

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **NICE guidelines**

### **Equality and health inequalities assessment (EHIA) template**

#### **Transcatheter aortic valve implantation (TAVI)**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

- Adults 18 years and over presenting with aortic stenosis (non-bicuspid and bicuspid) requiring intervention and for whom the surgical risk is low or intermediate

# 2025 surveillance of report on transcatheter aortic valve implantation (TAVI) to treat aortic stenosis (NICE guideline NG 208 Heart Valve Disease)

## STAGE 1. Surveillance review

Focus of surveillance review: transcatheter aortic valve implantation (TAVI) to treat aortic stenosis

### Issues identified

[Analysis of a large UK data set](#) showed health inequalities in access to heart valve replacement procedures, with women less likely to undergo aortic valve replacement than men, and people of Black and South Asian ethnicity less likely to undergo aortic valve replacement than people of White ethnicity.

There is evidence of geographic variation in the availability of TAVI, which may lead to inequalities in service provision which might be exacerbated if TAVI is recommended to a wider group of people.

Date: **October 2025**

## STAGE 2. Informing the scope

### Heart valve disease presenting in adults: investigation and management

Focus of guideline or update: Transcatheter aortic valve implantation (TAVI)

2.1 Check existing EIAs or EHAs at the very beginning of scoping (during early preparation stages). Note any equality and health inequality issues identified.

#### Issues identified in Heart valve disease in adults (NG208):

- Geographical inequalities with respect to access to heart valve clinics

#### Issues identified in Transcatheter heart valves for transcatheter aortic valve implantation to treat aortic stenosis: late-stage assessment:

- The prevalence of aortic stenosis rises with age.
- There are geographical inequalities with regards to access to heart valve clinics
- There are lower treatment rates in females.
- There may be inequalities related to ethnicity but this may be affected by socioeconomic and geographical factors.

2.2 What additional approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

No additional information has been sought because this is an update of an area in the previous guideline. Additional information has been included from the EHIA from Transcatheter heart valves for transcatheter aortic valve implantation to treat aortic stenosis: late-stage assessment [equality-and-health-inequalities](#).

2.3 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

- The prevalence of aortic stenosis rises with age
- There are geographical inequalities with regards to access to heart valve clinics
- There are lower treatment rates in females
- There may be inequalities related to ethnicity, but this may be affected by socioeconomic and geographical factors.

2.4 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

For the review question What is the clinical and cost-effectiveness of transcatheter aortic valve implantation compared with surgery (with mechanical or biological valves) for adults with aortic stenosis and for whom surgery presents a low or intermediate risk? If there is heterogeneity subgroup analysis will be performed for:

- Age (<70 vs. ≥70 years)
- Gender (male vs female)

There is no difference in clinical and cost effectiveness based on ethnicity or geographical location. These inequalities will be discussed with the committee and any recommendations made will take them into account as necessary.

2.5 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

No scope consultation planned. We will ask the committee and the People and Communities directorate to identify stakeholders who may not have registered.

2.6 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

Two lay representatives have been recruited to the committee one with direct experience of TAVI.

2.7 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

*Not Applicable*

2.8 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

*No*

Completed by topic team:

Signature: Sharon Swain

Date: 13<sup>th</sup> May 2026

Approved by committee chair: Adam Firth

Signature: Adam Firth

Date: 13<sup>th</sup> May 2026

Approved by NICE CFG topic hub senior topic adviser or associate director:

Signature: Simon Ellis

Date: 13<sup>th</sup> May 2026