NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG400 thoracoscopic exclusion of the left atrial appendage (with or without other cardiac surgery) in atrial fibrillation for the prevention of thromboembolism

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

Scoping

1. Have any potential equality issues been identified during the scoping process (development of the scope or discussion at the Committee meeting), and, if so, what are they?

The scope highlighted the following:

- some individuals with atrial fibrillation may be considered disabled and, therefore, be covered by equalities legislation
- atrial fibrillation is more prevalent in men than in women
- atrial fibrillation is likely to be more prevalent in Indo-Asians and Afro-Carribeans than Caucasians.
- prevalence of atrial fibrillation roughly doubles with each advancing decade of age, from 0.5% at age 50–59 years to almost 9% at age 80–89 years.
- some lifestyle factors which are associated with atrial fibrillation may be more prevalent in people with a lower socioeconomic status (such as excessive alcohol consumption, caffeine consumption, emotional or physical stress).
- 2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee? If there are exclusions listed in the scope (for example, populations, treatments or settings), are these justified?

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.		
3.	Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues?	
No.		
Consultation		
1.	Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?	
The gender and age of individuals with atrial fibrillation is reflected in the gender and age of the participants in the studies presented to the Committee.		
No specific data relating to other potential issues mentioned earlier was identified in the literature presented in the overview.		
2.	Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the Committee addressed these?	
No.		
3.	Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?	
No.		

4.	for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to access for the specific group?	
No.		
5.	Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligation to promote equality?	
Not applicable.		
6.	Have the Committee's considerations of equality issues been described in the consultation document, and, if so, where?	
No.		
Final	interventional procedures document	
1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?	
No.		
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 a technology or intervention compared with other groups? If so, what are the barriers to access for the specific group?	
Not applicable.		

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?

Not applicable.

4. Have the Committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No.

Approved by Programme Director: Mirella Marlow

Date: 27 April 2011