

# A Health Economic Evaluation of Daylight: A Digital Treatment for Anxiety in NHS South Yorkshire

EE19

C. B. Miller<sup>1</sup>, H. Fewster<sup>2</sup>, I. Wood<sup>1</sup>, G. Thomson<sup>1</sup>, W. Goddard<sup>1</sup>,  
A. Varghese<sup>2</sup>, H. Stone<sup>3</sup>, R. Flint<sup>3</sup> and J. W. E. Moss<sup>2</sup>

1. Big Health Ltd., London, United Kingdom.

2. York Health Economics Consortium, York, United Kingdom.

3. NHS South Yorkshire Integrated Care Board, Sheffield, United Kingdom

daylight

## INTRODUCTION

Generalised anxiety disorder (GAD) affects up to 10% of the UK population. NICE's stepped care approach offers education and active monitoring at Step 1, with CBT-based interventions only introduced from Step 2 onward if symptoms persist.<sup>1,2</sup>

Daylight is a UKCA-marked self-referral digital treatment for adults with known or suspected GAD. It is available without a prescription or referral.

This enables NHS services to offer access to CBT at Step 1, rather than waiting until Step 2. This may improve clinical outcomes and NHS productivity, and reduce NHS costs.

## OBJECTIVE

To assess the impact of Daylight, a digital cognitive behavioural therapy (CBT) intervention for anxiety, on healthcare resource use and costs in UK NHS patients.

### Patient feedback:

*"It's helped me control my anxiety and think about what I could and couldn't control. I still worry, but my anxiety is under control."*

## METHOD

- A prospective observational matched treatment-control study with pre-defined target trial methodology using data collected by NHS South Yorkshire.
- Daylight was positioned at Step 1 in the NICE pathway for anxiety to reflect real-world practice.
- Adults with anxiety or symptoms of anxiety who used Daylight were matched to similar adults receiving standard anxiety care only.
- Patients were matched using NHS-derived clinical demographics at baseline including age, sex, anxiety and depression status.
- Regression models estimated the impact of Daylight on NHS healthcare resource utilisation (primary outcome), including GP appointments, medications for GAD, and fit notes.

## RESULTS

We reached our target of 1,000 patients within 6 months. In total, 1,501 patients started Daylight over 12 months.

Of the patients who started Daylight, 72% were from GP settings, and the mean baseline GAD-7 score was 14.8, indicating moderate-to-severe symptoms.

