**REQUEST FOR INFORMATION:**

**DIGITAL THERAPIES**

**NORTH LONDON NHS FOUNDATION TRUST**

**Completed Responses to be submitted by:**

**5th March 2025 at 17:00**

To: Omolaso Onochie

 Senior Procurement Specialist

 Email: Omolaso.onochie@nelft.nhs.uk / procurement@nelft.nhs.uk

NOTE: Please respond to this request via the Atamis portal.

## **Introduction**

North London NHS Foundation Trust (NLFT) are seeking providers of digital therapies who can take on large volumes of patients who need to access individual therapy via video and telephone. The provider should have the ability to scale up and increase numbers at short notice. Interface with IAPTUS, the patient EPR used by Talking Therapies is essential. The provider must demonstrate the ability to meet national Talking Therapies KPIS. The purpose of this RFI is to establish:

* Options on the suppliers who can provide this requirement.
* Options on the best route to market

## Trust(s) Background

The North London NHS Foundation Trust (NLFT) provide high-quality mental health care to local people across the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

Previously two separate mental health trusts working in Partnership – Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust – we formally merged and became the new NLFT on Friday 1 November.

As the new NLFT, our ambition is to be a leading NHS mental health provider and to offer consistently excellent care across North London.

Most of our services are based in the community, but we also provide inpatient mental health services in hospitals. We provide a wide range of local services for people across North London and more specialist mental health services for a broader population.

Our services support people throughout their entire lives, from birth to old age, helping those with all types of mental health conditions to live as independently and as well as they can.

As the NLFT we are a strong and influential voice for mental health to ensure that everyone gets the most appropriate care, when they need it - wherever they live and whatever their circumstances. We provide 24/7 support for local people in a mental health crisis and if inpatient care is needed, we admit to one of our beds locally, so our service users are as close as possible to their family and friends. As the new NLFT, we now have one Electronic Patient Record system across all our services, helping us improve the quality of care for local people.

We employ almost 6,000 staff and are working hard to make sure they feel valued and are supported to develop their careers and to stay with us as long as possible.

As the NLFT, we are committed to ensuring Better Mental Health, Better Lives and Better Communities across North London.

## Draft Statement of Requirements

NLFT is seeking providers of digital therapies who can take on large volumes of patients who need to access individual therapy via video and telephone.

**Specification**

* Therapy must be provided by therapists who are fully qualified in the Talking Therapies therapy they are delivering, and who must themselves be supervised by qualified therapists who have additional supervision training. (Essential). The provider should be able to evidence this and that supervision notes are kept in writing as this is also part of the patient record.
* Therapists employed by the provider must be accredited with the appropriate professional body as outlined within the NHS Talking Therapies manual. This is BABCP for CBT therapists or BACP Registered Member (not just BACP membership) or on the register for UKCP or BACP for counsellors. Counsellors should also have Talking Therapies approved qualifications (Essential).
* Therapies offered at step 3 should be delivered in line with NICE guidelines and offering up to the required number of sessions. (Essential).
* Therapists must be offered access to appropriate CPD and staff support (Essential) by the provider.
* Therapy must be provided in a choice of modalities including phone and video. Therapies at step 3 should be video and not telephone except in exceptional circumstances.
* Therapeutic modalities at step 3 should include CBT (Essential) and Counselling for Depression
* Therapy must be able to be provided out of hours and at weekends when required
* Functionality to accept self-referrals and offer assessments as well as referrals generated by the commissioning services.
* Capacity to flex and/or increase referral volumes as and when required by commissioning services and ability to scale up at speed.
* Meet national KPIs including reliable recovery (48%), recovery (50%) and reliable improvement (67%).
* Waiting times must be less than that of the main service provider.
* Capacity to offer own-language therapies in key languages.
* Capacity to offer LTC specific interventions at step 2 and step 3 (Desirable)
* Must complete Patient Experience Questionnaires on IAPTUS.
* Robust form validation (DOB, postcode validity, contact numbers, email address)
* Responsive design (easily accessible from different devices)
* Provider referral criteria must mirror that of commissioning services.
* Clear care pathway for referrals which are not appropriate for a Talking Therapies intervention

