

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Preoperative tests: the use of routine preoperative tests for elective surgery (update)

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

### 3.0 Guideline development: before consultation

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

The following issues were identified during the scoping process and addressed by the Guideline Development Group during development:

There is variation in glycated haemoglobin (HbA1c) amongst different races and ethnic groups which impacts on preoperative testing of blood glucose levels in high risk groups such as people with cardiac disease or diabetes. This will be taken into consideration when reviewing the evidence and evaluation by the GDG.

*The GDG considered this issue when reviewing the evidence and decided that a diagnosis of diabetes was the most important determining factor for preoperative HbA1c testing. The GDG decided not to recommend routine preoperative HbA1c testing in people without a diagnosis of diabetes. The GDG recommended that all people with diabetes, regardless of race or ethnic group, should be offered HbA1c testing prior to elective surgery of any grade.*

Consideration will be given by the GDG to the use of cardiopulmonary exercise testing in people with a disability when evaluating the evidence presented.

*The GDG considered patients who are unable to fully or partially complete the CPET test to be a very important limitation. The GDG considered the evidence and concluded there was not sufficient evidence to make a recommendation about the preoperative use of cardiopulmonary exercise testing for any population.*

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

The appropriateness of testing people from certain ethnic groups for the sickle cell gene will be re-evaluated through formal consensus survey.

*The GDG considered the results of the formal consensus survey and acknowledged that general opinion amongst health professionals tends towards recommending preoperative testing for sickle cell disease in certain populations. The GDG recognised the increased prevalence of sickle cell disease/trait among certain populations, but felt that in most cases a diagnosis of sickle cell disease would already be known, or could be established through taking the person's history. People with severe disease will already be managed by specialist teams, and the risk to those with milder forms of sickle cell or sickle trait is low and would not influence perioperative management. The GDG therefore decided not to recommend routine preoperative testing for sickle cell disease/trait in any population.*

Age would not be considered as a factor in ASA grade, however comorbidities would be reflected in an ASA grade. A geriatrician will be recruited onto the GDG to ensure any particular needs of older people are considered.

*A geriatrician was recruited to the GDG and the needs of older people were considered throughout guideline development. Age was considered in addition to ASA grade when developing recommendations for kidney function tests, where the presence of acute kidney injury (AKI) would be likely to influence perioperative management. The GDG accepted that the risk of AKI increases with age, but felt that age did not need to be specified in the recommendations as it would be considered as part of a broader range of risk factors.*

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?

Age was also considered in developing recommendations for resting ECG. The GDG acknowledged that current practice is to request an ECG for all patients over 65 years of age and younger people with known cardiovascular disease. The GDG recommended the consideration of using the test in healthy patients over 65 as this is a population who have a greater risk of asymptomatic changes that would be picked up through an ECG and may require preoperative management.

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3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

### **HbA1c testing**

The recommendations that cover this issue are discussed in detail in the 'recommendations and link to evidence' statement in the full guideline (sections 14.1.9 and 14.2.7)

### **Use of cardiopulmonary exercise testing**

The recommendations that cover this issue are discussed in detail in the 'recommendations and link to evidence' statement in the full guideline (section 7.8)

### **Sickle cell disease/trait testing**

The recommendations that cover this issue are discussed in detail in the 'recommendations and link to evidence' statement in the full guideline (section 15.3)

### **Age**

This issue was raised in relation to kidney function tests. Please see the 'recommendations and link to evidence' statement for kidney function tests in the full guideline (section 12.10)

This issue was also raised in relation to resting ECG. Please see the 'recommendations and link to evidence' statement for resting ECG in the full guideline (section 5.9)

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?

No

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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?

No

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Completed by Developer

Gill Ritchie

Date

09/10/15

Approved by NICE quality assurance lead

Sharon Summers-Ma

Date

09/10/15

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### 4.0 Final guideline

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

No equality issues were raised by stakeholders during consultation

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?

No recommendations have changed in such a way since consultation as to make it more difficult for specific groups to access services.

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?

No recommendations have changed in such a way since consultation as to have an adverse impact on people with disabilities.

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 questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

Not applicable

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

### **HbA1c testing**

The recommendations that cover this issue are discussed in detail in the 'recommendations and link to evidence' statement in the full guideline (sections 14.1.9 and 14.2.7)

### **Use of cardiopulmonary exercise testing**

The recommendations that cover this issue are discussed in detail in the 'recommendations and link to evidence' statement in the full guideline (section 7.8)

### **Sickle cell disease/trait testing**

The recommendations that cover this issue are discussed in detail in the 'recommendations and link to evidence' statement in the full guideline (section 15.3)

### **Age**

This issue was raised in relation to kidney function tests. Please see the 'recommendations and link to evidence' statement for kidney function tests in the full guideline (section 12.10)

This issue was also raised in relation to resting ECG. Please see the 'recommendations and link to evidence' statement for resting ECG in the full guideline (section 5.9)

Updated by Developer

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Date

22/12/15

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Date

28/01/16