

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Early value guidance development

CaRi-Heart for predicting cardiac risk in suspected coronary artery disease Consultation

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

Potential equality issues were discussed both in the scoping workshop and assessment subgroup meeting on 14 September 2022.

The following were identified as potential equality issues relating to the condition:

- Angina and coronary artery disease (CAD) 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.
- People with certain conditions, such as diabetes, may be at higher risk of developing CAD. These people may be protected under the disability provision of the Equality Act 2010.
- CAD is more common in men than in women. However, women are often underdiagnosed.
- CAD is also more common in older people and people who live in deprived areas.
- People from minority ethnic backgrounds, particularly people of African and South Asian family background living in the UK, are more likely to have higher rates of CAD than white British and East Asian people.

During the committee meeting, the committee noted that CaRi-Heart could have the potential to address equality issues such as underdiagnosis in women if it could provide an objective measure that accounts for factors such as sex, ethnicity and social deprivation and improves risk prediction (see section 3.3). They discussed evidence that showed prognostic performance of CaRi-Heart is expected to be consistent by subgroup including age, sex, CAD

status and ethnicity but noted that data relating to these factors as well as social deprivation should be collected in any future or ongoing studies on prognostic performance (see sections 3.7 and recommendation 4.3).

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

No additional potential equality issues were raised in the diagnostics assessment report other than those outlined in question 1.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

There is variation in clinical practice with respect to standard of care and access to CTCA in the NHS. CTCA is required for CaRi-Heart analysis and therefore CaRi-Heart may not be available where CTCA capacity is limited which may lead to inequitable access to the technology.

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 early value guidance consultation document, and, if so, where?

The committee's considerations of the equality issues have been described in questions 1 and 3 of this document. The committee's research

recommendations are described in sections 1 and 4 of the early value guidance consultation document.

Approved by Associate Director: Rebecca Albrow

Date: 13 January 2023

Early value 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 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?

No changes to the recommendations that would make it more difficult in practice for a specific group to access the technology were made.

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?

No.

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?

N/A.

5. Have the committee's considerations of equality issues been described in the early value guidance document, and, if so, where?

Section 3.3 of the early value guidance document details the discussions the committee had around how CaRi-Heart could potentially address equality issues such as underdiagnosis in women. They said that if it could provide an objective measure of risk that

accounts for factors such as sex, ethnicity and social deprivation and improves risk prediction then this could improve equity of access to treatment.

Section 3.7 of the early value guidance details the discussions around access to treatment and important groups that data should be collected in to demonstrate the prognostic performance of CaRi-Heart. These included age, sex, CAD status (no CAD, non-obstructive CAD and obstructive CAD) and ethnicity. Recommendation 4.1 states that external validation studies of CaRi-Heart should include data on these groups, as well as social deprivation, if possible.

Approved by Associate Director (name): Rebecca Albrow

Date: 10 February 2023