Xyla 2024 Terms and conditions Adults

Service Specification

Service description
Xyla Digital Therapies covers the provision of digital/remote psychological therapy services for common mental health problems within an IAPT framework, including assessment and treatment. Where appropriate, to be provided to suitable patients referred to the Supplier according to agreed referral criteria. All services will be provided by appropriately trained clinical staff, including Psychological Wellbeing Practitioners, CBT Therapists and Supervisors, and in accordance with NICE guidelines through a technology-based solution that enables assessment and treatment to be conducted outside of normal operating hours.

The Supplier is providing a service to receive referrals from the Authority (via the iaptus system) in order to arrange and conduct assessment and/or treatment for referred patients, based on patient suitability criteria determined by the parties as applicable. Assessment and/or treatment shall be completed by the Supplier using suitably qualified persons and in accordance with this Specification, and the recording/reporting of such treatment shall be transmitted by the Supplier to the Authority via the iaptus system.

For the avoidance of doubt, any additional or expanded service scope shall be agreed between the parties, prior to service commencement.

Deliverables
Reports to be provided by the Supplier to the Authority shall be provided on a monthly basis, upon request, and shall contain the following information as per the minimum data set:

- Referrals received
- Time from referral to treatment
- Appointments offered
- Appointments attended
- Appointments DNA
- Recovery rate

And any other information as reasonably requested by the Authority as available through iaptus, and which doesn't require any additional modification or development to provide.

Service access criteria
In order to ensure that an efficient service is being run which adheres to IAPT national guidance, all referrals are audited. Services who have referred people who are outside of the inclusion criteria will be contacted to discuss the referral to address the issue.

Service Levels

Reporting will be provided through iaptus against the Minimum Data Set (MDS) agreed with the Authority.

- Operational times for treatment shall be between the hours of 07:00 – 23:00, Monday to Sunday.
- A CBT Supervisor / Clinical Lead shall be made available by the Supplier and on-call during operational hours.
- Referrals will be received by the Supplier from the Authority through iaptus, which the Supplier shall in its absolute discretion choose whether to accept.
- Important patient specific information needs to be entered into the 'Personalised care' section in iaptus. This includes specific patients requests regarding confidentiality to third parties such as general practitioners. Ensure that in this example, 'NO PERMISSION TO CONTACT GP' is entered into 'personalised care'.
- Patients will be contacted by the Supplier within 2 Business days of acceptance of a referral by the Authority to the Supplier to arrange an appointment.
- Where permission by each Referred Patient is provided, the Supplier will send an SMS through iaptus to confirm each relevant appointment time with each referred patient. The Supplier shall also correspond via email with the Referred Patient.
- The webform with the appropriate questionnaires will be sent automatically to the patient through iaptus by the Supplier.
- The patient will be required to complete a webform prior to the appointment which populates back into iaptus.
- The Supplier shall contact the Referred Patient at the agreed appointment time, with a suitably qualified therapist. This will be via an email with a URL link to begin therapy with iaptus (Video and messaging platform) for Step 2 and Step 3, and phone for Assessments and Step 2.
- The assessment and/or treatment sessions will be conducted, and notes recorded within the clinical contact section of iaptus. Notes should be appropriately detailed with a brief summary of treatment given and audited to ensure good quality note keeping.
- All sessions will be completed by staff appropriately qualified for the level of intervention required. This includes PWPs, CBTs, Counsellors and Counselling Psychologists as appropriate.
- The Supplier shall send all corresponding letters to the relevant organisations, including the GPs and the patient. Letters are available for the Client to view through iaptus.
- Supervision/oversight of assessment and/or treatment will be provided by a CBT Supervisor / Clinical Lead.

Clinical care pathway

The Supplier follows the Stepped Care Model for common mental health problems. Stepped care is a system of delivering and monitoring intervention so that the most effective, yet least resource-intensive, intervention is delivered to the person using the service. This model is recommended by the National Institute for Clinical Excellence (Common mental health disorders - Identification and pathways to care. National Clinical Guideline CG123) (2011).

Referral pathway

The Supplier's referral pathway process is designed to be flexible according to the client service needs. This means broadly that The Supplier can offer just assessments, assessments and treatment, or just treatment whether that is Step 2 or Step 3.

