

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Myocardial infarction with ST-segment-elevation: The acute management of myocardial infarction with ST-segment-elevation

As outlined in The guidelines manual (2012), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have the equality areas identified during scoping 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 equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>It was noted that, in some rural areas, treatment with thrombolysis may be preferable to PPCI due to the time delay associated with accessing services and the question of this time delay.</p> <p>Where possible the developers will consider these points when making recommendations for the guideline.</p>	<p>Recommendation 1.1.18 notes that outcome is strongly related to how quickly PPCI can be delivered. This was highlighted in the LETR.</p>
<p>The scope states that where data exist the guideline will address differences between populations such as older adults, women and people from ethnic minorities.</p>	<p>No evidence was identified specific to these groups. Recommendation 1.1.1 was drafted to say that eligibility for coronary reperfusion should be assessed irrespective of these factors to highlight that people should not be discriminated against based on such factors.</p>
<p>The scope states that particular attention will be paid to people with STEMI who remain unconscious following resuscitation.</p>	<p>The guideline reviewed evidence for this population. Recommendation 1.1.2 was drafted to highlight that level of consciousness after cardiac arrest should not be used to determine eligibility for coronary angiography.</p>
Other comments	
None.	

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
No additional areas identified	N/A
The full guideline was subject to stakeholder consultation. No further changes were made to the recommendations or equality considerations following consultation.	N/A
Other comments	
None.	

3. 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?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

None of the recommendations discriminate against any individual or specific group.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Recommendations 1.1.1 and 1.1.2 were included specifically to address older people, women and those from minority ethnic groups, and people remaining unconscious following cardiac arrest respectively.
Recommendation 1.1.18 addresses consideration for populations in remote rural areas.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

None identified.