NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Cystic fibrosis

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
No equality issues relating to protected characteristics defined in the Equality Act have been identified at this stage. However, development of the draft cystic fibrosis (CF) guideline recognised that populations living in isolated areas may have not have the same geographical access to CF services (as CF care is given through specialist centres). This potential issue will be considered during the development of the quality standard.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
No population groups, treatments or settings have been excluded at this stage.

Completed by lead technical analyst: Paul Daly
Date: 10 August 2017
Approved by NICE quality assurance lead: Mark Minchin
Date: 10 August 2017

EIA

2. PRE-CONSULTATION STAGE (to be completed by the lead technical analyst before consultation on draft quality standard)

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?
Draft statement 1 addresses the potential equality issue identified at the topic engagement stage. The statement recognises that populations living in isolated areas may have not have the same geographical access to services provided in cystic fibrosis specialist centres, so alternative models of care (such as shared care, outreach care) and ways of undertaking reviews (home visits, telemedicine) should be considered. No specific equality issues or health inequalities were identified at the QSAC prioritisation meeting.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?
No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?
No.

Completed by lead technical analyst: Paul Daly
Date: 13 December 2017
Approved by NICE quality assurance lead: Mark Minchin
Date: 13 December 2017

3. POST CONSULTATION STAGE

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?
Under statement 4, rhDNase should be given as the first choice mucoactive agent. It notes that, at the time of publication (May 2018), rhDNase did not have a UK marketing authorisation for use in children under 5 years with cystic fibrosis for this indication. If this medicine is considered to be appropriate for a child under 5 years, the prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

3.2 If the quality statements have changed after the consultation stage, are there any 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?
As noted above, rhDNase does not have a UK marketing authorisation (as at May 2018) for use in children under 5 years with cystic fibrosis for this indication.

3.3 If the quality statements 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?
N/A

3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?
N/A

Completed by lead technical analyst: Eileen Taylor
Date: 13.02.2018
Approved by NICE quality assurance lead: Mark Minchin
Date: 18.04.2018

4. Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
No changes affecting equality and diversity considerations made.

Completed by lead technical analyst: Eileen Taylor
Date: 25.04.2018
Approved by NICE quality assurance lead: Mark Minchin
Date: 25.04.2018