

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HealthTech Programme

Equality impact assessment

GID-HTE10068 Digital technologies delivering CBT for insomnia in adults

The impact on equality has been assessed during this scope development according to the principles of the NICE Equality scheme.

- 1. Have any potential equality issues been identified during the development of the scope or during selection, and, if so, what are they?**
 - Access to CBT-I is limited and varies between regions. Experts highlighted the postcode lottery in CBT-I provision with access generally limited to larger centres with specialist sleep/insomnia services. Digital CBT-I (dCBT-I) technologies could improve access by providing an option for patient groups who are otherwise unable to access CBT-I (e.g. people living in areas of socioeconomic deprivation). People who are unable to attend in-person CBT-I sessions (e.g. people with mobility issues) may benefit from being able to complete dCBT-I remotely, at a time/pace that is convenient for them.
 - People may not have access to (or be confident with using) devices on which dCBT-I is delivered (e.g. smartphone, tablet or desktop). The usability of dCBT-I technologies and the level of available technical support may also be important considerations for some people. Some dCBT-I technologies may require an internet connection to enable full functionality, which not all people will have access to.
 - Accessibility considerations of dCBT-I technologies include options for different languages, as well as features to promote usability for people with visual impairments, hearing or cognitive disabilities.
 - Digital CBT-I technologies may be unsuitable for or may need to be tailored to make them suitable for some patient groups. For example, people

working shifts, people who have cognitive impairment or mental health conditions. For people who may be at higher risk of other sleep conditions, such as pregnant people or people with comorbidities, a medical assessment is needed before CBT-I is started

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

- Insomnia is believed to be more common in women than men ([de Lange et al., 2024](#)). A prospective cohort study suggested 38% of pregnant women had insomnia, rising to 54% by the third trimester of pregnancy ([Flacco et al., 2010](#)).
- Insomnia may be present alongside a mental health condition (e.g. depression and anxiety, [Riemann et al., 2023](#)) or neurodevelopmental condition (e.g. autism). The lack of sleep associated with insomnia can contribute to heightened anxiety levels, making it challenging for people to manage stressors effectively.
- People with physical health conditions (e.g. cardiovascular conditions, diabetes, chronic pain and obstructive sleep apnoea) may also experience insomnia. Neurological conditions can also be present alongside insomnia (e.g. restless leg syndrome, multiple sclerosis, traumatic brain injury) ([Riemann et al., 2023](#)).
- Factors related to substance use may contribute to chronic insomnia (e.g. alcohol, nicotine, caffeine) ([Riemann et al., 2023](#)).
- Insomnia is more prevalent in prison populations than in the general public ([Dewa et al., 2017](#)).

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 discussions where appropriate.

4. Has any change to the draft scope been agreed to highlight the potential issues set out in questions 1 and 2?

- The potential equality issues have been included in the equalities section of the draft scope.
- Data on performance of the technologies in different groups can be assessed if it is available.

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

No additional stakeholders related to potential equality issues have been identified during the scoping process

Approved by Associate Director (name): Rebecca Albrow

Date: 7 January 2026