

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

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

Consultation

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

During scoping it was identified that 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 diagnostics consultation document includes the committee's consideration that healthcare professionals should bear this in mind when using the devices and encouraged the companies to improve the usability of their devices for these groups of people (section 5.12).

Some of the lead-I ECG devices are not intended for use in people with a pacemaker or implantable defibrillator. At the committee meeting clinical experts explained that pacemakers and implantable defibrillators now tend to have built-in ECG monitoring functions, so lead-I ECG devices would not need to be used. None of the other potential equality issues raised during scoping needed to be addressed by the committee.

2. Have any other potential equality issues been raised in the diagnostics assessment report, and, if so, how has the Committee addressed these?

No other potential equality issues were raised in the diagnostics assessment report.

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?
No.

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 diagnostics consultation document, and, if so, where?
Section 5.12 of the diagnostics consultation document notes that assistance in holding the lead-I ECG devices in the required way may be required to obtain a reading.

Approved by Associate Director (name): Sarah Byron

Date: 18/12/2018

Diagnostics guidance document

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

A stakeholder suggested potential equality issues in their consultation response. Early diagnosis of atrial fibrillation was highlighted as particularly important to older people (a growing population) to protect them from a debilitating atrial fibrillation related stroke risk. In addition, the potential benefit of lead-I ECG devices to people who are cognitively impaired or unable to communicate because the test can be done in primary care, a person's home or a care home was highlighted.

The committee considered these issues at the second committee meeting on this topic. It noted that the scope for the assessment and the guidance document do not specify that the testing has to be done in a GP surgery, it could be done in a care home or a patient's home during a home visit by a primary health care professional if an irregular pulse is detected during the clinical examination. The committee agreed that the devices could also be used to aid early diagnosis, but noted that screening is outside of the scope of this assessment. It further noted that the increase in prevalence of atrial fibrillation in older people was related to the condition, rather than the technologies being assessed.

No adoption recommendations have been made, so the guidance will not have a differential impact on access for certain groups.

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, or difficulties with, access for the specific group?

The recommendations did not change after consultation.

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?
The recommendations did not change after consultation.

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 recommendations did not change after consultation.

5. Have the Committee's considerations of equality issues been described in the diagnostics guidance document, and, if so, where?
The committee considered potential equality issues raised in consultation responses. It decided that no changes to the guidance were needed.

Approved by Acting Programme Director (name): Mark Campbell

Date: 5 March 2019