NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT - RECOMMENDATIONS

Clinical guideline: Drug Allergy: The identification and management of drug allergy 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?
Currently there is a geographical variation in provision of services with respect to access to drug allergy services and specialist advice. The guideline has made recommendations that ensure people with suspected drug allergies are referred to specialist services when appropriate. Recommendations have been made to improve the documentation of suspected or confirmed drug allergy to aid future management in primary or secondary care. The provision of advice and information to patients and/or carers is currently poor and new recommendations will enable people to self-manage their drug allergy and aid future consultations with healthcare professionals.	Recommendations 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5, 1.2.6, 1.2.7 and 1.2.8 encourage all health care professionals to document and regularly update an individual's drug allergy status in their healthcare records and to share with the person, all information related to any suspected or confirmed drug allergy. These recommendations, provide a list of requirements for documentation in routine care. Recommendation 1.2.9 specifically covers requirements for documentation after any specialist drug allergy investigation and encourages the documentation of the diagnosis, information on the investigations used to confirm or exclude the diagnosis and information on which drugs should be avoided in the future. Recommendations 1.3.1, 1.3.2, 1.3.3 and 1.3.4 address the provision of information and support to people with suspected or confirmed drug allergy. Recommendations 1.4.3, 1.4.4., 1.45, 1.46, 1.47, 1.4.8, 1.4.9, 1.4.10 and 1.4.11 lists conditions to be met prior to referral to specialist services, for severe reactions and four key drug categories.
No other equality issues were identified during the scope.	
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?
There are currently differences in secondary care prescriptions that have systems to record DA and primary care that do not, and this potentially exposes primary care patients at higher risk of prescribing errors.	Recommendations 1.2.4, 1.2.5 and 1.2.8 specifically address this issue.

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 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.

The recommendations were formulated to be inclusive of all people with confirmed or suspected drug allergies. The requirement for different management for specific subgroups was not identified.

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 so as to promote patient involvement in their care, to foster good relations between primary and secondary care and between people with suspected or confirmed allergies and health care professionals.