NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequalities assessment (EHIA)

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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Pneumonia update

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to the update and amalgamation of:

- pneumonia in adults: diagnosis and management (CG191)
- pneumonia (community-acquired): antimicrobial prescribing (NG138)
- pneumonia (hospital-acquired): antimicrobial prescribing (NG139).

Equality and health inequalities assessment (EHIA)

2022 exceptional surveillance of pneumonia: diagnosis and management (NICE guideline CG191)

STAGE 1. Surveillance review

Surveillance was undertaken before inauguration of the EHIA.

STAGE 2. Informing the scope

This section was completed and signed off using the previous iteration of the EIA form.

2.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)
No

2.2 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?
This document has been compiled using evidence identified by scoping searches and the views of topic experts and committee members while drafting the scope of the guideline. Equality issues that were identified during the scoping and development of the 2014 pneumonia in adult guideline (CG191) were also considered. • Age   ○ Pneumonia is more common in older people (people who are 65 and over) and they have a higher risk of serious illness and worse outcomes. The rate of hospitalisation increases with age in older adults. This may be linked to increasing frailty.

- Older adults may face difficulties with accessing healthcare due to their reduced ability to travel to appointments, or in the case of remote consultations, reduced access or ability to use technology, including using appointment booking systems.
- Frailty is associated with an increased susceptibility to and severity of pneumonia in older adults.
- There is evidence to also suggest that pneumonia is also more common in children younger than 5 years and it is more difficult to determine the causative agent in this age group. Babies, in particular, are at higher risk of serious illness if they develop pneumonia.
- Pneumococcal vaccination (either conjugate or polysaccharide) is offered to babies, children and older people by the NHS. It is effective at preventing pneumococcal pneumonia and reduces deaths due to pneumococcal pneumonia. There is some evidence to suggest that older people may not be aware of this vaccine or think it is not important and therefore are less likely to be vaccinated. Unvaccinated people are more vulnerable to catching pneumococcal pneumonia than vaccinated people.

- Disability
  - There is evidence to suggest that people with pre-existing health conditions (for example chronic obstructive pulmonary disease and heart disease), may be more likely to be hospitalised or develop severe pneumonia. In some cases, these pre-existing conditions may also be considered a disability depending on the severity and effects upon the individual.
  - There is also evidence to suggest that people with learning disabilities are more susceptible to respiratory illnesses like pneumonia. They also have poorer outcomes if admitted to hospital with pneumonia. This may be due to discrimination at point of care, not being listened to, or they may have trouble with accessing healthcare.
- Gender reassignment
  - No potential issues were identified.
- Pregnancy and maternity
  - There is some evidence to suggest pre-existing health conditions, like asthma and anaemia, increase the risk of pregnant women developing pneumonia.
- Race
  - There is some evidence to suggest that there are racial disparities in pneumonia care and management in hospitals that are associated with worse outcomes. This may be linked to a lack of awareness of the need to adjust test results to take into account differences between racial groups, leading to poorer care for these groups. For example, some

pulse oximetry devices have been reported to overestimate oxygen saturation levels in people with darker skin, which may lead to them not being treated when treatment is needed unless an adjustment is made in interpreting the test results.

  - People who do not speak English may have barriers to accessing care, following information provided verbally or in writing and being involved in shared decision making regarding their care.

- Religion or belief
  - Some people may not be vaccinated against pneumococcal pneumonia due to their family's religion or beliefs. Unvaccinated people are more vulnerable to catching pneumococcal pneumonia than vaccinated people.
- Sex
  - There is some evidence to suggest that there is a higher incidence of community acquired pneumonia in males and that it is more severe than in females. This may be associated with biological differences, such as hormonal cycles and variation in cultural and health practices between males and females. Furthermore, there are differences in help seeking behaviour between males and females, which may increase the males' risk for pneumonia hospitalisation.
- Sexual orientation
  - No potential issues were identified.
- Socio-economic factors
  - In 2014, the committee were aware of the fact that pneumonia rates vary with deprivation level and those social circumstances impact on the care of people with pneumonia following hospital discharge.
  - There is evidence to suggest that people from lower socio-economic groups have increased pneumonia incidence and mortality. This is associated with factors like disproportionate exposure to air pollutants, poor housing, fuel poverty, poor diet and prevalence of chronic conditions (like chronic obstructive pulmonary disease) compared to the general population.
  - Smoking is more common in lower socioeconomic groups, deprived and underserved populations like prisoners. Smoking is a risk factor for pneumonia and mortality. Specific consideration may also need to be given to children whose parents are smokers as they are more likely to develop chest infections like pneumonia. https://www.sciencedirect.com/science/article/abs/pii/S1579212914001256
- Other definable characteristics:

- Newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants)
    - There is some evidence about the disproportionate incidence of pneumonia among refugees and immigrants in Europe. However, this is likely to vary between countries due to differences in immigration patterns, and differences in pneumococcal vaccine uptake, variations in rates of antimicrobial resistance, as well as the impact of previous childhood disease. In cases where migrants are not vaccinated against pneumococcal pneumonia, they could be more vulnerable to catching it. This risk may be further increased if they live in deprived areas or have poor living conditions or have poor access to healthcare services.
- People experiencing homelessness
    - People experiencing homelessness are more likely to develop pneumonia. This is associated with deprivation, poor living conditions, higher rates of smoking, reduced access to healthcare services as well as the higher prevalence of chronic conditions and the overrepresentation of certain pathogens that increase their risk of developing pneumonia. People experiencing homelessness also face challenges similar to those highlighted for people from lower socioeconomic groups.
- People with low levels of literacy/health literacy.

