

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Implantable cardiac monitors to detect atrial fibrillation after cryptogenic stroke

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 noted that:

- People who have had a stroke may have a cognitive or physical disability and may require their carer to use a patient activation recorder and ensure data is transmitted.
- People who live in rural areas may have less access to internet or cellular networks (such as 4G) and could have problems accessing, or have less reliable access to, the remote monitoring functions of the devices. If so, there may be a need for more hospital visits for monitoring. Alternatively, clinical experts commented that people living in remote areas may benefit from use of the devices because after initial implantation and check-up the remote monitoring feature means there is limited need to visit hospital.

The committee noted that clinicians should discuss the procedure of implanting the device with patients and provide advice on the requirement to use the MyCareLink Patient Monitor to transmit data (see section 4.18 of the diagnostics consultation document). The diagnostics consultation document (in section 4.18) also notes that the Reveal LINQ should only be used if the device is acceptable to patients and they, or their carer, are able to facilitate set up of the MyCareLink Patient Monitor.

The committee noted that the devices may be of particular benefit to people who live in remote areas who do not have easy access to a hospital and considered this in their decision-making (see section 4.2 of the diagnostics consultation document). The issue of poor access to internet or cellular networks cannot be addressed by recommendations on access to

implantable cardiac monitors. It is expected that this would be addressed at a local level.

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. People with cognitive or physical disability may have some difficulty in setting up the MyCareLink Patient Monitor to ensure that data recorded by their Reveal LINQ is transmitted. The diagnostics consultation document (in section 4.18) notes that people with a cognitive or physical disability may require their carer facilitate to set up of their Reveal LINQ system.

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. People with cognitive or physical disability can have help to initially set up their Reveal LINQ system.

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?

The diagnostics consultation document (in section 4.18) notes that people with a cognitive or physical disability may require their carer to facilitate set up of the MyCareLink Patient Monitor to ensure data is transmitted.

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

The committee considerations described in the diagnostics consultation document (section 4.2) notes that the remote monitoring feature of the devices may be of particular benefit to people living in remote areas which are not close to a hospital. The committee's consideration that people with a cognitive or physical disability may require their carer to ensure data is transmitted is described in section 4.18.

Approved by Associate Director (name): Sarah Byron

Date: 18/12/2019

Diagnostics guidance document

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

No additional potential equality issues were raised during the consultation.

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 considerations described in the diagnostics consultation document (section 4.2) notes that the remote monitoring feature of the devices may be of particular benefit to people living in remote areas which are not close to a hospital. The committee's consideration that people with a cognitive or physical disability may require their carer to ensure data is transmitted is described in section 4.18.

Approved by Centre or Programme Director (name): Mirella Marlow

Date: 19/03/2020