Referral process

The Supplier shall receive referrals through its access to the iaptus online system. The Authority shall complete all details as part of the referral as contained at Annex A to this Schedule 5.

A referral is deemed to have been received at the point at which all details required as contained at Annex A to this Schedule 5 have been confirmed as received by the Supplier.

The Authority shall assess patients according to its criteria for providing access to IAPT (Improving Access to Psychological Therapies) and shall only refer patients meeting criteria for access to IAPT.

Referrals missing any information as detailed at Annex A shall not be deemed valid or accepted by the Supplier until any missing information is provided.

Assessment only

The Xyla Digital Therapies service will receive referrals from an existing IAPT client service. These referrals will be received via Prism into the Xyla Digital Therapies iaptus.

Referrals will include basic patient demographic information including NHS number, email and mobile number. After checking for possible duplication of patient record, the administrator creates a new patient from 'incoming referrals' section.

Having accepted the patient, they now appear in the referral form. The referral will first need to be triaged to check eligibility criteria is met for access to the service. If it does not, then the referral will be returned to the referring service, with an explanation as to why it has been rejected. If the referral is accepted, it will be allocated to the appropriate part of the care pathway. Patients are now moved along the care pathway ready to be contacted.

Patients are contacted by Xyla Digital Therapies to book an assessment, asking firstly for their date of birth and full name for data protection purposes. They are asked what time is convenient, confirming their mobile and email address. An available assessment slot is then booked in with the patient, options are offered to the patient and then confirmed.

A webform is attached to a confirmation email address with the appropriate outcome measures, and explanation provided that webforms will be sent to the patient via email, to be completed beforehand.

Outcome measures will automatically populate back into iaptus. In the event of being unable to contact a patient, a record is kept to log how many times contact is attempted with a patient in order to book an assessment. This will be a note in the clinical contact.

The patient will receive a SMS reminder that will be sent automatically 24 hours prior to their appointment, and appointments confirmed with the appropriate therapist to inform them about the new patient booking.

Entry into Step 2 therapy

A patient can enter Step 2 treatment in several ways in the Supplier's pathway; following an assessment from the Supplier, following assessment from the Authority, or being stepped down from Step 3 treatment.

If the patient has been referred for commencement of Step 2 therapy, the first appointment will need to ensure that the patient is on the correct care pathway and if not, to discuss this within supervision and make the appropriate decision regarding step up or step down.

Once within the treatment phase of the care pathway, patients will be reviewed within clinical supervision as per Xyla Digital Therapies Supervision Policy and Guidelines. At the end of an initial assessment appointment, therapeutic options will be considered and a recommendation will be made to the referring IAPT service.

Following assessment from Xyla Digital Therapies or as a referral from a referring IAPT service, the patient is moved along the care pathway into Step 2 therapy.

Step up to Step 3 therapy

If the patient has not made sufficient progress, then Step 3 therapy may be considered following a review of needs with the patient and in clinical supervision (where step up criteria are met). The referring IAPT service is informed if a Step 3 intervention has been agreed with the patient.

Agreement needs to be made whether treatment will take place from the referring service or continues to be delivered by Xyla Digital Therapies. This will be dependent on the contract with the referring service.

The patient will be offered commencement of Step 3 therapy in line with patient and service availability. A break may be agreed between the end of the Step 2 therapy and the beginning of the Step 3 therapy. Both the referring service and the GP will be made aware of this.

Patients are advised to consult their GP if they are concerned about their wellbeing, whilst waiting for treatment or between appointments.

Step 3 interventions should be considered in clinical supervision under the following circumstances:

• Where the Minimum Data Set (MDS) rating scales indicate continuing significant distress following a Step 2 intervention;

• Presentations of Post-Traumatic Stress Disorder, Obsessional Compulsive Disorder, or Complex and Persistent Anxiety and/or Depression.

Step 3 contracts need to be agreed with patients for continuation into Step 3 therapy.

Entry into Step 3 treatment from assessment or referral from client service

A patient can also enter Step 3 treatment following an assessment from Xyla Digital Therapies, where the client contract allows for this, or a referral from a client service. If the patient has been referred for commencement of Step 3 therapy.

