

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequalities assessment (EHIA)

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NICE guidelines

**Equality and health inequalities assessment (EHIA)
template**

**Chronic heart failure in adults: diagnosis and management
(NICE guideline NG106)**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

Pharmacological treatment of chronic heart failure.

Appendix A: equality and health inequalities assessment (EHIA)

2023 exceptional surveillance of chronic heart failure in adults: diagnosis and management (NICE guideline NG106)

STAGE 1. Surveillance review

Date of surveillance review: April 2023

Focus of surveillance review: Pharmacological treatment of chronic heart failure

Exceptional review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review

The [equality impact assessment \(EIA\)](#) written at the start of development of NICE guideline NG106 raised issues including access to rehabilitation services for people living in rural areas, or older individuals. They also raised age specific treatment needs for older people, and disparities in the access to exercise based rehabilitation programmes that include an education and a psychological component.

In regards to pharmacological treatment of chronic heart failure, it noted that: People over the age of 75 have particular needs in managing their condition. People over the age of 75 often have less aggressive treatment started or continued for cardiovascular conditions including chronic heart failure compared with younger age groups.

The [EIA](#) after scope consultation further raised the issue of the population of individuals with heart failure with preserved ejection fraction, which may be due to trans-thyretin amyloidosis.

In the [EIA](#) prepared after guideline development, but before consultation, these issues are addressed. One further issue was raised by the committee who were aware of evidence showing that NT-proBNP levels are lower in people of west African family origin and are a confounder in the diagnosis of heart failure. Because of the high incidence of heart failure with preserved ejection fraction in these populations a recommendation was amended to include these populations.

The [EIA](#) further raised the issue of lack of access to services for people with heart failure with preserved ejection fraction. The heart failure with preserved ejection fraction

population often do not have the same access to cardiac rehabilitation programmes as heart failure with reduced ejection fraction patients, because they tend to be an older cohort of patients. The committee considered it was not possible to specifically include this population within the wording of recommendation 1.9.1 because of the lack of evidence in the heart failure with preserved ejection fraction population. They also agreed it was unnecessary because the recommendations apply to all people with chronic heart failure throughout the guideline unless a recommendation specifically states it applies to a particular population.

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

[Please consider all four dimensions of health inequalities below and whether any potential issue(s) were identified. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted. Where no issue has been identified, ensure that this is also noted.]

- 1) *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*
- 2) *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
- 3) *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
- 4) *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)]*

Two of the papers raised by topic experts during the surveillance review regarded treatment for the population of people who have heart failure with preserved ejection fraction. Currently NICE guideline NG106 makes no recommendations for pharmacological treatments for this population as there was no evidence at the time of guideline development. This population was highlighted as a group who may have reduced access to services in stakeholder comments during guideline development. The evidence raised by topic experts also relates to 2 technology appraisals which are in development for these treatments.

No further health inequalities were identified during the surveillance review process.

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

Information for this surveillance review was provided by topic experts, they did not provide any information specific to equality and health inequality issues. Stakeholders were not contacted for this surveillance review.

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]

[Please provide details of the key issues identified and any actions or decisions taken. You may want to summarise this in the 'Equalities' section of the surveillance report. Please also record any equality and health inequalities issues identified that were not relevant to this check in the Issues Log for continuity and future review]

No new equality and health inequalities issues have been identified during this surveillance review. New evidence related to the population of people with heart failure with reduced ejection fraction was identified and discussed in the review.

Completed by surveillance reviewer- Sarika Paul

Date 22/03/2023

Approved by NICE surveillance associate director- Kay Nolan

Date 05/04/23

ISBN: 978-1-4731-5156-7