

NICE Listens: health inequalities

Recommendations

February 2022

# Background

This document contains the recommendations from the NICE Listens health inequalities project. These recommendations have been formed internally by the NICE Listens health inequalities steering group, after considering the findings and conclusions in the final NICE Listens health inequalities report written by Basis Social.

The decision to develop the recommendations internally was taken to ensure they were actionable within NICE’s remit and principles.

# Recommendations

Based on the findings from the NICE Listens health inequalities project it is recommended that NICE should continue with its work to:

* 1. Create a vision for its approach to health inequalities which lays out the meaning of health inequalities within its work and how this aligns with and differs from the approaches of other system partners.​ This vision should specify the models and frameworks that underpin ​NICE’s approach and be widely communicated within and outside the organisation.
	2. Embed systematic consideration of health inequalities across guidance development and processes, for example, within defining the scope of guidance, topic prioritisation, contents of topic suites and implementation support. To achieve this NICE should:
		1. Develop, pilot and evaluate methods for transparent and consistent consideration of health inequalities and use learnings from the pilots/evaluations to review and update relevant policies and processes
		2. Ensure methods seek to consider the intersectionality of health inequalities, i.e., how different factors overlay and interact to increase health inequalities, with a particular focus on the impact of socioeconomic status
		3. Continue research on modifiers and trade-offs that relate to health inequalities, especially in health technology appraisal methods, to develop policies on how health inequalities should be accounted for.
	3. Conduct a broad and detailed review of who is involved and participates in its work, including guidance, implementation, quality standards, communications and support functions. The review should examine staff, committee members, experts, lay members and other partners to understand the extent to which we are recruiting and working with people with diverse lived experience of health inequalities (taking into account protected characteristics, wider determinants of health such as socio-economic status, and inclusion health groups). The review should identify areas of good recruitment and retainment practices, areas that need improvement and areas where there are opportunities for new ways of working.
	4. Embed involvement of groups affected by health inequalities (taking into account protected characteristics, wider determinants of health such as socio-economic status, and inclusion health groups) as a standard practice as early as possible in the guidance development process. In embedding involvement NICE should also:
		1. work with patient groups at the local rather than national level to encourage involvement from those with direct experience rather than those just representing people with direct experience
		2. ensure practices for recruiting lay members/experts by experience to be involved in NICE’s work are equitable rather than just equal, i.e., they need to be tailored based on the people/groups being involved and their specific needs
		3. assess and address the increased resources, in terms of both time and funding, required to support the involvement of people with lived experiences of health inequalities.
	5. Routinely consider how implementation of its recommendations will impact on health inequalities (either positively by reducing them, or negatively by worsening them). Partnership working and implementation advice and support should be directed to situations where there is a potential to significantly reduce health inequalities and/or avoid worsening of health inequalities.
	6. Actively work to identify and address evidence gaps in health inequalities by continuing to work with partners such as the NIHR to promote research recommendations on health inequalities, and by encouraging health and social care providers and others to collect health inequalities data. Monitoring and tracking research on health inequalities is important so that we can address issues in guidance updates when research findings become available.
	7. Improve and increase frequency of communications about health inequalities to actively promote an understanding of:
		1. why health inequalities exist and how wider determinants of health are key drivers of health inequalities
		2. what NICE is doing to address health inequalities
		3. where all existing NICE guidance and advice on health inequalities can be found, e.g., via a dedicated section on the NICE website
		4. how recommendations around health inequalities have arisen in guidance and why the recommendations are being made.
	8. Ensure its work is more accessible for members of the public and service providers outside of the health and care sector. The navigability and accessibility of the website could be improved to enable information on NICE's vision and approach to health inequalities to be more easily found.
1. In addition, it is recommended that NICE should commence work to:
	* 1. Drive a culture that recognises the importance and benefits of addressing health inequalities by developing and rolling out general training for all NICE staff that provides an overview of what health inequalities are, how they arise, the impact they have, and how NICE’s processes and methods can consider health inequalities. ​
		2. Develop specialist guidance and training for all NICE staff, committee members and partners (e.g., academic centres, suppliers) who are involved in guidance development and implementation, to make them aware of:
		3. the definitions of equality, equity, intersectionality and health inequalities
		4. what health inequalities constitute
		5. the complex factors that contribute to health inequalities, and the importance of wider determinants of health as key drivers of health inequalities
		6. the importance of accounting for health inequalities in NICE’s work, framed within its legal duty
		7. different approaches to tackling health inequalities
		8. how and where to find evidence on health inequalities
		9. how to complete and use Equality Impact Assessments.

Training and guidance on health inequalities should be viewed as dynamic resources that require updating on a regular basis to reflect current needs and evidence.

* + 1. Ensure that the importance of prevention is reflected in its work, for example, when defining the scope of guidance, topic prioritisation, the contents of guidance topic suites, and support for implementation, and explore opportunities to further its work is this area, for example through its environmental sustainability work which has the potential for positively impacting on wider determinants of health.
1. NICE should further consider the resource requirements needed to deliver this programme of work, in light of the public support for addressing health inequalities.