

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH TECHNOLOGY APPRAISAL PROGRAMME

### Equality impact assessment – Guidance development

### STA (cost-comparison) Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction

The impact on equality has been assessed during this appraisal according to the principles of the NICE equality scheme.

#### Final draft guidance

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| 1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how? |
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No issues were raised at scoping.
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| 2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the committee addressed these? |
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<p>The company submission suggests that lower socioeconomic background is a risk factor in developing heart failure. The company also noted that people from lower socioeconomic background are less likely to have access to heart failure specialist (typically in secondary care). So, treatment with empagliflozin should be broadly initiated in both primary and secondary care settings.</p>
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<p>The lead team recalled <a href="#">NICE's guideline on chronic heart failure in adults: diagnosis and management</a> which recommends that a specialist heart failure multidisciplinary team should work in collaboration with the primary care team to start new heart failure medicines that need specialist supervision. It took into account a recently published recommendation for the same population (<a href="#">NICE's guidance on dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction</a>) and concluded that</p>
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empagliflozin would be started on the advice of a heart failure specialist who can determine the most appropriate treatment.

It was noted that differences in prevalence cannot be addressed in a technology appraisal and that the committee considers whether its recommendations could have a detrimental impact on people protected by the equality legislation. The committee may also take into account other socio-economic factors using NICE's [manual](#) and [principles](#).

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 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 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?

Not applicable.

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

Yes. The section summarising "why the decision was made" in the final draft guidance notes the committee conclusion that empagliflozin should be started on the advice of a heart failure specialist who can determine the most appropriate treatment. This recommendation applies to all people equally.

**Approved by Associate Director (name):** Jasdeep Hayre

**Date:** 28 September 2023