

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -**  
**RECOMMENDATIONS**

**Clinical guideline: Atrial Fibrillation: The management of atrial fibrillation**

As outlined in The guidelines manual (2012), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

**Table 1 NICE equality groups**

<b>Protected characteristics</b>
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)</li></ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"><li>• Other</li></ul> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li></ul>

**1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
<p>The scope identified that the guideline will consider specific populations including older people, people with left ventricular dysfunction and people with reversible causes of atrial fibrillation.</p>	<p>Where evidence was identified relating to these populations, the GDG considered these areas in their discussions.</p> <p>Recommendations 1.5.15, 1.6.2, 1.6.17, 1.6.18, 1.6.23, 1.6.25 and 1.7.3 specifically cover recommendations on left ventricular dysfunction or heart failure.</p> <p>Recommendation 1.5.15 specifically covers age and the stroke risk and bleeding risk scores take into account age.</p> <p>Recommendation 1.6.2 specifically takes into account patients with atrial fibrillation due to reversible causes.</p> <p>Further details are provided in the relevant 'Linking evidence to recommendations' table for each recommendation.</p>
<p>No other equality issues were identified during scoping.</p>	
<b>Other comments</b>	
<p>None.</p>	

**2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
No additional areas identified.	
<b>Other comments</b>	
None.	

Insert more rows as necessary.

### 3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No groups were identified for this area.

### 4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Recommendations 1.5.15, 1.6.2, 1.6.17, 1.6.18, 1.6.23, 1.6.25 and 1.7.3 consider specific populations with left ventricular dysfunction or heart failure and make recommendations for these groups.

The GDG removed part of recommendation 1.1.4 (below) from the 2006 guideline where it gave an example of offering a test for 'younger patients'. The GDG agreed that this should be removed to promote equality.

Recommendation 1.1.4 Perform transthoracic echocardiography (TTE) in people with atrial fibrillation:

- for whom a baseline echocardiogram is important for long-term management, such as younger patients
- for whom a rhythm-control strategy that includes cardioversion (electrical or pharmacological) is being considered
- in whom there is a high risk or a suspicion of underlying structural/functional heart disease (such as heart failure or heart murmur) that influences their subsequent management (for example, choice of antiarrhythmic drug)
- in whom refinement of clinical risk stratification for antithrombotic therapy is needed (see section 1.8.6). [2006]

## 5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendation below on package of care and education attempts to improve understanding of atrial fibrillation to improve patient outcomes. In addition, it recommends information on anticoagulation to tackle the negativity associated with long-term antithrombotic treatment. The GDG hoped that this would lead to an improved uptake of necessary treatment by people that were considered at high stroke risk and reduce the number of strokes.

1.2.1 Offer people newly diagnosed with atrial fibrillation a personalised package of care. Ensure that the package of care is documented, delivered and includes:

- stroke risk reduction
- rate control
- assessment of symptoms for rhythm control
- psychological support if needed
- and for all people with AF (including newly diagnosed) up-to-date and comprehensive education and information including:
  - cause, effects and possible complications
  - management of rate and rhythm control
  - anticoagulation and anticoagulation relating to cardioversion
  - practical guidance on anticoagulation - cross refer to GC144 recommendation 1.3.1
  - available support networks. [new 2014]