

## 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

### 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

### Age<sup>1</sup>

- Older people
- Children and young people
- Young adults

<sup>1</sup> 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 categories<sup>2</sup>

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

<sup>2</sup> This list is illustrative rather than comprehensive.

## **GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS**

**Guideline title: Venous thromboembolic diseases: the management of venous thromboembolic diseases and the role of thrombophilia testing**

### **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*

The guideline considers adults (18 years and older) with a suspected or confirmed DVT or PE pulmonary embolism, irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation & gender identity or socio-economic status.

Within this population, the following groups have been identified as requiring special consideration: people with cancer, people who misuse intravenous drugs, residents of nursing homes and people with physical disabilities who have restricted movement following a venous thromboembolism and people with learning disabilities who require long-term medication taken at home.

In addition first-degree relatives of people with inherited thrombophilia and venous thromboembolic diseases have been considered.

Groups that have not been covered in the scope for this guideline include children and young people (younger than 18 years) and pregnant women.

A separate recommendation has been made for the pharmacological treatment of patients with active cancer.

The GDG also considered and discussed in the relevant 'linking evidence to recommendations' sections (LETRs) that several groups maybe at a higher risk of bleeding. The risk of bleeding needs to be taken into consideration in several of the recommendations. Groups that maybe at a higher risk of bleeding are: patients that are unable or unwilling to attend anticoagulation clinics (where compliance with follow up visits for anticoagulation control and monitoring is poor), people prone to falls (such as the elderly), drug abusers, post trauma or major surgery and past history of haemorrhagic stroke. Where appropriate separate recommendations have been made.

Relevant LETRs describe the importance of the patient adhering to long-term treatment and the required monitoring. Special groups that may need consideration of this are the elderly, people with cognitive impairment and drug abusers.

In addition, there maybe potential equality issues that arise for those with physical disabilities and who have restricted movement, when considering the recommendations regarding graduated compression stockings. This has been addressed in the guideline.

A separate recommendation has been made for patients that require anticoagulation treatment and have concerns about using animal products. This refers to more detailed guidance in the Venous Thromboembolism: reducing the risk (NICE clinical guideline 92). Relevant LETRS describe the importance of discussing concerns with patients regarding the use of animal products.

**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. Please see response to Point 1.

**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?

Yes, we believe these recommendations promote equalities for patients.

