**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE Centre for Guidelines**

**Equality and health inequalities assessment (EHIA)**

**Meningitis (bacterial) and meningococcal disease**

The considerations and potential impact on equality and health inequalities have been considered throughout the quality standard development, process according to the principles of the NICE equality policy and those outlined in [Quality Standards process guide](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards).

# STAGE 1. Topic engagement

Date of completion: 22/11/2023

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| * 1. What approaches have been used to identify potential equality and health inequalities issues during development of the topic engagement proforma?
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| Review of the EHIA for the source guideline  [Meningitis (bacterial) and meningococcal disease : recognition, diagnosis and management. NICE guideline in development.](https://www.nice.org.uk/guidance/indevelopment/gid-ng10149) (Publication date expected to be 21 February 2024) |

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| * 1. What potential equality and health inequalities issues have been identified during development of the topic engagement proforma?
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| 1. *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation):*

Race:There is a potential equality issue for people with black or brown skin, for example of African, African-Caribbean, Middle Eastern and South Asian origin, as the detection of the typical rash associated with meningococcal disease can be harder to identify on black or brown skin.Disability / race: It is important that parents and carers and people with suspected or confirmed meningitis (bacterial) or meningococcal disease receive accessible information about the symptoms, diagnosis and treatment of meningitis. Age: Some older people may present with atypical features. Some older people may find accessing care more difficult as services cannot be designed with their needs in mind.Age: Symptoms in young people can be missed because sometimes the assumption is made that confusion, delirium or aggressive or subdued behaviour may be caused by drink or drugs. Gender reassignment / pregnancy and maternity / religion or belief / sex / sexual orientation: No issues identified. 1. *Socioeconomic status and deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income):*

Socio-economic factors: People from lower socio-economic and disadvantaged backgrounds, as well as being at higher risk of disease, experience a higher risk of loss to follow up. One of the reasons for this is the navigation of a complex care system. 1. *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south):*

Geographical: Meningococcal disease should be considered in people who have recently travelled from countries with the highest burden of disease (meningitis belt of Sub Saharan Africa) and those who have attended large gatherings or events or events (eg pilgrimages, university and sporting events) where there is an increased risk of developing the disease. 1. *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking):* No issues were identified at this stage of development.
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| * 1. How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?
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| Race: The guideline EHIA notes that recommendations have been written about recognising bacterial meningitis and meningococcal disease and emphasised the need for more careful investigations in order to identify non-blanching rashes on black or brown skin. These highlight the need for practitioners to look for rashes all over the body and include reminders of this throughout the tables of symptoms and signs. If quality statements in this area are taken forward, similar considerations will be made for the quality standard.Disability / race: The guideline EHIA notes that the guideline refers to the information and support needs of family, parents and carers in a number of recommendations ranging from identification of symptoms, early hospital care, planning for discharge and follow up care. The guideline highlights the importance of sharing and discussing information to ensure it is understood, as well as signposting. The guideline also refers to NICE guidelines on patient experiences in adult NHS services and babies, children and young people’s experience of healthcare. If quality statements in this area are taken forward, similar considerations will be made for the quality standard.Age: The guideline EHIA notes that the guideline recommendations about recognising bacterial meningitis and meningococcal disease emphasise the signs and symptoms that are sometimes missed in older people with delirium, and some symptoms and signs that are more or less common in older adults.The guideline EHIA notes that although the guidelines does not include specific recommendations about follow up care for older people, the recommendations are mindful of being inclusive to all needs and ensuring that older people have very clear guidance about what they can expect in terms of follow up investigations and care. The guideline EHIA notes that recommendations have been included to remind practitioners that symptoms in young people could be indicators of meningitis when seen together with other signs, symptoms and risk factors.If quality statements in this area are taken forward, similar considerations will be made for the quality standard.Socio-economic factors: The guideline notes there are a number of recommendations about follow up care, setting out very clearly what a person can expect in terms of follow up care and when. There are also recommendations about what information and support should be offered both before and after confirmation of a diagnosis. As older people and people from disadvantaged socio-economic backgrounds are at higher risk of being lost to follow-up care and support the recommendations focus on the most critical follow up assessments, information and support needed and to be clear about the responsibilities of the hospital team before discharge to help set these up. If quality statements in this area are taken forward, similar considerations will be made for the quality standard.Geographical: The guideline EHIA notes the inclusion of a recommendation to seek advice from an infection specialist for people who have recently travelled outside of the UK to an area with a higher burden of disease, or to a large gathering (eg pilgrimage) and may be at risk of antimicrobial resistance. If quality statements in this area are taken forward, similar considerations will be made for the quality standard.Further consideration of these, and any additional equality and health inequality issues raised during development of the quality standard, will take place following topic engagement with stakeholders, at the Quality Standards Advisory Committee (QSAC) and throughout development of the quality standard.  |

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| * 1. Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the topic engagement process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
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| Two lay members have been appointed. One has personal lived experience of having meningitis, the other has worked as a director of a meningitis charity. 2 key patient stakeholders identified: Meningitis Research Foundation and Meningitis Now. These stakeholders were identified with input from the NICE Public Involvement Programme.   |

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| * 1. How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the quality standard development process going forward?
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| As above, a lay member with lived experience will input into the QS throughout development. We will work with key patient stakeholders, and actively chase these organisations for a response if needed, to ensure their views are also presented to the committee.  |

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| * 1. Has it been proposed to exclude any population groups from coverage by the quality standard? If yes, could these exclusions further impact on people affected by any equality and health inequalities issues identified?
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| No groups have been excluded at this stage. |

Completed by lead analyst: Eileen Taylor

Date: 22/11/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 30/11/2023

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