

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Early Value Assessment programme

Equality impact assessment: Guidance development

GID-HTE10019 Digital technologies to support pulmonary rehabilitation for people with COPD

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Draft guidance consultation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 considered the potential equality considerations identified at scoping. Key issues included:

- COPD is most common in people over 50 years old. Men tend to be at higher risk of developing COPD than women. There is a higher prevalence of respiratory diseases in people with lower socioeconomic status. This is because of the effect of living in deprived areas and higher rates of smoking. Also, people living in deprived areas have a lower life expectancy than the general population. COPD is responsible for 8% of life expectancy difference in men and for 12% of this difference in women.
- Digital technologies to support pulmonary rehabilitation 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 who have a visual, hearing, or cognitive impairment, problems with manual dexterity, a learning disability, a mental health condition, 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 that support pulmonary rehabilitation. Some people would

benefit from their pulmonary rehabilitation to be delivered in languages other than English.

- People's ethnic, religious, and cultural background may affect their views of different types of pulmonary rehabilitation. For example, some people may not want to attend a mixed sex exercise class. Healthcare professionals should discuss the language and cultural content of digital technologies with patients before use.
- People with no fixed address or with a lack of physical space at home may find taking part in exercise aspects of digitally supported pulmonary rehabilitation difficult. These people should be supported through shared decision making to select the correct therapy option for them.

Age, disability, sex, race and religion or belief are protected characteristics under the Equality Act (2010). The committee recognised that there are potential risks for creating inequity in service provision and in implementing digital technologies to support pulmonary rehabilitation. The committee suggested that steps should be taken to minimise these risks.

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?

Clinical experts highlighted that digital technologies may be an enabler to some people with language difficulties (literacy or non-native speakers) as the technologies will allow them to rewatch or reread instructions as many times as they need.

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 with limited access to the necessary technologies or who are less skilled or comfortable with using digital technologies may be less likely to benefit from digitally supported pulmonary rehabilitation. Additional support may be needed for people with accessibility needs or who are unable to read or understand English.

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?

Yes, the committee have recommended that the companies make progress to delivering their interventions in other languages. This was discussed in section 3.12 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 section 3.12 of the draft guidance.

Approved by Associate Director: Anastasia Chalkidou

Date: 15/12/2023