

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM

SCOPING

As outlined in the Guidelines Manual , NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline. Please refer to the 'Positively equal guide' for further information on questions to be considered during scoping.

Taking into account each of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at every stage of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the Internal Clinical Guidelines Programme Associate Director and the Guideline Development Group (GDG) Chair for each guideline and submitted with the final scope for sign off by the guideline lead from the Centre for Clinical Practice.

Coeliac disease

EQUALITY CHARACTERISTICS	
<p>Age</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>Definitions of age groups may vary according to policy or other context</p>	<p>Religion or belief</p> <ul style="list-style-type: none"> • Religions (e.g. Christian; Muslim; Hindu; Jewish; Sikh; Buddhist) • Denominations or sects within a religion (e.g. Jehovah's Witness; Sufi) • Structured philosophical belief (e.g. atheism; humanism) • Lack of religion or belief
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility 	<p>Sexual orientation</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people
<p>Ethnicity</p> <p>Asian or Asian British Black or black British People of mixed ethnicity Irish White British Chinese</p>	<p>Socio-economic status</p> <p>Depending on specific policy context, this may include factors such as:</p> <ul style="list-style-type: none"> • Social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas). • Inequalities associated with other geographical distinctions (e.g. the North/South divide, urban versus rural). • Inequalities in income, education, health, housing, crime rates or other factors associated with socio-economic disadvantage.
<p>Gender</p> <ul style="list-style-type: none"> • Women • Men 	<p>Other categories</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people
<p>Gender identity</p> <ul style="list-style-type: none"> • Transsexual people • Transgendered people 	<p>This list is illustrative rather than comprehensive. These groups are not specifically protected under current or forthcoming legislation, but it is good practise to consider their needs. From a legal perspective, people in these groups are likely to fall within one or more of the categories that are specifically protected.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Coeliac disease

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

The guideline considers all people who receive healthcare in all settings within NHS services irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status. During the review of evidence we will pay particular attention to all specific subgroups in whom the investigation and management of coeliac disease is known to be different, and if supported by robust evidence, the GDG will make specific recommendations where appropriate.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate (i.e. the greater the relevance of a function to equality, the greater the regard which should be paid to equality issues) or is there another approach?

We are only excluding those people who do not have or are not at high risk of developing coeliac disease.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final scope?

A stakeholder scoping workshop was held where representatives from relevant stakeholder groups attended. Following the workshop the scope has been revised to incorporate relevant stakeholder comments. All registered stakeholders were given a further opportunity to comment

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on the scope during consultation and people with learning difficulties, pregnant women and those from higher socio economic groups were highlighted in terms of potential equality issues. We will pay particular attention to all potential subgroups during a review of the evidence, and if supported by robust evidence, the GDG will make specific considerations for recommendations where appropriate.