

EQUALITY AND DIVERSITY RAPID IMPACT ASSESSMENT REPORT

The master copy of this report is held by the NHS QIS Equality and Diversity Officer

EQIA SUMMARY		
Name of Policy/Function/Product	British guideline on the management of asthma	This is a: Product
Owning Unit/Directorate:	Scottish Intercollegiate Guidelines Network (SIGN)	
Names / job titles of assessors	Lead: Quality & Information Director 1) Programme Director 2) Joint Chair of Guideline Development Group (SIGN) 3) Joint Chair of Guideline Development Group (BTS)	Date(s) of assessment: Start: 27 June 2007 Finish: 24 July 2007
EQIA results	Adverse impacts: No If adverse, indicate level of significance: Low High	Positive impacts: Yes
Recommended Action	Issue / continue using this Policy/Function/Product: Yes Withdraw the Policy/Function/Product from use: No Undertake a full equality and diversity impact assessment: No	Review date of Product: Annually
Agreed by Head of Unit	Name: Sara Twaddle	Date: 27 July 2007

EQIA SUMMARY

Summary of positive impacts and affected groups

This guideline should have a positive impact through improvement in the effectiveness and quality of health care for individuals suffering from asthma of any kind.

Summary of adverse impacts and affected groups

This guideline is aimed at improving the quality of services to all affected individuals. No adverse impacts are anticipated.

Summary of consultation undertaken

The full range of health care professionals involved with the delivery of health care to patients suffering from asthma were represented on the guideline development group. Asthma UK, the main organisation representing asthma patients and their carers in the UK, was fully involved in the guideline development process at all stages from initial definition of the scope onwards. Further opportunities to comment on the content of the guideline were provided through publication of an early draft of the guideline on the BTS and SIGN web sites, and a peer review process that included individual patient / carer representatives.

Additional information and evidence required

None.

Recommendations

- Evidence of the impact of the current guideline on service provision should be sought as part of the review process.
- Evidence of any differential impact of the condition or services to treat the condition across equality groups should be explicitly considered as part of the review process. Homeless people should receive particular attention in the next edition.

Give reasons to explain why a full EQIA has / has not been recommended

No significant impacts to justify a full impact assessment

Completed by Lead Assessor

Name: Robin T Harbour

Date: 24 July 2007

If you would like a copy of the impact assessment report or prefer to read the report in an alternative format, please contact the Public Involvement Unit:

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SECTION ONE: AIMS OF THE POLICY/FUNCTION/PRODUCT	
1.1 Is this a new or existing Product?	This is an update of an existing guideline.
1.2 What is the aim or purpose of the Product?	The aim of the guideline is to provide comprehensive advice on asthma management for patients of all ages in both primary and secondary care, that will be of use to all health professionals involved in the care of people with asthma
1.3 Who is this Product intended to benefit or affect? In what way? Who are the stakeholders? Who is excluded from the benefits / provisions of the Product?	This guideline is intended to benefit all individuals suffering from asthma through improving the quality and consistency of the health care provided for them. It applies across all equality groups.
1.4 How have these people been involved in the development of this Product?	Asthma UK has been involved in all aspects of guideline development, right from the beginning of the process of development of the original guideline in 2003. Individual patient representatives have participated in the work of the development group, and in peer reviewing the final product.
1.5 What outcomes are intended from this Product?	The purpose of the guideline is to improve access to and experience of health services for asthma patients and their carers by using evidence to identify the most appropriate and effective treatments, as well as the best ways of delivering care. Provision of an equal standard care for all patients in all contexts is a primary aim of the guideline.
1.6 What resource implications are linked to this Product?	The guideline specifically focuses on clinical rather than cost effectiveness. Some recommendations will require reallocation of resources, particularly for training of staff to provide the recommended levels of care. The extent of such reallocation is a matter for individual health boards.
<i>For new policies/functions/products only:</i>	
1.7 What research or consultation has been done?	
1.8 What stage is the Policy/Function/Product at?	
1.9 What is the target date for completion?	

