THE BRITISH THORACIC SOCIETY
NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
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 BTS equality policy, the NICE equality policy, and the SIGN equality policy.

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 BTS/NICE/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 with 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 and severity. In the UK, people of South Asian origin with asthma experience excess higher rates of 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. In addition, a stakeholder identified that Afro Caribbean children in the UK are significantly more likely to be admitted to hospitals for asthma related problems than White children. However, the evidence on outcomes is not as strong for Afro-Caribbean populations, and it may be a different problem since it appears that asthma is more common in those of Afro-Caribbean origin and hence the increased consultations and admissions may be proportional.

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 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 practice with asthma management lead 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?

While the guideline developers were aware of suggestions that there is a particular need in the South Asian population for improved diagnosis and consistent, effectively communicated information, especially regarding medication, they were not aware of an evidence base that would support confident recommendations aimed at improving outcomes in the South Asian population

We explored this further with stakeholders, asking a question during the stakeholder workshop about the availability of evidence to explain and to improve outcomes. We also asked a specific question during formal consultation on the scope. Stakeholders did not identify any evidence sources.

We had the option to ask a review question to confirm a lack of published evidence and then make a research question to inform a future update of the guideline. This research question would not be in the public domain until publication of the guideline.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?
Rather than delay the initiation of valuable research NICE has approached the NIHR to consider promoting research on this question now. The NICE surveillance team will monitor research in this area and trigger an update of the guideline when evidence becomes available. 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 afore mentioned groups will be excluded from the evidence reviews and recommendations will be tailored to address their needs as appropriate. 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.

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Date: 22.12.2021

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Date: 25.08.2021

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