

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

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### NICE guidelines

#### Equality impact assessment

#### **Cirrhosis: assessment and management of cirrhosis**

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

#### **3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)**

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

The following issues were identified during the scoping process and addressed by the Guideline Development Group during development:

#### **Regional variations in liver services/referral patterns relating to awareness of when to suspect and refer.**

*Recommendations have been made identifying people who have an increased risk of cirrhosis and defines who should be tested to diagnose cirrhosis and how they should be tested, as follows:*

##### *1.1.3 Offer transient elastography to diagnose cirrhosis for:*

- people with hepatitis C virus infection*
- men who drink over 50 units of alcohol per week and women who drink over 35 units of alcohol per week and have done so for several months*
- people diagnosed with alcohol-related liver disease*

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

*1.1.4 Offer a choice of either transient elastography or acoustic radiation force impulse imaging (whichever is available) to diagnose cirrhosis for people with NAFLD and advanced liver fibrosis.*

*1.1.5 Consider liver biopsy to diagnose cirrhosis in people for whom transient elastography is not suitable.*

*Further recommendations were made to standardise the referral of people diagnosed with cirrhosis to a specialist in hepatology 1.1.10 and referral of those at risk of complications to specialist hepatology centres 1.2.1.*

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

People of different ethnic backgrounds have different levels of tolerance for alcohol and therefore may be at increased risk of cirrhosis drinking lower amounts of Alcohol. This is addressed in the recommendations made in alcohol-use disorders preventing harmful drinking (PH24). A cross reference has been made to this guideline.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Referral for diagnosis and specialist services is described in the evidence to recommendations section in diagnosis of cirrhosis 6.6 and risk assessment and referral to specialist care 7.6

Ethnic differences in levels of tolerability to alcohol is addressed in the populations at risk of cirrhosis evidence to recommendations section of the guideline (5.7)

3.4 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?

None of the recommendations discriminate against any specific group.

3.5 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?

None of the recommendations have an adverse impact on people with disabilities

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

see 3.1

Completed by Developer      Norma O'Flynn

Date 24.11.15\_\_\_\_\_

Approved by NICE quality assurance lead      Sarah Willet

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