

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical technologies evaluation programme

Equality impact assessment: Guidance development

GID-HTE10006: Virtual Ward Platform Technologies for acute respiratory infections

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

Draft guidance consultation

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

The committee thoroughly considered the potential equality issues that were identified during scoping. Key issues included:

- Technology-enabled virtual wards are often delivered through a smart device. People need regular access to a device with internet access to use the technologies. Additional support and resources may be needed for people who are unfamiliar with digital technologies or do not have access to smart devices or the internet. Suitability of the person's usual place of residence should also be considered. For example, does the residency have a fixed or mobile telephone line, running water and electricity. People with no fixed address, no privacy, or with a lack of physical space may find it hard to use a virtual ward.
- People with cognitive impairment, problems with manual dexterity, learning disabilities or who have difficulty reading or understanding health-related information may need additional support to use technology-enabled virtual wards. This should be considered when selecting and delivering these interventions.
- Technology-enabled virtual wards should be accessible to people with visual impairments using screen readers, and people with hearing impairments.
- People with English as a second language may have difficulties navigating technology-enabled virtual wards provided in English. Technology-enabled virtual wards providers should consider how to translate these interventions or provide additional support as needed.
- Acute respiratory infections are more common in people who are 65 and

Over. This population also has a higher risk of serious illness and worse outcomes.

- People with learning disabilities have higher rates of asthma, COPD and upper respiratory tract infections and poorer measured lung function.
- Pregnant people are at greater risk of developing complications due to acute respiratory tract infections.
- Some pulse oximetry devices have been reported to overestimate oxygen saturation levels in people with darker skin, which may lead to them not being treated when treatment is needed.
- There is evidence to suggest that there is a higher incidence of mortality from respiratory disease in England for men than women. There are differences in help seeking behaviour between men and women, which may increase a man's risk for pneumonia hospitalisation.

Age, sex, disability, race, and pregnancy are protected characteristics under the Equality Act 2010.

The committee acknowledged that companies can loan smart devices with internet access to people who do not have access. They can also provide different accessibility features including devices with large screens and buttons, screen reading software, translation services or the app in multiple languages. Some pulse oximetry devices have been reported to overestimate oxygen saturation levels in people with darker skin, limitations should be recognised for any test and range of outcome measures should be considered.

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

No, all equality issues considered by the committee were raised during scoping.

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?

Adults who are less comfortable or skilled at using digital technologies may be less willing to use a virtual ward. Additional support may also be needed for people with additional accessibility needs or who are unable to read or understand English. Some people's place of residence may make virtual ward use unsuitable, meaning other care settings may be more appropriate. The draft guidance addresses the equality issues in sections 3.11 to 3.13.

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?

The equality considerations as discussed in sections 3.11 to 3.13, including the alleviation of barriers.

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

Yes, these have been discussed in sections 3.11 to 3.13 of the draft guidance. Patient considerations are also discussed in sections 3.8 to 3.10.

Approved by Associate Director: Anastasia Chalkidou

Date: 1/08/2023

