NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HealthTech programme

Equality impact assessment: guidance development

Drug-eluting stents for treating coronary artery disease: late-stage assessment

The impact on equality has been assessed during this evaluation according to the principles of the NICE Equality scheme.

Draft guidance consultation

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?
The committee considered equality issues including those identified during scoping. These included stent failure being more common among people with type 2 diabetes, and worse PCI outcomes among women and people from Southeast Asian groups because they tend to have smaller vessel diameters. The committee recalled that some subgroup data was available for women and for people with diabetes, and that these subgroup characteristics had no significant effect on the clinical outcomes (see section 3.6 of the draft guidance). The committee recalled that none of the key studies in the EAG's review reported results by ethnicity or the effect of ethnicity on clinical outcomes, or included any information about the ethnicity of study participants (see section 3.7 of the draft guidance). The clinical experts noted that, overall, ethnicity has not been widely or well recorded. For example, the National Institute for Cardiovascular Outcomes Research (NICOR) registry, which collects data on everyone having PCI in the UK, records ethnicity for only 70% of people. The committee agreed that trials and registries using drug-eluting stents should collect information about study participants and adjust analyses for ethnicity. The clinical experts explained that some stent manufacturers have stent registries or cohorts located across various countries. Although these registries include only a single stent or stents from only 1 manufacturer, they do cover different ethnic

groups. The experts were not aware of reports of concerning event rates from these registries.

2. Have any other potential equality issues been raised in the external assessment report, and, if so, how has the Committee addressed these?
The EAG did not identify additional equality issues.

3. Have any other potential equality issues been identified by the committee and, if so, how has the committee addressed these?
No.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to or difficulties with access for the specific group?
No.

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

The committee noted that NHS trusts have access to a range of drug-eluting stents to ensure that a clinically appropriate stent is always available (see section 3.2 of the draft guidance). They recommended that this should continue (draft recommendation 1.1).

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?
The draft recommendation 1.1 states that NHS trusts should have access to a range of drug-eluting stents to ensure that a clinically appropriate stent is always available. The committee's equality considerations are described in sections 3.17 to 3.19 of the draft guidance.

Approved by Programme Director: Anastasia Chalkidou

Date: 12 December 2024