

## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

### CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

#### **Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control**

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 guidance 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 guidance developer before scope sign-off, and approved by the NICE lead for the guidance 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 guidance during scoping by anybody involved, including NICE, the National Collaborating Centre, the GDG Chairs and stakeholders
- demonstrate that each of these issues has been considered and explain how it will be taken into account during guidance development if appropriate
- highlight areas where the guidance may advance equality of opportunity or foster good relations
- ensure that the guidance 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 updated guidance will cover adults and children with active tuberculosis (TB), latent TB and those at high risk of infection.

Subgroups which have been specified in the scope because diagnosis, treatment, management, prevention and control of TB may differ are:

- neonates and children
- adults over the age of 35
- people with HIV and other comorbidities or conditions that impact on the diagnosis and management of TB.

This last bullet point was amended within the scope to address comments from a number of stakeholders who drew our attention to the many comorbidities and conditions for which the diagnosis and management of TB may vary. It is still important to note that consideration of population subgroups will not be restricted to those listed in the scope. The decision-making process for recommendations within the development of this guidance will involve interpretation of the presented evidence and expertise of the guidance development group (GDG). Where the GDG consider that the diagnosis, treatment, management, prevention and control may be different for other populations then this will be taken into account and recommendations could be made specifically relating to other population subgroups.

Ethnic background of the population covered by this guidance has been considered during the scoping process and will be considered throughout the development of the guidance. There is some correlation between ethnicity and incidence of TB, in as much as rates of TB are higher in migrants from some specific countries (many – though not all – of whom will identify as being from an ethnic group associated with that country), and so areas of the guidance that address identification, diagnosis or treatment in migrants from high incidence countries will take particular consideration of issues around ethnicity.

The scope also recognises that TB incidence is higher among certain demographic groups (for example, amongst people in urban areas; amongst

those from countries with a high incidence of TB, and those with social risk factors for TB, including a history of substance misuse, homelessness and a history of imprisonment).

The overall effect of the guidance is anticipated to be that of supporting equality in service provision and health outcomes.

**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?

This guidance will not cover other mycobacterial infections such as *M.laprae* and *M.avium*. However, persons co-infected with mycobacterium tuberculosis complex and *M.laprae* and *M.avium* will be covered by this guidance in respect to their care for mycobacterium tuberculosis complex. This exclusion is consistent with the remit of this guidance, to produce guidance for the NHS for those with *Mycobacterium tuberculosis complex*.

*Mycobacterium bovis* in non-humans has been put within the scope population exclusion criteria for clarity. NICE guidance is only able to consider Tuberculosis only insofar as it relates to humans.

**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?

Stakeholder comments and feedback have been encouraged through the stakeholder workshop which took place on 12 November 2012. This included representatives from public health and clinical organisations which have an interest in the TB guidance.

The consultation for this guidance is took place from the 27 November 2012 to 8 January 2013. Stakeholder comments have been considered and amendments made to the scope.