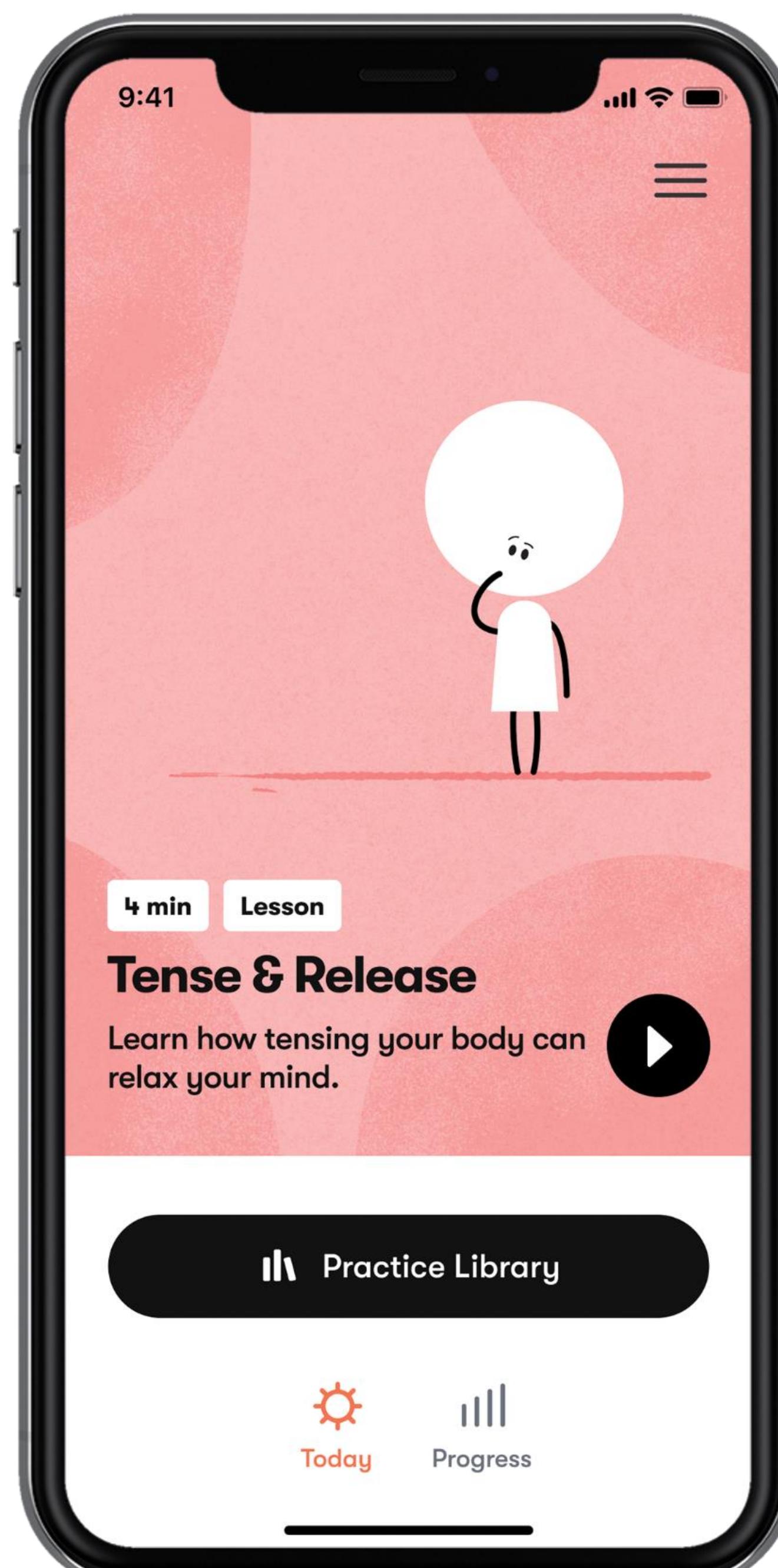
Among all users, 69% reported applying Daylight techniques in their daily life outside the app, and 81% experienced reduced tension after the first exercise.

In a matched analysis (n=249 per group) of primary care data, those who used Daylight had significantly fewer GP visits than control patients who received standard care for their anxiety (difference = 0.396 per patient per month; rate ratio = 0.728,  $p<0.001$ ).

Daylight patients also had significantly fewer GP-issued fit notes (time off work for medical conditions) than controls (difference = 0.086 per patient per month; rate ratio = 0.619,  $p=0.024$ ).

No significant differences were observed for anxiety medication prescriptions or secondary care and A&E outcomes, likely due to lower event rates and limited follow-up time to detect differences.

Longer-term (12-month) data collection is ongoing.



CBT-based techniques from Daylight for GAD

## CONCLUSIONS

Implementation of Daylight from Primary Care in NHS South Yorkshire was highly successful with uptake across Sheffield, Rotherham, Doncaster and Barnsley.

Most patients (72%) discovered Daylight from GP settings, indicating effective integration into NICE-recommended Step 1 care for GAD.<sup>2</sup>

Analysis of NHS Primary Care data suggest that each average Daylight patient made fewer GP visits (4.8 per year) and required fewer GP-issued fit notes (1 per year) for work compared with matched standard care controls, when annualised. Daylight could be a scalable, cost-saving, NHS-delivered treatment for GAD.

Analyses of GAD medication use and less frequent outcomes, including secondary care events, were non-significant; longer follow-up with more recently enrolled patients will clarify these impacts over the full 12-month time horizon.

## REFERENCES

1. What is anxiety disorder? 2023. Available from: <https://mentalhealth-uk.org/help-and-information/anxiety-disorders/what-is-anxiety/>
2. Generalised anxiety disorder and panic disorder in adults: management. 2020. Available from: <https://www.nice.org.uk/guidance/cg113/resources/generalised-anxiety-disorder-and-panic-disorder-in-adults-management-pdf-35109387756997>

## CONTACT INFORMATION

Dr. Christopher Miller  
Email: [chris.miller@bighealth.com](mailto:chris.miller@bighealth.com)