NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Technologies for assessing attention deficit hyperactivity disorder

Consultation

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

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

ADHD is more commonly diagnosed in children and young people and is thought to be under-diagnosed in girls and women. The technologies considered in this assessment are indicated for use in different age groups. The scope specified that where data permits, subgroup data by age should be considered. In their clinical effectiveness review, the external assessment group (EAG) highlighted that most of the studies were conducted in children and young people under 18. The main source of evidence considered by the committee was the AQUA trial (Hollis et al. 2018) which assessed the performance of the QbTest in children and young people under 18. Clinical experts noted that due to differences in the clinical presentation and assessment of ADHD in adults compared to children and young people, the data was not generalisable to the adult population. The committee recommended further research was needed in this population (Section 3.10 of the draft guidance).

During scoping, clinical experts also noted that children with ADHD from different ethnic backgrounds may show different symptoms of ADHD. Race is a protected characteristic under the 2010 Equality Act. The EAG did not identify any evidence stratified by ethnicity. However, clinical and patient experts noted that the technologies under assessment may provide more objective information, compared to standard clinical assessment. They highlighted how this may be beneficial for people under assessment for ADHD who “mask” their symptoms, including girls and women, and those from different ethnic

and cultural backgrounds (Section 3.3 of the draft guidance). This was considered by the committee in its decision making.

Compared to the general population, ADHD may be more prevalent in certain groups. The following groups are highlighted in NICE guideline NG87 and during scoping as having an increased prevalence of ADHD:

- People born preterm
- Looked-after children and young people
- Children and young people diagnosed with oppositional defiant disorder or conduct disorder
- Children and young people with mood disorders (for example, anxiety and depression)
- People with a close family member diagnosed with ADHD
- People with epilepsy
- People with other neurodevelopmental disorders (for example, autism spectrum disorder, tic disorders, learning disability [intellectual disability] and specific learning difficulties)
- Adults with a mental health condition
- People with a history of substance misuse
- People known to the Youth Justice System or Adult Criminal Justice System
- People with acquired brain injury.

The committee discussed the potential benefits of the technologies when assessing people with co-occurring conditions such as ODD, mood disorders and other neurodevelopmental disorders. The EAG did not identify any evidence stratified by co-morbidities, however noted that the AQUA trial did not exclude those with these conditions. The committee also discussed the potential benefits of the technologies when assessing people with missing information. Missing information is likely prevalent for those in the Youth Justice System and Adult Criminal Justice System. The committee considered the potential benefits for these groups in its considerations (Section 3.11 of the draft guidance).

The committee noted that technologies may not be suitable for use in people with existing learning disabilities, visual impairment, or physical

disability, who may be covered by the disability provision of the Equality Act 2010. Technologies with wearable components such as a headband or headset may not be tolerable for all people, such as those with anxiety and sensory difficulties associated with autism spectrum disorders. The committee noted that the technologies may not be suitable for everyone, and given that, technologies should not be used to replace any aspect of the standard clinical assessment, only to supplement it, standard clinical assessment should still be an option for those who cannot or will not have the test (Section 3.8 of the draft guidance).

The technologies may offer additional value to people and their carers who experience problems communicating. This could include people with cognitive disorders and people who do not speak English as a first language. The committee noted in its considerations the qualitative evidence in the external assessment report, which highlighted the benefit of technologies for improving communication with families and carers (Section 3.2 of the draft guidance).

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

No

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 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?

N/A

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

Yes (see section numbers in previous section)

Approved by Associate Director (name): Lizzy Latimer

Date: 09/07/2024

Final diagnostic guidance document

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

The following was identified as additional potential equality issue relating to the testing:

- Patients with ADHD often have comorbid conditions which may influence the performance of the technologies.

The guidance highlights that that a full clinical assessment as outlined in section 1.3 of NICE Guideline on ADHD diagnosis and management NG87 should still be carried out (section 3.7 of the final guidance). Section 3.11 of the guidance has been updated to include more information on the comorbidities of the population in the AQUA trial, and that the committee considered the AQUA trial to be a good representation of the population who would be having the test in the NHS. Section 3.10 of the guidance has been amended to emphasise the need for further data collection in adults representing the population with comorbidities.

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?**

Not applicable

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?**

   Not applicable

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?**

   Not applicable

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

   The committee's considerations on equality issues have been described in the diagnostics guidance document sections 3.2, 3.3 (impact on the diagnostic experience), 3.6 (impact on the ADHD diagnostic process), 3.7, 3.8 (standalone use), 3.10 (use in adults), 3.11 (use in complex cases).

Approved by Associate Director (name): Lizzy Latimer

Date: 17/10/2024