

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Pneumonia (hospital- and community-acquired)

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
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Socio-economic status <p>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).</p>
<ul style="list-style-type: none">• Other <p>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:</p> <ul style="list-style-type: none">• 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?
Inequalities on the basis of age, gender and socio-economic background have been identified. The guideline developers will attempt redress of these issues when making recommendations in so far as they are able.	
a) The rates of activity in England were higher for men than women in 2010/11.	No data were identified to suggest that management of men and women should be different.
b) The distribution of hospitalisation peaks in the oldest age groups as per the incidence of the condition.	The GDG were cognisant of the fact that pneumonia is common in older people and was seminal in their consideration of the data and in generating recommendations – particularly relating to severity assessment, antibiotic choice and safe discharge.
c) The rates of pneumonia activity vary according to level of deprivation of the population accessing care across England.	The GDG were aware of social circumstances and their impact on outcomes when discharging patients from hospital. This informed their decisions relating to safe discharge recommendations.
d) The male mortality rate is higher than the female mortality rate in every age group, indicating that outcomes are worse for men compared to women in all age groups.	No data were identified to suggest that management of men and women should be different.

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 identified	
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 took into account availability and costs of tests and management strategies and balanced these with the strength of the evidence base supporting them. For example, the GDG made 'consider' recommendations for point of care CRP testing to improve diagnostic accuracy and to monitor patients admitted to hospital with pneumonia because the relative benefit of this test does not clearly outweigh the costs and implementation logics necessitated by a stronger recommendation.

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.

Yes, the recommendations are formulated so as to promote equality in general

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 recommendation for clinicians to explain to patients what to expect following pneumonia fosters good relations.