

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme

### Equality impact assessment: Topic selection and scoping

### Digital supported self-management technologies for adults with chronic obstructive pulmonary disease: early value assessment

The impact on equality has been assessed during this evaluation according to the principles of the [NICE Equality scheme](#).

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?

Several potential equality issues have been identified in line with equality considerations for the included technologies. Key issues include:

- COPD is most common in people over 50.
- Men tend to be at higher risk of developing COPD than women.
- There is a higher prevalence of respiratory diseases in people from a lower socioeconomic background due to poorer living conditions and higher rates of smoking. People living in more disadvantaged areas also have a lower life expectancy than the general population. COPD is responsible for 8% of this difference in men and for 12% of this difference in women.
- Digital supported self-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; 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 self-management. Some people would benefit by having the information delivered in languages other than English.

- People's ethnic, religious, and cultural background may affect their views of using digital technologies for supported self-management. For example, some people may be concerned about losing access to face-to-face care when using technologies for supported self-management, fearing they could be overlooked. Healthcare professionals should discuss the language and cultural content of digital technologies with patients before use.

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

**2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee?**

The committee should consider all the equality issues when making recommendations. There is a pre-existing health inequality in prevalence of COPD by sex and by socioeconomic status. Access to digital supported self-management technologies may not be improved for those who are unable to engage with a digital technology due to a lack of accessibility, lack of equipment, unavailability of internet connection or lack of experience with computers or smartphones.

**3. Has any change to the draft scope been agreed to highlight potential equality issues?**

The potential equality issues were discussed at the scoping workshop. Stakeholders agreed with the potential issues that were raised and one additional equality issue was discussed: some people, for example those with visual impairment, may benefit from digital technologies that may automatically upload data from smart devices to support self-monitoring which will improve accuracy of data recording and may benefit their COPD care.

**4. 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?**

No additional stakeholders related to potential equality issues were identified during the scoping process.

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 12/2/2024