SECTION TWO: EXAMINATION OF AVAILABLE DATA	
<i>Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)</i>	
2.1 Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.	The following groups provided input to the guideline development process through participation in drafting the guideline, providing peer review comment, or assisting in implementation: Asthma UK British Association for Accident & Emergency Medicine British Paediatric Respiratory Society GP in Airways Group King's Fund Centre Royal College of Paediatrics and Child Health Royal College of Physicians of London
2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?	No internal information was available to SIGN prior to starting the 2003 guideline.
2.3 What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?	Prior to commencing work on the 2003 guideline, earlier guidelines were assessed and weaknesses identified. This work included consultation with all interested parties represented on SIGN Council.
2.4 What gaps in knowledge are there?	The guideline identifies areas where there is a current lack of evidence and makes recommendations for further research.
2.5 Describe any actual or potential difficulties of accessing or complying with the Product.	The guideline will be distributed to all NHS boards and organisations with an interest in this topic in Scotland, and will be distributed to all members of the British Thoracic Society. It will also be published on the SIGN and BTS web sites for free download. Implementation / compliance with the guideline is an issue for individual Health Boards. Translations into community languages, Braille, or Signing can be made available on request.

SECTION THREE: IMPACT ASSESSMENT						
<p>3 Complete the following table, giving reasons or comments where:</p> <p>a) The Policy/Function/Product could have a positive impact by contributing to the general duty by –</p> <ul style="list-style-type: none"> • eliminating unlawful discrimination • promoting equal opportunities • promoting relations within the equality group • taking account of disabilities <p>b) The Policy/Function/Product could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.</p>						
Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
All equality groups		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Male / female		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Religious or faith groups						<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands including religious groups
Children & young people		X				<ul style="list-style-type: none"> • Evidence specific to the treatment of asthma in children has been reviewed and different recommendations made for different age groups where the evidence justifies this.
Older people		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
People with disabilities (physical or learning)		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Lesbians		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Gay men		X				<ul style="list-style-type: none"> • The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and

Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
						other equality strands
Bisexuals		X				<ul style="list-style-type: none"> The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Transgender/transsexual		X				<ul style="list-style-type: none"> The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Cross-cutting issues:						
Homeless people	X					<ul style="list-style-type: none"> General issues relating to access to health, social, and educational services for homeless people apply here. The current version of the guideline dates from 2003, with regular updates as new evidence has emerged. The effect of homelessness on asthma was not considered in the original guideline, but will be addressed in the next edition, due to start development in 2008.
People with mental health issues		X				<ul style="list-style-type: none"> The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
Offenders		X				<ul style="list-style-type: none"> The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
People in poverty		X				<ul style="list-style-type: none"> General issues relating to access to health, social, and educational services for homeless people apply here. There are no specific issues relating to access to services for asthma patients
Married and unmarried people		X				<ul style="list-style-type: none"> The guideline should lead to improved quality of health care for all individuals affected by asthma, regardless of race, gender, disability and other equality strands
People with language or social origin issues		X				<ul style="list-style-type: none"> Copies of the patient versions of the guideline will be made available in languages other than English on request from any group or organisation with a direct interest in healthcare of people with asthma.

SECTION FOUR: IMPACT ASSESSMENT SIGN-OFF		
4.1	Have any adverse impacts been identified on any equality groups which are both highly significant and illegal?	No
4.2	Has a full equality and diversity impact assessment been recommended?	No
4.3	Are you satisfied that the conclusions of the impact assessment are accurate and correct?	Yes
Agreed by Head of Unit	Name: Sara Twaddle	Date: 27 July 2007
QA Approved	Name: Jeniffer Kibagendi	Date: 25 July 2007

SECTION FIVE: NOTES FOR POLICY/FUNCTION/PRODUCT REVIEW	
Issue	Note actions which could: <ul style="list-style-type: none">• minimise or remove any adverse impacts• increase the positive impacts
5.1	
5.2	
5.3	
5.4	
5.5	