

# Equality Considerations in NICE Guidance on Medical Devices, Digital and Diagnostic Technologies, and Interventional Procedures

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## Background

Equality in health technology assessment is fundamental to ensure fair and equitable access to healthcare for all individuals, regardless of their characteristics or background. The National Institute for Health and Care Excellence (NICE) is England’s health technology assessment agency. Reducing health inequalities is one of NICE’s core principles<sup>1</sup>, building on legal and statutory obligations. NICE’s HealthTech programme produces guidance on non-drug technologies, including medical devices, digital and diagnostic technologies, and interventional procedures. All NICE guidance, including HealthTech guidance, includes an equality impact assessment, which represents a detailed record of all equality considerations identified throughout guidance development and how these were considered and addressed at each stage of the process, including during decision-making by NICE’s appraisal committees. This research explores trends in equality considerations and their impact on recommendations in HealthTech guidance.

## Methods

All HealthTech guidance published between April 2024 and March 2025 was reviewed, including the associated equality impact assessments.

Data on equality considerations was extracted and coded using the following categories: age, disability, gender reassignment, pregnancy or maternity, race, religion or belief, sex, sexual orientation, socioeconomic inequality, health inequality, and other.

We also recorded whether any of these equality considerations impacted on the recommendations.

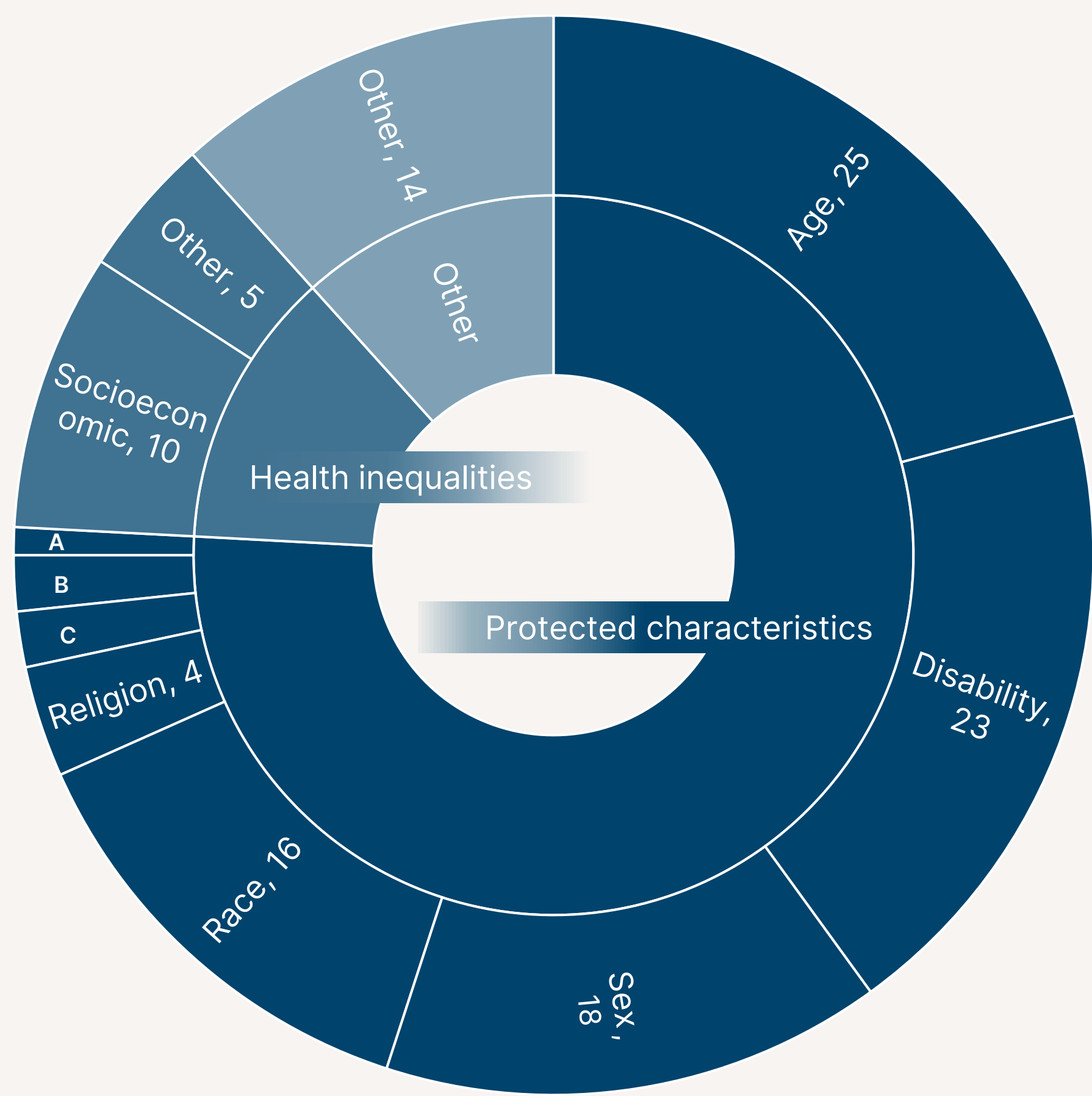


Figure 1. Equality considerations grouped by protected characteristics and health inequalities (A: Sexual orientation, B: Gender, C: Pregnancy)

## Results

Twenty-nine pieces of HealthTech guidance were included. Of these, 18 were on interventional procedures, 6 on digital technologies (including AI), 2 on medical devices, and 2 on diagnostics. All but 1 guidance included multiple equality considerations.

### Included considerations

The most common equality considerations included age and disability, reported in 25 and 23 guidance topics, respectively. These were followed by sex (n=18), race (n=16), other considerations (n=14), socioeconomic inequalities (n=10), health inequalities (n=5), religion or belief (n=4), gender reassignment and pregnancy or maternity (n=2 each) and sexual orientation (n=1). See also Figure 1.

### Impact on recommendations

For interventional procedures guidance, none of the equality considerations impacted on the recommendations.

For the other 11 HealthTech guidance products, 7 guidance recommendations were adjusted for multiple equality considerations including ‘other’ (n=6), race (n=3), age and disability (n=2 each), and sex and socioeconomic inequalities (n=1 each).

## What we learnt

Equality impact assessments are essential to producing HealthTech guidance to ensure fair and equitable access to healthcare. Our review showed that equality considerations are routinely considered during guidance development for non-drug technologies and that in approximately 25% of cases they affect the recommendations. This is a positive sign which shows NICE’s commitment to promote equality and how this occurs in practice.

### In context

There is evidence of significant health inequalities in England<sup>2</sup>. However, there are challenges in addressing those. Previous research has shown that evidence gaps hinder the development of equitable guidance given the complexity in addressing issues which are unknown or highly uncertain<sup>3</sup>. Others have suggested that where used, data on inequality tend to focus on measures of care utilisation and behaviour rather than measures of health<sup>4</sup>.

Therefore, relevant and usable data on health inequality is needed more than ever. Recognising this, NICE recently produced an update to its health technology evaluation manual, proposing the use of distributional cost-effectiveness analysis in certain cases.

## References

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