

## **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

### **Equality impact assessment**

# **GID-HTE10069 Digital platforms to support rehabilitation before and after primary elective hip or knee replacement surgery**

## **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.

- 2 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.
- 3 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.

#### **4 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.

## **5 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 adaption 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.

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

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.

**7 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 associate director:** Lizzy Latimer

**Date:** 05/12/2025