

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

EARLY VALUE ASSESSMENT PROGRAMME

Equality impact assessment: guidance development

**GID-HTE10023 Digital technologies for providing
specialist weight-management services: 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Draft guidance consultation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 related to the included technologies included:

- Digital weight-management 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 digital technologies. Some people would benefit from digital technologies in languages other than English.
- People's ethnic, religious, and cultural background may affect their views of digital weight-management technologies. Healthcare professionals should

discuss the language and cultural content of digital technologies with patients before use..

Key issues related to obesity 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.

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?

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 digital technologies or may need alternate treatment options.

A professional organisation submission reiterated that people from a lower socioeconomic background may struggle to access the technologies.

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

During consultation for the digital technologies for delivering specialist weight-management services to manage weight-management medicine early value assessment ([HTE14](#)) comments highlighted that autistic people may also find the technologies unsuitable or may need additional support, and that the technologies

may not be suitable for some people, even with additional support. Details of the committee discussion is in section 3.21 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?

Digital 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 digital 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; reduced manual dexterity; a learning disability; people who are unable to read or understand health-related information and autistic people may need additional support to use digital 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 digital weight-management technologies. The committee acknowledged that digital 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 the risk of use in the NHS with evidence generation' and section 3.21 of the draft guidance.

The provision of a tablet computer was included in the EAG's economic model to reduce digital inequality.

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 the risk of use in the NHS with evidence generation' and section 3.21 of the draft guidance.

Approved by Associate Director: Anastasia Chalkidou

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