

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**NICE guidelines**

**Equality impact assessment**

**2022 update for Venous thromboembolic diseases:  
diagnosis, management and thrombophilia testing**

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 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 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?

This EIA document is an addendum to the existing EIA for NG158 and will only cover potential equality issues related to the scope of this update. It should be read in conjunction with the document for equality issues identified in the 2020 update. Please see published [Equality impact assessment 2020 update](#).

- Age: Risk of VTE increases with age. [Public Health England's report on disparities in the risk and outcomes of COVID-19](#) highlighted that both diagnosis of COVID-19 and mortality are more likely as age increases. Risk of VTE is increased in people with COVID-19 with the highest risk in those with clinically severe disease. This risk can be extended beyond the acute phase of COVID-19. Older people are more likely to be frail and have comorbidities and underlying health conditions. Older people in care or residential homes may be more likely to contract COVID-19. These factors mean that people in these groups are at higher risk of progressing to severe COVID-19 and are more likely to have poorer COVID-related outcomes, including VTE.
- Disability: People who experience communication difficulties due to learning difficulties or other conditions affecting mental capacity, including the various forms of dementia may face challenges when describing symptoms which could lead to further difficulty ascertaining diagnoses. There may also be challenges for people with communication difficulties discussing history of COVID-19 infection
- Gender reassignment: No additional equity issues identified for this update.
- Pregnancy and maternity: This group are excluded from the scope (see section 1.3)
- Race: Black people have a higher risk of VTE compared to white people. [The ONS report on Coronavirus and vaccine hesitancy, Great Britain: 9 August 2021](#) found that Black or Black British adults had the highest rates of vaccine hesitancy (21%) compared with White adults (4%). Given people in these groups are at risk of worse outcomes with COVID-19, vaccine hesitancy may further increase inequalities in outcomes.
- Religion or belief: No additional equity issues identified for this update.
- Sex: There are higher death rates from COVID-19 in men than women, and men make up a higher proportion of intensive care unit admissions (70% of admissions). This could mean that people in these groups may be at higher risk of poorer outcomes including VTE.
- Sexual orientation: None identified.

- Socio-economic factors: People who live in overcrowded housing may be more likely to contract COVID-19. There are also some occupations that might make people more at risk of being exposed to COVID-19.
- Other definable characteristics):
  - For people whose first language is not English, there may be communication difficulties, especially for effective shared decision making and minimising risk of infection.
  - It is recognised that people who are homeless, refugees, asylum seekers and migrant workers may be living in deprived areas (including overcrowded accommodation and congregate settings), which may mean they are more likely to be exposed to COVID-19.
  - People with underlying medical conditions may be at higher risk for progressing to severe COVID-19. Some conditions such as cancer are also risk factors for VTE. Therefore some underlying medical conditions may be at higher risk or poorer outcomes.

### 1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

People with COVID-19 and those experiencing the long-term effects of COVID-19 have an increased risk of VTE but are also known to have raised D-dimer levels making it difficult to diagnose VTE in these populations. In addition, severe COVID-19 may present with similar symptoms to PE making the differential diagnosis more difficult. Therefore, it is likely that new or amended recommendations may be needed to address these issues.

VTE risk in COVID-19 increases with the severity of COVID-19. Therefore, it may be necessary to consider subgroups based on COVID-19 severity.

Pregnant women were excluded from the original scope for this guideline because there is separate guidance on managing DVT and PE in this population group, published by the Royal College of Gynaecologists (RCOG), (RCOG, 2015). NICE has produced guidance on risk assessment of VTE in pregnant women (Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism, NICE I Guideline 89) and for recognising the signs and symptoms of thromboembolism, during the postnatal period (Postnatal care, NICE Guideline 194). However, although these guidelines do not cover pregnant women with COVID-19, D-dimer is not performed in the investigation of

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

acute VTE in pregnancy according to the RCOG guidance and is therefore not likely to be an issue in this update.

Completed by Developer \_Emma McFarlane and Sarah Boyce\_\_\_\_\_

Date 05/01/23\_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_Simon Ellis \_\_\_\_\_

Date\_\_25/05/23\_\_\_\_\_

**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?
Not applicable

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
Not applicable

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?  If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)
Not applicable

Updated by Developer Emma McFarlane

Date 21/02/23

Approved by NICE quality assurance lead \_\_\_ Simon Ellis \_\_\_\_\_

Date \_\_\_ 25/05/23 \_\_\_\_\_

### 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?

This EIA document is an addendum to the existing EIA for NG158 and will only cover potential equality issues related to the scope of this update. It should be read in conjunction with the document for equality issues identified in the 2020 update. Please see published [Equality impact assessment 2020 update](#).