**Collection of mandatory demographics, KPI and questionnaire data**

* Service users can securely complete their assessments (e.g. PHQ-9 and GAD-7) online
* All demographic, KPI and questionnaire data is automatically populated to the relevant appointment; the data is then automatically pulled through to the commissioning service’s EPR system.
* ADSMs must be completed and uploaded at every session, where indicated by a matching provisional diagnosis.

**Integration with other systems**

* All data from therapy appointments must be able to be fully and automatically integrated with IAPTUS without the need for any additional time commitment from the commissioning service.

## Request For Information – Questions

Suppliers are asked to respond to the below questions to the best of their knowledge to assist in this RFI.

1. Please suggest what could be potential route to market for this procurement exercise. Is the supplier registered on any public framework where it could be run a further competition or Direct award? Please list down the frameworks the supplier is registered on related to this requirement.
2. Do you have qualified and BABCP accredited Cognitive Behavioural Psychotherapists (CBT), Psychological wellbeing Practitioners (PWPs) and BACP (British Association of Counselling and Psychotherapy) counsellors with a suitable Talking Therapies qualification (DIT, IPT, CFD or CTFD)?
3. What are your staff supervision and line management arrangements?
4. How is clinical risk reviewed and managed? What is your risk protocol?
5. Is your therapies provision telephone based, video platform based and or a combination?
6. What are your working hours/when are therapy appointments provided?
7. Are you currently working with NHS Talking Therapies providers/Trusts? Do you use IAPTUS and are your platforms set up via the PRISM interface on IAPTUS?
8. What is the size of your workforce? Are you able to scale up, ie increase capacity at short notice?
9. Current waiting times for assessments and treatments at step 2 low intensity and step 3 high intensity across CBT and counselling?
10. What is your performance on delivery of Talking Therapies national KPIs- reliable improvement, reliable recovery and recovery over the last 12 months?
11. Do you offer therapy in other languages? If so, which ones and what are the waiting times on an average across the last 12 months?
12. Will clinical administrative task be included e.g. GP update/discharge letters etc.?
13. What onboarding challenges do you foresee and how should the Trust/incumbent best prepare? What should be the implementation timelines for the Trust to consider for a smooth transition considering the target go-live date of 1 July 2025?
14. Based on your understanding of the specification provided, do you believe it is thorough enough? What else should be provided at ITT stage to achieve the most accurate response and reduce clarification questions?
15. The anticipated contract term is 3+1 or 2+1+1. Please advise whether there are any preferences for either and what implications on digital innovations this may have across the contract term.

## Route to market

This invitation to participate in the market scoping exercise does not constitute a formal procurement process. The purpose is to establish the interest and capability in the market and to confirm that this is aligned with NLFT requirements. As part of this engagement process, we are also seeking to identify the most appropriate route to market, on the assumption that there is alignment. NLFT reserve the right to choose most acceptable route to market, in addition to the option not to progress with the procurement in any form.

## Timetable and Next Steps

Responses to this RFI must be submitted according to the cover page of the document. All responses must be sent via the Atamis portal.

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| **Indicative Date** | **ACTIVITY** |
| 19/02/2025 | Publication of the Request for Information |
| 05/03/2025 | Deadline for submission of a RFI Response |
| 12/03/2025 | Analysis of RFI responses |
| 19/03/2025 | Confirm next steps to RFI Respondents |
| April 2025 | Desired Award date |

**Responses should be submitted through HealthFamily Atamis/Salesforce e-Tendering portal and should be received by 17:00 HRS on Wednesday 5th March 2025.**

**Clarifications should be raised through the portal.**

Question headings should be used in your response to aid identification.