

## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

### GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

<b>EQUALITY CHARACTERISTICS</b>
<p><b>Sex/gender</b></p> <ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>
<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• Asian or Asian British</li> <li>• Black or black British</li> <li>• People of mixed race</li> <li>• Irish</li> <li>• White British</li> <li>• Chinese</li> <li>• Other minority ethnic groups not listed</li> </ul>
<p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Sensory</li> <li>• Learning disability</li> <li>• Mental health</li> <li>• Cognitive</li> <li>• Mobility</li> <li>• Other impairment</li> </ul>
<p><b>Age<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Children and young people</li> <li>• Young adults</li> </ul> <p><sup>1</sup>: Definitions of age groups may vary according to policy or other context.</p>
<p><b>Sexual orientation &amp; gender identity</b></p> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> <li>• Transgender people</li> </ul>
<p><b>Religion and belief</b></p>
<p><b>Socio-economic status</b></p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p><b>Other categories<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Gypsy travellers</li> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• Looked after children</li> <li>• Homeless people</li> </ul> <p><sup>2</sup>: This list is illustrative rather than comprehensive.</p>

## **GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING**

**Guideline title:** Prevention and management of neutropenic sepsis in cancer patients

### **1. Have relevant equality issues been identified during scoping?**

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
  - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
  - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

Stakeholders have suggested that there may be evidence that age and socioeconomic status affect outcomes in people with neutropenic sepsis. See Section 3.

### **2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?**

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The following patient populations were specifically excluded from the remit submitted to NICE by the Department of Health and were therefore not included in the neutropenic sepsis guideline scope:

- Neutropenia or neutropenic sepsis not caused by anti-cancer treatment.

The exclusions made under the clinical issues have been based on clinical judgement, number of patients affected and existence of other national guidelines in these areas. No specific sub-group will be discriminated against due to these exclusions.

### **3. Have relevant bodies and stakeholders been consulted?**

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

All relevant bodies have had the opportunity to register as stakeholders. All stakeholders were invited to the stakeholder scoping workshop and to consult on the draft scope. A provisional list of topics was discussed at the scoping workshop held on 5th May 2010. The list of topics was then revised based on feedback from the workshop and went out for consultation between 7 June and 5 July 2010.

There were a few comments from stakeholders relating to equalities issues:

- It was suggested that elderly patients are at higher risk of neutropenic sepsis during anti-cancer

treatment and therefore there was a case for looking at older people as a subgroup needing special consideration. It was decided not to include a separate age-related subgroup in the scope. However, if evidence is found that supports specific management for a particular age group this will be reported to the GDG for consideration.

- It was also suggested that subgroups could be included for different risk stratification groups. However, specific risk groups for episodes of neutropenia have not yet been defined (doing so is the focus of one of the topics in the scope). Therefore, we decided it was not possible to include specific risk stratification groups in the population of the scope.
- It was suggested that because information giving at initiation of chemotherapy is important for patients and carers to pick up symptoms there may be issues for disadvantaged groups. Whilst we acknowledge there may be issues around this, we did not feel that these information provision issues would be different for patients with neutropenic sepsis compared to disadvantaged groups with any other disease/condition. Therefore we did not decide to include it as a specific sub-group. However we will be conducting a needs assessment alongside this guideline and will look for/include any available socioeconomic data.

### **Signed:**

John Graham

Barry Hancock

***Centre Director***

***GDG Chair***

### **Approved and signed off:**

Robert Walker

Sharon Summers-Ma

***GRP Chair***

***CCP Lead***