

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Devices for remote monitoring of Parkinson's disease

Consultation

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

The following were identified as potential equality issues relating to the condition rather than use of the technology:

- Parkinson's disease predominantly affects older people and is more common in men than women.
- Many people with Parkinson's disease may be protected under the disability provision of the Equality Act because their condition is likely to have long-term adverse effects on their ability to do normal day-to-day activities.

The following were identified as potential equality issues relating to use of the technologies:

- People who are frail or have cognitive impairment or both may struggle to use the technology. Recommendation 1.3. in the diagnostics consultation document states that clinicians should support people to set up and operate the remote monitoring devices if they need it.
- The technology is not suitable, or may not work as well, for people who have restricted movement, for example people who are bed bound or wheelchair users. This is because some of the technology outputs are based on measuring movement. Recommendation 1.3 in the diagnostics consultation document states that clinicians should consider features of the devices and how they are used when identifying which may be most suitable for a person, particularly for people with restricted movement, missing limbs, people who are frail or have cognitive impairment. For people who cannot use the device, or if there are concerns that restricted movement means it may not be working as accurately, greater use of clinical judgement may be needed.

- People with Parkinson's disease from the black, Asian and minority ethnic community may have an atypical pattern of Parkinson's disease that is not often recognised by healthcare professionals (NICE MIB258). Recent findings from a UK study suggest differences in the phenotype of Parkinson's disease in people from a black, Asian or other minority ethnic group, with a greater burden of non-motor symptoms, motor disability and a higher rate of cardiovascular comorbidities (Sauerbier et al., 2021). Incidence of Parkinson's disease may vary by ethnicity. The EAG did not find any evidence on technology performance by ethnicity. The committee discussed that the performance of the device could therefore vary in people from different ethnic family backgrounds, and so further data collection in these populations is important. Section 3.17 in the diagnostics consultation document states that more data collection is needed in populations that represent the potential use and benefits of the devices in the NHS.
- Clinical experts highlighted that this technology may offer additional value to people facing problems communicating their symptoms. This may include people facing language barriers, people with recall problems and people who live alone who may not notice changes in their symptoms. This could benefit people with cognitive disorders and people who do not speak English as a first language. The EAG did not find any evidence specifically related to people facing communication barriers. The committee discussed that objective monitoring devices could help these people and considered this in its decision-making. The statement in section 3.17 in the diagnostics consultation document (described above) also supports data collection in people facing these barriers.
- Clinical experts highlighted the importance of accessibility in training and other user-support resources for people with hearing loss or visual impairment (see section 3.1 in the diagnostics consultation document).
- Improved remote management of Parkinson's disease may improve health outcomes for people in more rural or remote settings. Wider availability of remote appointments may also allow greater access to care for people who are less able to afford travel to in-person appointments. The committee considered the potential benefits of the technologies for people with Parkinson's and their carers in its decision-making. It noted that remote monitoring technologies could make remote care easier, so that healthcare professionals could do appointments by telephone or video call, so people did not have to travel as often to meet in person. This would reduce travel costs and could reduce how much their condition feels like a medical condition,

particularly in the earlier stages (section 3.1 in the diagnostics consultation document). Section 3.2 in the diagnostics consultation document also states that travel for in-person appointments can be difficult for carers who may need to take time off work, particularly if they are the only earner, so being able to use remote appointments more would help.

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

No other potential equality issues were raised in the diagnostics assessment report.

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

Section 3.1 in the diagnostics consultation document outlines the committee's acknowledgment that the technology may not be suitable for people who have missing limbs or sensory impairment. For people who cannot use the device, or if there are concerns that not being able to place all of some of the sensors as intended means that the technology may not be working as accurately, greater use of clinical judgement may be needed.

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?

People who are frail or have cognitive issues may have difficulty setting up or using the device at home (section 3.1 in the diagnostics consultation document). Recommendation 1.3 states that clinicians should consider supporting people to set up and operate the remote monitoring devices if they need it.

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. How the technology works or is worn means that some people with disabilities that restrict movement or have missing limbs may not be able to use the technology, or there may be concern, if the technologies are used, that they may not function as accurately. In such cases, assessment of motor and non-motor symptoms using clinical judgement (as per current practice) without use of the technologies will need to be the only, or main, method of monitoring.

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?

The committee has recommended that further data should be generated from populations that reflect the groups below (section 3.14 and 3.17) to make sure that data on subgroups identified is available for future assessment:

- people who face communication-barriers
- people from specific family backgrounds
- people from different socio-economic backgrounds
- people facing difficulties attending consultations or accessing care from services at full capacity.

Recommendation 1.3 also states that clinicians should consider supporting people to set up and operate the remote monitoring devices if they need it.

7. Have the Committee's considerations of equality issues been described in the diagnostics consultation document, and, if so, where?

Equality issues have been described in sections 3.1, 3.2, 3.14 and 3.17.

Approved by Associate Director (name):Rebecca Albrow

Date: 16/09/2022

Diagnosics guidance document

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

No other potential equality issues were raised during consultation.

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, or difficulties with, access for the specific group?

No, the changes made to the recommendations following consultation are minor and do not affect access to the technology for different groups of people.

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, the changes made to the recommendations following consultation are minor and do not impact on people with disabilities.

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?

No, the changes made to the recommendations following consultation are minor, so the previous considerations prior to consultation stand.

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

Equality issues have been described in sections 3.1, 3.2, 3.14 and 3.17.

Approved by Associate Director (name): Rebecca Albrow

Date: 16/11/2022