

## 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 guideline 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: RECOMMENDATIONS**

**Guideline title: Management of Psoriasis**

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

**The equality areas identified in the scope included:**

1. *All people 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.*
2. *Stakeholders highlighted issues regarding psoriasis and ethnicity, given phenotypic variation across races and varying prevalence of co-morbidities that have an effect on clinical management.*
3. *Stakeholders also raised issues pertaining to the long-term management of psoriasis and the potential:*
  - *affordability of medicines / treatments*
  - *time taken off of work for some treatments*
4. *It was noted that access in rural areas to phototherapy and access to in patient care for psoriasis may be difficult.*

The evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues. The development group has considered these areas in their discussions.

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

The GDG believe that they have taken into account areas of practice to enable specific groups to access tests and / or interventions.

**3. Do the recommendations promote equality?**

The following 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:

<b>Psoriasis guideline equality recommendations</b>	
1	Offer people with any type of psoriasis (and their families or carers), support and information tailored to suit their individual needs and circumstances, in a range of different formats so they can confidently

	<p>understand:</p> <ul style="list-style-type: none"> <li>• their diagnosis and treatment options</li> <li>• relevant lifestyle risk factors</li> <li>• when and how to treat their condition</li> <li>• how to use prescribed treatments safely and effectively (for example, how to apply topical treatments, how to minimise the risk of side effects through monitoring for safety of medicines)</li> <li>• when and how to seek further general or specialist review</li> <li>• strategies to deal with the impact on their physical, psychological and social wellbeing.</li> </ul>
2	<p>When offering treatments to a person with any type of psoriasis:</p> <ul style="list-style-type: none"> <li>• ensure the treatment strategy is developed to meet the person's health goals so that the impact of their condition is minimised and use relevant assessment tools to ensure these goals are met</li> <li>• take into account the age and individual circumstances of the person, disease phenotype, severity and impact, co-existing psoriatic arthritis, comorbidities and previous treatment history</li> <li>• discuss the risks and benefits of treatment options with the person (and their families or carers). Where possible use absolute risk and natural frequency</li> <li>• discuss the importance of adherence to treatment for optimising outcomes.</li> </ul> <p>For more information about involving patients in decisions and supporting adherence see 'Medicines adherence' (NICE clinical guideline 76).</p>
3	<p>Assess whether support and information need updating or revising at every review or interaction with the person, in particular:</p> <ul style="list-style-type: none"> <li>• during transition from children's services to adult services</li> <li>• when new interventions become available</li> <li>• when the person's disease severity or circumstances (for example, in terms of comorbidities or lifestyle) change.</li> </ul>
9	<p>In specialist settings, use a validated tool to assess severity of psoriasis, for example the Psoriasis Area and Severity Index (PASI) (in addition to the assessments indicated in recommendation 8).</p> <p>Be aware that:</p> <ul style="list-style-type: none"> <li>• PASI and body surface area are not validated for use in children and young people</li> <li>• erythema may be underestimated in people with darker skin types, such as skin types V and VI on the Fitzpatrick scale .</li> </ul>
11	<p>Assess the impact of any type of psoriasis on physical, psychological and social wellbeing by asking:</p>

	<ul style="list-style-type: none"> <li>• what aspects of their daily living are affected by the person's psoriasis</li> <li>• how the person is coping with their skin condition and any treatments they are using</li> <li>• if they need further advice or support</li> <li>• if their psoriasis has an impact on their mood</li> <li>• if their psoriasis causes them distress (be aware the patient may have levels of distress and not be clinically depressed)</li> <li>• if their condition has any impact on their family or carers.</li> </ul> <p>Ask children and young people age-appropriate questions.</p>
13	<p>When using an assessment tool for a person with any type of psoriasis:</p> <ul style="list-style-type: none"> <li>• take account of their age, any disabilities (such as physical, visual or cognitive impairment), and any language or other communication difficulties, and provide help and support if needed</li> <li>• ensure that the chosen assessment tool continues to be a sufficiently accurate measure.</li> </ul>
28	<p>If a person of any age with psoriasis requiring topical therapy, has a physical disability, or cognitive or visual impairment offer advice and practical support that take into account the person's individual needs.</p>
32	<p>In people whose psoriasis has not responded satisfactorily to a topical treatment strategy, before changing to an alternative treatment:</p> <ul style="list-style-type: none"> <li>• discuss with the person whether they have any difficulties with application, cosmetic acceptability or tolerability and where relevant offer an alternative formulation</li> <li>• consider other possible reasons for non-adherence in line with 'Medicines adherence' (NICE clinical guideline 76).</li> </ul>
61	<p>Offer alternative second- or third-line treatment when:</p> <ul style="list-style-type: none"> <li>• narrowband UVB phototherapy results in an unsatisfactory response or is poorly tolerated or</li> <li>• there is a rapid relapse following completion of treatment (rapid relapse is defined as greater than 50% of baseline disease severity within 3 months) or</li> <li>• accessing treatment is difficult for logistical reasons (for example, travel, distance, time off work or immobility) or</li> <li>• the person is at especially high risk of skin cancer.</li> </ul>
75	<p>When offering systemic therapy, tailor the choice of agent and dosing schedule to the needs of the individual and include consideration of:</p> <ul style="list-style-type: none"> <li>• the person's age</li> <li>• disease phenotype, pattern of activity and previous treatment history</li> </ul>

	<ul style="list-style-type: none"> <li>• disease severity and impact</li> <li>• the presence of psoriatic arthritis (in consultation with a rheumatologist)</li> <li>• conception plans</li> <li>• comorbidities</li> <li>• the person's views.</li> </ul>
94	<p>When using serum procollagen III levels to exclude liver fibrosis or cirrhosis, be aware that the:</p> <ul style="list-style-type: none"> <li>• test cannot be used in children and young people</li> <li>• results may be unreliable in people with psoriatic arthritis</li> <li>• estimated positive predictive value is 23–95% and the estimated negative predictive value is 89–100%.</li> </ul>
99	<p>When using the DLQI, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the DLQI and make any adjustments they consider appropriate.</p>