

## 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.

<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: SCOPING**

**Guideline title: Management of atrial fibrillation (partial update of CG36)**

### **1. Have relevant equality issues been identified during scoping?**

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
  - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
  - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

The scope considers adults (aged 18 years or older) with atrial fibrillation who receive health care in all settings where NHS healthcare is provided or commissioned. This is irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio economic status.

Specific consideration will be given to the following groups: older people, people with left ventricular dysfunction and people with atrial fibrillation due to reversible causes. Other subgroups for which differences are identified will be considered as needed during development.

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

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The population exclusions relate to patients under 18 years and those with congenital heart disease. These are the exclusions from the original guideline.

### **3. Have relevant bodies and stakeholders been consulted?**

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Yes. Stakeholder organisations include a wide range of patient/charitable organisations, professional organisation and pharmaceutical companies. Attendees at the stakeholder workshop included a mix of the above and their feedback was considered in the drafting of the scope. Registered stakeholders were also invited to comment on the draft scope during the consultation period (2<sup>nd</sup>-31<sup>st</sup> May 2012), and the scope was revised again to address and incorporate relevant comments. All comments were responded to.

