

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

Equality impact assessment

**GID-HTE10085 CaRi-Heart for predicting
cardiac risk in adults with suspected
coronary artery disease (CAD)**

Scoping

1 Have any potential equality issues been identified during the scoping process? If so, what are they?

- Age: Instructions for use specify an age range (30 to 80 years). Coronary artery disease (CAD) is also more common in older people.
- Sex: CAD is more common in men, and women are underdiagnosed.
- Ethnicity: People from some ethnic minority backgrounds, including people with African and South Asian heritage, have higher rates of CAD than people who are white.
- Disability: Angina and CAD can sometimes have a substantial and long-term adverse effect on day-to-day activities. People with these conditions may be covered under the disability provisions of the Equality Act 2010.
- People with a sensory impairment, cognitive impairment, learning disability, neurodiverse conditions, limited health literacy, or language barriers may need additional support to understand risk information and participate in shared decision-making.

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

- Deprivation: Higher risk of cardiovascular disease and disease recurrence in deprived groups, as well as poorer outcomes.

- Demographics of people included in AI training datasets may not be reflective of the population seen in UK clinical practice, including variation by ethnicity and socioeconomic background. This may affect the technology's performance in different groups.

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 should consider whether CaRi-Heart's prognostic performance is affected by differences in sex, ethnicity, age and deprivation.
- The committee may need to consider additional instructions to mitigate equality issues, such as ensuring additional support for people with cognitive impairment to explain Cari-Heart reports.
- Improving performance of CT coronary angiography could help reduce inequality in groups that are currently underdiagnosed.

4 Has any change to the draft scope been agreed to highlight the potential issues set out in questions 1 and 2?

Yes, age, sex, ethnicity and socioeconomic status have been added as important characteristics for consideration when assessing prognostic performance.

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 associate director: Janet Robertson

Date: 26/02/2026

Draft guidance

This section will be completed when the draft guidance is issued. [Delete this sentence when the section is completed.]

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

[add answer]

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

[add answer]

- 8 Have any other potential equality or health inequality issues been raised in the stakeholder submissions or the assessment report? If so, how has the committee addressed these?**

[add answer]

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

[add answer]

- 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?**

[add answer]

- 11 Has the committee made any reasonable adjustments for the equality issues identified in its recommendations? That is, any**

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adjustments needed to remove or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.

[add answer]

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

[add answer]

Approved by associate director: [name]

Date: XX/XX/20XX

Final draft guidance

This section will be completed when the final draft guidance is issued. [Delete this sentence when the section is completed.]

- 13 Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?**

[add answer]

- 14 Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

[add answer]

- 15 If the recommendations have changed after consultation, do the updated 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?

[add answer]

16 If the recommendations have changed after consultation, has the committee made any other reasonable adjustments for the equality issues identified in its recommendations? That is, any adjustments needed to remove or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.

[add answer]

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

[add answer]

Approved by associate director: [name]

Date: XX/XX/20X