

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

## Abdominal aortic aneurysm: diagnosis and management of abdominal aortic aneurysms

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

### 1.0 Scope: before consultation

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

Potential equality issues centred around the diagnosis and management of abdominal aortic aneurysms:

Identified by stakeholder:

None. Stakeholder views will be incorporated following consultation.

Identified during completion of the EIA document:

People with risk factors for AAA who fall outside the National AAA Screening programme (NAAASP), including men under 65 years of age with risk factors for AAA and women with risk factors for AAA, do not currently have a 'formalised' route into the clinical pathway. Furthermore, much of the current guidance and service specification is designed in response to the NAAASP. Therefore, although people with AAA who were not identified through the NAAASP constitute the majority of people with AAA in England and Wales, their needs may be currently underserved.

It was also noted that women with AAAs are often treated more conservatively than men. Although this may arise through patient preference or clinical need, the group felt it was an issue worth considering.

Finally, it was also noted that currently practice specified within the NAAASP's clinical pathway is that those over the age of 85 with a large AAA should undergo an additional assessment before being referred to a vascular surgeon. Although this has likely arisen given the correlation between an increase in age and a decline in fitness for surgery, the group felt that this age threshold as a proxy for fitness for surgery should be re-examined.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Exclusions identified as having the potential to increase inequalities are as follows:

- none have been specified

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