

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### **Tobacco suite: prevention, cessation and harm reduction (update)**

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

#### **4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)**

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

Stakeholders raised a query about potentially including specific reference to people who identify as Intersex and Queer. In discussion with editors and to maintain consistency with other recent guidelines it was agreed that LGBT+ was the appropriate designation and included people who identify as Queer and Intersex.

Stakeholders referred to a postcode lottery. The committee discussed this and agreed that by recommending that access to services is ensured they are reducing the postcode lottery with the recommendations.

Stakeholders noted that incentives may exacerbate inequalities. The committee did not agree and cited evidence that incentives are a response to tackling inequalities by encouraging those who are reluctant to use services to engage.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

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4.2 If the recommendations have changed after consultation, are there any recommendations 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?

The recommendations have only undergone minor wording changes that will not impact on people's ability to access services. One change has the potential to increase the range of services available which may reduce barriers to access.

A new research recommendation addresses the views of pregnant women and the healthcare workers who care for them about the use of e-cigarettes during smoking. This will allow the committee to address this group more robustly at the next update.

The committee agreed that the addition of e-cigarettes to the recommendations may make stopping smoking more accessible to some parts of the population of smokers and thereby reduce inequalities.

4.3 If the recommendations 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?

The recommendations have only undergone minor wording changes that will not impact on people's ability to access services. One change has the potential to increase the range of services available which may reduce barriers to access.

4.4 If the recommendations 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

The recommendations have only undergone minor wording changes after consultation.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The committee discussion (in evidence reviews) and rationale and impact sections (in the guideline document) detail discussions that the committee had about equality issues. These have only undergone minor changes since the consultation guideline.

Updated by Developer: Chris Carmona (on behalf of Sarah Willett)

Date: 3<sup>rd</sup> September 2021

Approved by NICE quality assurance lead: Simon Ellis

Date: 20<sup>th</sup> October 2021