

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Antimicrobial resistance: changing risk-related behaviours

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

1.0 Scope: before consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

The burden of AMR may be higher for socio-economically deprived groups. For example, socio-economically deprived groups (especially people who are homeless, have a history of imprisonment or have migrated from high-burden countries [South Asia and sub-Saharan Africa]) are more likely to have TB, have the highest risk of transmission, of acquiring drug resistance strains and are least likely to complete treatment.

Some infections may be more prevalent in specific groups, for example HIV prevalence is higher amongst MSM than among the general population.

Social and cultural attitudes towards vaccination and immunisation may have a differential impact on some groups, and especially on children within those groups.

Within England infectious diseases are a major cause of death in the very young, elderly and those with underlying chronic disease (such as chronic bronchitis, cancer or heart disease).

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

These potential issues are unlikely to have an impact on the reviewing or guidance producing process, however they will be part of PHAC discussions as recommendations and guidance are developed.

Completed by: Chris Carmona

2.0 Scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

During consultation on the scope, the following potential equality issues were identified:

- People with mobility or other impairments, or without transport, may not be able to get urgent GP appointments.
- Antimicrobial resistance may have a particularly large impact on vulnerable populations and may exacerbate health inequalities.
- People from ethnic minorities may have different health seeking behaviours.
- People from 'lower socioeconomic groups' may require additional consideration.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No changes have been made to the scope. The potential equality issues identified in 2.1 are addressed in Appendix B of the scope, which states that, where evidence is available, the Committee will consider the impact and effectiveness of interventions in relation to a range of different populations.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'information for the public' recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No.

Updated by: Chris Carmona

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?

The 'implementation' section of the guideline for consultation states that local area antimicrobial stewardship strategies could target people whose social and economic circumstances or health put them at greater risk of acquiring or transmitting infectious diseases and antimicrobial resistant strains. The 'implementation' section also states that packages of interventions on infection prevention, antimicrobial use and antimicrobial resistance could take into account specific needs with regards to age, social and economic circumstances, social norms, sexual orientation, gender identity, gender, culture, faith or any type of disability.

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 carefully considered equalities in developing the recommendations and opportunities to support reduction of inequalities.

It considered that GPs may think that older people face greater health complications, and that GPs may be more likely to prescribe them antimicrobials. The Committee noted the importance of ensuring interventions are designed to address the beliefs of particular groups such as older adults.

It considered that the populations that use the most antibiotics are people aged 16 to 24 and adults aged over 65. The Committee acknowledged that people aged 16 to 24 misuse antibiotics more than any other age group, whereas antimicrobial resistance is greatest in older age groups. It noted the importance of interventions that target both these age groups.

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

The 'implementation' section of the guideline for consultation states that local area antimicrobial stewardship strategies could target people whose social and economic circumstances or health put them at greater risk of acquiring or transmitting

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

infectious diseases and antimicrobial resistant strains. Specific examples include people who have a chronic disease, people who have migrated from countries with a high prevalence of infectious diseases such as tuberculosis, and people with HIV. The 'implementation' section also states that packages of interventions on infection prevention, antimicrobial use and antimicrobial resistance could take into account specific needs with regards to age, social and economic circumstances, social norms, sexual orientation, gender identity, gender, culture, faith or any type of disability.

The potential equality issues outlined in response to question 3.2 are described in the 'The Committee's discussion' section of the guideline. The committee considered equality issues when identifying gaps in the evidence and when developing research recommendations. Gap 6 notes 'A lack of studies looking at people in diverse social and economic circumstances'. Research recommendation 3, which focuses on high risk groups, considers what infection prevention and antimicrobial interventions are effective for groups of people at high risk of infection and includes people who are homeless, live in crowded conditions, have been in prison, or have migrated from countries with a high prevalence of infectious diseases such as tuberculosis.

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, the preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups.

The Committee has made recommendations to enable equitable access to services, for example, recommendations 1.1.2 and 1.7.3 outline different modes of delivery of information and recommendations 1.5.2, 1.5.3 and 1.5.4 emphasise the importance of providing age-appropriate information.

In addition, the 'implementation' section of the guideline for consultation states that local area antimicrobial stewardship strategies could target people whose social and economic circumstances or health put them at greater risk of acquiring or transmitting infectious diseases and antimicrobial resistant strains. Specific examples include people who have a chronic disease, people who have migrated from countries with a high prevalence of infectious diseases such as tuberculosis, and people with HIV. The 'implementation' section also states that packages of

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interventions on infection prevention, antimicrobial use and antimicrobial resistance could take into account specific needs with regards to age, social and economic circumstances, social norms, sexual orientation, gender identity, gender, culture, faith or any type of disability.

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. None of the preliminary recommendations have the potential to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

In addition, the 'implementation' section of the guideline states that specific needs with regards to any type of disability could be taken into account in a package of interventions for the general public on infection prevention, antimicrobial use and antimicrobial resistance.

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?

No. No barriers or difficulties with access to services were identified in response to questions 3.1, 3.2 or 3.3.

Completed by: Ella Fields

Date: 20/08/15

Approved by: Simon Ellis

Date: 04/09/15

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

During consultation on the draft guideline, the following potential equality issues were identified:

- The need to consider culture, ethnicity, 'seldom heard groups' and written and spoken languages were noted, when developing a local area antimicrobial stewardship strategy and when commissioning interventions for the general public. These comments were submitted in relation to the implementation section of the draft guideline. Following consultation, changes were made to the guideline template which introduced a standard implementation section. In the revised guideline, reference is no longer made to targeting particular groups through the local area antimicrobial stewardship strategy, such as people whose social and economic circumstances or health put them at greater risk of acquiring or transmitting infectious diseases and antimicrobial resistant strains. However, a research recommendation has been made which focuses on high risk groups.
- It was suggested that written materials should include pictorial representation for non-English speakers, in relation to recommendation 1 in the draft guideline for consultation. The need for campaign materials to meet the needs of children and families as well as adults was also noted. In the revised guideline, recommendation 1.3.2 says 'Ensure information is available in a variety of formats to meet people's literacy and language needs and the needs of people with sensory disabilities.'
- In relation to the epidemiology section of the 'committee discussion' it was noted that while antibiotic resistance may be the main concern for the general population, there are population subgroups for whom antifungal and antiviral resistance may be of equal concern e.g. for those individuals who are HIV positive. The epidemiology section of the revised guideline has been amended to include this point.
- It was noted that day and residential care for older people are important settings. However no evidence was identified on which to base recommendations in this area. This area has therefore been identified as a gap in the evidence and a recommendation made for further research in this area. The committee discussion section has been amended to highlight the

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

importance of these settings.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

No such changes were made after consultation.

4.3 If the recommendations 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?

No such changes were made after consultation.

4.4 If the recommendations 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Equality issues are considered in the 'Committee Discussion' section of the revised guideline, for example those around antibiotic use by older people and by young people. In addition the 'Context section' refers to people who may be particularly vulnerable to infection.

Updated by Developer

Karen Peplow

Date: November 2016

Approved by NICE quality assurance lead

Andrew Harding

Date: December 2016

5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments relating to equality issues were made after Guidance Executive

Approved by Developer: Karen Peploe

Date: December 2016

Approved by NICE quality assurance lead: Andrew Harding

Date: December 2016