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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Asthma

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?
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There is evidence of worse outcomes of asthma during pregnancy, probably because women stop taking medication. The specific needs of pregnant women will be considered during development of the quality standard.
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There is also evidence of worse outcomes and less likelihood of diagnosis due to social stigma among people of South Asian family origin. Any specific needs of this group will be highlighted during development of the quality standard.
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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?
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No population groups, treatments or settings have been excluded from coverage at this stage.
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Completed by lead technical analyst __Melanie Carr_____

Date __6/12/17_____

Approved by NICE quality assurance lead ____Mark Minchin_____

Date __11/12/17_____

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2. PRE-CONSULTATION STAGE

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?

The QSAC considered the needs of pregnant women but did not feel there was a need to add any specific considerations for this group for the quality statements identified.

The QSAC identified the need to ensure that the specific needs of children and young people with asthma are met. Specific equality considerations have been included as follows;

- Statement 1 on objective tests to support diagnosis acknowledges that objective tests cannot be conducted in children under 5 years and therefore symptoms should be treated based on observation and clinical judgement. A diagnosis of asthma should not be confirmed until the child is old enough to perform objective tests. Children aged 5 may not be able to perform objective tests to allow a diagnosis of asthma to be confirmed. The statement specifies that healthcare professionals should continue to treat children who are unable to perform the tests based on observation and clinical judgement and that they should try to do the tests every 6 to 12 months until a satisfactory result is obtained.
- Statement 2 on written personalised action plans indicates that healthcare professionals should have a discussion with family or carers of children under 5 in order to decide if a written personalised action plan would be helpful.
- Statement 5 identifies that adult specialist severe asthma services providing treatment to children and young people should have staff who are trained to meet the specific needs of children and young people with severe asthma and their family and carers.

Statement 1 also identifies that people with learning disabilities or mental health problems may need additional support to help them to perform objective tests to diagnose asthma.

Statement 2 also identifies that the written personalised action plan should be tailored to meet individual needs, taking into consideration the person's capacity or ability to care for themselves. This includes ensuring that additional support is provided if needed to people with learning disabilities to ensure they understand how to use their action plan.

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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?

The draft quality statements do not make it more difficult in practice for specific groups to access services.

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?

The draft quality statements do not have an adverse impact on people with disabilities.

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?

There are no further explanations that the committee could make to alleviate barriers to services.

Completed by lead technical analyst: Melanie Carr _____

Date ___ 16/4/18 _____

Approved by NICE quality assurance lead: Nick Baillie _____

Date ___ 16/4/18 _____

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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?

Stakeholders highlighted the need to include children from ethnic minority backgrounds whose parents may not speak English and people who immigrate to the UK with a diagnosis of asthma. The committee did not feel there was a need to add any specific considerations for these groups for the quality statements identified as they should receive the same care as others.

Stakeholders identified that some children and adults are unable to perform objective tests in statement 1. The committee agreed to add information from the guideline to clarify that if it is decided that a child, adult or young person with symptoms suggestive of asthma cannot perform a particular test, healthcare professionals should try to perform at least 2 other objective tests and diagnose suspected asthma based on symptoms and any positive objective test results.

Stakeholders highlighted the importance of ensuring that the written personalised action plan in statement 2 meets the requirements of the Accessible Information Standard. The committee agreed that specific equality considerations are not needed as it is a legal requirement to comply with the standard.

Stakeholders also identified the need to ensure that the written personalised action plan in statement 2 is accessible to people who cannot access IT and people who cannot read English. The equality and diversity considerations specify that the personalised action plan should be provided in a suitable format to meet individual needs.

The committee highlighted that if a validated questionnaire is used to monitor asthma control in statement 3 it should be provided in a suitable format to meet individual needs. In addition, people with a learning disability or low literacy skills may need additional support to ensure they understand what is being asked and can participate in the discussion. This has been added to the equality and diversity considerations.

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

The committee identified that some people who are treated in an emergency care setting for an asthma attack may not be registered with a GP, for example, because they are homeless. The equality and diversity consideration therefore specifies that healthcare professionals should ensure alternative follow-up arrangements are made for people who are not registered with a general practice.

Draft statement 5 identified that adult specialist severe asthma services providing treatment to children and young people should have staff who are trained to meet the specific needs of children and young people with severe asthma and their family and carers. The committee heard that children with severe asthma should not be treated by adult specialist services and therefore the equality consideration on staff training for statement 5 has been removed.

The committee highlighted that people with a learning disability could be excluded from referral to a specialist because it is not possible to assess all the relevant criteria for severe asthma for example, because it is not possible to undertake objective tests. The equality and diversity consideration therefore identifies that healthcare professionals should ensure that people with learning disabilities are referred to a specialist service if severe asthma is a possibility but it has not been possible to assess all relevant criteria.

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?

The quality statements have only had minor amendments after consultation which do not make it more difficult in practice for specific groups to access services than others.

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?

The quality statements have only had minor amendments after consultation and there is no potential for an adverse impact on people with disabilities.

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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?

The quality statements have only had minor amendments after consultation and there are no further considerations that could be added to advance equality.

Completed by lead technical analyst: Melanie Carr _____

Date __26/6/18_____

Approved by NICE quality assurance lead __Nick Baillie_____

Date ____15/8/18_____

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4. After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

It was agreed to move the equality consideration for children under 5 who are unable to perform objective tests to the rationale section for statement 1 as it explains why the population is people aged 5 years and over.

Completed by lead technical analyst Melanie Carr _____

Date_11/09/18_____

Approved by NICE quality assurance lead _____Nick Baillie_____

Date_____28/8/18_____

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