The committee were given a presentation of the potential equality issues identified during the scoping process around the impact of VTE and COVID-19 with respect to characteristics protected by the Equality Act 2010 and other characteristics of interest identified in scoping. These were, age, disability, race, sex and socioeconomic status and other definable characteristics regarding people with underlying medical conditions. No evidence was found for these characteristics during development. However, most of the evidence was found to be in the older population which reflects the known increased risk of VTE and COVID-19 complications with age. The review protocols also considered age-adjusted D-dimers which were included in the 2020 update of the guideline.

During the scoping phase, the committee considered that people with COVID-19 have an increased risk of VTE but are also known to have raised D-dimer levels making it difficult to diagnose VTE in these populations. All the evidence identified for this update was carried out early in the pandemic (March to May 2020). Limited evidence suggested that raising the D-dimer threshold for people with COVID-19 would probably increase the number of missed VTE diagnoses resulting in poorer outcomes for this population. The committee also agreed that there are now fewer incidences of COVID-19 related VTE due to changes in COVID-19 over time that have made it less severe. For example, much of the population have now had COVID-19 and have been vaccinated but also evolution of the variants has led to a milder disease. Considering this, the committee decided that the current diagnostic pathway for diagnosing PE or DVT is still appropriate for people with COVID-19 but should still have a high suspicion of PE for people with COVID-19 who rapidly deteriorate.

The committee also identified, during the scoping phase, that black people have a higher risk of VTE compared to white people. Additionally, [The ONS report on Coronavirus and vaccine hesitancy, Great Britain: 9 August 2021](#)

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

found that vaccine hesitancy was higher among black or black British (21%) compared with white adults (4%), which may further increase inequalities in outcomes. No relevant evidence was identified but the committee felt it was important that people with COVID-19 continue anticoagulation if being used for VTE prevention in line with [the recommendations in the NICE guideline on managing COVID-19](#), which would help reduce the risk of a VTE among these groups.

Minor updates were made to the recommendations to reflect the COVID population. The committee discussed the impact of the minor updates to recommendations on people using services but no potential equality issues were identified.

The recommendation 1.1.16 on the use of the PERC rule was updated to note that PERC has not been validated in people with COVID-19. This reflects the known increased risk of VTE and COVID-19. Additionally, reference to a clinician estimating the likelihood of PE to be less than 15% based on the overall clinical impression, was highlighted as a barrier to implementation and has been removed from the recommendation. The committee felt this would improve implementation of the recommendation and therefore improve equity and access to the PERC rule.

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 new issues identified.

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

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Yes – in the “other factors the committee took into account” section of the committee's discussion of the evidence.

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?

As the committee decided that the current diagnostic pathway for diagnosing PE or DVT is still appropriate for people with COVID-19, it is unlikely to be more difficult in practice for a specific group to access services compared with other groups.

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 issues were identified that indicate that the updated recommendations would have an adverse impact on people with disabilities that is a consequence of their disability.

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No issues were identified that indicate that the preliminary updated recommendations make it more difficult for a specific group to access

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

services compared with other groups, therefore no further recommendations or explanations are needed.

Completed by Developer \_\_ Emma  
McFarlane \_\_\_\_\_

Date \_\_ 21/03/2023 \_\_\_\_\_  
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Approved by NICE quality assurance lead \_\_\_\_\_ Kate Kelley  
\_\_\_\_\_

Date \_\_\_\_\_ 14/04/23 \_\_\_\_\_  
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Approved by NICE quality assurance lead \_\_\_\_ Simon Ellis \_\_\_\_\_

Date \_\_\_\_\_ 25/05/23 \_\_\_\_\_

#### 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?

Stakeholders raised the issue that certain clinical features in the Wells score (for example, collateral superficial veins (non-varicose)) may be more or less apparent on darker skin tones. However, although this update evaluated the diagnostic pathway for VTE in people with COVID-19, the evaluation of the clinical features in the Wells score was out of scope for this update, therefore no action was taken. It was also noted that everyone goes through each part of the diagnostic pathway and wouldn't have a Wells score in isolation and there are safety nets at each point in the pathway to increase the likelihood of identifying a VTE.

Stakeholders also raised that physical examination including blood monitoring can result in less accurate readings on darker skin tones. Although blood oxygen monitoring is not specified in the guideline, the update to the recommendations now includes a hyperlink to NG191: Managing COVID-19 which does state "Be aware that some pulse oximeters can underestimate or overestimate oxygen saturation levels, especially if the saturation level is borderline. Overestimation has been reported in people with dark skin."

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?

There were no changes to the recommendations after consultation.

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?

There were no changes to the recommendations after consultation.

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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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

There were no changes to the recommendations after consultation.

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

The Committee's considerations of equality issues are described in the evidence reviews for each question, in particular in the benefits and harms, and other considerations sections of the discussion sections associated with the relevant review questions. They are also covered in the relevant rationale sections in the guideline where they relate to specific recommendations.

Updated by Developer \_\_\_ Emma McFarlane \_\_\_\_\_

Date \_\_\_ 21.06.23 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_ Simon Ellis \_\_\_\_\_

Date \_\_\_ 13/07/23 \_\_\_\_\_