

Digital front door technologies to gather information for assessments for NHS Talking Therapies for anxiety and depression: early value assessment

Resource impact assessment

At the committee meeting on 11 March 2025, an analyst from the Resource Impact Assessment (RIA) team presented to the committee some potential resource savings based on the digital front door technologies.

The resource impact calculations presented were based on the potential of the technologies to reduce the time taken to conduct an initial clinical assessment. The EAG set out potential time savings in 5-minute intervals of between 5 and 30 minutes in their report and these assumptions were mimicked in the scenarios presented to committee, with the RIA presentation also setting out the number of additional 45 and 60-minute appointments these time savings could provide. During the presentation, the following limitations around the calculations were highlighted to the committee:

- As acknowledged in the EAG report, the potential size of any initial clinical assessment time saved by the introduction of digital front door technologies is highly uncertain.
- The figures assume that all 1.83 million referrals result in an initial clinical assessment.
- Time savings shown do not account for any time needed to train staff.
- Any time saved may represent an opportunity to reconsider the use of clinical or administrator time, depending on the structure of the referral pathway and the priorities of the NHS Talking Therapies provider. Whether time savings result in the ability to deliver additional appointments will need to be determined locally. For example, any

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time saved may be instead used to discuss the patient's presenting problems and objectives in more detail which may result in a more accurate and high-quality clinical assessment. If this were to be the case, the resulting downstream resource benefits are unknown.

- It is assumed the whole population will have the ability to use the technology. It is acknowledged in the EAG report that some people may find accessing the technology difficult – for example, those who are digitally excluded, people with low motivation or cognitive challenges or people whose first language is not English.

Information shown to the committee is set out in Table 1 below.

Table 1 Overall impact of potential time savings with technologies per initial clinical assessment and how many additional appointments these could deliver

Initial clinical assessment time saved (minutes)	5	10	15	20	25	30
Time saved with 1.83 million referrals (hours)	152,434	305,000	457,500	610,000	762,500	915,000
Number of 45-minute appointments	203,245	406,667	610,000	813,333	1,016,667	1,220,000
Number of 60-minute appointments	152,434	305,000	457,500	610,000	762,500	915,000

In response to the presentation, a clinical expert stated that at present many referrals do not result in an initial clinical assessment. They suggested that the number of initial clinical assessments that took place would be denoted by

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the recorded number of referrals that accessed NHS Talking Therapy services, which in 2023/24 was 1.26 million and that the assumptions set out were therefore overestimated. They also commented that in their experience it was more likely that any time savings would be utilised to discuss the patient's presenting problems and objective in more detail.

Conclusion

There is a high level of uncertainty around the ability of the technologies to save time during the initial clinical assessment. The potential time savings set out to committee were overestimated owing to it being assumed that all referrals would result in an initial clinical assessment. If any time saved is utilised to discuss the patient's presenting problems and objective in more detail as felt to be more likely by the clinical expert, the resulting downstream resource benefits are currently unknown. The evidence generation plan aims to better understand the resource and system impact.