NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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?

of something that is a consequence of the disability?

Recommendations have not been changed following consultation.

No additional equalities issues were identified 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?
Recommendations have not been changed following consultation.

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

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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

Recommendations have not been changed following consultation.

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

Yes – in the 'benefits and harms' and "other factors the committee took into account" sections of the committee's discussion of the evidence. The impact of age on the incidence of incomplete Kawasaki disease is discussed and a recommendation was made that clinicians should be aware that children under 1 may present with fewer clinical features in addition to fever but may be at higher risk of coronary artery abnormalities. The aim of this recommendation was to ensure that children under 1 were not disadvantaged in terms of access to appropriate care. The impact of ethnicity on the incidence of Kawasaki disease is also discussed, and the reasons that the committee did not make a recommendation specifically about ethnicity are explained.

Updated by Developer: Susan Spiers

Date: 21.10.19

Approved by NICE quality assurance lead: Nichole Taske

Date: 28.10.19