

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

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 the recommendations of a clinical guideline.

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

- To confirm that equality issues identified in the scope have been addressed 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 National Collaborating Centre 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 submitted with the final guideline, signed by the NCC 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

Sex/gender

- Women
- Men

Ethnicity

- Asian or Asian British
- Black or black British
- People of mixed race
- Irish
- White British
- Chinese
- Other minority ethnic groups not listed

Disability

- Sensory
- Learning disability
- Mental health
- Cognitive
- Mobility
- Other impairment

Age¹

- Older people
- Children and young people
- Young adults

¹ Definitions of age groups may vary according to policy or other context.

Sexual orientation & gender identity

- Lesbians
- Gay men
- Bisexual people
- Transgender people

Religion and belief

Socio-economic status

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).

Other categories²

- Gypsy travellers
- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

² This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care for adults.

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.

Please note this also applies to consensus work in or outside the GDG

No equalities issues were identified during the scoping phase

- the development group has considered these areas in their discussions

Not applicable

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

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

For example:

- Does access to the intervention depend on membership of a specific group?

Access to interventions is not dependant on membership of a specific group

- Does using a particular test discriminate unlawfully against a group?

There are no tests which discriminate against a particular group

- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

We do not believe that people with disabilities will find it impossible or unreasonably difficult to receive any of the interventions recommended in the guideline

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

Access to the interventions recommended in the guideline is open to all people with pain requiring strong opioids.