NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT - RECOMMENDATIONS

Clinical guideline: Ulcerative colitis: management in adults, children and young people

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
• 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
• Socio-economic status 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).
• Other 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: • 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?
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.	None.
Specific consideration was given to: • children and young people (due to the effects of ulcerative colitis on growth and puberty) • pregnant women (due to considerations about drug treatment).	Specific recommendations were made for these population groups where appropriate.
Stakeholders highlighted that the scope covers all ethnic groups; however it may be necessary for information and support to be targeted to specific ethnic groups.	None.
Other comments	

Insert more rows as necessary.

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?
None.	n/a
Other comments	

Insert more rows as necessary.

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?

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

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.

The following recommendations are formulated to promote equality by being tailored to specific groups:

Patient information and support

1.1.1 Discuss the disease and associated symptoms, treatment options and monitoring:

- with the person with ulcerative colitis, and their family members or carers as appropriate **and**
- within the multidisciplinary team (the composition of which should be appropriate for the age of the person) at every

opportunity.

Apply the principles in Patient experience in adult NHS services (NICE clinical guideline 138).

1.1.2 Discuss the possible nature, frequency and severity of side effects of drug treatment for ulcerative colitis with the person, and their family members or carers as appropriate. Refer to Medicines adherence (NICE clinical guideline 76).

1.1.3 Give the person, and their family members or carers as appropriate, information about their risk of developing colorectal cancer and about colonoscopic surveillance, in line with the NICE clinical guidelines on:

- Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas (NICE clinical guideline 118)
- Referral for suspected cancer (NICE clinical guideline 27).

Inducing remission in people with ulcerative colitis

1.2.4 To induce remission in adults with a mild to moderate first presentation or inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer a high induction dose of an oral aminosalicylate
- consider adding a topical aminosalicylate or oral beclometasone dipropionate, taking into account the person's preferences.

1.2.5 To induce remission in children and young people with a mild to moderate first presentation or inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer an oral aminosalicylate
- consider adding a topical aminosalicylate or oral beclometasone dipropionate, taking into account the person's preferences (and those of their parents or carers as appropriate).

Treating acute severe ulcerative colitis: all extents of disease

1.2.10 For people admitted to hospital with acute severe ulcerative colitis:

- ensure that a gastroenterologist and a colorectal surgeon collaborate to provide treatment and management
- ensure that the composition of the multidisciplinary team is appropriate for the age of the person
- seek advice from a paediatrician with expertise in gastroenterology when treating a child or young person
- ensure that the obstetric and gynaecology team is included when treating a pregnant woman.

1.2.15 Ensure that there are documented local safety monitoring policies and procedures (including audit) for adults, children and young people receiving treatment that needs monitoring (aminosalicylates, tacrolimus, ciclosporin, infliximab, azathioprine and mercaptopurine). Nominate a member of staff to act on abnormal results and communicate with GPs and people with ulcerative colitis (and/or their parents or carers as appropriate).

Likelihood of needing surgery

1.2.17 Be aware that there may be an increased likelihood of needing surgery for people with any of the following:

- stool frequency more than 8 per day
- pyrexia
- tachycardia
- an abdominal X-ray showing colonic dilatation
- low albumin, low haemoglobin, high platelet count or C-reactive protein (CRP) above 45 mg/litre (bear in mind that normal values may be different in pregnant women).

Information when considering surgery

1.3.1 For people with ulcerative colitis who are considering surgery, ensure that a specialist (such as a gastroenterologist or a nurse specialist)

gives the person (and their family members or carers as appropriate) information about all available treatment options, and discusses this with them. Information should include the benefits and risks of the different treatments and the potential consequences of no treatment.

1.3.2 Ensure that the person (and their family members or carers as appropriate) has sufficient time and opportunities to think about the options and the implications of the different treatments.

1.3.3 Ensure that a colorectal surgeon gives any person who is considering surgery (and their family members or carers as appropriate) specific information about what they can expect in the short and long term after surgery, and discusses this with them.

