

1.0.7 DOC EIA

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Some stakeholders highlighted that age needed to be taken into consideration when prescribing a direct acting oral anticoagulant. We have highlighted in recommendation 1.6.2 that anticoagulants should be prescribed in accordance with the guidance in the BNF. The BNF details cautions that need to be considered when prescribing in the elderly.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

4.4 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 to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

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4.4 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 to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The committee discussed how the current evidence is unclear regarding the relationship between ethnic group and atrial fibrillation. There may be an association between ethnic group and the risk of stroke but how the presence of atrial fibrillation affects this association is not known. No specific recommendations were therefore made.

Gender forms part of the risk tool for stroke (women score one point) that has been recommended (recommendation 1.2.1).

The committee agreed that age and the risk of falls are reasons often given by clinicians for not prescribing anticoagulants but that these reasons are not justification for not giving anticoagulants when needed (recommendation 1.6.8). Frailty was discussed but was not included as it is so difficult to define (see evidence review G). It was noted that handheld devices would improve diagnosis in people who find it difficult to access ECG services and therefore access to anticoagulants but these are not accurate enough to replace ECG (see evidence review A).

Updated by Developer _Sharon Swain

Date _December 11th 2020

Approved by NICE quality assurance lead _Nichole Taske

Date _January 8th 2021