

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Asthma

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - If the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

The role of asthma specific questionnaires in the monitoring of asthma will be considered. Versions in languages other than English are limited. Versions for individuals with visual impairment and poor literacy will need to be considered.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

Tertiary care has been excluded from the scope given the different population i.e. 'Severe and difficult to control asthma'. Severe and difficult to control asthma is a clearly defined and separate sub group distinct from the wider asthma population and the investigations involved in the diagnosis and monitoring of this population are outside the scope of this guidance. The way in which this group is diagnosed and monitored is very different. The people referred to tertiary care with severe and difficult asthma to control asthma are the majority of people who have not responded to their treatment. The exclusion of people with severe and difficult to control asthma will not have a disproportionate impact on people with any of the protected characteristics.

-This guideline is for people with asthma in primary and secondary care. The developers have focused upon diagnosis because of the large 'over diagnosis' problem that has been raised by stakeholders. This relates predominately to primary care.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Have relevant bodies been consulted?

Yes.

Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Nil identified.