  Literacy and health literacy entail people's knowledge, motivation, and competence to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during their life course. People with low levels of health literacy are more likely to be under-vaccinated and thus more vulnerable to catching pneumococcal pneumonia than vaccinated ones. They may also be from deprived or lower socioeconomic areas. People with low literacy levels may be unable to understand information leaflets relating to their care if they develop pneumonia.

2.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?
Older people, younger children, people with pre-existing conditions including pregnant women, people with learning disabilities, people from ethnic minorities, males, people in lower socioeconomic or deprived groups, smokers, newly arrived migrants, people experiencing homelessness and people with low levels of

2.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?
literacy/health literacy: specific recommendations may need to be made for these groups. Babies, children, young people and adults who are not vaccinated against pneumococcal pneumonia are more vulnerable to developing it and will be affected by this guideline. However, prevention of pneumonia by vaccination is out of scope of this work because pneumococcal vaccination is covered by the NICE guideline on vaccine uptake in the general population [NG155].

Completed by developer: Marie Harrisingh

Date: 24/10/22

Approved by NICE quality assurance lead Nichole Taske

Date 28/10/2022

STAGE 3. Finalising the scope

This section was completed and signed off using the previous iteration of the EIA form.

3.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
• Disability A stakeholder commented that people with learning disabilities may need information to be provided in a different format that is more accessible for them (for example, in Easy Read style). They also suggested widening the scope of the work to focus specifically on the needs of people with a learning disability. For example, the different way in which people with a learning disability may present as unwell, consideration of comorbidities and the risks of diagnostic overshadowing. Another stakeholder highlighted that people with known vulnerabilities (such as mental health issues and substance misuse issues) may require additional support to adhere to prescribed medications on discharge and attend any follow up appointments. • Race A stakeholder highlighted the importance of ensuring that information for patients, their families and carers is made accessible through plain English or by providing it in other languages for people who not speak English. • Socio-economic factors Stakeholders highlighted the role of poor housing and, in particular housing that is damp and mould infested, in increasing the risk of developing pneumonia. Another stakeholder highlighted that people with known vulnerabilities (such as homelessness, mental health issues and addictions) may require additional support to adhere to prescribed medications on discharge and attend any follow up appointments. • Other definable characteristics: o people who are homeless A stakeholder commented that these people may require additional support to adhere to prescribed medications on discharge and attend any follow up appointments. o people with low levels of literacy/health literacy

Stakeholders highlighted the importance of ensuring that information for patients, their families and carers is made accessible through plain English.

3.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
No changes have been made to the scope, but we will discuss the issues raised with the committee as we develop review protocols, analyse the data and draft recommendations.

3.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration? If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)
No

Updated by Developer: Marie Harrisingh

Date: 13/01/2023

Approved by NICE quality assurance lead __

Emma McFarlane_____

Date_____07/04/25_____

STAGE 4. Development of guideline or topic area for update

Pneumonia: diagnosis and management

Date of completion: 12/02/2025

Focus of guideline or update: this is a partial update of the pneumonia guideline and also an amalgamation into the guideline two of the antimicrobial prescribing guidelines (pneumonia (community-acquired) and pneumonia (hospital-acquired).

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

The main equalities and health inequalities issues identified during evidence syntheses and committee discussions were related to age, disability, and socioeconomic deprivation. These were considered by the committee when making recommendations. They ensured that none of the recommendations would increase health inequalities and did not identify any areas where specific recommendations for disadvantaged groups needed to be made.
 	
• Age
  ○ There were discussions around the impacts of age both older people and those under 5 during the development of the recommendations. These discussions reflected the potential issues identified during scoping noted above.
 	
• Disability
  ○ It was noted during development that the CRB65 and CURB65 pneumonia assessment tools used to assess mortality risk in primary and secondary care use a 'confusion' item and this can potentially generate inaccurate scores in people with learning disabilities, cognitive impairment or dementia. In this guideline the recommendations are to use CRB65 and CURB65 scores alongside clinical judgement to assess illness severity, and these illness severity ratings are used to make decisions about place of care and other aspects of treatment (including microbiological testing, corticosteroid use and antibiotic prescribing). The committee considered the clinical judgement aspect to be important both for correctly assessing the pneumonia severity but also to allow for clinical assessment appropriate for those with learning disabilities, cognitive impairment or dementia or other conditions.
  ○ It was further noted that for those with learning disabilities there may also be an increased risk of poorer oral health leading to increased risk of infection, an increased risk of aspiration, and may have diminished immunity. These and

other factors mean that those with learning disabilities have a higher risk of respiratory morbidity and mortality.

