

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Heart valve disease in adults: investigation and management

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

The guideline will look at inequalities relating to:

- geographical inequalities for those who do not live close to a valve clinic
- people who use intravenous drugs
- age
- people with dementia
- people with learning disabilities.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

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The equality issues identified above will be addressed as part of the review of the available evidence, however we do not envisage at this stage that any specific groups, treatments or settings will be excluded.

Completed by Developer ___ Sharon Swain _____

Date ___ 23rd January 2019 _____

Approved by NICE quality assurance lead _ Kay Nolan _____

Date _____ 6th February 2019

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Two stakeholder comments were received regarding geographical inequalities:

‘In the UK, there are many geographical inequalities in the provision of healthcare at different points in the journey of a patient who presents with heart valve disease – from diagnosis to investigations and treatment.’

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

We have edited the equality considerations section of the scope to add geographic location as an additional category where the guideline will look at inequalities in particular. The following has been added to the bulleted list of categories:

- access to echocardiography and specialist assessment by geographic location

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2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, do the key messages for the public need to be produced in an alternative version?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Does an alternative version(s) of the consultation documents also need to be produced?

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Updated by Developer Sharon Swain _____

Date __ 10th April 2019 _____

Approved by NICE quality assurance lead ___ Kay Nolan _____

Date ____ 23rd May 2019 _____

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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?

- Geographical inequalities for those who do not live close to a valve clinic.
Recommendation 1.9.1 cross refers to the recommendations on tailoring healthcare services for each patient in the NICE guideline on patient experience in adult NHS services. These recommendations ensure that people are offered access to services even though they might not be available locally. They also recommend that patients' wishes are taken into account including the option to not have certain treatments. The committee were keen to emphasise that some people do not wish to travel long distances to receive treatment and that treatment options provided locally should be discussed. This is discussed in the committee's discussion of the evidence in evidence review L.

- People who use intravenous drugs

In the committee's discussion of the evidence in evidence review H they highlight the need to provide support for people with drug misuse problems. The discussion cross refers to the NICE guideline on drug misuse in the over 16s: psychosocial interventions.

- Age

Age is not a barrier to receiving any diagnostic test or interventions recommended in the guideline. In recommendation 1.5.1 we refer to the benefits to quality of life (both in the short and longer term).

- People with dementia
- People with learning disabilities.

In the committee's discussion of the evidence in evidence review L the importance of involving people in their care is discussed including the option of an advocate.

The committee signposted to the recommendations on involving people living with dementia in decisions about their care in the NICE guideline on dementia and on communicating and making information accessible in the NICE guideline on care and support of people growing older with learning disabilities.

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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

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?

No

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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

Completed by Developer _ Sharon Swain _____

Date ___ 03.03.2021 _____

Approved by NICE quality assurance lead ___ Kay Nolan _____

Date ___ 15.03.2021 _____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

A large number of stakeholders highlighted that people at high risk of surgery for example due to life expectancy, frailty would not be suitable for TAVI. The recommendation has changed after revisions to the health economic model and TAVI is now offered for people at high risk of surgery.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

4.4 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 to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

- Geographical inequalities for those who do not live close to a valve clinic.
Recommendation 1.9.1 cross refers to the recommendations on tailoring healthcare services for each patient in the NICE guideline on patient experience in adult NHS services. These recommendations ensure that people are offered access to services even though they might not be available locally. They also recommend that patients' wishes are taken into account including the option to not have certain treatments. The committee were keen to emphasise that some people do not wish to travel long distances to receive treatment and that treatment options provided locally should be discussed. This is discussed in the committee's discussion of the evidence in evidence review L.

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Updated by Developer __ Sharon Swain _____

Date __ 23rd August 2021 _____

Approved by NICE quality assurance lead ___ Kay Nolan

Date ___ 2 November 2021 _____

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5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

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Approved by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

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