FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Chronic heart failure in adults: diagnosis and management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to:

The pharmacological management of chronic heart failure in adults

STAGE 2. Informing the scope

Chronic heart failure

Date of completion:1st November 2024

Focus of guideline or update: Pharmacological management

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted 'not applicable'.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?
The EHIA undertaken as part of the exceptional surveillance review (2023) on chronic heart failure in adults: diagnosis and management (NICE guideline NG106) highlighted previous equality impact assessments conducted for this guideline. In regards to pharmacological treatment of chronic heart failure, they noted that people over the age of 75 have particular needs in managing their condition. People over the age of 75 often have less aggressive treatment started or continued for cardiovascular conditions including chronic heart failure compared with younger age groups. No new equality and health inequalities issues were identified in the 2023 exceptional surveillance of chronic heart failure review. https://www.nice.org.uk/guidance/ng106/evidence/appendix-a-equality-and-health-inequalities-assessment-pdf-11438419502 During scoping for this update, the committee highlighted that people from some ethnic groups may have poorer outcomes. Membership of the committee represents a range of perspectives and expertise so that equalities considerations are considered in the development of the update. Three lay representatives with lived experience informed the scope of this update. The draft scope including health inequalities were discussed at a guideline committee meeting. The draft scope was also sent out to the committee after the meeting for further comment.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

The protected characteristics of age and race were identified as facing inequalities with respect to pharmacological management.

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Age and race have been identified as subgroups for the review questions:

'Is it clinically and cost-effective to use a combination of some of the following first-line pharmacological interventions in adults with chronic heart failure with reduced left ventricular ejection fraction:

- ACE inhibitor
- angiotensin-receptor blocker
- angiotensin receptor neprolysin inhibitor
- beta-blocker
- mineralocorticoid receptor antagonist
- sodium-glucose cotransporter-2 inhibitor?'

'Is it clinically and cost-effective to use any if the following first-line pharmacological interventions, alone or in combination, in adults with chronic heart failure with midly reduced left ventricular ejection fraction:

- ACE inhibitor
- angiontensin-receptor blocker
- angiotensin receptor neprilysin inhibitor
- beta blocker
- mineralocorticoid receptor antagonist?'

Subgroups will be explored if there is heterogeneity in the treatment effect when the population is considered as a whole. This may result in recommendations specifically for older adults or for people from different ethnic groups.

Age – heart failure is more common in older adults. Older adults may received less aggressive treatment. In addition, the pharmacological management may be affected by the presence of comorbidities and the treatment of these. The effectiveness of

pharmacological intervention may therefore be different in younger compared to older adults.

Race – people with heart failure from different ethnic groups have different outcomes. The reason for this is likely to be multifaceted but the effectiveness of pharmacological interventions may differ in people from different ethnic groups.

2.4	Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

Not applicable

2.5	How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

A research team from the London School for Hygiene and Tropical Medicine are working with the guideline committee to see if real world evidence can be used to inform the recommendations. The work includes describing real world, primary care prescriptions of the pharmacological interventions for chronic heart failure including exploring inequailtiies.

2.6	If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
Not applicable.	

2.7	Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
None of the groups excluded from the scope are related to any equality or health inequalities.	

Completed by developer: Sharon Swain

Date: 01 November 2024

Approved by committee chair: Joseph Mills

Date: 06 November 2024

Approved by NICE quality assurance lead: Simon Ellis

Date: 04 Novemeber 2024