

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**NICE guidelines**  
**Equality impact assessment**

**Suspected sepsis: recognition, diagnosis and early management (update)**

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 consultation on the draft guideline)**

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

This EIA document is an addendum to EIAs from two recent updates of NG51 Sepsis: recognition, diagnosis and early management (which [both published in January 2024](#)). It should be read in conjunction with the documents for equality issues conducted for the previous updates which can be [accessed here](#).

Age (those under 16) and pregnancy and maternity: the scope for this update does not include people under 16 years, women, trans men and non-binary people who are pregnant or planning to become pregnant.

Race: During development of the reviews related to hypoperfusion the committee discussed mottling as a marker for septic shock in dark-skinned populations. Based on the committee's experience and expertise they felt that the issue of skin colour in the use of mottling as a clinical perfusion marker in black and brown skinned populations should be considered. As a consequence of stakeholder comments on the scope and the development of this EIA an additional question was added to the scope of this update on the factors or groups of factors lead to a higher risk of developing sepsis. The findings of this review, combined with the committee expertise and discussion contributed to the development of recommendations to ensure that practitioners should be aware of the possible greater risk for sepsis for people from Black backgrounds as well as those from south Asian backgrounds.

Disability (including people with a learning disability, people with cognitive impairment and people with communication difficulties); people who do not speak English or whose first language is not English; newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants) and people with low levels of health literacy: As a consequence of stakeholder comments on the scope an additional question was added to the

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

scope of this update on factors or groups of factors lead to a higher risk of developing sepsis. The findings of the review were discussed by the committee and highlighted that people with learning disabilities, dementia and severe mental illness may be at greater risk of there being a delay in the recognition of sepsis due to the potential difficulties in communicating symptoms and therefore are at greater risk of delayed presentation or not being able to access services; and that practitioners should tailor their care accordingly towards these groups, such as offering face-to-face consultation. The committee reflected that the issues regarding difficulties with communication could also be a factor for those for whom English is not their first language, newly arrived migrants and people with low levels of health literacy.

Age (older age and frailty), socio-economic factors, newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants), people experiencing homelessness and people with low levels of health literacy: As a consequence of stakeholder comments on the scope an additional question was added to the scope of this update focused on factors or groups of factors that lead to a higher risk of developing sepsis. The committee considered the findings of this review and noted that the associations outlined were not necessarily direct risk factors for sepsis but were risk factors for becoming unwell more generally. The committee noted that alcohol use problems could lead to poorer health outcomes and an increased risk of developing sepsis.

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?

The committee discussed the evidence presented in the context of the issues identified during the scoping process. No further additional issues were identified during development.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes.

The guideline cross refers to NICE guidance on [Patient experience in adult NHS services](#), [Babies, children and young people's experience of healthcare](#), [Shared decision making](#) and [Decision making and mental capacity](#) which all seek to focus attention on the individual in front of healthcare professionals and to enable and support individuals to actively participate in the care they receive as far as is possible.

The committee have further emphasised the need for shared decision making with the individual and where appropriate their family/carers and their existing medical team, before starting critical care. .

An existing recommendation specified the need to take extra care when assessing people who might have sepsis if there is difficulty in taking their history, for example people with English as a second language or people with communication difficulties (such as autism, cognitive impairment, learning disabilities, severe mental health conditions or brain injury). Cognitive impairment and brain injury was added for comprehensiveness.

An existing recommendation that outlines a list of factors to take into account that may be indicative of a higher risk of sepsis and has been added to. This recommendation now makes additional reference to people with severe frailty; people with severe mental health conditions, dementia or learning disabilities; people living in deprived areas; people from Black and ethnic minority backgrounds.

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?

No

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?

No

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

Not applicable.

**Completed by Developer:** James Jagroo

**Date:** 11/02/2025

**Approved by NICE quality assurance lead:** Sara Buckner\_\_\_\_\_

**Date:** 05/06/2025\_\_\_\_\_