NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Venous thromboembolism in adults (update)

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

The guideline development committee highlighted the following groups that need specific consideration:

* Disability: It has been highlighted that people with a learning disability may need specific consideration when looking at pharmacological treatment for VTE, especially with regard to self- management of longer-term medication. People with frailty or people who have restricted movement, need to be considered, as people who are less mobile can have poorer outcomes after having a VTE. Settings where there is less opportunity for mobilisation, such as nursing homes, need to be considered.
* Gender reassignment: Hormone treatment given to people undergoing male to female transition includes high dose oestrogen which is a risk factor for VTE.
* Age: There is an increasing incidence of VTE with increasing age. However for recurrent VTE specifically younger men have the highest risk.

Any specific needs of these groups will be highlighted during development of the quality standard.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

This quality standard will not cover people under 16 years which is consistent with the underpinning source guidance NICE clinical guideline NG89 and low incidence of venous thromboembolism in children.

Completed by lead technical analyst: Sabina Keane

Date: 21/07/20

Approved by NICE quality assurance lead: Mark Minchin

Date: 21/7/20

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The committee highlighted that psychological support is needed as it was reported that a number of patients suffer from anxiety after they have developed a VTE. Also the need for equal care access for people such as the homeless and intravenous drug users was highlighted.

People with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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 draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The draft quality statements do not have an adverse impact on people with disabilities.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst Sabina Keane

Date: 12/11/2020

Approved by NICE quality assurance lead Mark Minchin

Date: 12/11/2020

**3. POST CONSULTATION STAGE**

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders highlighted that heparins being of animal origin should be mentioned as an equality consideration for statements that mention pharmacological VTE prophylaxis. This is included for statements 1 to 4.

### Stakeholders made comments on information provision, including ensuring that it is culturally appropriate and tailored to the person, and considering groups who need additional support. Statements 1 and 5 include equality considerations about appropriate and accessible information provision.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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 draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

### 3.3 If the quality statements 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 draft quality statements do not have an adverse impact on people with disabilities.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

Statements 1 and 5 highlight that information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) for people with additional needs related to a disability, impairment or sensory loss.

Statements 1 to 4 highlight that heparins are of animal content and the suitability, advantages and disadvantages of alternatives to heparin should be discussed with the person in case of concerns due to religious or ethical beliefs.

Completed by lead technical analyst: Rachel Gick

Date: 08/07/2021

Approved by NICE quality assurance lead: Mark Minchin

Date: 08/07/2021

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No relevant amendments were made by Guidance Executive.

Completed by lead technical analyst: Rachel Gick

Date: 02/08/2021

Approved by NICE quality assurance lead: Mark Minchin

Date: 02/08/2021

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