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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Abdominal aortic aneurysm: diagnosis and management

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 committee were mindful that some people (including all women) who are at risk of AAA are not invited for screening by the NAAASP, as identified pre-scope consultation. The recommendations drafted within the evidence review of signs, symptoms and risk factors (or combinations of these) of AAA highlight these groups and specify risk factors significantly associated with AAA which that could be used to facilitate opportunistic case finding.

During scoping, a concern was raised that women with AAA may be treated more conservatively than men. Given the lack of published evidence on women, the NICE team ensured that at each meeting, the Committee's expertise on AAA in women was considered along with any available evidence and where appropriate, separate recommendations were drafted for women. An example of this is under the evidence review for risk factors for ruptured AAA.

Age was also highlighted as a potential barrier for accessing services. Where the evidence suggested age should be a factor when drafting recommendations, this was considered. This is reflected in the committee discussion sections of the evidence reviews.

Following scope consultation, a possible relationship between ethnicity and prevalence of AAA was raised by one stakeholder as an epidemiological pattern worth investigating. The evidence review of signs, symptoms and risk factors (or combinations of these) of AAA highlighted ethnicity as a factor by which to identify those at an increased risk of AAA, and the draft recommendations list 'European family origin' within the list of risk factors which should encourage men aged 66 or over to self-refer to the NAAASP; and for which an aortic ultrasound should be considered for women aged 70 or over. Once an AAA is suspected, the draft recommendations do not suggest that patients should be managed differently based

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on their ethnicity.

The production of a large font and/or audio version of the guidance was considered during the scoping phase, however, NICE no longer produces separate versions of its guidelines for the public. We only consider producing extra resources for people with a condition if the condition itself makes it more difficult for them to read our guidelines. This is not the case for this guideline.

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?

No.

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

The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence reviews.

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 draft recommendations suggest women should be targeted for opportunistic case finding at a later age than men (70 years compared to 65 years in men). This reflects the available evidence showing that women tend to develop AAA later in life at age 70 years. Findings from the evidence review reported that women aged 70-74 years are almost 5 times more likely to have an aneurysm than those aged 60-64 years.

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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?

No.

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. The Committee considered equality issues at each meeting and are satisfied that recommendations drafted are in line with the available evidence and best practice.

Completed by Developer: Caroline Mulvihill, Developer Technical Lead (in the absence of Susan Spiers)

Date: 29th March 2018

Updated by Committee Chair: Andrew Bradbury

Date: 26th March 2018

Approved by NICE quality assurance lead: Simon Ellis

Date: 15th May 2018