

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical technologies evaluation programme

Equality impact assessment: Guidance development

GID-HTE10021: Digital technologies for managing low back pain

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Draft guidance consultation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:

- Digital technologies for managing low back pain (LBP) are delivered through a mobile phone, tablet or a computer. People will need regular access to a device with internet access to use these technologies. Additional support and resources may therefore be needed for people who are unfamiliar with digital technologies or who do not have access to smart devices or the internet.
- People with visual 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 the technologies. Some people would benefit from digital technologies for managing LBP in languages other than English. Developers should consider how to translate these interventions or provide additional support as needed.
- People's ethnic, religious and cultural background may affect their views of digital technologies for managing LBP. People have the right to make informed decisions about their care, including the use of digital technologies. Healthcare professionals should discuss the language and cultural content of the technologies with patients.

LBP increases in prevalence with age and adults aged 45 years and over have an increased risk of having chronic LBP. Musculoskeletal pain disproportionately affects people from some ethnic minority backgrounds.

Age, disability, race and religion or belief are protected characteristics under the Equality Act (2010).

The committee acknowledged that access to primary and community care for managing LBP may not be improved for those who are unable to engage with a digital intervention due to a lack of accessibility, unavailability of internet connection or lack of experience with computers or smartphones and alternative treatment options should be made available. Digital technologies should also be flexible enough to address diverse language and provide additional support as needed.

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.

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?

People who are less comfortable or skilled at using digital technologies may be less willing to use one for managing LBP. Additional support may also be needed for people with additional accessibility needs or who have problems with manual dexterity, vision, or who have cognitive impairment and an alternative treatment option may be more appropriate. The draft guidance addresses the equality issues in section 3.11

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 are discussed in sections 3.11.

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 section 3.11 of the draft guidance. Patient considerations are also discussed in sections 3.4 to 3.7.

Approved by Associate Director: Anastasia Chalkidou

Date: 27/09/2023

Early value guidance document

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

No new equality issues were raised.

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?

At consultation, 4 new technologies and additional evidence for 2 new technologies were considered in an addendum to the EAG report (further details in section 3.11 and 3.12 of the guidance). There are no additional barriers to access the technologies related to this amendment.

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?

There is no additional impact on people with disabilities related to this amendment.

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?

Not applicable

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

Yes, these have been discussed in section 3.13 of the draft guidance. Patient considerations are also discussed in sections 3.4 to 3.7.

Approved by Associate Director: Anastasia Chalkidou

Date: 14/08/2024