NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTHTECH PROGRAMME

Equality impact assessment – Guidance development

Digital front door technologies to gather service user information for NHS Talking Therapies for anxiety and depression assessments

Consultation

1. **Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?**

    The committee considered the potential equality issues that were identified during scoping. Key issues included:

- Digital front door technologies are used through a mobile phone, tablet, or computer. People will need access to a device with internet access to use the technologies. Additional support and resources may therefore be needed for people who are unfamiliar with digital technologies, or do not have access to smart devices or internet access. The committee considered that a digital front door technology would be an additional option, rather than replacing existing options, so there should still be an option to access a referral and provide information outside of a digital front door route (see section 3.13 and 3.16).

- People with visual, hearing, or cognitive impairment; problems with manual dexterity, a learning disability, or who are unable to read or understand health-related information (including people who cannot read English) may need additional support to use digital technologies.

- Some people would benefit from digital front door technologies in languages other than English.

- People's ethnic, religious, and cultural background may affect their views of mental health conditions and interventions. People from Black and other minority ethnic backgrounds have experienced poorer access to, and outcomes from, NHS Talking Therapies for anxiety and depression services. They are less likely to access services and tend to wait longer for assessment and to access treatments compared to people from White British backgrounds. Poorer outcomes were

experienced by people from South Asian communities, in particular Bangladeshi groups. People of mixed ethnicity, mostly White and Black Caribbean, are the least likely to access these services.

- The referral rate for NHS Talking Therapies for anxiety and depression services for older people is low. NHS Talking Therapies for anxiety and depression services should offer self-referral routes for older people, such as digital front door technologies, that do not restrict access to the services for older people.

- Some people with anxiety, depression, or severe mental illness may struggle with engaging in digital interactions, particularly if they prefer face-to-face support.

- People living in areas with poor mobile network coverage may not have reliable mobile data access, making it harder to use digital health tools effectively.

  Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

  The committee noted that Limbic Access and Wysa DRA are designed to be accessible. This includes older people, people from minority backgrounds and disabled people. One peer reviewed study (Habicht et al. 2024) showed that Limbic Access is effective at increasing referrals from people typically underrepresented in mental healthcare. This included people with diverse gender identities and people from ethnic minority backgrounds. The clinical experts mentioned that, since the introduction of digital front door technologies, referrals from ethnic minority groups have increased. They also suggested that digital front door technologies may help reduce access barriers for some historically harder-to-reach populations (see section 3.16).

2. **Have any other potential equality issues been raised in the external assessment report, and if so, how has the Committee addressed these?**

    The committee considered additional equality issues identified by the EAG:

    - People with low motivation or cognitive challenges may disengage from digital platforms before their referral is complete

    - Older adults or those with low digital literacy may face barriers to using digital front door technologies to access NHS Talking Therapies

- May be issues for individuals from linguistically diverse backgrounds as translations may not be appropriate or content culturally relevant

- AI-based chatbots may be unable to interpret information provided by individuals with different linguistic backgrounds, leading to miscommunication

- Marginalised populations, including those experiencing domestic violence or housing insecurity, may avoid using digital services due to concerns over confidentiality

3. Have any other potential equality issues been identified by the Committee and, if so, how has the Committee addressed these?

No other potential equality issues or considerations were identified by the Committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to or difficulties with access for the specific group?

No, the committee considered that a digital front door technology would be an additional option, rather than fully replacing existing options, so there should still be options for service users to access a referral and be provided with information outside of a digital front door route.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

6. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

The committee indicated that evidence generation is needed around service user feedback, which can be designed to capture evidence related to some of the equality considerations raised.

7. Have the Committee's considerations of equality issues been described in the draft guidance document, and, if so, where?

Yes, these have been described in sections 3.12-3.13 and 3.16 of the draft guidance.

Approved by Associate Director (name): Lizzy Latimer

Date: 18/07/2025

EVA guidance document

1. **Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?**

   No additional equality issues have been raised during the consultation.

2. **If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?**

   Not applicable.

3. **If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?**

   Not applicable.

4. **If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?**

   Not applicable.

5. **Have the Committee's considerations of equality issues been described in the EVA guidance document, and, if so, where?**

   The committee's considerations on equality issues have been described in sections 3.12-3.13 and 3.16 of the final guidance document.

Approved by Associate Director (name): Lizzy Latimer

Date: 18/07/2025