

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

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 the recommendations of a clinical guideline.

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

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</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>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: Hepatitis B

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.

Please note this also applies to consensus work in or outside the GDG

All evidence reviews conducted included children and young people.

Reviews of antiviral treatment have been carried out for the following groups:

People co-infected with hepatitis C or D

'In people with CHB, what is the clinical and cost effectiveness of pharmacological monotherapies and combinations in achieving remission of the activity of CHB?'

Pregnant/breast feeding women.

'In pregnant/lactating women with chronic hepatitis B what is the clinical and cost-effectiveness of anti-viral therapy in order to reduce risk of vertical transmission from mother to infant?'

People with cirrhosis and liver decompensation.

'In chronic hepatitis B infected people with cirrhosis, including those with liver decompensation, what is the clinical and cost effectiveness of antiviral treatment to prevent decompensation and/or liver transplantation?'

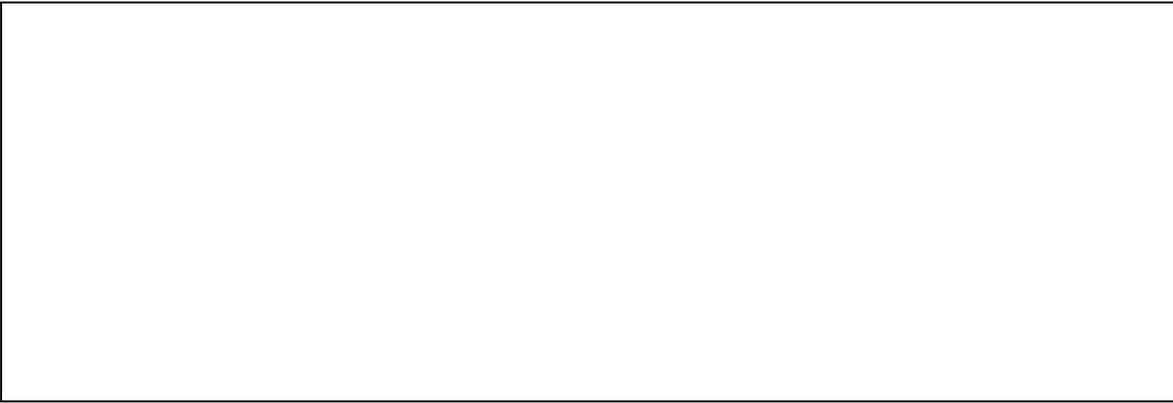
Immunocompromised

'In people who are immunocompromised, what is the clinical and cost effectiveness of prophylactic treatment in reducing HBV reactivation and severity of flares?'

the development group has considered these areas in their discussions and have formulated recommendations for all of the above areas

The hepatitis B population has a high prevalence of first generation migrants. A review on the information and support needs of patients and their carers has been carried out and the GDG have made a direct reference to the Patient Experience guideline in their recommendations, to provide guidance on communication and provision of information in an appropriate format and language.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability



2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

None identified

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

Recommendations have been made to ensure information is provided to promote choice and partnership between the health professional and the patient in decision making and has specifically addressed children, young people and their carers'

Children and young people

1.3.9 Discuss the accuracy, limitations and risks of liver biopsy in determining the need for antiviral treatment with the child or young person and with parents or carers.

1.5.28 Discuss treatment options, adverse effects and long-term prognosis with the child or young person and with parents or carers before starting treatment.

The specific needs of pregnant and breast feeding women have been addressed in relation to timing of treatments, advice on taking antiviral medication during pregnancy and breastfeeding and promotion of immunisation of infants.

1.2.4 Refer pregnant women who are HBsAg positive to a hepatologist, or to a gastroenterologist or infectious disease specialist with an interest in hepatology, for assessment within 6 weeks of receiving the screening test result and to allow treatment in the third trimester

1.5.35 Discuss with pregnant women the benefits and risks of antiviral treatment for them and their baby.

1.5.39 Offer active and passive hepatitis B immunisation in infants and follow up in line with the guidance below:

- Hepatitis B antenatal screening and newborn immunisation programme: best practice guidance
- Immunisation against infectious disease (the Green book)
- Reducing differences in the uptake of immunisations. NICE public health guidance 21 (2009).

1.5.40 Advise women that there is no risk of transmitting HBV to their babies through breastfeeding if guidance on hepatitis B immunisation has been followed, and that they may continue antiviral treatment while they are breastfeeding.