

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

GID-IPG10405 In-situ normothermic regional perfusion of the abdomen for livers donated after controlled circulatory death

Scoping

- 1 Have any potential equality issues been identified during the scoping process? If so, what are they?**
 - End-stage liver disease can significantly affect people's daily living. Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment that has a substantial and long-term effect on their ability to do typical day-to-day activities. Disease severity is an important factor in determining the allocation of liver transplants as people with end stage liver disease may be classed as disabled. People with more severe liver disease and higher risk of mortality are more likely to be prioritised for liver transplantation ahead of people with less severe liver disease and lower risk of mortality, although other factors may also be considered.
 - Adults from White or Asian backgrounds tend to wait less time for a liver transplant than other ethnic backgrounds ([NHS Blood and Transplant, 2025](#)).
 - All of the major religions and belief systems in the UK are open to the principles of organ donation and transplantation. Organ donation is a personal choice and views on the matter can vary even among individuals within the same faith ([NHS Blood and Transplant](#)).

- There are different types of liver diseases that can be associated with alcohol, obesity, viral infection, and genetic factors. Overall, men are more likely to die from liver disease than women ([British Liver Trust, 2024](#)).
- Between April 2024 to March 2025, most livers donated came from adults from White backgrounds. 91% of liver donors were White adults ([NHS Blood and Transplant, 2025a](#)).
- Between April 2024 to March 2025, males received more liver transplants than females. Males represented 63% of transplant recipients and 52% of active waiting list patients ([NHS Blood and Transplant, 2025](#)).
- Between April 2024 to March 2025, older people received more transplants than younger people. People aged 50-59 years represented 28% of transplant recipients and adults aged 60-69 years represented 32% of transplant recipients ([NHS Blood and Transplant, 2025](#)).

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

- People living in more deprived areas are more likely to develop liver diseases, including liver cancer. In areas experiencing the greatest levels of deprivation the rate of premature deaths from liver disease is almost four times higher than in the least deprived areas ([British Liver Trust, 2024](#)).
- In the UK currently in-situ NRP can be carried out by 8 out of 10 of the organ retrieval centres and it is regular practice in at least 3 organ retrieval centres for their donor by controlled circulatory death cases. This means there may be geographical variation in access to donor livers that have been retrieved using in-situ NRP.

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 needs to consider the impact of in-situ NRP on the inequality issues presented in sections 1 and 2. In-situ NRP could increase the number of livers that are available for transplant. If in-situ NRP was offered in more transplant centres more people who require liver transplant may have access to more livers suitable for transplant. The committee may discuss how the procedure could potentially impact premature death rates of people with end-stage liver disease (which is more prevalent in deprived areas).

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

No.

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: Lizzy Latimer

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