NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

As outlined in the <u>Guidelines Manual</u>, 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 the recommendations of a clinical guideline. Please refer to the 'Positively equal guide' for further information on questions to be considered during the development of recommendations.

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

- To confirm that equality issues identified during the scoping stage have been addressed where possible, in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the Short Clinical Guidelines Team and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is presented with the final guideline, signed by the SCG Associate Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS		
Age	Religion or belief	
 Older people Children and young people Young adults Definitions of age groups may vary according to policy or other context 	 Religions (e.g. Christian; Muslim; Hindu; Jewish; Sikh; Buddhist) Denominations or sects within a religion (e.g. Jehovah's Witness; Sufi) Structured philosophical belief (e.g. atheism; humanism) Lack of religion or belief 	
Disability	Sexual orientation	
 Sensory Learning disability Mental health Cognitive Mobility 	 Lesbians Gay men Bisexual people 	
Ethnicity	Socio-economic status	
Asian or Asian British Black or black British People of mixed ethnicity Irish White British Chinese	 Depending on specific policy context, this may include 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). Inequalities associated with other geographical distinctions (e.g. the North/South divide, urban versus rural). Inequalities in income, education, health, housing, crime rates or other factors associated with socio-economic disadvantage. 	
Gender	Other categories	
 Women Men Gender identity Transsexual people Transgendered people 	 Refugees and asylum seekers Migrant workers Looked after children Homeless people This list is illustrative rather than comprehensive. These groups are not specifically protected under current or forthcoming legislation, but it is good practise to consider their needs. From a legal perspective, people in these groups are likely to fall within one or more of the categories that are specifically protected.	

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GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: <u>RECOMMENDATIONS</u>

Guideline title: Anaphylaxis

1. Have the equality areas identified during the scoping stage as needing attention been addressed in the guideline?

During scoping socioeconomic status was identified as a potential factor which may require different interventions. The systematic review did not identify any equality issues. The development group also considered these areas in their discussions but no separate recommendations were made

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

There were no specific access issues identified however the GDG were aware of problems in the provision of paediatric services and so the recommendations and evidence to recommendations reflect the need to refer to an adult service if a paediatric one is not available.

3. Do the recommendations promote equality?

The recommendations are for both adults and children and separate recommendations, where necessary, have been made to account for the different needs of these patients.

Signed:

Nicole Elliott	Peter Howdle
SCG Associate Director	GDG Chair
Date: August 2011	Date: August 2011

Approved and signed off:

Sharon Summers-Ma	Peter Robb
CCP Lead	GRP chair
Date: November 2011	Date: October 2011