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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Antimicrobial prescribing: leg ulcer infection

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

1.0 Checking for updates and scope: before scope 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 check for an update or during development of the draft scope, and, if so, what are they?

A number of patient groups were identified before consultation where equality issues need to be considered.

Age: The scope includes adults and children (excluding neonates, those in the first 4 weeks of life) who develop the common infections defined in the guideline scope. It is likely that there will need to be separate consideration of management according to age (young children and younger adults) as current guidance recognises that venous leg ulcers (which account for up to 85% of leg ulcers) are uncommon in those aged under 45 years ([NICE Clinical Knowledge Summaries](#)).

Disability: The scope includes people who have disability. For some of the common conditions covered by this suite of guidance there is increased risk of developing such illnesses when people also have certain disabilities. For example, the risk of leg ulcer development can be increased in people who are immobile or obese ([NICE Clinical Knowledge Summaries](#)). This may require additional consideration of treatment choices in relation to management of recurrent illness and the risk of antimicrobial resistance.

Pregnancy and maternity: The scope includes the management of infections in women who are pregnant or breastfeeding (for example treatment of uncomplicated urinary tract infection during pregnancy). The management of infections in pregnancy or in women who are breastfeeding may need separate consideration (for

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example choice of medicine, doses and course lengths to take account of risks to the unborn child or baby). This is in line with current practice ([British National Formulary](#); [Public Health England 2016](#); [NICE Clinical Knowledge Summaries](#)).

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?

The scope covers all adults and children in all care settings with the illnesses listed in the guidance scope irrespective of gender, ethnicity, disability, religious beliefs, sexual orientation, gender identity or socio-economic status.

Neonates

The scope currently excludes neonates (children in the first 4 weeks of life) as NICE has published a guideline on [neonatal infection](#) with an accompanying [quality standard](#). Guideline users will be directed to these publications, where appropriate.

People with disorders of the immune system

The scope currently excludes the management of common illness when people have comorbid conditions that may require specialist management during infection (for example people with HIV and AIDS or cystic fibrosis). The scoping group agreed that this exclusion is legitimate as although the actual management may not be different for many of the common illnesses, for other conditions management may differ significantly. There were concerns that these issues could not be adequately covered in evidence reviews for a guideline with a whole population focus. It would also be difficult to recruit a representative committee that reflects a range of expertise in the care of all such comorbid illnesses.

Plans for dealing with the aspects listed in 1.1 include sensitivity to equality and diversity issues, although it is not considered that these groups would require additional reviews of the evidence. The committee may also make recommendations specifically in relation to particular population groups with the common infection. The review protocol will identify additional search terms to find evidence in relation to the specific groups.

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2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

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

Yes, there was concern from stakeholders that people with disorders of the immune system would be managed differently if they have infections. All people with common infections should be managed in line with the guideline recommendations; any specific subgroups should be highlighted during guideline development.

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

The section on 'people with disorders of the immune system' has been removed from the final scope for the reasons outlined in section 2.1.

The definition of neonates in the scope has been revised in line with the NICE guideline on managing neonatal infection.

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

If so, do the key messages for the public need to be produced in an alternative version?

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 deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Does an alternative version(s) of the consultation documents also need to be produced?

The guideline population is all people. The guideline recommendations will be presented as a visual summary as well as in the guideline, which will be written in language that is simple and straightforward.

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3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

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

Pregnant women

There are specific prescribing recommendations for women who are pregnant.

Children

There are no prescribing recommendations for infected leg ulcer in children. There was no evidence identified in children. Additionally, the committee agreed that:

- infected leg ulcers are rare in children,
- the causes of leg ulcer in children have complex underlying causes which are diverse, require specialist management and are very different to causes of leg ulcer in adults.

The different causes of leg ulcer in children could result in specialist antibiotic choices; therefore, the evidence could not be extrapolated from an adult population to children and young people. This decision was made on sound epidemiological reasons by a committee with an appropriate breadth of clinical expertise.

People who may need simplified regimens

There are second line options for prescribing which have different dose regimens which may be suitable for people who may need simplified regimens.

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

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes, see the recommendations for women who are pregnant.

For details of why there are no recommendations in children please see the summary of evidence and rationale section of the guideline.

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?

No

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?

Not applicable

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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?

Yes. Redness (a sign of leg ulcer infection) may be less visible on darker skin tones and the following wording has been added to the rationale for the recommendations: 'The committee noted that healthcare professionals should be aware that redness, one of the signs of infection, may be less visible on darker skin tones.'

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.

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.

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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No.

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

Yes, in the rationale for the recommendations.

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5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments.
