

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## DIAGNOSTICS ASSESSMENT PROGRAMME

### Equality impact assessment – Guidance development

#### Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel

##### Consultation

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

Potential equality issues identified during scoping were considered by the Committee when formulating guidance. The Committee considered that the guidance did not present any restrictions in access to diagnosis or treatment in the relevant groups. Section 6.17 of the guidance reads:

‘The Committee considered the impact of this guidance on groups of people with characteristics protected by UK equality legislation. During scoping, it was noted that IBS is most common in people in the 20–40 years age range, and is twice as common in women as men. Additionally, IBD is more common in white people than in African-Caribbean people or those of Asian origin. The condition is most prevalent among Jewish people of European origin. The Committee considered that the guidance did not present any restrictions in access to diagnosis or treatment in the above groups.’

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 potential 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 other potential 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?

N/A

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

Yes, section 6.17.

**Approved by Associate Director (name):** Nick Crabb

**Date:** 24 July 2013

## Diagnosics guidance document

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

The recommendations in the consultation document included reference to the referral guidelines for suspected cancer (NICE clinical guideline 27), which includes age related risk factors. Consultation comments stressed the importance of age as a risk factor for cancer and in the light of these comments, the Committee decided to highlight age related risk in the recommendations as follows:

- 1.1 Faecal calprotectin testing is recommended as an option to aid differential diagnosis in adults with recent onset of lower gastrointestinal symptoms for whom specialist assessment is being considered, if:
  - cancer is not suspected, having considered the risk factors (for example, age) described in [Referral guidelines for suspected cancer](#) (NICE clinical guideline 27), and .....

The reference to age in the recommendations was not considered an equality issue because age is a known risk factor for cancer and therefore, is routinely considered by clinicians in this context to ensure appropriate methods of diagnosis and optimal patient care.

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?
Yes, section 6.17.

**Approved by Programme Director (name):** ...Mirella Marlow...

**Date:** 24 July 2013