

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG706 Transapical transcatheter mitral valve-in-valve implantation for a failed surgically implanted mitral valve bioprosthesis

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age: the largest epidemiological study of valvular heart disease (VHD) in the US reported that the prevalence of VHD increased with age, rising from 0.7% in those aged 18-44 years to 13% in those over 75 years. The mitral valve is the most commonly affected valve. Mitral regurgitation was the commonest cause of VHD and prevalence of mitral stenosis was low. The number of patients undergoing reoperation following previous valve repair is increasing and will continue to increase as the number of patients surviving with bioprosthetic mitral valves increases.

Gender: it affects men more than women.

Race: mitral valve disease is more common in the South Asian population.

Disability: people with degenerative mitral valve disease may be considered disabled under the Equality Act 2010 if their condition has a substantial adverse impact on normal day to day activities for longer than 12 months.

Religion: Bioprosthetic valves may use materials from either a pig (porcine) or cow (bovine). Certain religions may reject the use of bioprosthetic valves.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)
This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?
No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?
No

Kevin Harris

Approved by Programme Director and Clinical Advisor for IP

Date: 04/08/2021

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?
No specific data relating to [potential issues mentioned earlier was identified in the literature presented in the overview.

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?
No

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 a technology or intervention 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?
Not applicable

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 obligation to promote equality?
Not applicable

7. Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?
No

Kevin Harris

Approved by Programme Director and Clinical Advisor for IP

Date: 04/08/2021

Final interventional procedures document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
No

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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
Not applicable

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?
Not applicable

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?
Not applicable

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?
No

Anastasia Chalkidou

Approved by Associate Director

Date: 28/07/2021