

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

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#### NICE guidelines

##### Equality impact assessment

### **Chronic obstructive pulmonary disease in over 16s: diagnosis and management (update)**

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

#### **3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)**

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

The scoping process identified a number of potential equality issues: socioeconomic status, difficulties speaking or reading English, homelessness, serious mental illness, dementia, or learning disabilities.

The GDG has addressed these areas as follows:

1. The Committee noted that smoking status is correlated with low socioeconomic status, and is a factor that is both amenable to change and of particular importance for COPD disease management and progression. They made specific recommendations for current smokers at the point of diagnosis based on incidental findings on CT scans and for smokers or people who live with smokers who meet the criteria for long-term oxygen therapy. In addition, the recommendations for inhaled therapy combinations included a step to trigger smoking cessation treatment if the person smokes prior to using long-term bronchodilators with the goal of maximising the benefit of the inhaled

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therapies for these people.

Certain recommendations were more prescriptive and excluded current smokers based on the ineffectiveness of the intervention in smokers (prophylactic antibiotics, assessment for referral for lung volume reduction procedures and transplantation) or due to the increased risk to smokers and other people in the household (long-term oxygen therapy) of burns and fire.

The Committee agreed on the importance of the provision of information and support to help people with COPD to stop smoking and included references to smoking cessation and to the [NICE guideline on smoking cessation interventions and services](#) where possible. They included smoking cessation and advice on avoiding passive smoke exposure as key component of the information provided to people with COPD at the point of diagnosis and throughout their disease course (for example, as part of the self-management plan). They also recommended that, where relevant, smoking status should be included in the discussions with people with COPD in relation to disease prognosis and as a risk factor for triggering exacerbations.

2. The committee recognised that difficulties speaking or reading English, serious mental illness, dementia, or learning disabilities could impact on the ability of the person with COPD to understand and act on the information provided during COPD education and during disease management. They made a recommendation that the information provided is tailored to a person's needs and referred to NHS [Accessible Information Standard](#) and the NICE guideline on [patient experience in adult NHS services](#).

The committee recognised that some groups of people, including those with dementia, or learning disabilities may find certain inhaler devices difficult to use. They included a reference to a person's ability to use the device in a recommendation about the choice of drug and devices in the inhaled combination therapies section to bring attention to this.

3. The Committee noted that all of the potential equalities issues raised during the scoping process other than smoking status, but including other aspects of socioeconomic status, are related to ensuring appropriate access to recommended services and interventions rather than the requirement for separate interventions for these groups of people.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The Committee identified that people with reduced dexterity due to age or co-morbidities might also have problems with certain inhaler devices and recommended that the person's ability to use the device should be taken into account when choosing an inhaler.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The Committee's considerations of equality issues are described in the evidence reviews for each question, in particular in the benefits and harms, and other considerations sections of the discussion sections associated with the relevant review questions.

3.4 Do the preliminary recommendations 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 committee agreed that none of the recommendations made it more difficult to access services for particular groups, except in situations where there was specific evidence of differential effectiveness between groups, for example the recommendations not to offer prophylactic antibiotics or long-term oxygen therapy to people who continue to smoke. The committee agreed that in these situations, where there was either evidence of a lack of effectiveness (with antibiotics), or evidence of harm (associated with oxygen therapy), it was appropriate to make different recommendations.

3.5 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?

Provided the recommendations about providing tailored information in an appropriate format, and designing services to be accessible to as many people living with dementia as possible are followed, then no groups should be disadvantaged by the recommendations made.

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Recommendations made to address these issues are detailed in section 3.1

Completed by Developer: Caroline Mulvihill

Date: 19.04.18

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_ 19.04.18 \_\_\_\_\_