- Socio-economic factors
    - It was noted during development that the increased cost of living and associated issues with housing, costs of heating homes, increased damp and mould may all contribute to a potential expansion in health inequalities and disproportionately higher rate of respiratory illnesses like pneumonia in people from lower socio-economic groups.
    - During development the committee acknowledged the potential issue of lower attendance at follow-up appointments for people in lower socio-economic groups. Reasons for this may be related to issues such as transport, travel cost, or difficulty taking time off work.
    - People from lower socio-economic groups have greater pneumonia mortality and their social circumstances can impact their care following hospital discharge, which may contribute to health inequalities.

- Additional factors

The committee identified a number of further issues during development that hadn't been considered during scoping.

- These included geographical variation and groups such as people experiencing homelessness and people from Gypsy, Roma and Traveller communities.
- The committee noted that people living in rural locations may have less access to specialist services such as virtual wards or hospital at home. These services may be significantly more difficult and costly to operate in rural locations and simply may not exist. Similarly, people living in rural locations may experience more difficulty in attending follow-up appointments, particularly if they do not have access to their own transport. This may also be true for people who are frail and housebound.
- The committee recognised that people experiencing homelessness and people from Gypsy, Roma and Traveller communities may experience difficulties in accessing some services, particularly home-based care where the safety and suitability of the home environment can be a determining factor in access.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The guideline committee gave careful consideration to the subpopulations identified in box 2.2, by taking these groups into account when developing review protocols and making recommendations. They explored whether separate recommendations were required for specific subpopulations to promote equality but agreed that population-specific recommendations were not required for any of the identified groups, and that outlining particular points of consideration within recommendations was sufficient.

The recommendations on place of care (inpatient hospital care or care via a hospital at home, virtual ward or SDEC service) highlight the importance of shared decision making about the most appropriate place of care, taking into account the person's preferences as well as the safety and suitability of their home environment. While this will not resolve the issue of home-based care not being an available option to people experiencing homelessness or other groups that may experience insecure or poor housing, it will ensure that all options are reasonably considered and suitable alternative care pathways are available.

The recommendations on follow-up chest x-ray also emphasised the importance of shared decision making and stated that the decision to refer a person for a follow-up chest x-ray should take into account the person's preferences. The committee anticipated that during this shared decision making conversation, any barriers to follow-up attendance such as issues with transport could be discussed and resolved to help support all patients to attend for follow-up should they require it.

4.3 Could any draft recommendations potentially increase inequalities?

There is the potential that people experiencing homelessness or people in insecure or poor housing would be unable to access hospital at home or virtual ward services, but the evidence did not show that this was better than inpatient care, just that it was an appropriate alternative option for people who are eligible and prefer to be treated at home and that the safety and suitability of the home environment should be taken into consideration so this would not be expected to disadvantage people who cannot access those services.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

No

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?
Yes – stakeholder lists for consultation will consider this.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?
No specific questions are planned

Completed by developer ___Hannah Stockton, Saoussen Ftouh

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Date_____20th Feb 2025

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Approved by committee chair ____Tessa Lewis

Date _____26.2.2025

Approved by NICE quality assurance lead ____

Emma McFarlane_____

Date_____07.04.25_____
_____

STAGE 5. Revisions and final guideline or update

(to be completed by the developer before guidance executive considers the final guideline or update)

Pneumonia: diagnosis and management

Date of completion: 26/06/2025

Focus of guideline or update: this is a partial update of the pneumonia guideline and an amalgamation of two of the antimicrobial prescribing guidelines (pneumonia (community-acquired) and pneumonia (hospital-acquired))

5.1 How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?
Relevant stakeholders were invited to respond at consultation and overall a good response was received. There was appropriate representation from groups who may experience inequalities related to pneumonia, including Asthma and Lung UK, the British Thoracic Society, and NHS England. These stakeholders provided good quality responses but were largely points of clarification rather than raising concerns about potential equalities issues.

5.2 Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?

No further equality and health inequalities issues were identified by stakeholders beyond those identified at scoping and during development. Issues relating to learning disabilities and the impact of damp and cold homes were highlighted by some stakeholders, but these issues were already identified and discussed previously.

5.3 If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?
No recommendation changes at this stage will impact equality or health inequality issues.

5.4 Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?
No further equality and health inequalities issues were identified by stakeholders beyond those identified at scoping and during development.

5.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update
All previously identified equality and health inequalities issues were appropriately addressed during development. No further issues raised at this stage, and no changes to recommendations or research recommendations will impact equality or health inequality issues.

Completed by developer __H. Stockton_____

Date____1.7.2025_____

Approved by committee chair ____T.Lewis _____

Date 1.7.2025_____

Approved by NICE quality assurance lead ____Emma McFarlane_____

Date___15/07/2025_____