

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 the guideline 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: RECOMMENDATIONS

Guideline title: Sickle cell acute painful episode: management of an acute painful sickle cell episode in hospital

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
- the development group has considered these areas in their discussions

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

Pregnant women and children & young people were identified during the scoping process as needing specific attention. The evidence reviews and GDG considered these groups and made specific recommendations where necessary.

Pregnant women

- The pharmacological management of an acute painful sickle cell episode would not differ in pregnant women compared with women who are not pregnant, with the exception of avoiding the use of NSAIDs, especially in the third trimester. In this situation healthcare professionals should refer to the BNF, and this is signposted in the final recommendations.
- The treatment of pregnant women, GDG agreed that there is generally little difference in the treatment of an acute painful sickle cell episode in women who are pregnant compared with those who are not pregnant. However, it was agreed that in all cases it will be necessary to seek advice from the obstetrics team.

Children & young people

- The pharmacological treatment of acute painful sickle cell episodes in children and young people, GDG agreed that it would only differ from that for adults in two areas: dosages (in which case healthcare professionals should refer to the BNF for information) and the use of age-appropriate pain scoring tools for assessing pain.
- The treatment of children and young people presenting to hospital with an acute painful sickle cell episode, GDG agreed that specialist healthcare professionals caring for adults and children would differ. For adults these would include haematologists, pain specialists and other healthcare professionals with expertise in sickle cell disease. For children these would include paediatricians who have haematology as a sub-speciality. Therefore a recommendation was made that patients should be cared for in an age-appropriate setting.

No further new equalities issues were identified.

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?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No recommendations have been identified as making it impossible or unreasonably difficult in practice for a specific group to access a test or intervention.

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 and provision of treatment for an acute painful sickle cell episode is not limited to particular groups. Therefore recommendations are phrased to promote equality. Recommendation 1.1.10 highlights the need to consider pregnant women differently when offering regular paracetamol and NSAIDs

Signed:

Nicole Elliott

Damien Longson

Centre Director

GDG Chair

Date: 10/05/2012

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