

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**  
**CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -**  
**RECOMMENDATIONS**

<b>Clinical guideline:</b> Diagnosis and management of idiopathic pulmonary fibrosis
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As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

**Table 1 NICE equality groups**

<b>Protected characteristics</b>
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)</li></ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"><li>• Other</li></ul> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li></ul>

## 1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
No patient subgroups were identified as needing specific consideration.	No
Children and young people (younger than 18) were not included as IPF in children and young people is extremely rare and is clinically very different from the adult disease	No
<p>People with a diagnosis of pulmonary fibrosis due to the following complication, were also not included in the scope because these conditions are clinically very different from IPF, but happen to present in a similar manner:</p> <ul style="list-style-type: none"> <li>• connective tissue disorders (e.g. systemic lupus erythematosus, rheumatoid arthritis, scleroderma, polymyositis and dermatomyositis)</li> <li>• a known exogenous agent (for example, drug-induced disease or asbestosis).</li> </ul>	No
Management of pulmonary hypertension and lung cancer were not covered within this guideline, as these complications of IPF are more appropriately dealt with within the pulmonary hypertension and lung cancer guidelines (and their updates). The outcomes of lung transplantation specifically for IPF could not be addressed without comparison to the outcomes of lung transplants for other	No

conditions and therefore was deemed not within the remit of this guideline.	
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**2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
The GDG discussed that pulmonary rehabilitation components may include elements such as the 6 minute walking test that may not be appropriate for all people with idiopathic pulmonary fibrosis. There may be people who would benefit from the education and psychosocial aspects of the programme, but for whom the exercise components may not be suitable, i.e. if a person has a disability.	A recommendation (1.5.3) was specifically worded to ensure that the components of pulmonary rehabilitation programmes are tailored to the individual needs of each person with idiopathic pulmonary fibrosis.
The GDG discussed availability and access for people with IPF, who may also have a disability, to the locations where pulmonary rehabilitation programmes are provided.	A recommendation (1.5.4) was specifically worded to ensure that pulmonary rehabilitation sessions are held where it is easy for people with idiopathic pulmonary fibrosis to get to and have good access for people with disabilities.

**3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?**

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

None identified

#### **4. Do the recommendations promote equality?**

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

A specific recommendation (1.5.3) has been developed to ensure consideration is given when tailoring pulmonary rehabilitation programmes for those who may not be able to take part in the physical components of the programme, but whom may be appropriate for the education and psychosocial aspects. An additional recommendation (1.5.4) was also developed to ensure equal access to pulmonary rehabilitation sessions for all people with IPF, especially those with disabilities.

#### **5. Do the recommendations foster good relations?**

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

None identified