

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTHTECH PROGRAMME

Equality impact assessment – Scoping

Pulmonary artery pressure technologies for remote monitoring of chronic heart failure

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?
 - People with heart failure may be covered by the Equality Act 2010 under disability if their condition has a substantial and adverse effect on ability to carry out normal day-to-day activities and lasts at least 12 months. Many people with heart failure are older and have multiple co-morbidities.
 - The risk of heart failure is related to older age and family history. Both the incidence and prevalence of heart failure increases steeply with age, and the average age at diagnosis is 77 ([NICE 2018](#)). Heart failure is more common in men than women ([NICE TA314](#)).
 - People with cognitive or physical impairments or learning disabilities may need additional support to initiate PAP measurement at home and to use associated smartphone apps for these technologies and may require a carer to assist them.
 - Wider availability of remote monitoring technologies may allow greater access to care for people who are less able to travel to in-person appointments (due to costs associated with travel, poor public transport, time taken from work, disability or anxiety).
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?

Yes. Representatives of the companies advised that the devices are pre-programmed with a number of selected languages. If the required language is not already pre-programmed, it would need to be added to the device.

Clinical experts advised that heart failure with reduced ejection fraction is more common in men whereas heart failure with preserved ejection fraction is more common in women. This has been clarified in the scope.

The following statement has been removed from the scope, based on feedback at the scoping workshop:

People using the device would need access to an internet connection at home to be able to send results.

Representatives from the companies advised that mobile connectivity is provided as part of the package. In the event that there is a lack of mobile coverage, Wi-Fi can be provided. If Wi-Fi coverage is unavailable, the devices can use a telephone land line for sending data; so far this has not been needed by patients using the devices.

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

Approved by Technical Adviser (name): ...Kimberley Carter.....

Date: 18/02/25