

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

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 current 2019 reviews covered the duration of corticosteroid courses during an exacerbation and the use of inhaled triple therapy (LAMA+LABA+ICS) by people with more severe COPD.

The inhaled triple therapy recommendations do not directly address any of the issues raised during the scoping process. However, they are part of the section of the guideline covering inhaled therapies that includes recommendations from the 2018 update. In 2018, the committee made a recommendation that the choice of inhaled therapy medication should include an assessment of a person's ability to use the inhaler device. This recommendation will enable clinicians to decide which triple therapy inhalers are suitable for use by the individual, taking into account issues such as dementia, physical dexterity and learning disabilities. In addition, the recommendation included a requirement for the person with COPD to receive training to use the inhalers. Taken together the committee envisaged that these existing recommendations would be sufficient to ensure that people with COPD are offered suitable triple therapy inhaler devices for their needs and are taught how to use them correctly.

The committee did not think that the duration of corticosteroid use during an exacerbation was likely to be particularly affected by equality issues, and therefore did not make any additional recommendations targeted at particular subgroups of people with COPD.

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

The committee were aware of the existing 2018 recommendations in the education section of the guideline that stressed the importance of providing information to people with COPD that is tailored to the person's needs. They envisaged that this would be relevant to ensure that people being offered inhaled triple therapy or corticosteroids during an exacerbation could understand the potential benefits and harms of the treatments to allow them (or their carers) to make informed decisions about treatment. These recommendations also referred the healthcare professional to the NHS [Accessible Information Standard](#) and the NICE guideline on [patient experience in adult NHS services](#).

During the 2018 update the committee agreed that other issues raised during the scoping process are related to ensuring appropriate access to recommended services and interventions rather than the requirement for separate interventions for these groups of people. This remained the case for the 2019 update.

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 did not identify any other equality issues beyond those which were raised in the scope or during the previous update. These issues were all addressed in the 2018 update or in the 2019 update as described above.

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 were addressed in the 2018 guideline update and these recommendations remain part of the 2019 update. Where relevant, the committee's discussions about equalities issues are covered in the discussion sections of the evidence reviews for each question, in particular, in the 'other factors the committee took into account' section.

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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?

None of the 2019 recommendations are thought to make it more difficult for a particular group of people to access services, except where there was evidence of different levels of effectiveness between groups.

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?

No

Completed by Developer Susan Spiers

Date 4/12/18

Approved by NICE quality assurance lead

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