

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.

EQUALITY CHARACTERISTICS

Sex/gender

- Women
- Men

Ethnicity

- Asian or Asian British
- Black or black British
- People of mixed race
- Irish
- White British
- Chinese
- Other minority ethnic groups not listed

Disability

- Sensory
- Learning disability
- Mental health
- Cognitive
- Mobility
- Other impairment

Age¹

- Older people
- Children and young people
- Young adults

¹ Definitions of age groups may vary according to policy or other context.

Sexual orientation & gender identity

- Lesbians
- Gay men
- Bisexual people
- Transgender people

Religion and belief

Socio-economic status

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).

Other categories²

- Gypsy travellers
- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

² This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Psychosis and schizophrenia in adults (partial update)

1. Have relevant equality issues been identified during scoping?

During scoping several equalities issues were raised and considered by the scoping group. The impact of functional problems associated with psychosis and schizophrenia, and related socio-economic outcomes, are reflected in the addition of meaningful activity, including volunteering and employment, and accommodation to the list of outcomes which may be considered by the guideline development group.

The scope for the partial update mentions the general difficulties experienced by BME groups, in relation to current practice. However, there is no indication that there are specific equalities issues relating to the issues to be looked at in the partial update, that is, service-level interventions, low intensity interventions, cognitive remediation and vocational rehabilitation. At publication, the areas of clinical guideline 82 that have not been updated will be combined with the areas updated, where BME groups were given particular consideration – for example, with regards ways to improve access to mental health services for people from BME communities.

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

The management of coexisting learning disabilities and significant physical or sensory difficulties is listed as a key issue that will not be covered, as issues regarding the special management of people with learning disabilities and significant physical or sensory difficulties is outside the remit of the partial update.

The GDG will not make specific recommendations for people with very late onset psychosis (onset after age 60). We believe that if we were to make specific recommendations for this group of people, we would need to search for a different evidence-base and would require GDG members with different expertise. We think this would not be possible within the timeframe and resources available. Nevertheless, it is likely that the recommendations will still be relevant to people with very late onset psychosis, and services should not use age of onset to exclude people from receiving appropriate care.

3. Have relevant bodies and stakeholders been consulted?

The equalities issues raised in the scoping workshop have been considered in the

development of the scope. Specific equalities issues have not been added to the scope where there is no indication that they relate to the particular issues being considered in the partial update.