

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

Digital technologies to support self- management of asthma

Scoping

- 1 Have any potential equality issues been identified during the scoping process? If so, what are they?**

Gender and age: Male sex is a risk factor for asthma in pre-pubertal children or childhood. Female sex is a risk factor for the persistence of asthma in the transition from childhood to adulthood and women may experience more severe symptoms and higher rates of hospitalisations. The prevalence of asthma increases as age increases and asthma management strategies are tailored for different age groups. The digital technologies also differ by the populations they are intended for. Some are designed specifically for children, adolescents, or adults.

Ethnicity: In the UK, people of South Asian origin experience excess morbidity and three times higher hospitalisation rates compared with the White British population. South Asian children are more likely to have uncontrolled symptoms and hospital admissions with acute asthma compared with White British children.

People's ethnic, religious, and cultural background may affect their views of digital technologies for supported self-management. The NHS RightCare asthma toolkit highlights that self-management support should be culturally appropriate and available in different languages. Including accessible language and culturally relevant content helps reduce health inequalities and promotes access for all.

Sexual orientation and gender reassignment: LGBTQ+ individuals may experience higher rates of asthma diagnosis and poorer health outcomes compared to heterosexual people. Lung function tests (like peak flow and FEV₁) may use sex-based reference values that risk misrepresenting results for transgender individuals.

Disability: Some individuals with asthma may be covered by the Equality Act 2010 if their condition has had a substantial adverse impact on normal day to day activities for over 12 months or is likely to do so.

People with a visual, hearing, or cognitive impairment, problems with manual dexterity, a learning disability, mental health difficulties, those with language and communication difficulties (including people who cannot read English or understand health related information) or people with neurodivergent conditions may need additional support to use digital programmes for self-management.

2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?

Geographical health disparity and socioeconomic status: People from deprived areas are three times more likely to have asthma, have significantly worse outcomes and are more likely to be hospitalised than people from wealthier areas. They may have greater exposure to environmental triggers such as poor air quality, poor housing, and higher rates of smoking. People in these areas may face challenges with health literacy, which could make it more difficult for them to effectively self-manage their asthma.

Digital access: Digital technologies may improve asthma care by offering an alternative support format to in person appointments for those with mobility issues, poor transport access and geographical barriers. Regular access to a device with internet access is needed to use the technologies, but some people may not have access to

appropriate equipment or internet. Some people may also prefer to use non-digital methods because of low health literacy or they may be less comfortable or skilled at using digital 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. The NHS England RightCare asthma toolkit highlights that self-management support should be equitable and accessible to people with varying levels of health literacy.

3 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 potential equality issues will be considered by the committee during decision making. The committee could consider the indicated age ranges of digital technologies, availability of different languages, digital accessibility features and any other support for people who may find it more difficult to use digital self-help technologies when they are making recommendations.

4 Has any change to the draft scope been agreed to highlight the potential issues set out in questions 1 and 2 following the scoping workshop?

During the scoping workshop and assessment subgroup meeting clinical experts highlighted that there is emerging evidence that LGBTQ+ individuals may experience higher rates of asthma diagnosis and poorer health outcomes. It was also noted that some lung function tests may use sex-based reference values which could under or overestimate lung function in transgender people.

5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?

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

Approved by associate director: Lizzy Latimer

Date: 20/08/2025

Draft guidance

6 Have the potential equality and health inequality issues identified during the scoping process been addressed by the committee? If so, how?

The committee noted that the patient survey highlighted some barriers in accessing the technologies such as neurodiversity, cognitive impairments and communication difficulties. All companies confirmed that the apps can use the accessibility and adaptability features on a smartphone. They also confirmed that multiple language options are either already available or in development. The committee also highlighted the importance of gathering insights from more ethnically diverse groups and from people for whom English is a second language. It said that this would identify barriers that might affect equality of access. The committee emphasised that future engagement should prioritise diversity and inclusion to ensure digital tools are designed and evaluated to address potential inequalities and support equitable access for all patient groups.

The committee recognised that younger people may prefer digital tools. They said that it is important to involve them as well as parents and carers in evidence generation.

- 7 Have any other potential equality or health inequality issues been raised in the stakeholder submissions or the assessment report? If so, how has the committee addressed these?**

The EAG and stakeholders did not identify additional equality issues in the assessment report or stakeholder submissions.

- 8 Have any other potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

No

- 9 Do the preliminary recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

No, the recommendations would not affect access to the technology for any individual.

- 10 Has the committee made any reasonable adjustments for the equality issues identified in its recommendations? That is, any adjustments needed to remove or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.**

No

- 11 Have the committee's considerations of equality and health inequality issues been described in the draft guidance? If so, where?**

Yes, equality issues have been described in sections 3.9, 3.23 to 3.25 of the draft guidance.

Approved by associate director: Lizzy Latimer

Date: 09/12/2025

Final draft guidance

- 12 Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?

No additional issues were raised.

- 13 Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?

No, but the committee noted that for some technologies currently the range of languages remains limited and that technologies that provide multiple language options would be important to meet the needs of NHS users. This has been added to section 3.17 in the guidance.

- 14 If the recommendations have changed after consultation, do the updated recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?

No, but an additional technology was recommended and the committee noted that the range of languages for that technology was limited. This has been added to Section 3.17 of the guidance. But other technologies do include a more extensive range and most companies confirmed they were actively working to add more.

- 15 If the recommendations have changed after consultation, has the committee made any other reasonable adjustments for the equality issues identified in its recommendations? That is, any adjustments

needed to remove or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.

No

- 16 Have the committee's considerations of equality and health inequality issues been described in the final draft guidance? If so, where?

Yes, in section 3.17 of the final guidance.

Approved by associate director: Lizzy Latimer

Date: 09/03/2026