

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## DIAGNOSTICS ASSESSMENT PROGRAMME

### Equality impact assessment – Scoping

#### Algorithm-based remote monitoring of heart failure risk data in people with cardiac implantable electronic devices

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?**
  - Heart failure may have a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. People with these conditions may be classified as having a disability and therefore protected under the Equality Act 2010 from the point of diagnosis.
  - Heart failure is more commonly identified in men than women and mainly affects older people over the age of 65 who live in lower socio-economic groups. Age and gender are protected characteristics under the Equality Act (2010)
  - People who are obese, have an African or African–Caribbean family background, or people having treatment with diuretics, angiotensin-converting enzyme (ACE) inhibitors, beta-blockers, angiotensin II receptor blockers (ARBs) or mineralocorticoid receptor antagonists (MRAs), can have a reduced serum natriuretic peptide levels (NICE [NG106](#)). The technologies may offer an added benefit to people for whom testing for the natriuretic peptide surrogate biomarker may not be well suited.
  - Apart from the technologies which are able to use a landline, Access to technologies for remote monitoring may be restricted in some populations due to internet or smart phone requirements. This may mean that people in rural or lower socio-economic areas could be less able to adopt remote monitoring as they may not have access to a home Wi-Fi connection or a smartphone.

- People with cognitive or physical impairment may struggle to use the transmitter hardware or smartphone apps for these technologies and may require a carer to assist them.
- Wider availability of remote monitoring technologies may allow greater access to care for people who are less able to afford travel to in-person appointments (due to costs associated with travel, poor public transport, time taken from work, physical impairments or anxiety).

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

The potential equality issues will be noted by the committee and inform discussions where appropriate.

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

The potential equality issues have been included in the equalities section of the scope.

**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 related to potential equality issues have been identified during the scoping process.

**Approved by Associate Director (name):** Rebecca Albrow

**Date:** 25/05/2023