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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Acne vulgaris: management

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?

Stakeholders made comments which raised some of the equality issues that were already identified as part of section 1 above:

- One stakeholder queried why newborn babies under the age of 28 days with acne vulgaris were excluded.
- A stakeholder raised the issue of post inflammatory hyperpigmentation, which was listed as an equality issue affecting people with darker skin colour. Related to this topic, another stakeholder wanted the wording of 'people with darker skin colour' changed to 'people across the range of skin colours' to make it more inclusive.

Two new potential equality issues were identified:

- People with polycystic ovary syndrome were mentioned specifically in one area of the scope. A stakeholder raised that there is a spectrum of polycystic ovary syndrome, which is challenging to diagnose in adolescents and therefore it is unclear whether they would be missed when evidence would be reviewed and recommendations drafted.
- People with Down's syndrome were mentioned as another group which may require special consideration in the scope. However, no specific reasoning was provided for specific considerations in relation to acne vulgaris in this group.

A further group is added here for completeness. It was not specifically highlighted in stakeholder comments or in section 1.0 of this form, but is mentioned in section 2 of the scope related to 'equality considerations':

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- People with pre-existing mental health conditions may require special equality consideration since having acne vulgaris may impact their condition (even if the treatment of the related mental health condition is outside the scope as stated in section 3.3 of the scope). If the evidence allows or by consensus specific recommendations for this group, in relation to management of acne vulgaris, can be made where appropriate.

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

In response to stakeholder comments newborn babies under the age of 28 days were removed from the groups that will not be covered section. However, neonatal acne vulgaris was added to the areas that will not be covered because neonatal acne vulgaris is rare (approximately less than 1% of all people with acne vulgaris), is more temporary, and has different causes than acne vulgaris in children, young people and adults.

In relation to pigmentation changes resulting from acne vulgaris it was decided to add 'altered skin pigmentation' as an outcome to section 3.6 of the scope. The *treatment* of post-inflammatory dyspigmentation was added to the 'areas that would not be covered' subsection of section 3.3 of the scope, because it was not considered feasible within this scope to look at the wider and complex issue of treating altered pigmentation. We kept the terminology 'darker skin colour' because post inflammatory pigmentation impacts people with darker skin. Fair skinned people do not get this problem as they cannot produce sufficient melanin in their skin, so the post inflammatory pigmentation does not occur across 'a range of skin colours'. The wording 'darker skin colour' is also consistent with the wording used in the NICE guidance on [sunlight and skin](#).

People with Down's syndrome were not explicitly mentioned in the scope because there is no specific known link between Down's syndrome and acne. It was explained to the stakeholder that, as part of guideline development, recommendations are drafted that will apply to all people who experience acne vulgaris. This would include people with physical as well as cognitive disabilities. NICE has an obligation to advance equality related to health and social care and the committee discuss issues related to equality when drafting their recommendations (these may, for instance, include specific recommendations related to treatments that require complex instructions or that are difficult to administer by people who have complex physical disabilities).

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

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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?

No.

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Approved by NICE quality assurance lead: Chris Carson

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