Digital Mental Health Innovation Cluster

Business Sector Frequently Asked Questions (FAQ)

This resource was created following a Question-and-Answer style event with Chris Wright, the National Advisor for Digital Mental Health, and Head of the Digital Mental Health programme, to answer questions focused on businesses developing services and how/what they need to have in place to provide and additionally what our services can provide in ways of support.

Questions covered a variety of topics including:

- Procurement Readiness,
- National Policy/Regulations,
- Safeguarding,
- Technical Requirements,
- Presentation of Tenders,
- Marketing/Influencing,
- Support Structure e.g., deployment for implementation, system access,
- Service financing.

The event was hosted by the Digital Mental Health Innovation Cluster (DMHIC) on the 07 February 2024.

You can watch this event here:

https://vimeo.com/927060348/cf10970bce?share=copy

For more information please visit:

https://www.dhi-scotland.com/innovation/innovation-clusters/dmhic/

Q1: What factors are normally considered when setting policy?

A1: The policy team conducts a thorough analysis of multiple factors in the process of policy setting. They engage in cross-sector collaboration, leveraging insights from diverse sources including service providers, charitable organizations, and individuals with lived experiences, to gain a full understanding of genuine needs and priorities. Additionally, financial implications and budgetary allocations are carefully evaluated, alongside the assessment of political and public sentiment and opinions. This comprehensive approach underscores the complexity and depth of considerations inherent in the policy-making process.

Q2: How would the accompanying transactional costs associated with mobile apps for remote monitoring and self-referrals, cloud-based solutions be funded?

A2: From a practical perspective, navigating transactional costs poses a significant challenge in the nationwide deployment of digital services. Sustaining transactional arrangements and contracts within the confines of the initial budget allocated by the Scottish Government presents an ongoing challenge, which can't always be guaranteed. Ideally, a population-based approach, offering unlimited usage for a fixed cost across the entire country would be preferable. However, suppliers may find reconciling such an approach with their expenses challenging, and there are instances where a population-based model may not be suitable depending on the app.

Q3: In terms of emerging digital innovation across mental health services in Scotland, is there a need for a single system (once for Scotland approach), best of breed solution or spot solution?

A3: The current model is the 'Once for Scotland' approach. National contracting for major digital mental health services has already been established, along with additional regional contracts for smaller-scale services. However, the preference is to pursue national contracts whenever feasible, driven by the potential for economies of scale. Current national contracts have been tried and tested against technology that already has an existing strong evidence base, ensuring their suitability for nationwide implementation. Suppliers and commissioners must substantiate the case for a service based on its impact, underscoring its demonstratable effectiveness. However, with the proper structure and the right implementation approach, the impact of services can still be validated on a smaller scale and be brought through an incremental process to get to that national 'Once for Scotland' level.

Q4: What are the ongoing projects or requirements within digital for Mental Health currently in the pipeline?

A4: There are several initiatives currently underway with a primary focus on advancing the delivery of digital therapies such as computerized Cognitive Behavioural Therapy (cCBT) and other large-scale treatment-based technologies. These efforts now benefit from well-established systems and widespread utilization. Now, there is a concentrated effort towards creating support for existing service delivery mechanisms, encompassing aspects such as remote monitoring, cross-border sharing of specialties, and self-assessment tools. A shift in policy directives has spurred a renewed emphasis on preventive strategies and self-management technologies known to assist individuals in the early stages of mental health challenges.

While a diverse array of technologies is under consideration, priority is awarded to services demonstrating a positive impact. Previously, emphasis was primarily placed on assessing impact from the perspective of Scotland's population and citizens; however, current evaluations also consider a service's capability and capacity to bolster the broader health and care services across the nation.

Q5. Beyond the Digital Mental Health Innovation Cluster (DMHIC) are there other groups that suppliers can be a part of to support and help inform policy and innovation in tech?

A5. The effectiveness of engagement and representation in leadership groups hinges on the approach adopted by companies. Whether one is representing a specific company, or an entire industry carries distinct implications. Limitations arise when solely representing a company, as it narrows the scope of influence. Conversely, representing an industry provides an avenue for broader impact on policy forming, leveraging various channels through industrial partnerships to influence local systems and services. Establishing a presence within leadership and steering groups focused on innovation, fostering interaction with lived experiences and discerning opportunities therein, alongside active participation in events and conferences, significantly contribute to making an impact. Given Scotland's interconnected professional landscape, operating at a smaller scale does not escape notice; hence, strategic involvement at this level holds significance.

