

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
THE BRITISH THORACIC SOCIETY
SCOTTISH INTERCOLLEGIATE NETWORK

Equality impact assessment

Asthma: diagnosis, monitoring and chronic asthma management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy, the BTS equality policy and the SIGN equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

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

Stakeholders did not identify any new research into the poorer outcomes experienced by people of South Asian origin, and none was identified by our evidence searches. Recommendations on inhaler choice and on self-management emphasise the importance of personalising asthma care, and 2 of the recommendations in the self-management section (1.14.6 and 1.14.8) specifically refer to the importance of providing culturally appropriate care.

During scoping it was noted that people with cognitive impairment, learning disabilities, language and communication difficulties and people with mental health difficulties might have poorer outcomes particularly because of problems with adherence. The adherence section has not been updated. The recommendation on risk stratified care (1.15.1) does not specify all these groups but would apply to them (those with poor adherence are identified as a high-risk group in the rationale).

There is geographical variation in the availability of FeNO measurements. The committee have tried to address this in relation to diagnosis by offering an alternative test at the appropriate stage in the diagnostic sequence. It has not been possible to do the same in relation to FeNO as a monitoring tool. The issues around geographical variation in management apply more to those with severe asthma and for people having an acute attack, both of which are outside our scope. However, the

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problem of air pollution applies to all with asthma, and is identified as a factor to take into account when asthma control is suboptimal (recommendation 1.6.1)

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No other issues were identified by the committee during development.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

There are separate sections for adults and children covering diagnosis and treatment, and the relevant rationales address the problems of managing asthma in younger age groups and especially the problems of confirming a diagnosis.

There is a separate section on managing asthma in pregnancy.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The major inequality identified during development is the variation in the availability of some diagnostic tests, particularly FeNO and bronchial challenge. However, this is a geographical issue rather than one related to protected characteristics.

3.5 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?

None identified.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

The committee believe that FeNO monitors are slowly becoming more widely available. The same does not apply to bronchial challenge tests but it is hoped that the positive recommendation will encourage centres to provide these.

Completed by Developer_Bernard Higgins_____

Date _____ 20/03/24 _____

Approved by NICE quality assurance lead ___Victoria Axe

Date _____ 18/06/24 _____