

Determinants of and barriers to adoption of digital therapeutics for mental health at scale in the NHS

DETERMINANTS OF AND BARRIERS TO ADOPTION OF DIGITAL THERAPEUTICS FOR MENTAL HEALTH AT SCALE IN THE NHS

Commissioner Engagement - Interview pro-forma

Respondent Name:

Respondent Organisation:

Respondent Clinical/Commissioning role:

Introduction, consent and outline of interview:

- Introduce panel and make respondent aware that their comments will be recorded and potentially used, in conjunction with other respondent's views, to inform the project and any subsequent reports. Any comments reported will be anonymised and not attributed to a named individual. The use of their information and input can be withdrawn at any time.
- Introduction to the Sleepio Project in the Thames Valley (5-10 min)
- As we mentioned in our email, we're hoping to seek input and guidance on the future of commissioning for digital health innovations such as Sleepio (30-40 min)
- We will also be happy to answer any additional questions you may have about the project and discuss plans moving forward (5-10 min)

Confirm timeframe we have for discussion and any specific needs the respondent may have.

Firstly, have you had a chance to review the materials we sent in advance? We thought it would be helpful to start by providing a high-level summary of what the project is and what we're hoping to accomplish.

Please have either printed or soft copy of pre-interview slide deck on hand to walk through. We will want to ensure we reiterate:

- Goals and scope of project
- Why we're talking to commissioners/decision-makers
- What we want to gain from this interview
- What Sleepio is

From here, launch into interview questions, using pages on deck, circulated in advance, as a launching pad.

Interview Questions:

Part 1 – Recognition of the Problem / Relevance

1. How would you rate your knowledge of the evidence base of the impact of poor sleep on population health and wellbeing? [Scale of 1 – 5]
[1 – No knowledge, 2 – Little knowledge, 3 – Some knowledge, 4 – Good knowledge, 5 – Significant knowledge]
2. To what extent do you consider improving access to mental healthcare to be part of your role?
3. How would you rate your experience of commissioning digital therapeutics? [Scale of 1 – 5]
[1 – No experience, 2 – Little experience, 3 – Some experience, 4 – Good experience, 5 – Significant experience]
4. What do you think are the current challenges in commissioning digital therapeutics, from your perspective?
5. What have you seen work well in your experience?

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Part 2 Building the evidence

1. Based on the pre-read arguments highlighted on slide eight of the deck, which of the four arguments do you find most/least compelling about the case for Sleepio?
 - *Poor sleep is the most common mental health complaint. Sleepio is a safe, effective and low stigma route to improving sleep and mental health outcomes at a population scale.*
 - *Clinical guidelines recommend CBT as the first line treatment for chronic insomnia yet GPs have no alternative to pills – Sleepio represents an improvement to quality of care.*
 - *GPs write on average 1 prescription for insomnia every single day – direct online access has potential to free up GP time and reduce the £72m prescribing budget.*
 - *Insomnia more than doubles the risk of depression and impairs self-care; Sleepio can help to prevent mental health disorders and enable self-management of long term conditions.*
2. What do you think would be more compelling arguments from a commissioning perspective?
3. What additional data, information or stakeholder feedback would you need to strengthen the business case for commissioning?

Part 3 Understanding the decision making process

1. Please can you describe the decision-making process in your organisation for commissioning a digital health innovation like Sleepio.
2. What information and data would the decision-making group/s need to review to reach a decision?
3. What are the key dates in the commissioning cycle and what is the likely timeframe for the process?
4. For a digital therapeutic like Sleepio, what do you see as the biggest barriers to commissioning?
5. Based on the commissioning models presented [*License per user – Population based – Outcomes based*], which do you think your organisation is most/least likely to adopt? Why?
6. Are there any other commissioning models that you might use or consider?

Part 4 Implementing Digital Health and DTx Programmes

1. A key challenge for this project is raising awareness that Sleepio is available as an online self-help programme at no cost. Our key audiences are i) poor sleepers in the Thames Valley region, to sign up and ii) GPs, to signpost Sleepio vs. prescribing hypnotics.
 - a. Can you think of any examples of digital health innovations which have successfully engaged the public / GPs in this region?
 - b. Do you have any recommendations for how to engage these groups at scale in your area?

Finally, are there any other questions we should be asking here around commissioning or implementation?

Wrap up & Conclusion:

1. Do you have any additional questions about the project or are there others you know that might be interested?
2. We would like to involve commissioners in discussions regarding both the scope of the health economic evaluation, the results, and the development of a commissioner focused business case to support the widespread adoption of Sleepio. We anticipate the time commitment would be no more than [3-4 hours in total over 12-18 months]. Would you be prepared to remain engaged with this project on that basis?

Thank you for your time. If you have any further questions or concerns about this project and/or interview, please contact Matt.Williams@OxfordAHSN.org