

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Cardiovascular disease: escalation of therapy for secondary prevention

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

##### **1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age – Older people are known to be under-represented in clinical trials of lipid lowering therapies. It is therefore expected that there will be a lack of evidence in this population.
- Disability – It was noted that some of the lipid lowering therapies are administered by injection, and some disabilities may mean people are unable to self-inject these therapies. It was also noted these injections can be administered by another person, or require attendance at a specialist centre and therefore this

group should not be disadvantaged by any recommendations made in this update. It is also noted that lack of adherence of medicines will impact ability to achieve desired lipid lowering. Adherence may be lower in particular groups, for example those with mental health conditions or learning disabilities, and therefore this may be a particular issue in those groups.

- Gender reassignment - No issue is identified
- Pregnancy and maternity - No issue is identified
- Race - No issue is identified
- Religion or belief - No issue is identified
- Sex - No issue is identified
- Sexual orientation - No issue is identified
- Socio-economic factors – It is noted that cardiovascular disease is more prevalent in areas with high deprivation.
- Other definable characteristics (these are examples):
  - refugees
  - asylum seekers
  - migrant workers
  - looked-after children
  - people who are homeless
  - prisoners and young offenders
  - any others identified

It was noted that patients in geographically remote areas may have difficulty accessing specialist care to start those lipid lowering therapies that are recommended.

### 1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- Due to the expected lack of evidence in older people, the committee will make recommendations based on their clinical experience and expert opinion if needed to ensure this group are not disadvantaged by the recommendations.
- Adherence is considered in the NICE guidelines on [medicines adherence](#) (CG76) and [medicines optimisation](#) (NG5), but the committee will also consider groups that may have lower adherence in their discussions of the evidence when forming recommendations.
- In the committee's consideration of the evidence, they will consider the ability of

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

different groups to access the necessary lipid lowering therapies.

- Although it is noted that risk of CVD may vary in different groups, this update will focus on escalation of treatment and therefore will apply to all risk groups.

Completed by Developer: Serena Carville

Date: 19/12/2022

Approved by NICE quality assurance lead: Kay Nolan

Date: 21/12/2022

**2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)**

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

N/A – no scope consultation took place

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

N/A

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

N/A

Updated by Developer: Serena Carville

Date: 19/12/22

Approved by NICE quality assurance lead: Kay Nolan

Date: 21/12/2022

### 3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee considered how people with disabilities may be impacted by the recommendations, particularly bearing in mind that some of the treatment options are only available by subcutaneous injection.

Although age was noted as an equalities issue during scoping, the committee did not consider that separate recommendations needed to be made for older people and that recommendations should equally apply to all.

These are considered in the committee's discussion of evidence in the evidence review.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

- Recommendations have been made for people who are statin intolerant. The committee discussed that true statin intolerance is rare. They were not aware of any specific groups of people who are more likely to be statin intolerant.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's considerations are detailed in the 'other factors the committee took into account' section of the committee's discussion of the evidence in the evidence review.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

- Disability – the committee considered that to reach the target lipid levels recommended, some people would be escalated to treatments that could only be delivered by subcutaneous injection. This could be a barrier for some people with certain disabilities, however the committee noted these treatments are often given in clinics, which would mean people with disabilities should not be disadvantaged by this recommendation. Furthermore, support schemes exist to enable family members/carers to assist with the administration of injectable therapies and all therapies can be administered by primary care either within practice or via home visit.

3.5 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

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No

Completed by Developer: Sharon Swain

Date: 30/08/23

Approved by NICE quality assurance lead: Kay Nolan

Date: 19/09/23

**4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)**

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

A stakeholder highlighted evidence showing that females are less likely to reach cholesterol treatment targets compared to males.

The recommendations have not changed but this information will be considered by NICE where relevant support activity is being planned.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The recommendations have not changed but this information will be considered by NICE where relevant support activity is being planned.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

No changes have been made that require an explanation from the committee regarding removing or alleviating barriers to, or difficulties with, access to services

4.4 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 to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The committee's considerations are detailed in the 'other factors the committee took into account' section of the committee's discussion of the evidence in Evidence review D.

Updated by Developer: Sharon Swain

Date: 20/11/2023

Approved by NICE quality assurance lead: Catrina Charlton

Date: 12/12/2023