NIHR | Collaboration for Leadership in Applied Health Research and Care East Midlands

Urgent Care Study
Contingency Management Plan

INTRODUCTION

A number of our study stakeholders suggested that there should be a clear process for managing failures in the technology used and contingencies planned. This Contingency Management Plan aims to address these concerns.

This document applies to all participants who are allocated to the remote CBT intervention arm in the Urgent Care study. This document is required due to concerns expressed by research staff, clinicians and patient representatives.

PROCEDURE

1.1 All participants will be advised to hold sessions in a private area where they will not be disturbed

1.2 All participants allocated to receive the remote CBT intervention and CBT therapists will be given documents outlining contingency procedures

1.3 Therapists will request that all participants maintain availability of email, telephone and video contact during and around each therapy session

1.4 Therapists will also remain prepared for contingencies at all sessions, regardless of modality or stage of therapy

1.5 Extra time will be allocated between clinic sessions for preparations and potential delays occurring during the session. This will constitute up to an additional 15 minutes available time for each session.

1.6 An initial technology and therapy set up meeting will take place prior to the start of therapy where potential problems will be addressed

1.7 In video-therapy, no more than 15 minutes of session time will be spent attempting to rectify technical problems. After this time telephone contact will be made

1.8 Therapists and participants can trial contingency plans if required

1.9 Any contingencies required will be reported by therapists at monthly supervision meetings and recorded on treatment note records

1.10 Contingency management plans will be updated and/or changed if required following discussion of contingencies at supervision sessions

2. Potential Contingencies identified (to be updated as any further contingencies are identified)

2.1 A participant does not attend a therapy session within 5 minutes of the appointment start time

2.2 A therapist is unable either to set up or attend an appointment on time

2.3 Connection is not possible or lost during video-therapy

2.4 Connection is faulty or poor-quality during video therapy

2.5 Connection is not possible or lost during telephone therapy

2.6 Connection is faulty or poor-quality during telephone therapy

2.7 A participant wishes to involve other people in their therapy session(s)

2.8 Formal liaison with other professionals is required by study therapists

2.9 Clinical risks are identified during a therapy session

2.10 Clinical risks are identified outside therapy sessions

2.11 A participant is not happy with the therapy

2.12 A participant withdraws from or completes therapy and expresses a desire for further help

2.1 ***A participant does not attend a therapy session within 5 minutes of the appointment start time***

Initially the appointment invitation is resent by email. After 5 minutes of waiting for the participant (if video-therapy) telephone contact is attempted three times with a message left on the third occasion. This is followed up with a reminder text and email with clear contact details for the session if they are able to attend for the remaining time. After 15 minutes of trying to establish contact with the participant the therapists stops attempts to contact the participant, but the therapist will remain contactable by telephone (text and call) or email for the remaining session time (35 minutes). If contact cannot be established by the end of the session a text, email and supporting postal letter will be sent to confirm this.

Participant will be advised to let the therapist know if they will either be late or are having difficulties with connecting to the meeting. This can be done by email, text or telephone call.

If telephone therapy, three attempted calls should be made at the session start time and then again five minutes after the start time with a message left on the final occasion. The procedure described above is then followed.

2.2 ***A therapist is unable either to set up or attend an appointment on time***

All efforts will be made by the therapist to let the participant know if for any reason they are unable to attend or set up a planned session. This may include messages being passed on to participants through the study administrator or other study staff if required. Telephone contact will be attempted first and if this is unsuccessful after three attempts a voicemail message will be left explaining the situation. This will be followed up with a text message, email and if required a postal letter stating the same information. Participants will be asked to confirm when they have received the message so further attempts to contact can stop.

If a therapist is unable to pass a message on in time they will contact the participant either directly or through the study administrator at the soonest possible opportunity. If the delay is caused by a technical fault, a different method of communication will be sought, such as email, to inform the participant.

If a further appointment is not arranged through the messages left, the therapist will contact the participant at the soonest opportunity to rearrange their session.

2.3 ***Connection is not possible or lost during video-therapy***

If video connection is not possible because the therapist or participant is unable to log in to the video conferencing software reconnection will be attempted for fifteen minutes by both parties. Potential solutions should include:

- Resending the meeting invitation
- Restarting the meeting
- Rebooting computers
- Rebooting any internet connectors such as Wi-Fi routers

If reconnection is not possible within fifteen minutes the therapist will call the participant. If, after a brief discussion of potential solutions, reconnection is not deemed possible the participant can choose whether they wish to continue the session by telephone or rearrange for a future video-therapy session.

If video connection is lost during a therapy session, reconnection will be attempted for 15 minutes by both parties. This may include leaving the meeting and the therapist resending the session invitation by email to attempt to resolve the problem. If reconnection is not possible within 15 minutes the therapist will call the participant. If, after a brief discussion of potential solutions, reconnection is not deemed possible the participant can choose whether they wish to continue the session by telephone or rearrange for a future video-therapy session. In some situations an alternative video-therapy software system may be used.

If telephone connection is not possible the therapist will attempt contact by email or text to attempt to find a solution. The therapist will remain available to be contacted by email, text and telephone call throughout the duration of the session time. If contact is not possible or no solution can be found a rearranged appointment time will be sent out by text, email and post.

*2.4 **Connection is faulty or poor-quality during video therapy***

A faulty or poor-quality connection is defined by three significant disruptions during a 20 minute period of a session or if either participant or therapist feel that their connection is not adequate to continue with the session as it is.

