

HealthTech Programme

Equality Impact Assessment – Guidance Development

HTE10060 Digital platforms to support cardiac rehabilitation: early value assessment

Consultation

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

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 cardiac rehabilitation.

- Cardiovascular disease 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 disease. Study populations typically included older adults (mean or median ages between 50 and 66 years) with a high proportion of white male participants. Lower uptake and completion rates of cardiac rehabilitation programmes are found in younger people, women, people from more deprived areas, people who are struggling with psychological adjustment to cardiovascular disease and ethnic minority groups. The committee felt that introducing digital technologies could improve uptake and completion in these demographics. Further research was recommended that includes underserved populations, and that analyses outcomes by subgroup.
- The committee recognised that using digital tools may be challenging for some people such as older people, people with dexterity issues, people who do not have regular access to smart devices or the internet, people who do not have English as a first language and

people experiencing homelessness, living in homes of multiple occupancy, or in residential care. Additional support and resources may be needed for these groups. The clinical experts also noted that some of these groups are already less likely to do cardiac rehabilitation, and so introducing digital tools could widen existing equality gaps. The committee concluded that more data is needed on the usability and acceptability of digital tools in different groups.

- People with visual, hearing, or cognitive impairment; a learning disability; a mental health condition; who are neurodivergent; or who are unable to read or understand health-related information may need additional support to use digital technologies that support cardiac rehabilitation. The committee recalled that many studies excluded people with high depression or anxiety scores, or cognitive impairment. The committee concluded that further research is needed to collect evidence of uptake and effectiveness in these subgroups, and that the suitability of the technology should be considered in the initial assessment.
- People's ethnic, religious, and cultural background may affect how cardiac rehabilitation should be delivered. For example, dietary advice may need to be tailored to the cultural background of the person with CVD. The committee recommended that healthcare professionals should discuss the language and cultural content of digital technologies as part of the initial assessment. The draft guidance addresses the equality issues in sections 3.21 to 3.23.

2. Have any other potential equality issues been raised in the external assessment report, and, if so, how has the committee addressed these?

No further equality issues were raised.

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?**

No.

- 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?**

Yes, the committee have recommended that people are offered the choice between digital and conventional cardiac rehabilitation and allowed to make an informed decision. Also, all people who are eligible for cardiac rehabilitation should have a comprehensive initial assessment in which the suitability of the mode of delivery and specific technology is determined. It is not intended that digital technologies replace existing treatment options. Instead, they are being considered as an option that can be offered to deliver cardiac rehabilitation programmes remotely. The committee have also recommended further research on outcomes in certain subgroups who have been shown to benefit less from cardiac rehabilitation.

- 7. Have the committee's considerations of equality issues been described in the draft guidance document, and, if so, where?**

Equality issues and considerations have been described in sections 3.21 to 3.23 of the draft guidance.

Approved by Associate Director: Rebecca Albrow

Date: 14/08/2025

Final draft guidance

- 1. Have any additional potential equality issues been raised during the consultation on the draft guidance, and if so, how has the committee addressed these?**

No further equality issues were raised during consultation. But the issues raised in the first committee meeting were further emphasised.

- 2. If the recommendations have changed after consultation, are there any recommendations that 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 access for the specific group?**

The changes to the recommendations after consultation do not make it more difficult for a specific group to access the technologies.

- 3. If the recommendations have changed after consultation, 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.

- 4. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?**

To ensure that inequalities are not introduced due to different groups choosing to access digital or in person rehabilitation services, the committee added an instruction that "People who choose to do digital cardiac rehabilitation should have continued access to support from the cardiac rehabilitation team".

- 5. Have the Committee's considerations of equality issues been described in the EVA guidance document, and, if so, where?**

The committee's considerations on equality issues have been described in sections 3.21 to 3.23 of the final guidance document.

Approved by Associate Director (name): Rebecca Albrow

Date: 02/10/2025