

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: Infection prevention and control of healthcare-associated infections in primary and community care

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?

The guideline considers all adult patients and children aged one or over who receive healthcare in primary or community settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation & gender identity or socio-economic status.

Stakeholders highlighted issues regarding the use of alcohol containing products in ethnic minority groups and increased infection risk with population groups that lack mental capacity.

Alcohol containing products in ethnic minority groups:

WHO guidance on infection prevention difference between cultures and/or religions quotes a decision announced at the Muslim World League council that "It is allowed to use medicines that contain alcohol in any percentage that may be necessary for manufacturing if it cannot be substituted. Alcohol may be used as an external wound cleanser, to kill germs and in external creams and ointments". WHO guidance also highlights potential issues for various religious groups such as Sikhs, although alcohol is permitted for medical purposes and Buddhists, who disapprove of killing the germs but have apparently said it is only a small sin, as the good deed of saving a person outweighs it (WHO, 2009).

Increased infection risk in patients that lack mental capacity:

If patients do not have the capacity to make decisions, healthcare professionals should follow the Department of Health guidelines – 'Reference guide to consent for examination or treatment' (2001) (available from www.dh.gov.uk). Healthcare professionals should also follow the code of practice that accompanies the Mental Capacity Act (summary available from www.publicguardian.gov.uk).

The developers will consider these points when making recommendations for this guideline.

Should any inequalities in care be identified during the course of guideline development we will address them. The Guideline Development Group will consider and make recommendations on any potential implications with respect to chronological age. Prior disability, including cognitive impairment will be examined as part of the Guideline Group's consideration of the broader impact of comorbidity on the predicted outcome of interventions and on clinical decision making. Such examination will be restricted to any potential clinical consequences of disability for outcome and will rigorously exclude group categorisation as a basis for any guidance developed.

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 guideline will not cover children under the age of 1 year, as healthcare practices and procedures relating to devices (vascular access and urinary catheters) differ from those aged 1 year or over and will therefore require separate guidance.

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?

Registered stakeholders have been consulted on the contents of the scope both at a scoping workshop and a during the scope consultation. A number of issues related to equalities were highlighted (see the first box above).