

## 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.

<b>EQUALITY CHARACTERISTICS</b>
<p><b>Sex/gender</b></p> <ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>
<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• Asian or Asian British</li> <li>• Black or black British</li> <li>• People of mixed race</li> <li>• Irish</li> <li>• White British</li> <li>• Chinese</li> <li>• Other minority ethnic groups not listed</li> </ul>
<p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Sensory</li> <li>• Learning disability</li> <li>• Mental health</li> <li>• Cognitive</li> <li>• Mobility</li> <li>• Other impairment</li> </ul>
<p><b>Age<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Children and young people</li> <li>• Young adults</li> </ul> <p><sup>1</sup>. Definitions of age groups may vary according to policy or other context.</p>
<p><b>Sexual orientation &amp; gender identity</b></p> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> <li>• Transgender people</li> </ul>
<p><b>Religion and belief</b></p>
<p><b>Socio-economic status</b></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><b>Other categories<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Gypsy travellers</li> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• Looked after children</li> <li>• Homeless people</li> </ul> <p><sup>2</sup>. This list is illustrative rather than comprehensive.</p>

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

### **Guideline title: Management of venous thromboembolic diseases and role of thrombophilia testing**

#### **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 adults who receive healthcare in primary, secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

Stakeholders highlighted issues regarding long term medication taken at home for people with learning disabilities. Groups that are unable to mobilise sufficiently following a VTE including people with physical disabilities and nursing home residents may require special consideration.

IV drug abusers were noted as a high risk group that may have problems with compliance that may require special consideration.

Consider if patients with cancer will need advice on specific interventions for DVT management.

It was noted that heparin is derived from porcine origin so if recommended we will need to ensure that patients with religious or personal beliefs about the use of animal derived products are given the opportunity to express their concerns and to receive information about alternative options.

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

## **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 18 years old) as venous thromboembolic diseases are uncommon in this group. In addition, the intervention drugs prescribed differ for children.

Pregnant women are excluded from the guideline as there is already guidance from the RCOG. This group would be covered by NICE guidance from the NCC for women and children's health. Previous experience from the VTE prophylaxis guidelines found that there is little evidence and this would result in extrapolation of evidence.

Upper limb DVTs have been excluded as they are rare and not a priority area to cover.

## **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 during the scope consultation. A number of issues related to equalities were highlighted (see box 1 above).