

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical technologies evaluation programme

Equality impact assessment: Guidance development

MT443 Sleepio to treat insomnia symptoms

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

Medical technology consultation document

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

Yes, the committee accepted that Sleepio may be harder to use for some people. This includes people who may find it difficult to use a computer, people with a visual, hearing or cognitive impairment and limited dexterity. People with a physical or mental impairment could be considered as disabled, dependent on severity of symptoms and the impact on daily life, such as using a computer. Disability is a protected characteristic under the 2010 Equalities Act. Sleepio may also be difficult to use for people who have limited language skills. Internet access is also required to use the Sleepio website. These groups are referred to in section 4.8 of the medical technology consultation document.

2. Have any other potential equality issues been highlighted in the sponsor's submission, or patient organisation questionnaires, and, if so, how has the committee addressed these?

The patient survey and the patient expert highlighted that the sleep restriction component of the Sleepio programme is particularly challenging for some people. Also sleep restriction may not be suitable for people working in some professions because it could pose a health and safety risk. The committee discussed this issue and understood that the programme makes clear the potential risks of using sleep restriction. It was reassured by the company that support is available to people from the Sleepio community and from a psychologist if required. This issue is referred to in section 4.7 of the medical technology consultation document.

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

No.

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?

Yes. It will be more difficult for people without direct access to the internet to access the technology because internet is required to use the Sleepio website. The committee heard from the patient expert that it was possible to use Sleepio by accessing the internet occasionally (for example, at a public library) and keeping a paper sleep diary. These difficulties are referred to in section 4.8 of the medical technology consultation document.

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?

No.

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

Yes, in Section 4.7 and 4.8.

Approved by Associate Director: Anastasia Chalkidou

Date: 29/10/2021

Medical technology guidance document

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

During consultation, a consultee suggested that Sleepio would increase equity of access for pregnant women who have trouble sleeping but cannot take hypnotic drugs and do not have access to face-to-face CBT-I. The clinical experts highlighted how important it is to do a medical assessment in pregnant women before referral to CBT-I, because insomnia can mimic other conditions like restless legs, or it could be a consequence of undiagnosed sleep apnoea. The clinical experts also explained that, although hypnotic medication is avoided in pregnant women, some drugs are given for short courses when symptoms are likely to resolve soon. The committee concluded that Sleepio may be an alternative option for insomnia symptoms in pregnant women who have had a medical assessment to rule out other conditions. Section 4.7 has been added to the guidance document to reflect this issue.

One consultation comment suggested that the restriction of Sleepio to iOS devices could reduce the number of people that would potentially benefit from Sleepio use. The company clarified that Sleepio is usually accessed through the website using any device connected to the internet. They also advised that Sleepio is available as an app for iOS users and is likely to become available on Android devices later this year. The same comment also enquired about the compatibility of Sleepio with wearable fitness trackers and if this offered additional benefits for users. The company stated that users do not benefit more by using Sleepio on a mobile device or wearable fitness tracker.

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 access for the specific group?

Following consultation, the recommendations changed to positive for people with insomnia symptoms who would otherwise receive treatment as usual.

This change in the recommendations makes the technology available as an option to this population. The committee were aware that there are some groups within the population who may not be able to access or use digital technologies, as explained in Section 4.9 of the guidance document. Sleepio requires access to a computer and the internet, which some people do not have at home.

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?

Section 4.9 of the guidance document explains that some users of Sleepio may find it difficult to use a computer, such as people with a visual or cognitive impairment, limited manual dexterity, or hearing impairment. Some skill in using a computer is needed to access Sleepio, as well as adequate English language skills.

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?

The committee heard that the Sleepio community may provide support for people who need it and can be accessed by all users. The company said that Sleepio users can also access a weekly question and answer session on the Sleepio forum, which is facilitated by a clinical psychologist who specialises in insomnia.

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

The committee discussion surrounding equality considerations can be found in sections 4.7 and 4.9 of the guidance.

Approved by Programme Director: Sarah Byron

Date: 08/03/2022