

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

### Rheumatoid Arthritis

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### **1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)**

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

The pharmacological management of rheumatoid arthritis in women who are pregnant has been raised as a potential equality issue, as the pharmacological treatments for rheumatoid arthritis are contraindicated during pregnancy (due to toxicity) and therefore not licensed for this population.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

This issue was raised with stakeholders at the stakeholder workshop. It was agreed that this was a very specialist group, in which the main pharmacological treatments for rheumatoid arthritis were not licensed. It is anticipated that this may be addressed as a subgroup in the review questions of pharmacological treatments to enable separate recommendations to be made for this population.

## 1.0.7 DOC EIA

--

Completed by Developer \_\_Serena Carville \_\_\_\_\_

Date \_\_08/06/16\_\_\_\_\_

Approved by NICE quality assurance lead Christine Carson

Date 14/06/16

### **2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)**

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
--------------------------------------------------------------------------------------------------------

Pregnant woman were raised by one stakeholder – as already identified in the scope.
-------------------------------------------------------------------------------------

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
-----------------------------------------------------------------------------------------------------------------

No
----

## 1.0.7 DOC EIA

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No

Updated by Developer \_\_\_\_\_ Serena Carville \_\_\_\_\_

Date \_\_01/08/16\_\_\_\_\_

Approved by NICE quality assurance lead Sharon Summers-Ma

Date 31/08/16

## 1.0.7 DOC EIA

### 3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Pregnant women were included within the population searched for all reviews of pharmacological management of rheumatoid arthritis, however no evidence specific to this group was identified. The group considered whether separate recommendations were required, and detailed their considerations in the committee's discussion of the evidence in each relevant review. No separate recommendations were considered necessary for pregnant women.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No other equality issues were identified during development.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Details of the committees considerations of equalities issues are included within the committee's discussion of the evidence for the chapters relating to DMARDS, glucocorticoids and analgesics.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

## 1.0.7 DOC EIA

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The access to services included in the recommendations does not discriminate against any particular group.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

**No.**

Completed by Developer \_\_\_Serena Carville

Date \_\_\_29/11/17\_\_\_\_\_

Approved by NICE quality assurance lead Kay Nolan

Date 14/12/17

## 1.0.7 DOC EIA

### 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

No potential equality issues were raised during consultation.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No changes to recommendations have been made that disadvantage any particular group.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No changes to recommendations have been made that would have an adverse impact on people with disabilities.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

## 1.0.7 DOC EIA

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No changes to recommendations have been made that affect access to services for any particular group.

## 1.0.7 DOC EIA

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Details of the committees considerations of equalities issues are included within the committee's discussion of the evidence for the chapters relating to DMARDS, glucocorticoids and analgesics.

Updated by Developer \_\_Serena Carville \_\_\_\_\_

Date \_\_17/04/18\_\_\_\_\_

Approved by NICE quality assurance lead Kay Nolan

Date 06/07/18



**1.0.7 DOC EIA**