

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Scoping

Lead-I electrocardiogram (ECG) devices for detecting atrial fibrillation using single-time point testing in primary care

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

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

During scoping it was identified that men have a higher risk of developing atrial fibrillation than women. In addition, the incidence of atrial fibrillation increases with age. It has also been reported that women with atrial fibrillation experience worse symptoms than men, and have a higher risk of stroke and death (Ko et al. 2017). The incidence of atrial fibrillation has been reported as lower for people of south Asian or Caribbean family origin (Amponsah, et al. 2013).

The devices may not be suitable for use in people with upper limb amputations or missing fingers. In addition, some people may need assistance in holding the devices in the required way to obtain a reading; for example, people who have had a stroke or who have arthritis in their hands may not be able to grip a device unaided. The accuracy of readings taken using the devices may be adversely affected if a person has a tremor or a skin condition. Some of the devices are not intended for use in people with a pacemaker or implantable defibrillator.

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

Differences in prevalence between groups of people are a characteristic of the disease and cannot be addressed within a NICE assessment. The

committee may need to consider whether the technologies could have a differential impact for people with disabilities who are unable to hold or touch the devices in the recommended way, or who can only do so for a short period of time.

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

The draft scope was changed to highlight that women with atrial fibrillation may experience worse symptoms than men, and can have a higher risk of stroke and death. Also, that the incidence of atrial fibrillation may be lower for people of south Asian or Caribbean family origin.

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 have been identified.

Approved by Acting Programme Director (name): Mark Campbell

Date: 16/2/18