NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment - Scoping

QAngio XA 3D/ QFR and CAAS vFFR imaging software for assessing the functional significance of coronary obstructions during invasive coronary angiography

The impact on equality has been assessed during this assessment according to the principles of the NICE Equality scheme.

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

The risk of significant coronary artery disease and its presentation are related to age, sex and ethnicity. Because of this, women and people from some ethnic groups who have coronary artery disease are potentially underdiagnosed and undertreated in current practice. An objective measurement of the functional significance of stenoses such as using QAngio or CAAS vFFR could help address this and promote equality.

NICE is not aware of any variation in the accuracy of QAngio or CAAS vFFR according to age, sex or ethnicity. The clinical effectiveness of QAngio may be different in people with microcirculatory dysfunction, for example related to diabetes, some of whom may be covered under the disability provision of the Equality Act (2010).

Angina and coronary artery disease can sometimes have a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Therefore, people with these conditions may be covered under the disability provision of the Equality Act (2010).

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee?

The potential equality issues will be noted by the committee and inform discussions where appropriate.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

The potential equality issues have been included in the equalities section of the scope.

The scope states that if data permits, clinical effectiveness of QAngio and CAAS vFFR in people with microvascular dysfunction (for example, caused by diabetes) will be assessed as a subgroup.

It also states that if possible, the analysis should consider the impact of sex and ethnicity on outcomes.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders related to potential equality issues were identified.

Approved by Associate Director (name): Sarah Byron

Date: 9/10/2019