

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Caesarean Section

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

No particular equality issues have been identified during the scoping process. It was noted that some ethnic groups tend to prefer to have a vaginal birth after caesarean section (VBAC). However, because the question is looking at the *effectiveness* of planned vaginal birth compared with planned caesarean section, this was not felt to be a particular issue

Although not a group specifically highlighted for equalities purposes, the guideline will consider morbidly obese women as a group requiring particular consideration as there are aspects of their management which are likely to be different from standard care.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The following groups are excluded from the guideline:

- Women with clinical conditions arising during pregnancy, such as pre-eclampsia or gestational diabetes that require specialist care.
- Pregnant women or babies with rare conditions or with complex or unusual co-morbidities, such as maternal congenital heart disease, that require specialist care.

These exclusions are on the grounds that women with the conditions identified would require specialist care. The exclusions do not discriminate against particular groups

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

One stakeholder highlighted that women with pelvic girdle pain are not considered as a specific subgroup, particularly in relation to maternal choice. The scope will now address the issue of maternal choice which we hope will address this.

A number of stakeholders highlighted the need for the guideline to specifically consider women with tocophobia. By addressing the topic of maternal choice, the needs of these women should be addressed

Signed:

David James

Malcolm Griffiths

Centre Director

GDG Chair

Date: April 2010

Date: April 2010

Approved and signed off:

Mike Drummond

Christine Carson

GRP Chair

CCP Lead

Date: April 2010

Date: April 2010