

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme

### Equality impact assessment: Guidance development

#### Virtual reality technologies for treating agoraphobia and agoraphobic avoidance: early value assessment

The impact on equality has been assessed during this early value assessment (EVA) according to the principles of the [NICE Equality scheme](#).

#### Draft guidance consultation

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

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

- Some virtual reality (VR) technologies need Wi-Fi to use the intervention or to upload content. Additional support and resources may be needed for people who are unfamiliar with digital technologies or do not have access to the internet.
- People with visual or cognitive impairment, problems with manual dexterity, a learning disability or who have difficulty reading or understanding health-related information may need additional support to use virtual reality. This should be considered when selecting and delivering these interventions. Further considerations can be found in [NICE's guideline on mental health problems in people with learning disabilities](#).
- Virtual reality may not be suitable for use by people with photosensitive epilepsy; significant visual, auditory, or balance impairment; organic mental disorder; primary diagnosis of alcohol or substance disorder or personality disorder; significant learning disability; or active suicidal plans. Some VR therapies may involve moving around the room or standing. This may be difficult for some disabled people or people with additional accessibility needs.
- People with English as a second language may have difficulties navigating virtual reality provided in English. Developers of VR technologies and mental

health services should consider how to translate these interventions or provide additional support as needed.

- People's views of mental health problems or interventions may be influenced by their ethnic, religious and cultural background. People have the right to make informed decisions about their care, including the use of VR technologies. Healthcare professionals should discuss the language and cultural content of VR technologies with patients before use.

Additionally, the committee discussed potential equality considerations related to mental health problems and specifically agoraphobia. People facing social inequality and disadvantage, discrimination and social exclusion are at higher risk of mental health problems. Agoraphobia and agoraphobic avoidance can significantly affect people's daily living. Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment that has a substantial and long-term effect on their ability to do typical day-to-day activities. These issues should be considered when selecting and delivering VR technologies with steps take to reduce health inequalities. Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

**2.** Have any other potential equality issues been highlighted in the company's submission, or patient and carer organisation questionnaires, and, if so, how has the committee addressed these?

Patient experts advised that some people with agoraphobia may have had negative experiences with mental health services. Some people from some ethnic backgrounds may also experience shame or have negative views of mental health treatment. This may affect their ability or willingness to seek treatment. The committee considered that some people with agoraphobia may prefer virtual reality over standard care and may prefer other ways of accessing services such as self-referral. Use of this tech as an alternative option may help promote greater access to treatment for some people.

**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?

Adults with limited access to the necessary technologies or who are less skilled or comfortable with using digital technologies may be less likely to benefit from virtual reality. Additional support may be needed for people with additional accessibility needs or who are unable to read or understand English. The committee considered that other treatment options such as face-to-face therapy may be more appropriate for some adults with agoraphobia. This is discussed in section 3.18 of the draft guidance.

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?

Other treatment options including face-to-face treatment may be more appropriate for some adults with agoraphobia. This is discussed in section 3.18 of the draft guidance.

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

Yes, these have been discussed in sections 3.17 and 3.18 of the draft guidance.

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 4 July 2023

## Early value assessment guidance document

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

A consultee suggested that more evidence is needed on the use of VR technologies in autistic people and people with sensory difficulties. The committee carefully considered all equality considerations and concluded that further evidence generation should include more information on patient demographics and experiences of using VR technologies. This is outlined in section 3.20 of the final guidance.

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?

After consultation, the recommendations changed to state that gameChangeVR can be used in the NHS while more evidence is generated to treat severe agoraphobic avoidance in people with psychosis. This is based on the clinical evidence which showed potential benefits only in this subpopulation. The recommendations do not limit access to specific groups within this group and access to treatment should be based on clinical assessment and patient-clinician decision making.

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?

No

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?

The change in recommendation is likely to help remove barriers to treatment and was strongly driven by the significant unmet need. There are no anticipated barriers to treatment arising from the change in recommendation.

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

Section 3.18 and 3.19 discuss equality considerations. Sections 3.1 and 3.2 also discuss unmet need and patient considerations.

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 13 November 2023