NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Blood transfusion (update)

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to:

Blood transfusion (update)

STAGE 4. Development of guideline or topic area for update

(to be completed by the developer before consultation on the draft guideline or update)

Blood transfusion (update)

Date of completion: 23/09/2025

Focus of guideline or update: whether to widen NICE's currently recommended use of tranexamic acid in surgery in adults and children to reduce blood loss and so to reduce the risk of blood transfusion

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?
The areas emphasised by the committee during the development phase included: Pregnant women, trans men and non-binary people – this group represents a population that are at a higher risk of bleeding, can have a higher risk of thrombotic complications and have a higher chance to represent an otherwise generally healthy population and so need specific consideration when prescribing additional medication that may have undesirable effects. Women – guidance for transfusion in women reflects that they should have blood transfusions at the same threshold as men (80 g/litre) while their baseline haemoglobin is often lower and they have a higher risk of conditions like iron deficiency anaemia. People from East, South and South East Asian, Mediterranean, Black African and Black Caribbean backgrounds – people with a higher risk of thalassaemia and sickle cell disease are more likely to benefit from alternatives to blood transfusion and as a community this helps to supply blood to the people who need it most. These populations also have a higher risk of bleeding and complications from bleeding generally. Age – children with blood loss can be more susceptible to small amounts of blood loss having substantial effects (due to the proportion of blood loss being more significant overall). Therefore, there is a smaller buffer of protection when deciding to transfuse. There is also a higher risk of transfusion complications. The use of tranexamic acid is also known to have problems and is treated with caution, and lower doses are typically used.

Religion and belief – blood products may not be accepted by some people under all or some circumstances (for example: Jehovah's Witnesses). Providing alternatives to blood transfusion may provide an acceptable option.

Geographical variations in practice – NICE is aware that its current guidance on tranexamic acid has not been well implemented, as shown in national audits. Part of the reason for this may be difficulty in implementing the 'expected to lose more than 500 ml' threshold. If NICE widens its recommended use of tranexamic acid, this may remove this barrier and so help to equalise access to tranexamic across the NHS not only in the low blood loss risk group, but also in the currently eligible population.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The safety review included stratification for pregnancy and this was considered separately to non-pregnant populations.

The committee discussed other national programmes that were being considered to ensure optimal national implementation to reduce the chance of geographical variations in practice, while considering equitable care as a component in this.

Age, sex and comorbidities were included as key confounding variables for deciding the inclusion of non-randomised studies within the review. Comorbidities were considered in a subgroup analysis to consider if there was heterogeneity in the analysis. This did not resolve heterogeneity.

Data about whether studies included children and adults was separated qualitatively and discussed with the committee.

Presence of preoperative anaemia was separated qualitatively and discussed with the committee.

Recommendations were made to provide tranexamic acid to more people than the previous recommendations. This means that there is more availability for people more likely to bleed, people with a greater need for blood transfusions and people who would prefer to not have blood transfusions. This will help to reduce health inequalities.

The guideline provides a clearer statement about who should receive tranexamic acid which is easier to implement than the previous guidance, which will help to reduce geographical variations in care.

4.3 Could any draft recommendations potentially increase inequalities?
None of the draft recommendations are expected to increase inequalities. The committee took into account inequalities that could be faced by children and young people and made separate, weaker recommendations for this group reflecting the strength of the evidence. Otherwise, the committee agreed recommendations that would reduce inequalities instead, providing greater options to all groups and reducing inequities geographically across NHS services.

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4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?
The committee made research recommendations for children and young people reflecting the uncertainty in the evidence for this group.

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4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?
Currently all groups are represented in the consultation process apart from: • People with a wider understanding of ethnic health inequalities in health care – therefore, have extended an invitation to the NHS Race & Health Observatory to be involved in the consultation process • People with sickle cell disease – therefore, have extended an invitation to the Sickle Cell Society to be involved in the consultation process • People who refuse blood transfusions based on religious beliefs (for example: the Jehovah's Witnesses) – therefore, have extended an invitation to the Jehovah's Witnesses to be involved in the consultation process

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4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?
No questions are planned to be asked at stakeholder consultation about the impact of the update on equality and health inequalities.

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Completed by developer: George Wood

Date: 07/10/2025

Approved by committee chair: Ian Bernstein

Date: 30/10/25

Approved by NICE quality assurance lead: Kate Kelley

Date: 30/10/2025