

1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

NG9: Bronchiolitis in children: diagnosis and management

The impact on equality has been assessed during guidance development according to the principles of the NICE 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 NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No, this guideline does not have a primary focus in this area

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?

(Please specify if the issue has been highlighted by a stakeholder)

- Age - No issues identified
- Disability - No issues identified
- Gender reassignment - No issues identified
- Pregnancy and maternity - No issues identified

1.0.7 DOC EIA (2019)

- Race - No issues identified
- Religion or belief - No issues identified
- Sex - No issues identified
- Sexual orientation - No issues identified
- Socio-economic factors - No issues identified
- 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

The previous version of the guideline highlighted the following:

The committee recommended that the social circumstances of the family or carer were taken into account when deciding whether or not to refer, discharge or admit a child.

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

The focus of this update to the guideline did not affect recommendations that were previously published relating to this issue.

1.0.7 DOC EIA (2019)

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Scope consultation was not conducted during the development of this update, which was carried out as per Appendix L of [Developing NICE Guidelines: The Manual](#)

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

Not applicable

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of 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 or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

Not applicable

1.0.7 DOC EIA (2019)

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 committee continued to give consideration to ensuring that the social circumstances of the family or carer were taken into account when deciding whether or not to refer, discharge or admit a child. There were no changes made to the existing recommendations on this matter.

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 - No issues identified
- Disability - No issues identified
- Gender reassignment - No issues identified
- Pregnancy and maternity - No issues identified
- Race – It has been noted that some studies have indicated concerns about the use of pulse oximeters in general (not specific to bronchiolitis) and whether there are variations in their accuracy according to the skin tone of the person being assessed.
- Religion or belief - No issues identified
- Sex - No issues identified
- Sexual orientation - No issues identified
- Socio-economic factors - No additional issues identified
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
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 - any others identified

1.0.7 DOC EIA (2019)

- No issues identified

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

The committee considered that the existing guideline adequately addressed any issues around the impact of social circumstances of parents and carers with respect to timing and other arrangements around discharge.

They acknowledged that it was important in all cases to ensure that pulse oximeters were correctly selected for the age of the patient and the part of the body used for the assessment. They noted a patient safety alert on this. However, this does not cover issues around variation in measurement according to skin tone. This is noted in the committee discussion in the evidence review, where they acknowledged that this is a consideration that healthcare professionals need to make, but that specific guidance on this matter could not be provided here as the evidence review would not have detected any evidence specifically relating to this.

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 committee were satisfied that the existing recommendations 1.5.2 and 1.6.1 addressed any concerns about social and geographical circumstances of parents and carers and the impact this might have on the ability to manage their child's care and recovery post-discharge. No other issues were identified. No additional issues were identified

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 issues identified

1.0.7 DOC EIA (2019)

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?

No additional issues identified

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?

- Age

Stakeholder comments indicated that some felt that the updated recommendations may need to be adjusted for children under the age of 6 weeks due to a potential difference in risk. We have edited the recommendation to indicate that healthcare professionals may need to use a more conservative approach when assessing, managing and discharging very young children.

- Disability

Stakeholder comments indicated that some felt that the updated recommendations may need to be adjusted for children with underlying medical conditions due to a potential difference in risk. We have edited the recommendation to indicate that healthcare professionals may need to use a more conservative approach when assessing, managing and discharging children with underlying health issues.

- Race

The effect of skin tone on pulse oximetry was noted by a stakeholder who was supportive of NICE highlighting this issue. A request was made that the committee make either a consensus recommendation or research recommendation. However, to do so would be outside the scope of this update as the relevant review has not been undertaken on this occasion. We have highlighted in the updated guideline a patient safety alert about the correct use of oximeters

No new issues identified

1.0.7 DOC EIA (2019)

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 new issues were 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?

As detailed above, recommendations have been edited to acknowledge that some children with underlying health conditions (including some with disabilities) may require more conservative management, and this has now been stated more clearly in the wording of the recommendation.

During QA it was highlighted that NICE process alone should not be cited as a justification for not making a research recommendation if one might otherwise have been considered. However, it was agreed that the question of whether patient skin tone affects the reliability of oximetry measures, and any impact this has on clinical practice, was not specific to bronchiolitis and therefore research needed to be carried out more widely than in this topic alone. The decision not to make a research recommendation here was therefore retained, and further explanation was added to the evidence review. It was also noted that a recently published rapid review (<https://www.nhs.uk/publications/2021/03/Pulse-oximetry-racial-bias-report.pdf>) is under consideration by NHS England and NHS Improvement, and NICE will monitor publication of formal guidance based on this report, updating this guideline as appropriate.

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 NICE's obligations to advance equality?

No additional issues have been identified

1.0.7 DOC EIA (2019)

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 NICE's obligations to advance equality?

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

These issues have been addressed in the recommendations, the rationale and impact sections and in the evidence review.

1.0.7 DOC EIA (2019)