NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

FibroScan for assessing liver fibrosis and cirrhosis outside secondary and specialist care

Consultation

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

Considerations related to potential equality issues that were included in the scope were that:

- The device failure rates may be higher in people with high BMI, particularly for people with central obesity. The scope stated that where possible data reporting failure rates in this group should be extracted.
- The risk of liver disease may be higher in people who abuse alcohol and hazardous substances and people from ethnic groups (Black African, African Caribbean and South Asian) with a higher risk of developing type 2 diabetes
- Liver cirrhosis may in the long term prevent a person from performing their normal day-to-day activities. Disability is a protected characteristic under the Equality Act 2010.

The EAC identified three publications in which the failure rate for people with high BMI were reported, but these studies did not compare rates for tests done in and outside secondary or specialist care. The committee considered that test performance, including failure rate, of the device would likely depend on the experience of the user (see section 3.3 of the diagnostics consultation document), and requested further evidence to assess whether, if use of the FibroScan was outside secondary or specialist care, that test performance would be maintained (see section 4.1 of the diagnostics consultation document).

2. Have any other potential equality issues been raised in the diagnostics assessment report, and, if so, how has the Committee addressed these?

The EAC noted that different probes for the FibroScan are not approved for all age groups. The S+ probe is not approved for patients over 18 years old, the M+ probe is not approved for patients under 14 years old and the XL+ probe is not approved for patients under 18 years old. However, this is independent of the setting that the test is used in and would therefore not be affected by any recommendations for use in a different setting.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

The committee recognised that easier access to FibroScan testing, which may occur if testing is more widely available, could improve attendance rates for people who have difficulty attending appointments in secondary or specialist care, for example due to distance or disability. This issue was discussed at the committee meeting and considered in committee decision-making. Section 3.2 of the diagnostics consultation document describes committee considerations of this issue.

4. Do the preliminary 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 preliminary 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?

No

7. **Have the Committee's considerations of equality issues been described in the diagnostics consultation document, and, if so, where?**

   The diagnostics consultation document (section 3.2) describes the committee's consideration of the possible benefits to patients for moving FibroScan to primary or community care, and their concerns that benefits may not be realised if use by less qualified staff leads to multiple appointments being needed to first do the FibroScan and separately deliver lifestyle advice. Further evidence was requested by committee to ensure that, if FibroScan was used in primary or community care, test performance would be maintained (section 4.1). This may be a particular issue for people with higher BMI for whom FibroScan testing may be more difficult to do (see response to question 1).

Approved by Associate Director (name): Rebecca Albrow.

Date: 07/02/2022

Diagnostics guidance document

1. **Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?**

   Stakeholders highlighted that liver disease disproportionately affects people in low socioeconomic groups. The committee considered this and recognised that making FibroScan accessible outside secondary and specialist care may reduce travel costs for people in this group, which can be a barrier to accessing the test. This was considered in decision making and committee considerations of the issue are described in the diagnostics guidance document in section 3.2.

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 the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?**

   No

3. **If the recommendations have changed after consultation, 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

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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?**

   No

5. **Have the Committee's considerations of equality issues been described in the diagnostics guidance document, and, if so, where?**

   The committee's previous concerns on whether test performance would be maintained outside secondary and specialist care settings were discussed and the committee accepted that, with appropriate training, quality assurance, and frequent use, FibroScan can be done effectively outside secondary and specialist care (section 3.7). The committee's adoption recommendation in section 1.1 of the diagnostics guidance document may help improve access and reduces inequalities. The diagnostics consultation document (section 3.2) describes the committee's consideration of the possible benefits of moving FibroScan outside secondary and specialist care that could apply particularly to people with disabilities or people from people from lower socioeconomic groups.

Approved by Associate Director (name): Rebecca Albrow

Date: 10/01/2023