NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE

Medical technologies evaluation programme

Equality impact assessment: Topic selection and scoping

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](https://www.nice.org.uk/About/Who-we-are/Policies-and-procedures/NICE-equality-scheme).

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| 1. Have any potential equality issues been identified during the development of the topic briefing note or during selection, and, if so, what are they?
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| Several potential equality issues have been identified for the use of virtual ward platform technologies. Key issues include: * 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
	+ with visual, hearing, or cognitive impairment
	+ with problems with manual dexterity
	+ who are unable to read or understand health-related information.
* Technology-enabled virtual wards should be accessible to people with visual impairments using screen readers, and people with hearing impairments.
* Virtual ward providers should consider how to translate the interventions or provide additional support for people with English as a second language who may have difficulty navigating the technology.
* 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 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. |

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| 1. What is the preliminary view as to what extent these potential equality issues need addressing by the committee?
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| The committee should consider all equality issues when making recommendations. Use of virtual wards could be limited due to a lack of access to equipment, internet access and a lack of experience with digital technologies. Companies can loan a smart device, provide mobile data and offer training. Patients or their carers would also need the motivation and confidence to use the technologies. Other considerations on virtual ward use need to include the suitability of the patient’s usual place of residence and level and type of support required for people with English as a second language. |

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| 1. Has any change to the draft scope been agreed to highlight potential equality issues?
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| Subgroups were added to the draft scope to consider health inequalities and comorbidities. |

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| 1. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?
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| No additional stakeholders related to potential equality issues were identified during the scoping process.  |

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 16/5/23