1.3.4 Ensure that a specialist (such as a colorectal surgeon, a gastroenterologist, an inflammatory bowel disease nurse specialist or a stoma nurse) gives any person who is considering surgery (and their family members or carers as appropriate) information about:

- diet
- sensitive topics such as sexual function
- effects on lifestyle
- psychological wellbeing
- the type of surgery, the possibility of needing a stoma and stoma care.

1.3.5 Ensure that a specialist who is knowledgeable about stomas (such as a stoma nurse or a colorectal surgeon) gives any person who is having surgery (and their family members or carers as appropriate) specific information about the siting, care and management of stomas.

Information after surgery

1.3.6 After surgery, ensure that a specialist who is knowledgeable about stomas (such as a stoma nurse or a colorectal surgeon) gives the person (and their family members or carers as appropriate) information about managing the effects on bowel function. This should be specific to the type of surgery performed (ileostomy or ileoanal pouch) and could include the following:

- strategies to deal with the impact on their physical, psychological

and social wellbeing

- where to go for help if symptoms occur
- sources of support and advice.

Maintaining remission in people with ulcerative colitis

1.4.2 To maintain remission in adults after a mild to moderate inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer a low maintenance dose of an oral aminosalicylate
- when deciding which oral aminosalicylate to use, take into account the person's preferences, side effects and cost.

1.4.3 To maintain remission in children and young people after a mild to moderate inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer an oral aminosalicylate
- when deciding which oral aminosalicylate to use, take into account the person's preferences (and those of their parents or carers as appropriate), side effects and cost.

Pregnant women

1.5.1 When caring for a pregnant woman with ulcerative colitis:

- Ensure effective communication and information-sharing across specialties (for example, primary care, obstetrics and gynaecology, and gastroenterology).
- Give her information about the potential risks and benefits of medical treatment to induce or maintain remission and of no treatment, and discuss this with her. Include information relevant to a potential admission for an acute severe inflammatory exacerbation.

Monitoring

1.6.1 For recommendations on assessing the risk of fragility fracture in adults, refer to Osteoporosis: assessing the risk of fragility fracture (NICE

clinical guideline 146).

1.6.2 Consider monitoring bone health in children and young people with ulcerative colitis in the following circumstances:

- during chronic active disease
- after treatment with systemic corticosteroids
- after recurrent active disease.

Monitoring growth and pubertal development in children and young people

1.6.3 Monitor the height and body weight of children and young people with ulcerative colitis against expected values on centile charts (and/or z scores) at the following intervals according to disease activity:

- every 3–6 months:
  - if they have an inflammatory exacerbation and are approaching or undergoing puberty **or**
  - if there is chronic active disease **or**
  - if they are being treated with systemic corticosteroids
- every 6 months during pubertal growth if the disease is inactive
- every 12 months if none of the criteria above are met.

1.6.4 Monitor pubertal development in young people with ulcerative colitis using the principles of Tanner staging, by asking screening questions and/or carrying out a formal examination.

1.6.5 Consider referral to a secondary care paediatrician for pubertal assessment and investigation of the underlying cause if a young person with ulcerative colitis:

- has slow pubertal progress **or**
- has not developed pubertal features appropriate for their age.

1.6.6 Monitoring of growth and pubertal development:

- can be done in a range of locations (for example, at routine appointments, acute admissions or urgent appointments in primary care, community services or secondary care)
- should be carried out by appropriately trained healthcare

professionals as part of the overall clinical assessment (including disease activity) to help inform the need for timely investigation, referral and/or interventions, particularly during pubertal growth.

If the young person prefers self-assessment for monitoring pubertal development, this should be facilitated where possible and they should be instructed on how to do this.

1.6.7 Ensure that relevant information about monitoring of growth and pubertal development and about disease activity is shared across services (for example, community, primary, secondary and specialist services). Apply the principles in Patient experience in adult NHS services (NICE clinical guideline 138) in relation to continuity of care.

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.

The recommendations are formulated to foster good relations.