

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technologies evaluation programme

### Equality impact assessment: Guidance development

#### **GID-MT550 DyeVert Systems for reducing the risk of acute kidney injury in coronary and peripheral angiography**

The impact on equality has been assessed during this evaluation according to the principles of the [NICE Equality scheme](#).

#### **Medical technology consultation document**

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

No equality issues were identified during the scoping process. Equality considerations identified during scoping are that people with chronic kidney disease, heart failure, diabetes and renal transplant would be more at risk of contrast induced acute kidney injury. Kidney disease occurs more frequently in males, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin. People who have an ileostomy and older people are at an increased risk of becoming dehydrated and may need special consideration. Conditions including alcoholism and hypoalbuminemia may also affect the ability to have pre- and post-scan hydration.

This evaluation is specifically aimed at reducing acute kidney injury in those who already have chronic kidney disease (stage 2 and over). People with chronic kidney disease could be considered as disabled, dependent on severity of symptoms and the impact on daily life. Disability is a protected characteristic under the 2010 Equalities Act.

2. Have any other potential equality issues been highlighted in the sponsor's submission, or patient organisation questionnaires, and, if so, how has the committee addressed these?

None identified.

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

None identified.

**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?

N/A

**7.** Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

No.

**Approved by Associate Director:** Anastasia Chalkidou

**Date:** 10/08/2021

## Medical technology guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

1 consultation comment said that restricting DyeVert use to people with chronic kidney disease stages 4 and 5 was inequitable. Clinical experts said that these groups were most at risk and that the risk of AKI following a contrast procedure was low for people with better kidney function. The committee decided that no changes to the wording were needed as this was expert clinical opinion and does not affect the recommendations. The recommendations say that further research should include people with stage 4 chronic kidney disease who are at risk of AKI and need elective coronary or peripheral angiography.

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 access for the specific group?

N/A

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?

N/A

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 medical technology guidance document, and, if so, where?

Section 4.7 discusses the populations who would most benefit from DyeVert use.

**Approved by Programme Director:** Anastasia Chalkidou

**Date:** 21/09/2021