NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HealthTech Programme

GID-HTE10060 Digital Platforms to Support Cardiac Rehabilitation: Early value assessment

Equality impact assessment: Scoping

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

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

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

- Lower completion rates of cardiac rehabilitation programmes are found in people aged 65 and under, women, and people from more deprived areas. Clinical experts advised that people who are struggling with psychological adjustment to cardiovascular disease (CVD) are also less likely to uptake or complete cardiac rehabilitation (CR).
- CVD is most common in people over 65 with a mean age at diagnosis of 70.5 years. However, there is a substantial proportion of the adult working population below this age who have cardiovascular conditions.
- Some people aged under 18 years have cardiovascular conditions (such as congenital heart disease) and may benefit from cardiac rehabilitation. The content and support required for these programmes would be different from that provided to the adult population. Cardiac rehabilitation is usually commissioned for the adult population only. The population for this assessment has been restricted to adults aged 18 years and over based on available evidence, current practice and the BACPR recommendations which recommend cardiac rehabilitation for adult congenital heart disease, but not for children and young people.
- CVD is twice as common in men than women in all age groups.

- There is a higher prevalence of CVD in people from a lower socioeconomic background due to poorer living conditions and exposure to environmental risk factors.
- Digital supported cardiac rehabilitation technologies 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 be needed for people who are unfamiliar with digital technologies or people who do not have access to smart devices or the internet.
- People with visual, hearing, or cognitive impairment; problems with manual dexterity; a learning disability; a mental health condition; who are neurodivergent; 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 cardiac rehabilitation. Some people would benefit by having the information delivered in languages other than English.
- People's ethnic, religious, and cultural background may affect their views of using digital technologies for cardiac rehabilitation. Healthcare professionals should discuss the language and cultural content of digital technologies with patients before use.
- In addition, there are groups of people who may struggle to access digitally supported cardiac rehabilitation, such as people who are experiencing homelessness, people living in homes of multiple occupancy or people living in residential care. These people should be supported through shared decision making to select the appropriate treatment option for them.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

The committee should consider all the equality issues when making recommendations. There is a pre-existing health inequality in prevalence of CVD by age, sex, ethnicity and by socioeconomic status. There is also a pre-existing health inequality in cardiac rehabilitation attendance rates by sex, age, socioeconomic status and ethnicity. Access to digital technologies to support cardiac rehabilitation could improve access, adherence and completion rates of rehabilitation programmes for some of these groups. However, access may not be improved for those who are unable to engage with a digital technology due to a lack of accessibility features, lack of mobile phones or computers, poor or unavailable internet connection or data allowance or lack of experience with use of computers or smartphones. The committee will need to consider how digital technologies can be implemented to ensure these factors are considered. It is not the intention that digital

technologies will replace existing treatment options. Instead, they are being considered as an option that can be offered to deliver cardiac rehabilitation programmes remotely.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

The potential equality issues were discussed at the scoping workshop. Stakeholders agreed with the potential issues that were raised, and an additional equality issue was included: people struggling with psychological adjustment to CVD are less likely to take up or complete CR.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders related to potential equality issues were identified during the scoping process.

Approved by Associate Director: E. Eaton Turner

Date: 10/04/2025