

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**EARLY VALUE ASSESSMENT PROGRAMME**

**Equality impact assessment: guidance development**

**GID-HTE10007 Digitally enabled weight management programmes to support treatment with weight management medication: early value assessment**

The impact on equality has been assessed during this early value assessment (EVA) 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**Draft guidance consultation**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:

- Obesity rates increase with age and people aged 45 and over have an increased risk of obesity. Obesity rates differ between socio-economic groups. People living in the most deprived areas are more likely to be living with obesity than those in the least deprived areas.
- People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to central adiposity and have an increased risk of chronic health conditions at a lower BMI.
- Digitally enabled technologies are accessed via a mobile phone, tablet, or computer. People will need regular access to a device with internet access to use the 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.

- People with visual, hearing, or cognitive impairment; problems with manual dexterity; a learning disability; or who are unable to read or understand health-related information (including people who cannot read English) may need additional support to use digitally enabled technologies. Some people would benefit from digitally enabled technologies in languages other than English.
- People's ethnic, religious, and cultural background may affect their views of digitally enabled weight management interventions. Healthcare professionals should discuss the language and cultural content of digitally enabled programmes with patients before use.
- Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

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?

All equality issues considered by the committee were raised during scoping. A patient organisation submission reiterated that the people with a learning disability or people who are unable to read or understand health-related information (including people who cannot read English) may need additional support to use digitally enabled technologies or may need alternate treatment options.

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

No additional equality issues or considerations were identified by the committee. But, clinical experts provided further clarifications during the meeting. Clinical experts estimated that 7% to 30% of people may find digitally enabled weight-management programmes unsuitable for multiple reasons. They also stated that there is a lack of evidence available to identify which groups may or may not be able to access digitally enabled technologies, and who may benefit the most from

these technologies. More detail of the committee discussion is in section 3.8 of the draft guidance.

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?

Digitally enabled technologies may not be suitable for all people. Adults who are less comfortable or skilled at using digital technologies, are less likely to benefit and may prefer another treatment option. People who have limited access to equipment and internet may have difficulties accessing digitally enabled technologies.

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. But people with visual, hearing, or cognitive impairment; problems with manual dexterity; a learning disability; or who are unable to read or understand health-related information may need additional support to use digitally enabled technologies.

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?

People who are less comfortable or skilled at using digital technologies, are less likely to benefit and may prefer another treatment option. Some people may need additional support when using digitally enabled technologies. The committee noted that the provision of a tablet computer and mobile internet connection should be considered by NHS teams when offering digitally enabled weight-management technologies to adults who may not have access to equipment or internet to reduce digital inequality. The committee also acknowledged that the technologies will not

be suitable for all people, and that patient choice is important when considering treatment options. This is discussed in the section 'Managing risk' and section 3.8 of the draft guidance.

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 the section 'Managing risk' and section 3.8 of the draft guidance.

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 28.07.2023

### **Early value guidance document**

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

During consultation, comments highlighted that autistic people may need additional support to use the technologies. It was also highlighted that the technologies would not be suitable for some people, even with additional support. The committee acknowledged that some people may not benefit from the technologies, but that more data is needed.

9. 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?

The recommendations have been amended after consultation, but there are no additional barriers to access the technologies related to this amendment.

10. 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?

The recommendations have been amended after consultation, but there is no additional impact on people with disabilities related to this amendment.

11. 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?

Additional information has been added to the 'Managing the risk of use in the NHS with evidence generation' section of the guidance document to reflect that some people may prefer an alternative treatment, need additional support or may not be able to use the technologies, and that people have a right to make informed decisions about their care.

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

The committee's considerations are discussed in the 'Managing the risk of use in the NHS with evidence generation' and section 3.10 of the guidance document.

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 13/10/2023