NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Measuring fractional exhaled nitric oxide concentration in asthma: NIOX MINO, NIOX VERO and NObreath

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

The issues identified during scoping did not need to be addressed by the Committee as FeNO testing is carried out on all eligible patients irrespective of gender, age, ethnicity and smoking status.

2. Have any other potential equality issues been raised in the second assessment subgroup meeting (if held) and in the evidence assessment and analysis report, and, if so, how has the Committee addressed these?

No additional potential equality issues were identified.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

No additional equality issues were identified.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

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.

6. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

No.

Have the Committee's considerations of equality issues been described in the diagnostics consultation document, and, if so, where?
No.

Approved by Associate Director (name): Nick Crabb

Date: 14/01/2014

Diagnostics guidance document

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

One potential equality issue raised during consultation suggested that children 6 years and under are rarely able to perform the test. The Committee heard from both manufacturers that the minimum recommended age for using FeNO monitors is 5 years. The Committee also noted that the External Assessment Group's systematic review only included studies of children 5 years and older, in line with the review protocol. The Committee concluded that there was insufficient evidence to determine the suitability of FeNO testing for children younger than 5 years.

The Committee heard from clinical experts that children with cleft palates are able to perform the test subject to minor adjustments to the device.

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 the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

3. If the recommendations have changed after consultation, 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.

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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote

equality?

No.

5. Have the Committee's considerations of equality issues been described in the diagnostics guidance document, and, if so, where?

No.

Approved by Programme Director (name): Mirella Marlow

Date: 14/01/2014