

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**Equality and health inequality impact assessment**

**Interventional procedure HTG10169  
percutaneous thrombectomy for  
intermediate-risk and high-risk acute  
pulmonary embolism**

**Scoping**

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

Age: increasing age is a risk factor for incidence of, and mortality from, pulmonary embolism. Age is also a risk factor for complications following treatment using thrombolysis. People aged 75 and older are at increased risk of bleeding complications, particularly intracranial haemorrhage, following treatment.

Pregnancy: both pregnancy and the postpartum period give an increased risk for venous thromboembolism, particularly after caesarean section. Venous thromboembolism remains one of the main direct causes of maternal death in the UK. The confidential enquiry into maternal deaths and morbidity reported that thrombosis and thromboembolism remained the leading cause of maternal death in 2022 to 2024 in the UK, during pregnancy or up to six weeks after the end of pregnancy.

Pregnancy and race: the rate of maternal mortality due to thrombosis and thromboembolism among black women is almost three times higher than the rate among white women.

Sex: use of combined oral contraception or some types of hormone replacement therapy are risk factors for pulmonary embolism.

Disability: people with disabilities and conditions that limit their mobility could be at increased risk of developing venous thromboembolism, as immobility is a risk factor for developing venous thromboembolism.

People who have had a pulmonary embolism are likely to be covered by the Equality Act 2010 if their condition meets the definition for disability. That is, if the pulmonary embolism led to physical or mental impairment that has a substantial and long-term (12 months or more) negative effect on the person's ability to do normal daily activities.

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

No health inequality issues were identified.

**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 will consider how the evidence reflects the relevant population. The committee will also consider if there are any particular considerations for use of the procedure during pregnancy.

The committee will consider if its recommendations could:

- disadvantage a particular group of people
- restrict access to the procedure to a particular group of people.

The committee will also consider whether any adjustments are needed to ensure:

- equality in terms of protected characteristics
- health equality relating to service provision and accessibility across different groups.

**4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scope consultation?**

Yes. The potential for disparities in access to the procedure due to geographical location was highlighted by a stakeholder. Provision of the procedure is limited to specialist centres with the necessary facilities and staffing to perform the procedure. This has been added to the scope.

**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 senior responsible officer:** Rebecca Albrow

**Date:** 29/04/2026