

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

Equality impact assessment

Asthma: diagnosis, monitoring and chronic asthma management

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE/BTS/SIGN or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

Yes see below

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identified

Socio-economic factors need to be considered for some families (in particular those in the lower socio-economic groups), for example, due to exposure to poorer air quality, having poorer outcomes.

Race was noted, with reported ethnic variation in asthma frequency. In the UK,

people of South Asian origin with asthma experience excess morbidity, with hospitalisation rates three times those of the majority White population and evidence suggests that South Asian children with asthma are more likely to suffer uncontrolled symptoms and hospital admissions with acute asthma compared to White British children.

It was noted that people with cognitive impairment, learning disabilities, people with language and communication difficulties and people with mental health difficulties need to be considered in the development of this guideline. These were identified as important groups to consider within the development of scope at the stakeholder workshop. These groups may experience poorer outcomes due to, for example low adherence to treatment.

Although not a protected characteristic, the committee also highlighted geographical variation, especially in relation to urban and rural locations. Rural areas often have smaller primary care practices with asthma management led by a practice nurse rather than a specialist asthma nurse. Rural locations often have reduced access to tertiary healthcare for more specialist treatment. However, conversely children in rural areas also benefit from lower levels of air pollution which has been shown to worsen asthma symptoms.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

In people of South Asian origin research has shown that further efforts are required to raise awareness of symptoms and effectively communicate how, when and where to seek help for children. There is a need for improved diagnosis and consistent, effectively communicated information, especially regarding medication. A question has been added to the consultation documents asking stakeholders if they are aware of any research in this area.

People with cognitive impairment, learning disabilities, people with language and communication difficulties and people with mental health difficulties may need additional help with their self-management to improve factors such as inhaler technique and adherence. None of the aforementioned groups will be excluded from the evidence reviews and recommendations will be tailored to address their needs as appropriate.

Consideration will be given to people living in rural locations when making the recommendations, for example with respect to what services they may have access to locally.

Completed by Developer: Sharon Swain

Date: 19.08.21

Approved by NICE quality assurance lead: Kay Nolan

Approved by BTS quality assurance lead: Sally Welham

Approved by SIGN quality assurance lead: Roberta James

Date: 25.08.21

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 to people having an acute attack, both of which are outside our scope. However, the problem of air pollution applies to all with asthma, and is identified as a factor to take

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

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 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 BTS/NICE/SIGN'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____22/11/23_____

Approved by BTS quality assurance lead _Sally Welham

Date__6/11/2024_____

Approved by SIGN quality assurance lead _Roberta James_____

Date_21/10/2024_____

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Race
- Homeless

A stakeholder has pointed out that Action Plan templates, particularly those designed for the AIR and MART regimens, are available in a limited range of languages. There are 9 languages available, which provides coverage for the majority of the UK population but does not cater for everybody. The templates are produced by Asthma + Lung UK and the pathway links to them; they are not BTS/NICE/SIGN products and it is beyond our remit to produce them.

A stakeholder has pointed out that adherence to medication is more difficult for the homeless. The recommendation on adherence is not one which was reviewed for this update and has not been changed. However, the risk stratification recommendation (section 1.15) recommends tailoring care for those who show signs of poor adherence.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

None identified

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

None identified

4.4 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 to services identified in question 4.2, or otherwise fulfil BTS/NICE/SIGN's obligations to advance equality?

None identified

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Variation in ease of access to objective tests is discussed in the rationales of the diagnosis section.

Updated by Developer _____ B Higgins _____

Date _____ 12/09/2024 _____

Approved by NICE quality assurance lead _Victoria

Axe _____

Date _____ 22/11/24 _____

Approved by BTS quality assurance lead ___ Sally Welham

Date _____ 6/11/24 _____

Approved by SIGN quality assurance lead _Roberta James _____

Date 12/10/2024 _____