The first appointment will ensure that the patient is on the correct care pathway and if not to discuss this within supervision and make the appropriate decision regarding step up or step down.

Once within the treatment phase of the care pathway, patients will be reviewed within clinical supervision as per IAPT policy guidance and the IAPT Supervision Policy. At the end of an initial assessment appointment therapeutic options will be considered and recommendations made.

Following assessment, the patient is moved along the care pathway into Step 3 therapy.

Patients are contacted to book an assessment, asking firstly for their date of birth and full name for data protection purposes. They are asked what time is convenient, confirming their mobile and email address.

Service available identifies and available appointment, and options are offered to the patient and then confirmed and booked in.

A webform is attached to a confirmation email with the appropriate outcome measures. Explanation is provided to confirm that the webforms will be coming to the patient via email and are to be completed beforehand. The outcome measures will automatically populate back into iaptus.

Contact events record how many times contact is attempted in order to book a review. This will be noted in the MDS clinical contact.

The patient will receive a SMS reminder automatically 24 hours prior to their appointment.

Entry into Step 3 treatment

A patient can also enter Step 3 treatment following an assessment from Xyla Digital Therapies, or a referral from the referring IAPT service.

If the patient has been referred for commencement of Step 3 therapy, the first appointment will need to ensure that the patient is on the correct care pathway and if not to discuss this within supervision and make the appropriate decision regarding step up or step down.

Once within the treatment phase of the care pathway patients will be reviewed within clinical supervision as per IAPT policy guidance and the IAPT Supervision Policy. At the end of an initial assessment appointment, therapeutic options are considered, and recommendations may be provided.

Following an assessment from Xyla Digital Therapies or as a referral from the referring IAPT service, the patient is moved into the care pathway into Step 3 therapy.

Referral to Step 4 - when a person requires a Step 4 assessment

Patients who present with levels of distress, risk and complexity which cannot safely be managed within an IAPT service will require referral to secondary care services.

The patient will be referred back to the client service for referrals.

DNA (did not attend)

A DNA shall be recorded if a patient is not available for an agreed appointment within 15 minutes of the scheduled time and nothing is heard from them with an explanation about the reason for non-attendance.

Xyla Digital Therapies will tolerate two DNAs before the patient is referred back to the referring IAPT service.

A DNA occurrence will be charged at 60% of the quoted service cost, as detailed in our pricing document.

Lateness

Patients are asked to attend sessions on time, as they would a face-to-face appointment. Patients are also asked to inform Xyla Digital Therapies if they know they are going to be late, with reason, in order that a session can be rearranged or, subject to service availability, delayed or postponed.

If no prior notice is given, and a patient is up to 15 minutes late for a scheduled telephone appointment, the patient shall be informed that the session will expect to finish at the original scheduled time. Judgment and service availability will determine whether the session can continue to its original length.

If a patient is more than 15 minutes late, for any session, the session should normally be regarded as a DNA and will be recorded and charged as such on iaptus and rearranged accordingly.

Cancellation

Patients are asked to give at least 24-hour notice of cancellation. Failure to do this without good reason will result in a DNA being recorded.

Contacting the service in the event of lateness or cancellation

Patients are given the telephone number and e-mail stating Xyla Digital Therapies operating hours for appointments. Outside of hours, messages can be left.

Once the patient has been allocated an appointment, they will be given a secure e-mail directly to their assigned therapist and can use this as first point of contact to notify of same day cancellation or lateness. Patients should be told that if their appointment is not within working hours, they must inform Xyla Digital Therapies directly by e-mail of lateness or cancellation.

Any incidences of lateness and/or cancellation/DNA will be recorded on iaptus, within patient contacts.

Patients are discouraged from contacting their referring IAPT service once they have been referred to Xyla Digital Therapies.

Discharge

Xyla Digital Therapies will attempt to make contact at least 3 times with patient once the referral is received from the IAPT service.

Where a patient has been referred for assessment or treatment but does not respond to attempts made via phone and e-mail to book an appointment within 14 days of the first contact attempt, the patient will be discharged from the service. The GP will be informed of this via letter. The referring service will be informed of this via iaptus.

