

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

Equality impact assessment

**HTG777 Transvenous embolisation for
spontaneous intracranial hypotension
caused by a cerebrospinal fluid–venous
fistula**

Scoping

- 1 Have any potential equality issues been identified during the scoping process? If so, what are they?**

There is higher prevalence of spontaneous intracranial hypotension in women.

- 2 Have any potential health inequality issues been identified during the scoping process? If so, what are they?**

The procedure is offered in a limited number of specialist centres in the UK. This may create challenges in accessibility and geographic equity. Delays in diagnosis and treatment may also further widen disparities in care.

- 3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?**

The potential equality issues will be noted by the committee and inform discussions where appropriate.

4 Has any change to the draft scope been agreed to highlight the potential issues set out in questions 1 and 2?

No

5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?

No

Approved by associate director: Rebecca Albrow

Date: 16/02/2026

Draft guidance

This section will be completed when the draft guidance is issued.

6 Have the potential equality issues identified during the scoping process been addressed by the committee? If so, how?

The committee considered the potential equality issues in their discussion. The evidence presented to the committee reflected that the population group is small but people with this condition often experience profound disability, marked by constant pain, cognitive and sensory difficulties, as well as significant loss of independence, which can make working or performing everyday activities extremely challenging.

7 Have the potential health inequality issues identified during the scoping process been addressed by the committee? If so, how?

The procedure is offered in limited number of specialist centres in the UK. This may create challenges in accessibility and geographic equity. Delay in diagnosis and treatment may also further widen disparities in care.

8 Have any other potential equality or health inequality issues been raised in the stakeholder submissions or the assessment report? If so, how has the committee addressed these?

No.

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

None identified.

10 Do the preliminary 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?

There was no exclusion.

11 Has the committee made any 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 done.

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

Section 3.15 of the draft guidance describes the potential equality and health inequality issues.

Approved by associate director: Rebecca Albrow

Date: 16/02/2026

Final draft guidance

This section will be completed when the final draft guidance is issued.

13 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?

Yes. It was reported that the procedure is done in at least 14 centres in the UK. However, the number of cases done in centres so far varies from one case to multiple cases, so some centres are more specialised than others, and accept referrals from other hospitals. People with the condition may not have access to this treatment if their local or regional centre does not offer it.

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

No.

15 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?

Yes, the recommendation has been changed from 'more research is needed' to 'can be used with evidence generation'. The updated

recommendation makes it easier for people with the condition to access the treatment because access is not limited to research studies. [There are no barriers to any specific group.

16 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.

There is no specific adjustment. However, the guidance captures the committee’s view, that people with the condition should be informed about all the available treatment options so that they can take part in an informed joint decision on which treatment to select. This is reflected in the sections ‘What this means in practice’ and 3.10 of the guidance.

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

Section 3.16 of the guidance describes the potential issues.

Approved by associate director: Rebecca Albrow

Date: 16/02/2026