

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

Clinical guideline: Gastro-oesophageal reflux disease: recognition, diagnosis and management in 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
<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?
<p>Children and young people with neuro-developmental disorders have been identified. In particular, it is understood that those in this group might have no or limited verbal communication.</p> <p>A consultant in paediatric neurodisability, was appointed to the GDG with a remit to highlight issues related to children and young people with neurodevelopmental disorders.</p> <p>The implications of each recommendation were discussed by the GDG in relation to children and young people with neurodevelopmental disorders, especially in relation to communication.</p>	<p>Where necessary recommendations were worded to take account of the needs of those with neurodevelopmental disorders. For example:</p> <p><i>Recognise the following as possible complications of GOR in infants, children and young people:</i></p> <ul style="list-style-type: none"> • reflux oesophagitis • recurrent aspiration pneumonia • frequent otitis media (for example, more than 3 episodes in 6 months) • dental erosion in a child or young person with a neurodisability, in particular cerebral palsy. <p><i>When deciding whether to investigate or treat, take into account that the following are associated with an increased prevalence of GORD:</i></p> <ul style="list-style-type: none"> • premature birth • parental history of heartburn or acid regurgitation • obesity • hiatus hernia • history of congenital diaphragmatic hernia (repaired) • history of congenital oesophageal atresia (repaired) • a neurodisability <p><i>Consider performing an oesophageal pH study (or combined oesophageal pH and impedance monitoring if available) in infants, children and young people with:</i></p> <ul style="list-style-type: none"> • suspected recurrent aspiration pneumonia • unexplained apnoeas • unexplained non-epileptic seizure-like events • unexplained upper airway inflammation • dental erosion associated with a neurodisability • frequent otitis media • a possible need for fundoplication • a suspected diagnosis of Sandifer's syndrome.

	<p>Consider a 4-week trial of an H2RA or a PPI for those who are unable to tell you about their symptoms (for example, infants and young children, and those with a neurodisability associated with expressive communication difficulties) who have overt regurgitation with one or more of the following:</p> <ul style="list-style-type: none"> • unexplained feeding difficulties (for example, refusing feeds, gagging or choking) • distressed behaviour • faltering growth. <p>Furthermore, a research recommendation was outlined based on a gap in the evidence base in relation to those with neurodevelopmental disorders.</p> <p><i>What are the symptoms of GORD in infants, children and young people with a neurodisability?</i></p>
Attention was given to social and cultural requirements.	There was no impact on recommendations
Other comments	
<p>30 November 14</p> <p>Following stakeholder consultation, some minor amendments were made to the recommendations that take account of the needs of those with neurodevelopmental disorders (see above) and these were ratified by the GDG.</p> <p>None of the amendments to the recommendations affected the identified equality issue of verbal communication limitations in some children and young people with neurodevelopmental disorders.</p>	

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?
No other equality issues were identified during development.	
Other comments	
30 November 14 No further equality issues were identified following stakeholder consultation	

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?

No other equality issues were identified during development.

30 November 14

No further equality issues were identified following stakeholder consultation

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. During the formulation of all recommendations equality issues were discussed and if necessary incorporated within a recommendation.

30 November 14

No further equality issues were identified following stakeholder consultation

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.

Yes. The guideline provides a clear information for both health professional and parents/ carers on which to base discussion of any possible investigation or treatment.

30 November 14

No further equality issues were identified following stakeholder consultation