Where a patient is accessing Step 2 or Step 3 treatment, the GP will be informed of the exact nature of discharge. This will include the point of discharge. (For example: ‘recovered after 3 sessions’) and a brief description of the therapy undertaken. Where the patient completes a Step 2 or Step 3 intervention or is signposted to another service, they will be discharged. The GP will be informed of the discharge via an e-mailed letter including the point of discharge and reason for this. The referring service will be informed of this via iaptus.

Reasons for discharged are recorded as follows:

- Completed scheduled treatment - Patient completed intervention offered.
- Dropped out of treatment (unscheduled discontinuation) - Patient stopped attending (after attending at least once) without agreeing an ending with therapist
- Suitable for IAPT service, but patient declined treatment that was offered - Patient decided against referral/using service before intervention started/offered appointment
- Not suitable for IAPT service - no action taken or directed back to referrer - Refer to clinical contact for reason.
- Not suitable for IAPT service -signposted elsewhere with mutual agreement of patient - Signposted to community services or third sector organisation
- Not suitable for IAPT service - Too serious - Requires step 4 help or specialist intervention e.g. psychosis, alcohol and drug or eating disorder services.
- Discharged by mutual agreement following advice and support - Reached an agreed ending with the therapist. This may include those patients that might be stepped up, or agreed after treatments sessions that this is no longer for them.
- Referred to non IAPT service
- Referred back to client IAPT service for treatment - Referred back to client IAPT service for treatment other than step 2 /3
- Referred back to client IAPT service for treatment (Step 2)
- Referred back to client IAPT service for treatment (Step 3)
- Never attended - Patients never attended despite attempts to arrange/offer initial appointment or patient being offered one or more appointments

Documentation and record keeping

Xyla Digital Therapies makes use of iaptus as the electronic clinical record system. All staff are contractually-bound to work within Xyla Information Governance and Confidentiality policies. As part of their contract of employment, each worker will have signed a Personal Confidentiality Agreement to ensure that they abide by the Data Protection Act (2018) and have agreed to the conditions of contract to maintain confidentiality and should understand their responsibilities under the Data Protection Act when using or communicating personal data and information. Risk Assessment and Risk Management Risk assessment and management is guided by national guidance on best practice and local policy.

Managing risk

The IAPT principles are for the service provision to target those not presenting with any risk but recognise that risk can change dependant on many factors including situational, illness driven and

relational therefore all workers need to be trained in risk management and risk assessment and be aware of policies relating risk assessment and management.

The key principles for effective risk management are as follows:

- Risk management plans are based upon consideration of risks to self, risks to others, risks of neglect, and risks from others;
- Risk management is built on the recognition of a person's strengths and emphasises recovery and positive management;
- All risk assessments and management plans are recorded, dated and electronically attributed on iaptus to the assessing practitioner;
- All staff are able to access support from senior colleagues in managing risk;
- Risk management is an integral part of peer support, regular Case Management and Clinical supervision for all practitioners;
- All staff involved in risk management receive relevant training annually.

Where necessary, the patient's consent for sharing information should be sought, although the duty of confidentiality can be overridden if there is a clear risk of harm. The local policy on information sharing governs this process. Xyla Digital Therapies aims to develop a culture that promotes openness, learning, and safety in response to adverse events and near misses, through discussion in team meetings and operational management meetings.

Supervision

Supervision is an essential component in the delivery of a high quality, safe service. It is expected that each individual in the Xyla Digital Therapies service will receive both management supervision and clinical supervision.

Supervision guidance, as detailed, applies equally to all staff working therapeutically within the Xyla Digital Therapies service, including those who are delivering high or low intensity interventions. Clinical supervision is a formal relationship in which there is an agreement that staff will present their work (with clients) in an open and honest way, that enables their supervisor to have insight into the way in which the work is being conducted. The purpose of supervision is to ensure safe practice, to optimise outcomes and to promote greater insight and the development of therapeutic skills for the supervisee. Supervision follows the IAPT supervision framework and exceeds BABCP supervision recommendations.

Performance management and review

Xyla Digital Therapies will collect data for the service that are required under the Key Performance Indicator (KPI) reporting structures. Xyla Digital Therapies also carry out regular audits of the service to ensure best practice, evaluate the service, set targets and evaluate outcomes.

