

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG805 transcatheter aortic valve implantation for native aortic valve regurgitation

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

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age: Prevalence of aortic regurgitation (AR) increases with age in both sexes and occurs often in people older than 50 years of age.

Gender: AR affects men more than women. In one US study, AR of mild or greater severity was reported in 13% of men and 8.5% of women.

Ethnicity: African Americans and Asians are associated with a higher risk of AR.

Disability: AR is associated with rheumatic heart disease, a bicuspid aortic valve, and several comorbidities. This condition may be considered as a disability under the Equality Act 2010 when it has a substantial adverse impact on normal day to day activities for longer than 12 months.

Religious beliefs: Different transcatheter aortic valve implantation (TAVI) devices are available for this procedure and they contain material derived from animal sources (bovine or porcine tissue leaflets). Cultural preferences and religious beliefs may influence the acceptability of some devices in certain societal groups.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are

exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)
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This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.
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3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?
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No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?
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No

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?
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No specific data relating to the issues was identified in the literature presented in the overview.

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?
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No

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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No, the recommendations would not affect access to treatment.	

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 obligation to promote equality?
No	

7.	Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?
1.1	Yes, section 3.6 of the guidance states that 'bioprosthetic valves are made from porcine or bovine tissue. Some people may not want to have these'.

Charlotte Pelekanou

Technical adviser

Date: 09/04/25

Final interventional procedures document

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

No

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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Not applicable

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?

Not applicable

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?

Not applicable

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

Yes, section 3.6 of the guidance states that 'bioprosthetic valves are made from porcine or bovine tissue. Some people may not want to have these'.

Anastasia Chalkidou Programme Director

Date: 1/05/2025