

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequality impact assessment

Digital technologies to support home monitoring of vision changes for people with advanced dry age-related macular degeneration: early use assessment

Scoping

1 Have any potential equality issues been identified during the scoping process? If so, what are they?

There are some equality issues relating to age related macular disease (AMD):

- AMD can cause visual impairment, which can be considered a disability under the Equality Act. Some people with age-related macular degeneration are eligible to be registered as sight impaired or severely sight impaired. People with a greater degree of visual impairment may not be able to use the technologies.
- The likelihood of developing AMD increases with age ([Macular Society, 2026](#)). AMD usually first affects people in their 50s ([NHS, 2026](#)). While digital tools have the potential to increase access to monitoring, digital literacy should be taken into account.
- AMD is more common in white ethnic groups compared to people from other ethnic groups ([Vanderbeek et al., 2011](#), [Wong et al., 2014](#)).
- Reports suggest that people with a learning disability are 10 times more likely to experience serious sight loss than other people in the general population (Donaldson et al., 2023). People with a learning disability may experience potential barriers to care that could lead to the delayed detection and treatment of AMD. These may include:

- not being aware of the importance of eye testing
 - difficulties understanding and processing information
 - memory of previous poor experiences
 - needing to interact with strangers.
- Some people may need additional support to use digital technologies, including:
 - people with visual impairment,
 - people with hearing difficulties,
 - people with cognitive impairment,
 - people who have problems with manual dexterity,
 - people who have a learning disability,
 - neurodivergent people.

2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?

- Risk factors for age-related macular degeneration include age, living with overweight or obesity, smoking, high blood pressure and family history of AMD (NHS, 2025).
- People from the most deprived areas are more likely to develop age-rated macular degeneration and often have poorer outcomes compared to people from the least deprived areas (Moore et al., 2025; Qu et al., 2024; Yip et al., 2015; Qu et al., 2024).
- People who live further away from hospital may experience a greater burden associated with cost and time required to travel to hospital appointments than people who live closer to hospital. People who do not get paid time off from employment for medical appointments will be financially disadvantaged if they need to attend regular appointments. Digital technologies would be used as an adjunct to usual care, so they would not necessarily replace in-person appointments.

- Using digital technologies requires a certain level of health literacy and familiarity with digital tools. People with lower digital literacy or limited access to technology may struggle to access the benefits of a digital offering or navigate the digital interfaces, leading to disparities in utilisation and health outcomes.
- People who are unable to read or understand health-related information including people who cannot read English may need additional support to use digital technologies. There is a risk of widening health inequalities if technologies require personal device ownership, digital literacy or English fluency

3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?

The potential equality issues will be noted by the committee and inform decision making where appropriate.

4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scoping workshop and scope consultation?

The potential equalities issues have been included in the equalities section of the draft scope.

5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?

No

Approved by senior responsible officer: Rebecca Albrow

Date: 04/02/2026

Draft guidance

6 Have the potential equality issues identified during the scoping process been addressed by the committee? If so, how?

The committee noted that people with a greater degree of visual impairment may not be able to use the technologies and other people may be unable to engage in the technologies for various reasons. The committee agreed that future studies should collect information about the characteristics of participants.

7 Have the potential health inequality issues identified during the scoping process been addressed by the committee? If so, how?

The committee noted that some people may be unable to engage with the technologies for various reasons. Future studies should include a diverse range of people with varying levels of digital literacy. The committee noted that people with advanced dry AMD do not usually attend hospital eye services for routine monitoring, and so the technologies do not impact on the burden associated with hospital attendance in this group.

8 Have any other potential equality or health inequality issues been raised in information submitted by stakeholders or in the external assessment report? If so, how has the committee addressed these?

No

9 Have any other potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?

The committee noted that most people with advanced dry age-related AMD are not offered monitoring with OCT scanning by the NHS. Most

people with advanced dry AMD would need to access OCT at their local optometrists and pay for it privately. So, access to OCT for many people is dependent on availability in their local area and individual ability to pay. This has been described in section 3.15 of the draft guidance. OCT is not a technology that was under consideration in this assessment.

10 Do the preliminary recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?

No. The technologies are recommended for research only. The committee discussed ways that future studies could generate evidence on barriers to using the technology. This could be achieved by including a diverse range of participants and collecting data on the demographic characteristics of participants including socioeconomic factors, digitally excluded groups and geographical locations.

11 Has the committee made any reasonable adjustments within its recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the technology needed to fulfil NICE's obligations to promote equality.

The technologies are recommended for research only.

12 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?

The clinical and cost effectiveness of the technologies was too uncertain to recommend use of the technologies for any group.

13 Have the committee’s considerations of equality and health inequality issues been described in the draft guidance? If so, where?

The committee’s considerations of equality and health inequality issues are described in section 3.15 of the draft guidance.

Approved by senior responsible officer: Rebecca Albrow

Date: 10/06/2026