



# Resource impact summary report

Resource impact

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The guidance covers five digitally enabled therapies that can be used as treatment options for adults with anxiety disorders while further evidence is generated on their clinical and cost effectiveness. These technologies can only be used once they have Digital Technology Assessment Criteria (DTAC) approval and an [NHS Talking Therapies for anxiety and depression digitally enabled therapies assessment from NHS England](#). The technologies are:

- iCT-PTSD (OxCADAT) for post-traumatic stress disorder (PTSD)
- iCT-SAD (OxCADAT) for social anxiety disorder
- Space from Anxiety (SilverCloud) for generalised anxiety symptoms or unspecified anxiety disorder.

The following technologies can only be used once they have CE or UK Conformity Assessed (UKCA) mark approval, DTAC approval and an NHS Talking Therapies for anxiety and depression digitally enabled therapies assessment:

- Perspectives (Koa Health) for body dysmorphic disorder (BDD)
- Spring (Cardiff University) for PTSD.

Low intensity interventions should be supported by a psychological wellbeing practitioner and high intensity interventions by a high intensity therapist in NHS Talking Therapies for anxiety and depression services.

As the guidance is an early value assessment, the resource impact tools are not directing organisations to assess the cost of full rollout of these technologies. If there is an unmet need, these technologies could be a solution. Organisations may therefore wish to identify the potential resource impact. Table 1 below shows how the potential eligible population is estimated nationally and for an average size integrated care system (ICS) with a total population of 1.3 million. Percentages can be amended in the resource impact template.

**Table 1 Eligible population in England and per average size ICS**

	Prevalent population for adults in England	Number of people referred to NHS talking therapies in England	Prevalent population per average size ICS (1.3m population)	Number of people referred to NHS talking therapies per ICS
Body dysmorphic disorder (BDD), <a href="#">CG31 2005 (midpoint of 0.5 to 0.7%)</a>	270,000	650	7,800	20
Generalised anxiety disorder, <a href="#">McManus et al. (2016)</a>	2,700,000	280,500	78,000	8,200

Post-traumatic stress disorder, <a href="#">McManus et al. (2016)</a>	1,800,000	61,650	52,000	1,800
Social anxiety disorder, <a href="#">CG159 (2013)</a>	3,100,000	28,400	91,000	830
<b>Total</b>	<b>7,870,000</b>	<b>371,200</b>	<b>228,800</b>	<b>10,850</b>

Standard care includes low intensity and high intensity psychological interventions delivered in NHS Talking Therapies for anxiety and depression services such as cognitive behavioural therapy, self-help programmes and several other psychological interventions varying depending on the condition being treated. The availability of effective mental health treatments is limited, leading to long waiting times. Access to treatment can be dependent on symptom severity. The COVID-19 pandemic has intensified the issues related to accessing effective mental health treatments.

Digitally enabled therapies are an alternative mental health treatment that can provide better access to care. Some mental health support teams will already be aware of, and using these technologies, however practice is likely to vary across different settings.

Where this approach to helping adults manage their condition is adopted, it may require additional resources to implement, which may be significant at a local level. Benefits derived from using the technologies may help mitigate additional costs.

Digitally enabled therapies may need less practitioner or therapist time for delivery than other psychological interventions in NHS Talking Therapies for anxiety and depression (formerly Improving Access to Psychological Therapies or IAPT) services. This could free up resources that could be allocated elsewhere in the services to increase access or reduce waiting times. There is preliminary evidence that suggests digitally enabled therapies may be cost effective compared with standard care.

Figures below outline an estimated capacity impact per 1,000 patients using indicative time. Please note these may vary by practice, technology or therapy provided by standard care.

- For digitally enabled therapies for anxiety disorders technologies, we estimate that therapists need to be provide varies and may depend on the type of anxiety disorder being treated. Using an average of 4 hours per patient the hours of time per 1,000 patients would be 4,000 hours.
- Contact time may vary by technology with total contact time over the course of treatment ranging from 3.5 to 6.5 hours.
- In standard care we estimate based on 10 hours per patient, that therapists need to provide around 10,000 hours of contact time per 1,000 patients, The standard care hours required per patient may vary depending on the anxiety orders being treated.
- Assuming outcomes are equal this provides and based on the assumption above there is a potential capacity benefit of 6,000 hours equating roughly to 4 whole time equivalents (WTE's) saved.

Due to a lack of robust data on current practice and other variables such as whether digitally enabled therapies are an appropriate treatment option, the size of the resource impact will need to be determined at a local level. A local resource impact template has therefore been produced to assist organisations estimate the resource impact.

Depending on current local practice, areas which may impact resources include:

- Software costs of the technologies.
- Capacity to deliver the guided element is needed from trained practitioners in NHS Talking Therapies Services for anxiety and depression.
- Time required for training to support.
- Other costs such as IT equipment may be needed for those who do not have access to smartphones, tablets, or a computer.

Implementing the guideline may:

- Reduce waiting times and improve access to care in a timely manner. Early intervention may reduce the need for more intensive treatment later.
- Improve access to mental health services by offering greater flexibility, more choice and self-management through remote online interventions. Key considerations on the value of digitally enabled therapy are usability, ability to engage with users and effectiveness when compared with standard care.
- Better health outcomes and care experience.
- There may be some reduction in the requirement for supporting standard care from mental health teams. This can be assessed locally in the template.

Services for people with anxiety disorders are commissioned by integrated care boards. Providers are NHS mental health trusts, third sector organisations and commercial providers.