

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequality impact assessment

IPG10437 (IP2064) Extravascular implantable cardioverter defibrillator insertion for preventing sudden cardiac death caused by ventricular arrhythmia

Scoping

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

- Older age, male sex and white ethnicity were associated with an increased risk of ventricular arrhythmias in a prospective cohort study of about 500,000 people in the UK ([Khurshid S, 2018](#)).
- Ventricular arrhythmias are most common in people with underlying heart disease. The incidence and prevalence of heart failure increases with age and the average age at first diagnosis is 76 years ([NICE](#)).
- People with ventricular arrhythmia may be covered by the Equality Act 2010 if their symptoms have a substantial adverse effect on day to day activities for longer than 12 months.
- The risk of sudden cardiac death is higher in men than in women, but women are less likely to receive cardiopulmonary resuscitation, and have lower survival rates at each successive stage of care ([Resuscitation Council UK](#)).
- The incidence of sudden cardiac death increases with age ([Zeppenfeld 2022](#)). Most (59%) out-of-hospital cardiac arrests

happen in people aged over 65 years ([Association of Ambulance Chief Executives](#)).

- This procedure may have particular benefit for children because of its smaller size than a subcutaneous ICD and potentially longer battery life.

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

- There are higher rates of out-of-hospital cardiac arrests in areas with higher proportions of people from non-white ethnic backgrounds, lower educational attainment and employment status ([Association of Ambulance Chief Executives](#)).
- Poverty, poor diet, higher incidence of smoking and higher rates of mental illness are all associated with higher incidence of cardiac arrest ([Resuscitation Council UK](#)).
- The procedure could increase access to an ICD for people when an alternative ICD is unsuitable.
- Extravascular ICDs are only available in UK centres with trained specialists that have a surgical backup.

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

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

The wording of the final bullet point in question 2 was changed to clarify that the extravascular ICDs are only available in UK centres with trained specialists.

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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