NICE National Institute for Health and Care Excellence

HealthTech Programme

Pulmonary artery pressure technologies for remote monitoring of chronic heart failure: diagnostic guidance

Equality Impact Assessment

Scoping

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

   No equalities issues were identified but the committee discussed the following considerations:

   - The average age of heart failure diagnosis is 77 years in the UK. Study populations typically included participants younger than 71 years (mean or median ages between 61 to 71 years), representing a younger cohort of patients. The real-world population are older and more likely to have comorbidities which could complicate their care and make it more difficult to use the technologies.

   - The committee recognised that the studies did not reflect a diverse population. The majority of the population included in this assessment were male and white. The committee considered that there is no reason to suspect that women, trans and non-binary people and people from ethnic minority backgrounds would not be able to benefit from the technologies. There was no information about people using the technologies in settings such as care homes or nursing homes, or about disability, cognitive impairment, problems with manual dexterity, and how those characteristics affect a person's ability to adhere to using the technologies.

- The committee recognised that using digital tools may be challenging for some people because of physical or cognitive impairment or unfamiliarity with using digital technology. Healthcare professionals and carers may need to support people with using the technologies at home. This could include, for example, demonstrating how to use the equipment, helping the person to adopt the correct position to initiate the measurement and reminding them to initiate the measurement. Digital enablers are people who are trained to support patients with using digital technologies, and they may be available to provide support to patients in some areas.

- The committee recognised the burden associated with travelling to hospital, especially for people living in rural or coastal areas. This could require long journeys on public transport or to paying for a taxi. The technologies are intended to supplement, rather than replace, routine monitoring for chronic heart failure. They could reduce the need for some unplanned appointments which could help to alleviate some of the burden associated with travelling to hospital.

Draft guidance

2. Have any other potential equality issues been raised in the external assessment report, and, if so, how has the committee addressed these?

   No further equality issues were raised

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

   No other potential equality issues or considerations were identified by the committee.

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

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

   Equality issues and considerations have been described in sections 3.35 and 3.36 of the draft guidance.

Approved by Associate Director: Rebecca Albrow

Date: 03/10/205

Final draft guidance

1. Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?

Consultees commented that the technology could help to improve access to specialist heart failure services for people living in rural and coastal areas who face barriers to accessing specialist services due to living in a remote location. Consultees also commented that the technology could be beneficial for people with advanced heart failure waiting for a transplant. Patients being

managed under tertiary or quaternary services often have to travel long distances for face-to-face clinical assessment. After considering the results of the final model and the uncertainties in relation to the model, the committee recommended that CardioMEMS HF System can be used as an option for remote monitoring of New York Heart Association class III heart failure in adults. The committee recognised the potential of the technology to help reduce inequalities for people living in geographically remote areas, which was one of the reasons they were willing to accept uncertainty in the model.

2. Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?

Yes, the committee heard from a clinical expert that some specialist heart failure services are restricted to people with heart failure with reduced ejection fraction (HFrEF) and heart failure with mildly reduced ejection fraction (HFmrEF). This means that some patients with heart failure with preserved ejection fraction (HFpEF) are unable to access specialist heart failure services. The committee recognised the potential for the technology to address inequalities in access to heart failure specialist services for people with HFpEF.

3. If the recommendations have changed after consultation, do the updated recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?

The recommendation for CardioMEMS HF System has changed from:

CardioMEMS HF System should not be used for remote monitoring of chronic heart failure in adults.

To:

CardioMEMS HF System can be used as an option for remote monitoring of New York Heart Association class III chronic heart failure in adults.

The updated recommendation should widen access to CardioMEMS HF System. From carers has been added to the recommendations.

The recommendation for Cordella Pulmonary Artery Sensor System and the Cordella Heart Failure System has not changed following consultation.

4. If the recommendations have changed after consultation, has the committee made any other reasonable adjustments for the equality issues identified in its recommendations? That is, any adjustments needed to remove

or alleviate barriers to, or difficulties with, access needed to fulfil NICE's obligations to promote equality.

No adjustments have been identified.

5. Have the committee's considerations of equality and health inequality issues been described in the final draft guidance? If so, where?

Yes, they have been described in the 'Equalities considerations' section of the guidance.

Approved by Associate Director: Rebecca Albrow

Date: 12/12/2025