Once the problem has been identified a brief discussion will be held about potential solutions either over the video-conferencing software or over the telephone (the call will be initiated by the therapist). Troubleshooting should include:

- Resending the meeting invitation
- Restarting the meeting
- Rebooting computers
- Rebooting any internet connectors such as wi-fi routers

If these do not resolve the problem the participant can choose whether they wish to continue the session by telephone or rearrange for a future video-therapy session. In some situations an alternative video-therapy software system may be used.

If telephone connection is not possible the therapist will attempt contact by email or text to attempt to find a solution. The therapist will remain available to be contacted by email, text and telephone call throughout the duration of the session time. If contact is not possible or no solution can be found a rearranged appointment time will be sent out by text, email and post.

*2.5 **Connection is not possible or lost during telephone therapy***

The therapist will attempt a connection/reconnection three times by telephone and leave a voicemail on the third attempt explaining that they will be available by email, text and telephone for the remaining duration of the session. This information is then sent by email

and text. If possible potential solutions maybe be agreed over text or email or the appointment rearranged. If contact is not possible. The therapist will attempt telephone contact 10 and 20 minutes after the loss of connection. The therapist will remain available to be contacted by email, text and telephone call throughout the duration of the session time. If contact is not possible or no solution can be found throughout the session a rearranged appointment time will be sent out by text, email and post.

*2.6 **Connection is faulty or poor-quality during telephone therapy***

A faulty or poor-quality connection is defined by three significant disruptions during a 20 minute period of a session or if either participant or therapist feel that their connection is not adequate to continue with the session as it is.

Once the problem has been identified a brief discussion will be initiated by the therapist about potential solutions either over the telephone, by text or by email. The therapist will attempt telephone contact 10 and 20 minutes after the loss of connection. The therapist will remain available to be contacted by email, text and telephone call throughout the duration of the session time. If contact is not possible or no solution can be found throughout the session a rearranged appointment time will be sent out by text, email and post.

*2.7 **A participant wishes to involve other people in their therapy session(s)***

Including relevant others in therapy sessions can be very beneficial for some people at certain points. However, it has the potential to be damaging if it is not managed appropriately. Ideally the attendance of other people at therapy sessions would be discussed by the therapist and participant before it happens. This might incorporate a discussion of:

- the costs and benefits of having sessions with another person (or people)
- What the aims or goals are for having other people in a session
- How many sessions their involvement would be for
- What elements of previous sessions would be acceptable to discuss with others present and which parts would be best kept confidential
- How a session might be organised and structured with others involved – for example participants may wish to retain part of the session to be one-to-one

This type of planning can help enter joint sessions to be used most effectively and avoid potential limits to the use of therapy sessions. As with all therapy sessions, the value of joint sessions would be regularly reviewed with the improvement and benefits to the participant at the heart of any decisions.

*2.8 **Formal liaison with other professionals is required by study therapists***

Liaison with other professionals is not usually required by a therapist unless it is associated with social care proceedings or legal processes. However, links between different professionals involved in a participant's care can enhance the care provided and lead to better coordination. If liaison with other professionals is either required or desired the information shared would usually be discussed between therapist and participant. Any limits to what is shared can also be discussed and participant preferences will be sought. The outcomes of any professional liaison would also be fed back to the participant. The extent and length of time professional liaison continues can be agreed in line with NHS professional guidance and in collaboration with the participant.

*2.9 **Clinical risks are identified during a therapy session***

If a significant risk is identified during a session a risk assessment process will be initiated and a risk management plan will be developed. The risks identified and the management plan will be communicated to the participant's GP in writing and by telephone if required. The participant will be informed of this plan any other liaison with professionals that may be required. The lead therapist on the trial and the Chief Investigator and Principal Investigator at the individual site will be informed at the soonest opportunity and a log of the incident will be made in routinely recorded clinical notes.

If immediate action is required to protect the participant or others this will be done by contacting emergency services or the participant's GP.

*2.10 **Clinical risks are identified outside therapy sessions***

Once a therapist becomes aware of an identified significant risk, a risk assessment will be completed and attempts will be made to contact the relevant participant by telephone. If required, liaison with other professionals should be carried out to inform risk assessment and management. The risks identified and the management plan will be communicated to the participant's GP in writing and by telephone if required. The participant will be informed of this plan either by telephone, if possible, or in writing if contact is not possible. The lead therapist on the trial, the Chief Investigator and Principal Investigator at the individual site will be informed at the soonest opportunity and a log of the incident will be made in routinely recorded clinical notes.

If immediate action is required to protect the participant or others this will be done by contacting emergency services or the participant's GP.

*2.11 **A participant is not happy with the therapy***

As described in the participant information sheet, if a participant has a concern about any aspect of this study, they can speak to, the Chief Investigator or the Clinical Trials Manager. They will either answer any queries or address problems through appropriate channels.

Their contact details are given at the end of the patient information sheet. Participants can also directly contact the Patient Advice Liaison Service (PALS) on 0115 924 9924 ext: 63187 and if they wish to complain formally, they can do this by contacting NHS Complaints. Details can be obtained from their hospital or GP practice.

*2.12 **A participant withdraws from or completes therapy and expresses a desire for further help***

All viable options for onwards referral will be discussed with the participant, including local Improving Access to Psychological Therapies (IAPT) services or psychotherapy services. Ideally a referral will be sent following prior liaison with the service in question to ensure the participant is directed to an appropriate service. If no existing services are deemed appropriate a care plan will be discussed with the GP. A summary of therapy outcomes and following care plans will be sent to the GP (assuming the participant consents) whether referred on to another service or not.

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