

## 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 GRP chair and 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>• 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: Osteoarthritis: the care and management of osteoarthritis in adults**

### **1. Have the equality areas identified in the scope 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 equalities issues.  
*Please note this also applies to consensus work in or outside the GDG*
- the development group has considered these areas in their discussions

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

None identified.

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

None identified.

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

Please state if the 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?

The GDG considered that it was important to consider the person's access to services as part of regular review in recommendation 1.7.1:

Offer regular reviews to all people with symptomatic osteoarthritis. Agree the timing of the reviews with the person. Reviews should include:

- monitoring the person's symptoms and the ongoing impact of the condition on their everyday activities and quality of life
- monitoring the long-term course of the condition
- discussing the person's knowledge of the condition, any concerns they have, their personal preferences and their ability to access services
- reviewing the effectiveness and tolerability of all treatments
- support for self-management. **[new 2014]**

The GDG also noted that a 2008 recommendation (1.6.1) linked to referral thresholds for consideration of joint surgery would promote equitable access to specialist opinion. Further, recommendation 1.6.5, also recommends that patient specific factors such as age, sex, smoking, obesity and other comorbidities should not be barriers to referral for joint surgery thereby promoting equity.