

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **NICE guidelines**

### **Equality and health inequalities assessment (EHIA) template**

#### **Pneumonia update**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to the update and amalgamation of:

- [pneumonia in adults: diagnosis and management \(CG191\)](#)
- [pneumonia \(community-acquired\): antimicrobial prescribing \(NG138\)](#)
- [pneumonia \(hospital-acquired\): antimicrobial prescribing \(NG139\)](#).

# Equality and health inequalities assessment (EHIA)

## 2022 exceptional surveillance of pneumonia: diagnosis and management (NICE guideline CG191)

### STAGE 4. Development of guideline or topic area for update

*(to be completed by the developer before consultation on the draft guideline or update)*

Pneumonia: diagnosis and management

Date of completion: 12/02/2025

Focus of guideline or update: this is a partial update of the pneumonia guideline and also an amalgamation into the guideline two of the antimicrobial prescribing guidelines (pneumonia (community-acquired) and pneumonia (hospital-acquired)).

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

*[Consider each of the dimensions listed below and indicate the main equality and health inequalities issue(s) identified through the evidence syntheses and committee discussions. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.]*

- 1) *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*
- 2) *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
- 3) *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
- 4) *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

*Please also state if there were any gaps in the evidence for any particular groups within each of the dimensions above which may be important to highlight.*

*With regards to the committee's considerations of equality and health inequalities issues, please link to where in the evidence reviews these discussions are.]*

The main equalities and health inequalities issues identified during evidence syntheses and committee discussions were related to age, disability, and socioeconomic deprivation. These were considered by the committee when making recommendations. They ensured that none of the recommendations would increase health inequalities and did not identify any areas where specific recommendations for disadvantaged groups needed to be made.

- Age
  - There were discussions around the impacts of age both older people and those under 5 during the development of the recommendations. These discussions reflected the potential issues identified during scoping noted above.
- Disability
  - It was noted during development that the CRB65 and CURB65 pneumonia assessment tools used to assess mortality risk in primary and secondary care use a 'confusion' item and this can potentially generate inaccurate scores in people with learning disabilities, cognitive impairment or dementia. In this guideline the recommendations are to use CRB65 and CURB65 scores alongside clinical judgement to assess illness severity, and these illness severity ratings are used to make decisions about place of care and other aspects of treatment (including microbiological testing, corticosteroid use and antibiotic prescribing). The committee considered the clinical judgement aspect to be important both for correctly assessing the pneumonia severity but also to allow for clinical assessment appropriate for those with learning disabilities, cognitive impairment or dementia or other conditions.
  - It was further noted that for those with learning disabilities there may also be an increased risk of poorer oral health leading to increased risk of infection, an increased risk of aspiration, and may have diminished immunity. These and other factors mean that those with learning disabilities have a higher risk of respiratory morbidity and mortality.
- Socio-economic factors
  - It was noted during development that the increased cost of living and associated issues with housing, costs of heating homes, increased damp and mould may all contribute to a potential expansion in health inequalities and

disproportionately higher rate of respiratory illnesses like pneumonia in people from lower socio-economic groups.

- During development the committee acknowledged the potential issue of lower attendance at follow-up appointments for people in lower socio-economic groups. Reasons for this may be related to issues such as transport, travel cost, or difficulty taking time off work.
- People from lower socio-economic groups have greater pneumonia mortality and their social circumstances can impact their care following hospital discharge, which may contribute to health inequalities.

- Additional factors

The committee identified a number of further issues during development that hadn't been considered during scoping.

- These included geographical variation and groups such as people experiencing homelessness and people from Gypsy, Roma and Traveller communities.
- The committee noted that people living in rural locations may have less access to specialist services such as virtual wards or hospital at home. These services may be significantly more difficult and costly to operate in rural locations and simply may not exist. Similarly, people living in rural locations may experience more difficulty in attending follow-up appointments, particularly if they do not have access to their own transport. This may also be true for people who are frail and housebound.
- The committee recognised that people experiencing homelessness and people from Gypsy, Roma and Traveller communities may experience difficulties in accessing some services, particularly home-based care where the safety and suitability of the home environment can be a determining factor in access.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The guideline committee gave careful consideration to the subpopulations identified in box 2.2, by taking these groups into account when developing review protocols and making recommendations. They explored whether separate recommendations were required for specific subpopulations to promote equality but agreed that population-specific recommendations were not required for any of the identified groups, and that outlining particular points of consideration within recommendations was sufficient.

The recommendations on place of care (inpatient hospital care or care via a hospital at home, virtual ward or SDEC service) highlight the importance of shared decision making about the most appropriate place of care, taking into account the person's preferences as well as the safety and suitability of their home environment. While this will not resolve the issue of home-based care not being an available option to people experiencing homelessness or other groups that may experience insecure or poor housing, it will ensure that all options are reasonably considered and suitable alternative care pathways are available.

The recommendations on follow-up chest x-ray also emphasised the importance of shared decision making and stated that the decision to refer a person for a follow-up chest x-ray should take into account the person's preferences. The committee anticipated that during this shared decision making conversation, any barriers to follow-up attendance such as issues with transport could be discussed and resolved to help support all patients to attend for follow-up should they require it.

#### 4.3 Could any draft recommendations potentially increase inequalities?

There is the potential that people experiencing homelessness or people in insecure or poor housing would be unable to access hospital at home or virtual ward services, but the evidence did not show that this was better than inpatient care, just that it was an appropriate alternative option for people who are eligible and prefer to be treated at home and that the safety and suitability of the home environment should be taken into consideration so this would not be expected to disadvantage people who cannot access those services.

#### 4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

No

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

Yes – stakeholder lists for consultation will consider this.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No specific questions are planned

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**Date:** 20/02/2025

**Approved by committee chair:** Tessa Lewis

**Date:** 26.02.2025

**Approved by NICE quality assurance lead:** Emma McFarlane

**Date:** 07/04.2025