

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

Equality and health inequality impact assessment

**GID-HTG10880 In-situ abdominal
normothermic regional perfusion to
preserve donor livers during retrieval for
transplantation after controlled circulatory
death**

Scoping

- 1 Have any potential equality issues been identified during the scoping process? If so, what are they?**
 - End-stage liver disease can significantly affect people's daily living. Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment that has a substantial and long-term effect on their ability to do typical day-to-day activities. Disease severity is an important factor in determining the allocation of liver transplants as people with end stage liver disease may be classed as disabled. People with more severe liver disease and higher risk of mortality are more likely to be prioritised for liver transplantation ahead of people with less severe liver disease and lower risk of mortality, although other factors may also be considered.
 - Adults from White or Asian backgrounds tend to wait less time for a liver transplant than other ethnic backgrounds ([NHS Blood and Transplant, 2025](#)).
 - All of the major religions and belief systems in the UK are open to the principles of organ donation and transplantation. Organ donation is a personal choice and views on the matter can vary even among individuals within the same faith ([NHS Blood and Transplant](#)).

Equality and health inequality impact assessment – GID-HTG10880 (IP1890) In-situ abdominal normothermic regional perfusion to preserve donor livers during retrieval for transplantation after controlled circulatory death

- There are different types of liver diseases that can be associated with alcohol, obesity, viral infection, and genetic factors. Overall, men are more likely to die from liver disease than women ([British Liver Trust, 2024](#)).
- Between April 2024 to March 2025, most livers donated came from adults from White backgrounds. 91% of liver donors were White adults ([NHS Blood and Transplant, 2025a](#)).
- Between April 2024 to March 2025, males received more liver transplants than females. Males represented 63% of transplant recipients and 52% of active waiting list patients ([NHS Blood and Transplant, 2025](#)).
- Between April 2024 to March 2025, older people received more transplants than younger people. People aged 50-59 years represented 28% of transplant recipients and adults aged 60-69 years represented 32% of transplant recipients ([NHS Blood and Transplant, 2025](#)).

2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?

- People living in more deprived areas are more likely to develop liver diseases, including liver cancer. In areas experiencing the greatest levels of deprivation the rate of premature deaths from liver disease is almost four times higher than in the least deprived areas ([British Liver Trust, 2024](#)).
- In the UK currently in-situ abdominal normothermic regional perfusion can be carried out by 8 out of 10 of the organ retrieval centres and it is regular practice in at least 3 organ retrieval centres for their donor by controlled circulatory death cases. This means there may be geographical variation in access to donor livers that have been retrieved using in-situ abdominal normothermic regional perfusion.

3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?

The committee needs to consider the impact of in-situ abdominal normothermic regional perfusion on the inequality issues presented in sections 1 and 2. In-situ abdominal normothermic regional perfusion could increase the number of livers that are available for transplant. If in-situ abdominal normothermic regional perfusion was offered in more transplant centres more people who require liver transplant may have access to more livers suitable for transplant. The committee may discuss how the procedure could potentially impact premature death rates of people with end-stage liver disease (which is more prevalent in deprived areas).

4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scope consultation?

No.

5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?

No.

Approved by senior responsible officer: Lizzy Latimer

Date: 19/01/2026

Draft guidance

6 Have the potential equality issues identified during the scoping process been addressed by the committee? If so, how?

Equality and health inequality impact assessment – GID-HTG10880 (IP1890) In-situ abdominal normothermic regional perfusion to preserve donor livers during retrieval for transplantation after controlled circulatory death

The committee discussed that one of the benefits of in-situ abdominal normothermic regional perfusion is that it can allow objective instead of subjective assessment of a liver's suitability for transplant. The committee discussed that this may increase the number of livers available for transplants which could address some of the equality issues identified in section 1.

7 Have the potential health inequality issues identified during the scoping process been addressed by the committee? If so, how?

The committee consideration was that the procedure could increase the number of donor livers used and reduce inequalities.

8 Have any other potential equality or health inequality issues been raised in information submitted by stakeholders or in the external assessment report? If so, how has the committee addressed these?

No.

9 Have any other potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?

The committee discussed that the procedure should be done by teams with specific training and equipment, and that not all centres will have access to this. The committee discussed that this could result in regional differences in services.

The committee discussed that the procedure allows the transplant teams to assess the liver objectively before it is retrieved. This means that acceptance of the liver is not based on subjective assessment alone. It also means that a liver that was previously considered unsuitable may be considered suitable based on the objective

assessment. It was mentioned that this procedure could reduce variation in practice and improve equity of access to donor livers.

- 10 Do the preliminary recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

No.

- 11 Has the committee made any reasonable adjustments within its recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the technology needed to fulfil NICE's obligations to promote equality.**

No.

- 12 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?**

Yes, the committee heard the health inequality issues described in section 2. The committee discussed these, details are in sections 3.17 and 3.18 of the draft guidance.

- 13 Have the committee's considerations of equality and health inequality issues been described in the draft guidance? If so, where?**

Yes, in sections 3.17 and 3.18 under the heading 'Equality Considerations of the draft guidance.'

Approved by senior responsible officer: Lizzy Latimer

Date: 03/07/2026