

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**HealthTech programme  
Equality impact assessment: guidance development**

**Compression products for treating venous leg  
ulcers: 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**Draft guidance consultation**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 that venous leg ulcers are more common in certain subgroups, such as:

- People with neurological conditions
- People with impaired mobility
- People with impaired nutrition or obesity
- People with a history of deep vein thrombosis, varicose veins, hernias, and previous ulcers
- People with previous surgery to the leg such as hip or knee replacement.
- People who are seriously ill

There was no evidence identified reporting evidence relating to any equality considerations of the subgroups.

Some compression products such as hosiery and wraps need the person to apply the products themselves. This could be harder for people with conditions that may affect self-care for example because of issues with memory (for example dementia), manual dexterity, mobility or visibility.

When making recommendations the committee noted that not all compression products will be suitable for everyone. The committee understood that people who have venous leg ulcers will have individual needs and that these should be considered when selecting a compression product for use.

The recommendations state that:

- when choosing a compression product, it should be clinically appropriate and meet the needs and preferences of the person with the venous leg ulcer.
- NHS Trusts should provide access to a range of compression products, so that a product that is clinically appropriate and meets people's needs and preferences is available for everyone with a venous leg ulcer.
- Healthcare professionals and the person with the venous leg ulcer should decide together which compression product to use and gives a list of considerations that the decision should take account of that might affect the person's quality of life.

2. Have any other potential equality issues been highlighted in the company's submission, or patient and carer organisation questionnaires, and, if so, how has the committee addressed these?

The EAG identified the following equality issues in this assessment, based on expert advice

- People who are older
- People who are ethnic minorities with co-morbidities
- Women who are pregnant
- People who are rural living or homeless
- People who are intravenous drug users
- People who cannot afford to take time off work to attend appointments or cannot afford travel costs.
- People who are within prisons, remand centres and detention centres.

As detailed under question 1 above, when making recommendations the committee noted that not all compression products will be suitable for everyone. The committee understood that people who have venous leg ulcers will have individual needs and that these should be considered when selecting a compression product for use and this is reflected in the recommendations.

3. Have any other potential equality issues been identified by the committee and, if so, how has the committee addressed these?

The committee discussed the importance of providing education and product information in an accessible format for people who use the products, especially those who self-apply the products, including considering the average reading level of people with venous leg ulcers. The committee highlighted several key considerations regarding care for those at risk of developing venous leg ulcers, they

recognised the need for different compression product provision that accounts for varying risk factors and patient circumstances. Regarding access challenges, the committee acknowledged barriers to care such as geographical limitations, mobility issues, and patient comorbidities that can affect timely treatment initiation. The committee also considered that there are factors that may contribute to delayed healing of a venous leg ulcer. The committee addressed issues including comorbidities, socioeconomic factors, adherence difficulties, and the impact these have on treatment outcomes and recurrence by noting that they understood that people have individual needs and preferences, and this is reflected in the recommendations and should be considered when selecting a compression product.

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?

No.

1. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

The committee's equality considerations are described in sections 3.9 and 3.10 of the draft guidance.

**Approved by Programme Director:** E. Eaton Turner

**Date:** 15/04/2025

## Late-stage assessment guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

One consultee noted that there is a missed opportunity to highlight equity gains, and that the potential of compression wraps to promote equity has not been fully explored. The EAG responded that there was no evidence available for the scoped subgroups and equity gains were not a scoped outcome and were therefore not considered in the modelling.

Another consultee highlighted that self-application is dependent on dexterity and that if people are unable to self-manage this may impact on the cost-effectiveness results. The committee discussed that there are many factors which may impact on a patient's ability to self-care, aside from patient dexterity. The scope included multiple subgroups including 1) People with conditions that may impact self-care (such as issues with memory, manual dexterity, mobility and visibility), 2) people with low or high exudate wounds, 3) people with very fragile skin, and 4) people with irregular leg shapes (such as an upside-down champagne bottle). No evidence was identified in the EAG's clinical evidence review, and the committee emphasised the importance of analysing effectiveness in these subgroups, which has been added to section 3.28 of the guidance.

The committee was aware that not all compression products will be suitable for everyone. The committee understood that people who have venous leg ulcers will have individual needs and that these should be considered when selecting a compression product for use.

The recommendations state that:

- when choosing a compression product, it should be clinically appropriate and meet the needs and preferences of the person with the venous leg ulcer.
- NHS service providers should give access to a range of compression products, including compression wraps, so that a product that is clinically appropriate and meets people's needs and preferences is available for everyone with a venous leg ulcer.
- A healthcare professional and the person with the venous leg ulcer should decide together which compression product to use and a list of considerations that the decision should take account of that might affect the person's quality of life is given.

2. If the recommendations have changed after consultation, are there any recommendations that 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, only section 1.2 and 1.3 have changed following the publication of the VenUS 6 results as early research papers and as a result, the sections 'what information is needed' and 'what this means in practice' have been amended to reflect these changes, but this will not impact access for a specific group.

3. If the recommendations have changed after consultation, 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.

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Section 1.2 has been amended, stating that price variation for compression wraps over other compression products is not justified unless a compression wrap is the only suitable option. The committee acknowledged that for some people compression wraps may be the only suitable option and emphasised that healthcare professionals should have access to an appropriate range of compression products, including compression wraps, to address the clinical needs and preferences of people with venous leg ulcers. The committee asked for more evidence to address some of the remaining uncertainty for compression wraps, specifically around patient selection and clinical performance.

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

Yes, equality considerations are discussed in section 3.9 and 3.10 of the guidance document. Having access to a range of compression products, the importance of shared decision making and the impact of having a venous leg ulcer is also discussed in section 1, section 3.4, 3.5 and section 3.27.

**Approved by Associate Director:** Emily Eaton Turner

**Date:** 15/07/2025