

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequality impact assessment

HTG10887 Digital platforms to support preparation before and rehabilitation after primary elective hip or knee replacement surgery: early-use assessment

Scoping

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

Several potential equality issues have been identified in line with equality considerations for the included technologies. Key issues include:

Condition-related equality issues:

- Osteoarthritis (OA) is the most common indication for hip and knee joint replacement and its prevalence is higher in women, people aged 45 and over, and in people who are overweight or living with obesity.
- Symptom burden (pain, stiffness, mobility limitations) can be greater in women, which may affect rehabilitation needs.
- People with comorbidities, frailty, disability, sensory impairments, cognitive impairment, or reduced functional ability may require additional support during, before and after surgery.
- Access to joint replacement varies, with people living in more deprived areas having reduced access despite similar clinical need.

Technology-related equality issues:

- Digital platforms require access to a suitable device, reliable internet, and sufficient digital skills. Digital exclusion is more common in older adults, disabled people, people in deprived areas, people without private access to

- devices and people with low digital confidence. People who are less comfortable or skilled at using digital technologies may prefer another treatment option. Additional support and resources may also be needed.
- People with caring responsibilities, limited mobility, or difficulties attending in-person physiotherapy may benefit from digital rehabilitation platforms that offer flexible, remote support.
 - People with visual or hearing difficulties, cognitive impairment, problems with manual dexterity, a learning disability, people who are unable to read or understand health-related information (including people who cannot read English) or neurodivergent people may need additional support to use digital technologies. Some people would benefit from digital technologies being available in a language other than English or in accessible formats.
 - People's ethnic, religious, and cultural background may affect their views of digital platforms. Healthcare professionals should discuss the language and cultural content of the technologies before they are used.
 - Digital platforms offering structured rehabilitation programmes before and after surgery preparation and remote monitoring may reduce regional variation in access to rehabilitation, but only if digital access barriers are addressed.

Age, sex, disability and religion or belief are protected characteristics under the Equality Act 2010.

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

Yes. Potential health inequalities relate to differences in access to rehabilitation and digital technologies.

- People in rural or underserved areas may have limited access to in-person physiotherapy, long waiting times, and fewer supervised sessions increasing reliance on digital options. Digital platforms with remote monitoring or guided rehabilitation features may help identify concerns

earlier and support help people who struggle to attend frequent in person appointments, potentially reducing these inequalities.

- People in more deprived areas may experience reduced access to rehabilitation, longer waiting times, and lower likelihood of receiving elective joint replacement.
- Digital exclusion, including lack of reliable internet access or suitable devices, may prevent some people from using digital rehabilitation platform and could increase existing inequalities in access to rehabilitation services.

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 committee should consider all the equality issues when making recommendations. Recommendations may need to ensure:

- Digital platforms are suitable for people with varying levels of digital skills and confidence, physical function, sensory impairment and cognitive ability.
- Alternative or supported pathways are available for people unable to engage with digital platforms.
- Information is provided in accessible formats and in languages appropriate to diverse populations, with cultural adaptation if needed
- Whether digital rehabilitation platforms might reduce existing inequities in access to rehabilitation before and after hip or knee replacement surgery, or alternatively create new barriers for some groups
- The use of digital rehabilitation platforms does not exacerbate inequities in access to rehabilitation before or after hip or knee replacement surgery, and where possible supports reduction of unwarranted variation.

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?

Yes, wording changes have been made. The final scope more clearly reflects:

- Variation in access to rehabilitation services before and after surgery.
- Greater emphasis on digital exclusion, including device access, digital literacy, confidence, disability and sensory impairment
- The potential need for accessible formats and linguistic adaptation.
- Recognition that people with comorbidities, frailty or higher symptom burden may need more support.
- The possibility that digital platforms may reduce or increase regional variation depending on implementation.

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

No. The current stakeholder list already includes relevant stakeholders. No specific gaps were identified during scoping. The list will be kept under review and may be updated if further equality or health-inequality issues emerge during the evaluation.

Approved by senior responsible officer: Lizzy Latimer

Date: 05/12/2025

Draft guidance

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

The committee considered the equality issues identified during the scoping process. It agreed that there are groups of people for whom digital platforms may not be suitable. But, it was uncertain how these people should be identified, and what criteria should be used when determining if a digital platform should be offered as a treatment option. It prioritised further research on patient selection criteria.

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

Yes. The committee agreed that some people may struggle to use digital platforms, including people:

- who are less familiar with using digital technologies or who have limited access to equipment or the internet
- with lower levels of digital literacy
- with difficulties reading, writing or understanding health-related information (including people who cannot read English).

The committee noted that these people may need additional support, which can fall as the responsibility of carers, increasing the burden of caring for people having knee and hip replacements. The committee acknowledged that not all people have access to additional support and was concerned that digital platforms could create a care gap for some. Overall, the committee was concerned by a lack of clarity as to how digital platforms would be used in practice and how this may affect people with a range of needs. It prioritised patient selection criteria for potential digital platform users as a priority for further research.

The committee acknowledged that digital platforms may improve consistency of care for people in rural or underserved areas. But, it had concerns regarding isolation from healthcare professionals and the potential for harm from missed complications. It prioritised further evidence generation on adverse events to address this.

7 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.

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

No.

9 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.

10 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.

No.

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

Yes. The committee considered that people who have limited access to equipment or the internet and those with lower levels of digital literacy, difficulties reading, writing or understanding health-related information may struggle to use digital platforms. It was concerned that recommending digital platforms could result in people not receiving face to face physiotherapy, despite needing additional support. Patient representatives highlighted that digital platforms may shift care responsibility from healthcare professionals to carers, which not all patients may have readily available. It agreed that further research is required to understand the factors that need to be considered when deciding if digital platforms are suitable for a person.

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

Yes, in section 3.21.

Approved by senior responsible officer: Lizzy Latimer

Date: 25/06/2026