

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Early Value Assessment programme

Equality impact assessment: Guidance development

GID-HTE10030 Digital supported self-management technologies for adults with COPD: early value assessment

The impact on equality has been assessed during this evaluation according to the principles of the [NICE Equality scheme](#).

Draft guidance consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

The committee considered the potential equality considerations identified at scoping. Key issues included:

- COPD is most common in people over 50 years old. Men tend to be at higher risk of developing COPD than women. There is a higher prevalence of respiratory diseases in people with lower socioeconomic status. This is because of the effect of living in deprived areas and higher rates of smoking. Also, people living in deprived areas have a lower life expectancy than the general population. COPD is responsible for 8% of life expectancy difference in men and for 12% of this difference in women.
- Digital technologies for supported self-management are accessed via a mobile phone, tablet, or computer. People will need regular access to a device with internet access to use the technologies. Additional support and resources may therefore be needed for people who are unfamiliar with digital technologies or people who do not have access to smart devices or the internet.
- People who have a visual, hearing, or cognitive impairment, problems with manual dexterity, a learning disability, a mental health condition, or who are unable to read or understand health-related information (including people who cannot read English) may need additional support to use digital technologies that support COPD self-management. Some people would

benefit from their self-management resources being delivered in languages other than English. Most technology developers advised that they were offering their resources in other commonly spoken languages that are not English.

- People's ethnic, religious, and cultural background may affect their views of using digital technologies for supported self-management. Healthcare professionals should discuss the language and cultural content of digital technologies with patients before use.

Age, disability, sex, race and religion or belief are protected characteristics under the Equality Act (2010). The committee recognised that there are potential risks for creating inequity in service provision and in implementing digital technologies to support self-management. Technology developers advised that they take steps to promote service inclusion, particularly by providing support during onboarding, which may help mitigate these risks.

2. Have any other potential equality issues been highlighted in the company's submission, or patient and carer organisation questionnaires, and, if so, how has the committee addressed these?

Patient and clinical experts highlighted that digital technologies may be an enabler to some people. People with visual impairment or learning disabilities may find using digital technologies helpful for example if data is uploaded automatically by smart devices when self-monitoring which could improve data accuracy and improve their care.

3. Have any other potential equality issues been identified by the committee and, if so, how has the committee addressed these?

No other potential equality issues or considerations were identified by the committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to or difficulties with access for the specific group?

Adults with limited access to devices on which to use digital technologies or who are less skilled or comfortable with using digital technologies may be less likely to benefit from digitally supported self-management. Additional support may be needed for people with accessibility needs or who are unable to read or understand English. But the digital technology is not intended to replace face to face contact so usual care will still be an available option for people with COPD.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

No

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

Yes, these have been discussed in section 3.17 of the draft guidance.

Approved by Associate Director: Anastasia Chalkidou

Date: 24/05/2024