Q6. What are the economic benefits to the development of Digital Mental Health services?

A6.The economic impact of digital mental health development has not gone unnoticed. From a governmental standpoint, the persistent expenses associated with mental health significantly affect broader society. Throughout the UK, approximately 2.7 million individuals are long-term unemployed due to illnesses, with a considerable portion attributed to mental health issues. It is theorised that facilitating the return to work of even a small percentage, estimated at 2-3%, of this demographic could inject over £30 billion into the economy within a span of 4-5 years. For instance, the development of mental health applications can play a pivotal role in ensuring continuous supportive interventions, thereby enabling individuals to return to work and subsequently boosting economic activity.

Q7. What services are being procured/delivered at a national level, and what at NHS Board level?

A7. The procurement process, whether at a national or local level, is dependent upon the nature of the technology or service provided by suppliers. With Scotland moving towards a cohesive "once for Scotland" strategy, the ideal scenario involves procuring services at a national level and implementing them locally. However, for citizen-facing technologies, there is a mix of both local and national procurement. Presently there are national digital systems in place however local councils continue to offer distinctly procured tools for their digital mental health services. While a national approach is advisable when feasible, it is imperative for suppliers to register appropriately with platforms such as Public Contracts Scotland or the PCS-Find Tender. These resources facilitate the awareness and engagement of both national and local procurement opportunities, ensuring suppliers remain updated and informed about relevant notices across various levels of procurement.

Q8: What level of functionality is expected from vendors when demonstrating their software and value to staff/patients.

A8. When addressing functionality, it is crucial for companies and service providers to thoroughly comprehend the fundamental requirements before considering the integration of additional service functions. It is noteworthy that while there is a potential for advantageous transformation in service functionality, this prospect may pose challenges, particularly in relation to the complexity of services. The prevailing expectation is that most service providers would ensure interoperability, notwithstanding the deliberate decision of many of Scotland's digital therapies to abstain from direct integration into existing systems, particularly patient management platforms. This strategic choice was made with careful consideration of data governance principles and the imperative to effectively manage and safeguard data.

Q9. Is there a technical document that suppliers can access that informs certain standards and minimum technical requirements that are mandated?

A9.Two resources are available for consideration, one being more generic and the other more complex. Presently, there is an ongoing development of a technological assessment framework in collaboration with Health Improvement Scotland (HIS), designed to serve as a universal framework for all new technologies. This framework primarily focuses on addressing clinical aspects rather than technical aspects.
However, for digital mental health services, a more comprehensive framework is necessary, particularly concerning evidence and safeguarding measures. Updates to the HIS framework are underway to incorporate specific evidence-based requirements and guidelines for companies to self-assess their capability to deliver within the context of Scotland.

The second resource involves examining existing procurement documents or "invite to tender" documents, which typically outline a set of requirements. These requirements encompass a spectrum from data protection and usability to support needs and will be integrated into the digital standards list. It's essential to note that technical requirements remain consistent across all digital tools, providing suppliers with a broad understanding of the expectations outlined in procurement documents, which serve as the basis for contract assessment and award. While national frameworks offer a generic perspective, it's crucial to refer to existing procurement documentation for specific requirements to ensure comprehensive coverage and compliance.

Q10: What kind of evidence/criteria is required when evaluating a new service?

A10. When assessing a new service, we adhere to the 'Matrix', a psychological framework utilized in Scotland for several years, which identifies levels of evidence for various interventions. Embedded within the 'Matrix' is a grading system ranging from A to D, which shows the diverse evidence requirements corresponding to each grade.

Recent efforts have focused on harmonizing the evidence across all levels of within the grading systems. The ultimate objective is to establish graded systems of evidence applicable to Digital Mental Health services. This initiative will prompt discussions regarding the requisite grade for different types of technologies. For instance, for CBT treatment, the expectation is that providers adhere to the highest level of evidence requirements. Conversely, for self-management apps or preventative care apps, differing levels of evidence requirements would apply. However, regardless of the level of evidence, it must be of impeccable quality and pertinent to the objectives of the service utilizing the technology in question.

Q11. How does the 'Test-of-Change' model work in relation to implementation?

