

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Atrial Fibrillation: Management

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee discussed how the current evidence is unclear regarding the relationship between ethnic group and atrial fibrillation. There may be an association between ethnic group and the risk of stroke but how the presence of atrial fibrillation affects this association is not known. No specific recommendations were therefore made.

Gender forms part of the risk tool for stroke (women score one point) that has been recommended.

Recommendation 1.6.9 has been edited to include 'age'. The committee agreed that age and the risk of falls are the main reasons for not prescribing anticoagulants. Frailty was discussed but was not included as it is so difficult to define (see evidence review G). It was noted that handheld devices would improve diagnosis in people who find it difficult to access ECG services and therefore access to anticoagulants but these are not accurate enough to replace ECG (see evidence review A).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

See 3.1

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

3.5 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?

ECG is recommended to diagnose AF. Some people find it difficult to access ECG services but currently other devices, for example hand held, are not accurate enough to recommend their use

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No

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Approved by NICE quality assurance lead: Nichole Taske

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