Complaints and feedback

Learning from those who use the service is vital for the effective delivery of the service. Xyla Digital Therapies is committed to the early resolution of complaints either by an immediate informal response from frontline staff or by investigation by staff empowered to deal with complaints and in accordance with the prescribed Xyla Complaints Policy.

All complaints and comments will be taken seriously and viewed as a constructive means of gaining feedback from people who use services. Where necessary, people who use the service and/or their carers will be made aware of the relevant complaint procedures. In order for the service to learn and develop, complaint responses will be sensitively shared with staff involved, complaints themes, compliments and patient feedback.

Training

The IAPT service recognises the importance of continuing to update and develop knowledge and clinical skills to maintain and deliver a high-quality service. Training for the service will fall into two categories:

1. Mandatory training

2. Specific training

All staff will be required to complete mandatory training specifically to Xyla Digital Therapies which will be detailed and decided by the organisation.

Lone Working

All staff who are working outside of core hours will be required to follow the Therapist Guidelines for Home working and the Lone Working Policy. If a member of staff has concerns about the patient's presentation or concerns regarding their risk, then they must contact either the senior professional on duty. They should inform the patient that they are going to discuss their concerns with another professional.

Use of Equipment

Our primary systems for working with patients are iaptus and Outlook, via a secure portal. Staff are expected to use their own equipment in conducting their work from home.

Patient Suitability Criteria

Patients suitable for the Service shall be defined as;

1. Problem Identification Inclusion Criteria

- Depression
  - Antenatal
  - Postnatal
  - Moderate PHQ9 score 10-14
  - Moderate -Severe PHQ9 score 15-19
- Generalised Anxiety Disorder (GAD)
- Specific Phobias
- Panic Disorder
- Health Anxiety
- Obsessive Compulsive Disorder (OCD)
- Hoarding Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Mild to moderate Single incident
- Social Phobia

- Body Dysmorphic Disorder (BDD)
- Long Term Health Conditions (LTC)
- Habit Disorders
- Trichotillomania
- Dermatillomania
- Bipolar Disorder (to primarily work on depression)
- Relational problems

2. Problem Identification Exclusion Criteria

- Severe and treatment resistant depression
- Severe PHQ9 score 20-27
- Moderate to Severe risk to self and others
- Severe substance misuse
- Psychosis
- Personality Disorders
- Moderate to severe eating disorders
- Significant impairment of cognitive functioning
- Dementia
- Traumatic Brain Injury

3. Other factors contributing to suitability

- Specific focused problem
- Informed of the nature of digital therapies
- Informed of the nature of CBT
- Minimal previous episodes indicating treatment failure
- Willing to engage in therapy
- Have an internet enabled device
- Have an email address

Additional services, or extended scope of services not covered within this service specification shall be agreed between the parties, and subsequent pricing shall be agreed in writing and incorporated in to this Contract in accordance with clause 21.2 of Schedule 2.

Glossary of Terms

Business Day:	a day (other than a Saturday, Sunday or public holiday) when banks in London are open for business
iaptus:	the patient management software for the collection of clinical outcomes data from psychological therapy sessions
month:	a calendar month
Patient:	an individual suitable for assessment within an IAPT service, referred to the Supplier by the Client via iaptus
Personal Data:	has the meaning set out in the Data Protection Legislation
Policies:	the policies, rules and procedures of the Supplier from time to time, including but not limited to those relating to risk, internal grievances and complaints
Prices:	the prices of the Services as determined in accordance with pricing document
Referral:	the initial referral information of a Patient to be provided by the Client to the Supplier through iaptus, including (but not limited to): Name, NHS Number, Address, Gender, Ethnicity, Disability, Sexuality, Nationality, SMS allowed, DOB, Mobile telephone number, Email address and GP details
Services:	the psychological assessments and reports to be provided to suitable patients referred by the Client, by a fully qualified psychological wellbeing practitioner (under the supervision of a qualified step 3 clinician/ supervisor),
Service Levels:	the levels of service specified
Staff:	any person (including employees, agents, subcontractors) engaged directly or indirectly by the Supplier in connection with this Agreement