

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](#).

Final guidance

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. The committee was aware that people with mental health problems, or learning difficulties, or people who do not speak English (if translation is not available) may find it difficult to take the medication regularly or to understand how to follow the dual antiplatelet therapy that is needed for some time following a coronary stent implantation. They were also aware that the safety and effectiveness of stents has not been established for pregnant women, women nursing or for children but that clinical experts had noted that PCI involving drug-eluting stents or drug-coated balloons would likely still be used in pregnant or breastfeeding women following myocardial infarction.

The committee noted that stent failure is more common among people with type 2 diabetes, and PCI outcomes may be worse 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 guidance section 3.7).

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 guidance section 3.8). 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 clinical outcome 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?

The committee noted that people with high risk of bleeding are at risk of worse PCI outcomes. High risk of bleeding is more common in people who are older (aged 75 years or over) and with people with comorbidities (for example advanced liver or kidney disease or cancer) or who have had recent trauma or major surgery. People with high risk of bleeding were included as a subgroup in the scope. The committee recalled that some subgroup data was available for people with high risk of bleeding, and that this subgroup characteristic had no significant effect on the clinical outcomes (see guidance section 3.7).

4. Do the 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 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 guidance section 3.3). They recommended that this should continue (recommendation 1.2). Considerations for healthcare professionals in the guidance document include clarification that overall the guidance recommendations are not intended to restrict choice and that when choosing a clinically appropriate drug-eluting stent, healthcare professionals should consider the patient, vessel and lesion characteristics, comorbidities and other factors that can make a stent more suitable. The considerations also clarify that the recommendations do not replace clinical reasoning and that healthcare professionals should work with commissioners and procurement specialists who cover their NHS trust to ensure access to a range of drug-eluting stents.

7. Have the committee's considerations of equality issues been described in the guidance document, and, if so, where?

The recommendation 1.2 states that NHS trusts should have access to a range of drug-eluting stents to ensure that a clinically appropriate stent is always available. Considerations for healthcare professionals provide further support to this. The

committee's equality considerations are described in guidance sections 3.18 to 3.20.

Approved by Associate Director: E. Eaton Turner

Date: 20 March 2025