#### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

**Clinical guideline:** Preoperative tests (update)

As outlined in <u>The guidelines manual (2012)</u>, NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The purpose of this form is to document the consideration of equality issues at the scoping stage of the guideline development process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guideline developer before scope signoff, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope. The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the National Collaborating Centre, the GDG Chair and stakeholders
- demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate
- highlight areas where the guideline may advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups.

## **Table 1 NICE equality groups**

#### **Protected characteristics**

- Age
- Disability
- Gender reassignment
- · Pregnancy and maternity
- Race
- · Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)

### Additional characteristics to be considered

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).

Other

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:

- · refugees and asylum seekers
- migrant workers
- looked-after children
- homeless people.

# 1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline 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?

There is variation in glycated haemoglobin (HbA1c)amongst different races and ethnic groups which impacts on preoperative testing of blood glucose levels in high risk groups such as people with cardiac disease or diabetes. This will be taken into consideration when reviewing the evidence and evaluation by the GDG.

Consideration will be given by the GDG to the use of cardiopulmonary exercise testing in people with a disability when evaluating the evidence presented.

The appropriateness of testing people from certain ethnic groups for the sickle cell gene will be re-evaluated through formal consensus survey of the GDG and stakeholders.

Age was raised at stakeholder consultation - Age would not be considered as a factor in ASA grade, however comorbidities would be reflected in an ASA grade. A geriatrician will be recruited onto the GDG to ensure any particular needs of older people are considered.

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

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)
- Is the exclusion proportionate?

Children: Clinical considerations and the pattern of pathology are different to those considered for adults. Children are managed in specialist centres.

Pregnant women: Relatively few pregnant women will undergo elective nonobstetric surgery.

#### 3. Have relevant stakeholders been consulted?

 Have all relevant stakeholders, including those with an interest in equality issues been consulted? • Have comments highlighting potential for discrimination or advancing equality been considered?

Following the stakeholder workshop on 14/02/2014 and the consultation period from 03/03/2014 to 31/03/2014 the scope was revised in consideration of stakeholder comments.