

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG712 Coronary sinus narrowing device implantation for refractory angina

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?

Disability: People with refractory angina may be covered by the Equality Act if their condition has had a substantial adverse impact on normal day to day activities for over 12 months or is likely to do so.

Gender: Angina is more common in men than women.

Age: The prevalence of angina increases with age.

Ethnicity: People of South Asian origin in the UK have an increased risk of coronary heart disease but black Afro-Caribbean people have a reduced risk compared with the overall UK population rate.

Socioeconomic status: In both men and women the rate is significantly higher in lower socio-economic groups.

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

Date: 30/09/2021

Consultation

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

The evidence considered by the committee reflected that angina is more common in men than women and that the prevalence increases with age. All of the studies identified had a higher proportion of men, ranging from 52% to 81% of patients. The mean or median age was above 60 years in all the studies described in detail 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?
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 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

Date: 30/09/2021

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?

Yes. One consultee noted that non obstructive causes of coronary heart disease are more common in women.

The guidance already notes that further research should include details of patient selection. It also recommends that patient selection should be done by a multidisciplinary team.

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

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 30/09/2021