

## 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: Peripheral Arterial Disease**

## **1. Have relevant equality issues been identified during scoping?**

- The risk of cardiovascular disease, including peripheral arterial disease, is greater in men and in some ethnic minorities, particularly those of South Asian descent, rises with age and is more common in areas of socio-economic deprivation.
- People of South Asian, African, African-Caribbean and Middle Eastern descent have a higher than average risk of Type 2 diabetes, as do less affluent people. Diabetes is associated with peripheral arterial disease.
- Some assessment tools and outcome measures may not be available or validated in all languages appropriate to the population considered by the guideline.

Where appropriate subgroup evidence based upon age, socioeconomic factors, ethnicity and co-morbidities will be considered by the guideline development group in making recommendations for practice.

The GDG will remain mindful of the availability and validity of language-based assessment tools and outcome measures in making its recommendations.

## **2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?**

Areas identified in the scope as exclusions are those that are outside the remit of the guideline.

## **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?

The scope has been through a public stakeholder consultation and amended in light of feedback.