

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Asthma diagnosis

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?

The role of asthma specific questionnaires in the monitoring of asthma was considered. Versions in languages other than English are limited. Versions for individuals with visual impairment and poor literacy were considered. There was no impact on the recommendations. Based on the evidence review, the GDG recommended two validated questionnaires both of which are brief. These are usually filled in by the person with asthma immediately before the asthma review, but could be filled in during the review with the help of the relevant doctor or nurse without adding much to the time needed for the review.

Tertiary care had been excluded from the scope given the different population i.e. 'Severe and difficult to control asthma'. Severe and difficult to control asthma is a clearly defined and separate sub group distinct from the wider asthma population and the investigations involved in the diagnosis and monitoring of this population are outside the scope of this guidance. The way in which this group is diagnosed and monitored is very different. The people referred to tertiary care with severe and difficult asthma to control asthma are the majority of people who have not responded to their treatment. The exclusion of people with severe and difficult to control asthma will not have a disproportionate impact on people with any of the protected characteristics. There was no impact on the recommendations.

This guideline is for people with asthma in primary and secondary care. The developers have focused upon diagnosis because of the large 'over diagnosis' problem that has been raised by stakeholders. This relates predominately to primary care. There was no impact on the recommendations.

1.0.7 DOC EIA

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?

There is some observational evidence to suggest that people of South Asian family origin with asthma or symptoms of asthma are more likely to have poorer outcomes and less likely to be diagnosed due to a social stigma among people of South Asian family origin with this condition. There was no impact on the recommendations because no evidence was found for the diagnostic accuracies of the objective tests and monitoring methods under review in this guideline being any different in people of South Asian family origin than in other ethnic groups. The GDG acknowledged that data were mainly from the white population; formal reference ranges are not available for many ethnic minorities. Notwithstanding this the ratio FEV1/FVC still holds true despite a smaller average lung size in some of these population groups.

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

The recommendations were formulated to be inclusive of all people with suspected asthma and the monitoring of asthma control in people with a confirmed diagnosis of asthma.

There was no evidence to support a firm diagnosis of asthma in infants under 5 years old and this is reflected in the specific recommendation for this age group.

Specific recommendations to diagnose asthma in children aged 5-16 have been formulated to take into account the diagnostic certainty (and uncertainty) of history-taking and objective tests performed in this population group, and also the likelihood of symptoms being caused by other conditions.

There was no evidence to support a different method to diagnose suspected asthma in adults aged over 75 years.

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?

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None of the recommendations discriminate against any individual or specific group.

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?

n/a

Completed by Developer: B Higgins

Date: 12 June 2017

Approved by NICE quality assurance lead: C Carson

Date: 27 October 2017