A11. The 'Test-of-Change' model can be broken down into 3 clear stages:

I. **Proof of concept:** To test the technology across a limited number of patients to assess the feasibility and efficacy of its integration.
II. **Test of Change:** To establish the service model and enhance its capability, while also assimilating insights on scaling up to a national implementation level, the initiative is conducted on a substantial scale, encompassing at least 30-40% of the population.
III. **National Implementation:** To transition from implementation across select local health boards to encompassing all health boards nationwide.

The Test-of-Change model has been previously employed numerous times in Scotland, demonstrating notable success, particularly in optimizing implementation.

Q12: What are the routes to market in Scotland for an existing digital mental health supplier?

A12. In Scotland, there are no distinctions between new or established suppliers upon entering the market. Regardless of whether a pre-existing contract exists, it is pertinent to note that such contracts are tailored specifically for the products stipulated within them. Even in cases where a new product is intended to replace an existing service, a fresh procurement process is initiated to secure a new contract award. From a legal standpoint, it is imperative to ensure an open and transparent process in all decision-making. This means that every supplier and service undergo the same rigorous evaluation process. Such adherence to impartiality and fairness is mandated to uphold integrity and equity in procurement procedures and contract awards.

Q13: What advice can be given for small businesses who are developing digital mental health technologies?

A13.Suppliers should have a comprehensive understanding of their target demographic and the specific health and care framework within which their products or services will operate. Failure to align technology with existing system functionalities necessitates system transformation, a process that is notably challenging and time-intensive within the context of existing healthcare systems. Suppliers must meticulously evaluate several key factors, including: their primary target market, logistical considerations for utilisation, various implementation models, and the seamless integration of technology into existing services. Suppliers should also prevent restricting their focus solely to the healthcare sector as given its inherent complexities, it's difficult to access; for instance, Scotland currently employs only a limited number of digital mental health products. The optimal approach for ensuring technological efficacy involves its integration into existing service delivery structures, thereby establishing it as an integral component of the overall system. Suppliers must proactively prepare to capitalise on opportunities by ensuring their readiness to engage in procurement exercises. This entails having comprehensive data policies in place, possessing relevant ISO security certifications, and maintaining up-to-date credentials in other cybersecurity areas. Furthermore, suppliers should articulate a well-defined strategy outlining the support they are equipped to offer to vulnerable populations Suppliers should be flexible with contracting and be able to adapt to the needs of the health and care system. They should be able to have the right contracting structure which will allow you to maximise impact on health care system.

Q14: Can you think of an example of a successful national procurement and what did this look like in terms or evidence, outcomes, and timelines?

A14. One example is the insomnia app, Sleepio It was found that there was a need in Scotland for a service related to sleep disorders. Therefore, the procurement call aimed to find a provider with experience in health and care, who could adapt to Scottish requirements and work with different implementation methods.

The procurement request specified the need for a self-referral stand-alone application to be deployed in a simple format. The required evidence included a minimum of three randomized controlled trials. Additionally, the app was required to have medical device certification along with robust data security measures. Furthermore, the procurement emphasized the importance of ensuring minimal disruption to existing services during the app's implementation phase.

The sleep.io timeline to implementation was extremely successful. The 'test to change' targets were reached in 4 months despite being allocated a year and the service was available nationally very quickly due to service and design simplicity. This project was completed in 9 months.

Q15: Which industrial sectors do you think might be interested in funding such programmes in Scotland?

A15: The health and care sector should consider drawing insights from commercial industries, particularly in terms of scaling operations and establishing precise messaging strategies. There should be a heightened emphasis on communication strategies, taking cues from large-scale implementation methods employed by major industries.

Moreover, Scotland should leverage local expertise, such as the growing game industry within its borders, which is often overlooked. Engaging with this industry could prove beneficial, especially as serious games and artificial intelligence become increasingly prominent in mental health technology innovation.

Q16: What are the priorities for digital health in the next 1 - 5 - 10 years?

A16: The key priorities going forward involve evidencing the development approach, outlining a sustainable model, strengthening prevention services, fostering education initiatives, and fortifying community resilience. Furthermore, there is an emphasis on optimizing resource allocation, harnessing transformative technologies within current frameworks, and instituting rigorous evidence standards for technologies addressing severe mental health conditions.

Q17: Are technology/evidence evaluations made public?

A17: There are evaluations available conducted by Healthcare Improvement Scotland (HIS). HIS thoroughly evaluated all available evidence and subsequently provided recommendations; however, these recommendations were not necessarily aligned with specific procurement criteria. Scotland adheres to the psychology matrix, which assesses the quality of evidence, such as randomized controlled trials.

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