

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG769 aortic valve reconstruction using glutaraldehyde-treated autologous pericardium for aortic valve disease

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?

Sex: Aortic stenosis is approximately equally prevalent in men and women. However, there may be differences in the presentation of disease.

Disability: People with aortic valve disease are likely to 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.

Age: Aortic valve disease can be present at birth (congenital) but is more likely to occur in older people and increases with age (degenerative).

Ethnicity: Congenital aortic stenosis may be more prevalent in white people than black people.

Socioeconomic status: In low and middle-income countries, rheumatic disease remains the most common cause of valvular disease. In developed countries and in the elderly throughout the world, aortic valve disease is predominantly a result of calcific disease.

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

Consultation

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

The key evidence showed that when reported, the mean age of paediatric patients ranged from 8.5 to 16.1 years and the mean age of adult patients ranged from 30 to 83 years. The evidence considered by the committee reflected that aortic valve disease can be present at birth (congenital) but is more likely to occur in older people and the prevalence of the condition increases with age.

No specific data relating to other issues 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

Name: Amy Crossley

Approved by Health Technology Assessment Adviser

Date: 15/06/2023

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

Associate Director

Date: 03/07/2023