

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE quality standards

Equality impact assessment

Spondyloarthritis

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
No equality issues have been identified at this stage. However, a potential issue was identified during the development of the guideline: <ul style="list-style-type: none">• Recognition of axial spondyloarthritis in women. Women with axial symptoms are thought to be underdiagnosed, as ankylosing spondylitis has historically been seen as a predominantly male disease. This potential issue will be considered for relevance during the development of the quality standard.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
It is anticipated that the quality standard will not cover: <ul style="list-style-type: none">• Children and young people under the age of 16.• Signs, symptoms and referral for people with an existing diagnosis of psoriasis The quality standard will focus on the age groups in the population affected by spondyloarthritis. A published quality standard (QS40) already covers assessing and managing psoriasis.

Completed by lead technical analyst Paul Daly

Date 29/09/2017

Approved by NICE quality assurance lead Nick Baillie

29/09/2017

EIA

2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The Quality Standards Advisory Committee (QSAC) were advised by specialist members that there is a common misconception by non-specialists that axial spondyloarthritis is predominantly a condition that affects men. This can lead to women not being suspected of having axial spondyloarthritis, and therefore not being referred to a rheumatologist for assessment.

Draft statement 1 addresses this potential issue by making clear that axial spondyloarthritis actually affects a similar number of women as men.

QSAC also agreed to progress a statement that relates to imaging for axial spondyloarthritis. NICE's guideline on spondyloarthritis notes that women are considered to be less likely to show sacroiliitis on X-ray compared to men, but there is no gender-based consideration when requesting an X-ray, as if a person does not receive an X-ray they cannot be diagnosed with radiographic axial spondyloarthritis and would not be eligible for any treatments only available for that indication.

The guideline also notes that young people (around 16–18 years of age) with an immature skeleton would be unlikely to show radiographic signs and therefore an X-ray would be inappropriate at initial presentation.

Draft statement 2 addresses these potential issues by making it clear that gender should not prevent an X-ray being requested; and that people with immature skeletons should not have an X-ray.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard.

2.3 Do the draft quality statements 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?

No.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

Draft statements 1 and 2 contain explanations to alleviate the potential issues listed in 2.1

Completed by lead technical analyst: Paul Daly

EIA

Date: 01/12/2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 23/01/2018

EIA

3. POST CONSULTATION STAGE

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

No additional equality issues were raised. The QSAC acknowledged the issue previously raised regarding women being less likely to show sacroiliitis on an X-ray, that is addressed under statement 2.

3.2 If the quality statements have changed after the consultation stage, are there any that 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?

No changes have been made after consultation that affect access for different groups.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No potential impact has been identified.

3.4 If the quality statements 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 to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

No further barriers were identified.

Completed by lead technical analyst: Stacy Wilkinson

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