



# Resource impact summary report

Resource impact

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NICE has recommended that gameChangeVR (OxfordVR) can be used in the NHS while more evidence is generated, to treat severe agoraphobic avoidance in people with psychosis aged 16 and over. It should be used with the support of a mental health professional.

The company must confirm that agreements are in place to generate the evidence (as outlined in [NICE's evidence generation plan](#)) and contact NICE annually to confirm that evidence is being generated and analysed as planned. NICE may withdraw the guidance if these conditions are not met.

More research is needed on Amelia Virtual Care (Amelia Virtual Care) to treat agoraphobia, gameChangeVR (OxfordVR) to treat mild to moderate agoraphobic avoidance in people with psychosis, and XR Therapeutics (XR Therapeutics) to treat agoraphobia. Access to these 3 technologies for these uses in research should be through company, research, or non-core NHS funding, and clinical and financial risks should be appropriately managed. See the [guidance recommendations](#) for more details.

[NHS Digital's Quality and Outcomes Framework 2022–23](#) has the mental health (mental health and neurology group) prevalence in England of around 622,000 people. It is not known how many of these have a diagnosis of psychosis. It is estimated that 2 in 3 people with psychosis struggle with agoraphobia ([National Institute for Health and Care Research](#)).

The clinical and patient experts advised that agoraphobia is often untreated or undertreated especially when its symptoms occur with other mental health conditions, such as agoraphobic avoidance in people with psychosis. Access to psychological interventions such as cognitive behavioural therapy (CBT) for treating psychosis varies and is limited for some people. gameChangeVR technology offers a treatment option for people aged 16 and over who have psychosis and severe agoraphobic avoidance, who would otherwise not have psychological treatment.

Based on the economic evidence supporting gameChangeVR, the resources needed for implementation include the licence fee per person, per course of treatment, the virtual reality (VR) headset, clinical psychologist time, mental health worker time, and training. The mental health professional salary band, and the time needed to deliver or support therapy sessions varies across the country. Therapy is delivered in around 6 weekly 30-minute sessions. The cost per session, and for a course of treatment, would depend on local service configuration and should be assessed at that level. The annual licence fee is commercial in confidence and for details please contact [contact@oxfordvr.org](mailto:contact@oxfordvr.org).

Implementing the guidance may:

- Enable people to seek treatment. Because gameChangeVR can be delivered remotely, it may enable some people to get help in their homes. This is important for people who may not be able to attend face-to-face treatment in a clinic. Clinical and patient experts suggest that this could be a first step to getting further help and accessing other healthcare services in the future if needed.
- Allow people with agoraphobic avoidance to safely encounter threatening situations and challenge their fear response. Therefore, improving their social engagement, daily living and overall wellbeing.
- Increase the number of people accessing treatments. Access to therapy may be limited by NHS workforce pressures, including not having enough trained staff to deliver CBT in community mental health teams. Because gameChangeVR can be delivered and supported by a wider range of mental health professionals than standard care, more people could have access to treatment.

Mental health services are commissioned by NHS England and integrated care boards. Providers are NHS mental health trusts, primary care providers and community health care trusts.