

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

MEDICINES PRACTICE GUIDELINE

Equality impact assessment

ANTIMICROBIAL STEWARDSHIP

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

1.0 Scoping

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| 1. Have any potential equality issues been identified during the scoping process (i.e. in the development of the scope)), and, if so, what are they? |
| See the scoping equalities impact assessment for more information on these potential equalities issues. |

2
What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
See the scoping equalities impact assessment for more information on these potential equalities issues.

2.0 Post scope consultation

3. Have any potential equality issues been identified during the scoping process (i.e. consultation), and, if so, what are they?

See the [scoping equalities impact assessment](#) for more information on these potential equalities issues.

3.0 Development

4. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The evidence reviews did not fully address all the populations identified during scoping as needing specific attention (for example neonates) with regard to equality issues. However, the lack of evidence for specific populations made no impact upon the recommendations for interventions, systems and processes for antimicrobial stewardship.

Two preliminary research recommendations have been made to address the gaps in the evidence identified by the GDG.

5. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed them?

No additional equality areas were identified after scoping.

6. 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?

No, the interventions, systems, processes and tests set out in the preliminary recommendations of the guideline (for example microscopy, culture and sensitivity

and point of care C-reactive protein test) are non-discriminatory and could be applied to all population groups.

7. 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?

The preliminary recommendations are worded to promote equality of access through the provision of appropriate interventions, systems and processes taking into account the individual needs, preferences and wishes of patient and/or their family members or carers (as appropriate).

8. 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 7 or 8, or otherwise fulfil NICE's obligation to advance equality?

As part of the development of the recommendations the Committee (Guideline development group) has considered issues of equality of access and equity of access to services, interventions, systems and processes as set out in the preliminary recommendations.

The preliminary recommendations encourage organisations and practitioners to work across the current boundaries of health and social care to promote the safe and appropriate use of antimicrobials for all people for whom therapy with antimicrobial medicines is considered. It is anticipated that this will lead to increased participation, understanding and ownership of antimicrobial stewardship amongst prescribing practitioners and health and social care organisations.

Approved by Developer

Paul Chrisp, MPC Programme Director

Date 11th February 2015

Approved by Committee Chair_

Alastair Hay, GDG Chair

Date 11 February 2015

Approved by NICE quality assurance lead

Mark Baker, CCP Lead

Date 11 February 2015