNAs generally result in discharge, with notification to referrer
- Cancellations must be received with 24-hour notice to avoid DNA

- Patients who cannot be contacted within 14 days of referral are discharged
- GP and referrer are informed of all discharges

Discharge summaries include:

- Treatment completed
- Outcomes and clinical progress
- Reason for discharge
- Recommendations or signposting

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9. Documentation & Data Management

- iaptus is used as the clinical record system
- Staff adhere to Xyla Information Governance, Data Protection and Confidentiality Policies
- All staff sign Personal Confidentiality Agreements
- Records meet the standards of the Data Protection Act (2018) and NHS DSP requirements

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10. Supervision

Supervision follows IAPT/NHS Talking Therapies policy and exceeds BABCP standards.

Includes:

- Case management supervision
- Clinical supervision
- Opportunities for peer support
- Senior oversight for complex cases

Supervision ensures safe practice, quality assurance, therapist development, and recovery-focused outcomes.

11. Performance, Audit & Feedback

- KPI monitoring aligned to contract requirements
- Regular service audits to ensure quality
- Complaints handled in line with Xyla policy, with learning fed back into service improvement
- User feedback used to improve service design and delivery

12. Training & Workforce Development

All staff complete:

- Mandatory statutory and safeguarding training
- Role-specific clinical training
- Annual refreshers including risk, IG, safeguarding and lone-working

13. Lone Working & Equipment

- Therapists working outside core hours follow the Lone Working Policy
- Staff use secure devices and access systems through approved, encrypted platforms
- All clinical work completed via iaptus and Outlook in secure environments