

## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

### CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

<b>Clinical guideline:</b> Transfusion Guideline
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As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The purpose of this form is to document the consideration of equality issues at the scoping stage of the guideline development process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guideline developer before scope sign-off, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope.

The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the National Collaborating Centre, the GDG Chair and stakeholders
- demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate
- highlight areas where the guideline may advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups.

**Table 1 NICE equality groups**

<b>Protected characteristics</b>
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)</li></ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"><li>• Other</li></ul> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li></ul>

## 1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline 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 the adult NHS services, irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status. Where appropriate, the developers will consider these points when making recommendations for this guideline.

The following subgroups have been identified to need special attention:

- Elderly population: This population may need a higher threshold of haemoglobin (Hb) because of their low tolerance for anaemia.
- Religious groups: Some religious groups' beliefs do not allow for the transfusion of blood.

Older people and specific religious groups which have been identified as subgroups may need particular consideration and therefore specific issues relating to these groups will be addressed when reviewing the evidence and formulating the recommendations.

Should any other inequalities in care be identified during the course of guideline development process we will also address them.

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

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)
- Is the exclusion proportionate?

Groups that will not be covered:

- a) Neonates and infants up to 1 year of age
- b) Fetuses.

The guideline will not be able to cover the specialist area of neonates, infants and fetuses as this is a cross cutting guideline focussing on the general

principles of transfusion and the appropriate use of blood and not looking at specific clinical areas. These groups require specific management and would require separate guidance.

The following specialist areas will not be included in the guidance as they are sufficiently covered by other related NICE guidance:

- Anaemia in chronic kidney disease
- Upper gastrointestinal bleeding
- Trauma or massive haemorrhage

### **3. Have relevant stakeholders been consulted?**

- Have all relevant stakeholders, including those with an interest in equality issues been consulted?
- Have comments highlighting potential for discrimination or advancing equality been considered?

Following the stakeholder workshop of the 22 January 2013, the scope was revised to incorporate stakeholder comments. Registered stakeholders were also invited to comment on the draft scope during the consultation period (07 February 2013 to 07 March 2013), and the scope has been revised again to address and incorporate relevant comments. All comments will be addressed and responded to.