

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme

### Equality impact assessment: Guidance

#### GID-MT570 AposHealth for knee osteoarthritis

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

#### Medical technology draft guidance document

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

AposHealth is intended for people with knee osteoarthritis. Osteoarthritis is more common in people who are older, in women and in people with obesity. One meta-analysis conducted in North America found that pain severity and disability is higher for people with an African family background compared with people with a European family background. Age, sex, disability and race are protected characteristics under the Equality Act 2010.

The technology may be contraindicated for people with balance issues, people who require walking aids and people with especially severe osteoporosis. Mobility impairments and other conditions that have a substantial and long-term adverse effect on daily functioning are considered disabilities. Disability is a protected characteristic under the Equality Act 2010. The committee acknowledged that the technology may not be suitable for certain people but accepted that healthcare professionals will use clinical judgement on an individual basis when referring people for AposHealth.

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

No.

**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. Although there are contraindications for AposHealth, exclusion is not a direct result of the committee's recommendations. People will be reviewed on an individual basis using clinical judgement.

**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 draft guidance, and, if so, where?

Section 4.5 includes the committee considerations on the use of AposHealth for people who may be contraindicated.

**Approved by Associate Director: Anastasia Chalkidou**

**Date: 09/11/2022**

## Medical technology guidance document

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

Consultation comments noted that the technology may be contraindicated for people who are at a high risk of falls, and this group was excluded from the evidence base. They also noted that the group most likely to be unfit for surgery may be people at risk of falls due to frailty or other comorbidities.

The committee discussed patient eligibility for AposHealth and noted the contraindications. Clinical expert advisers explained that eligibility for AposHealth is reviewed on an individual basis to ensure patients are not put at risk of falls and can control the instability of the shoes. The committee acknowledged that the technology may not be suitable for certain people but accepted that healthcare professionals will use clinical judgement when referring and assessing people for AposHealth. Section 4.4 and 4.5 in the medical technologies guidance have been amended to reflect this discussion.

The committee also agreed that further research is needed for people who cannot have surgery (for example people who are frail) as well as the wider population of people with osteoarthritis. Recommendations 1.1, 1.2 and 1.3 have been amended to reflect this decision.

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?

There is limited clinical evidence and AposHealth was likely to be cost incurring for people who meet the referral criteria for total knee replacement surgery, but who cannot have surgery because it would be unsafe (for example, people who are frail or have significant comorbidities). After consultation, the committee concluded that AposHealth should be recommended for use in research only for this group.

**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?

Other non-surgical standard care treatments are available to people who cannot have surgery. The recommendations for AposHealth state that the technology can be used in a research context.

**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?

There are significant uncertainties in the clinical and cost benefits for people who cannot have surgery, so use of AposHealth is not recommended outside of a research context.

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

Yes, section 4.5 of the guidance.

**Approved by Programme Director:** Sarah Byron

**Date:** 09/02/2023