

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HealthTech programme

**Digital self-help for eating disorders: early value
assessment**

Equality impact assessment

Draft guidance

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

The committee noted that some people may particularly benefit from having access to unguided digital self-help. For example, people with less severe eating disorders who may otherwise wait longer for treatment and people who live in areas with lower specialist eating disorder service capacity.

Most study participants in the key studies were white women. Not all studies reported information on the participants' ethnicities or whether they had conditions that may make it more difficult to use or complete digital self-help. This could include whether participants were neurodivergent, had learning disabilities, visual, hearing or cognitive impairment or problems with manual dexterity, or were less used to using digital technologies in general. The patient and carer experts highlighted the importance of inclusive technologies. If digital self-help programmes are designed only with neurotypical women from white ethnic groups in mind, others may find it harder to engage with the therapy. The committee agreed that future studies should collect information about the characteristics of study participants. This should include participants' ethnicity and whether people have conditions that may make it more difficult to use the technology. Studies should aim to include a diverse group of people and an equality impact assessment.

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

The EAG did not identify additional equality issues.

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

No.

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. It may improve the access to eating disorder treatment to some groups.

Unguided digital self-help is a treatment option that can start as soon as an eating problem is identified. This is important because early intervention increases the chances that a person makes a full recovery.

Some people may particularly benefit from having access to unguided digital self-help, for example:

- people with less severe eating disorders who may otherwise wait longer for treatment
- people who live in areas where specialist eating disorder service capacity is lower.

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 guidance document, and, if so, where?

The committee's equality considerations are described in sections 3.14 and 3.15 of the draft guidance.

Final guidance

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

During consultation, a stakeholder noted that conditions that may make it more difficult to use or complete digital self-help could include difficulties reading or not having English as a first language. This has been added to the guidance section 3.9.

Another stakeholder at consultation noted that accessing technologies can be a challenge and requires support for some users to make treatments accessible for all. The committee discussed access and engagement issues and added in section 3.9 that some people may have increased engagement with self-help treatment in an interactive digital format than with a book in a printed or electronic format. Guidance section 3.9 notes that some conditions may make it more difficult to use or complete digital self-help, such as:

- neurodivergence
- a learning disability
- difficulty reading
- not having English as a first language
- visual, hearing or cognitive impairment
- problems with manual dexterity
- less experience using digital technologies in general.

The guidance section 3.9 also notes that if digital self-help programmes are designed only with neurotypical women from white ethnic groups in mind, people from other groups may find it harder to engage with the therapy. Examples of groups that may find it harder including people experiencing poverty and food insecurity, neurodivergent people, people from minority ethnic groups and trans people, have been added to this guidance section. This guidance section notes that people who fit into more than one of these groups may be even more likely to have difficulties engaging with digital self-help technologies. The committee agreed that future studies should collect information about the characteristics of study participants.

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 recommendations did not change after consultation.

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?

The recommendations did not change after consultation.

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?

The recommendations did not change after consultation.

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

The committee's equality considerations are described in section 3.9 of the final guidance.

Approved by Associate Director: Lizzy Latimer

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