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EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between particular population groups. The purpose of this form is to document the consideration of equality issues at each stage of the guideline development process. This equality impact assessment is designed to support NICE's compliance with the Equality Act 2010 and the Human Rights Act 1998, and to provide the Guidance Executive of NICE with assurance of compliance.

The table below lists the characteristics and other equality factors NICE needs to consider. It covers not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities and inequities in access to health, public health and care services associated with socioeconomic factors and with other forms of disadvantage. Although listed separately, these categories often overlap.

The form is used to:

- record equality issues raised in connection with the guideline by anybody involved
- demonstrate that these issues have been given due consideration – by explaining what impact they have had on the guideline's recommendations, or why there was no impact
- give assurance that the recommendations will not discriminate against any equality group
- highlight recommendations aimed at advancing equality of opportunity or fostering good relations.

The equality impact assessment should be completed by the Developer and Committee Chair. NICE quality assurance staff must sign off the completed equality impact assessment before the form is published on NICE's website.

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NICE guidelines

Equality impact assessment

Sunlight exposure: benefits and risks

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

1. Potential equality issues identified in the scope are that the effectiveness and cost-effectiveness of the interventions may vary according to the diversity of the population on the following characteristics protected by the Equality Act 2010: age, disability, pregnancy and maternity, race, religion and belief (cultural practices i.e. covering up skin), and physical or mental disabilities. Geographical location, education level and fluency in English are also considered potential issues,

2. Age:

- The risk of skin cancer increases with age. Malignant melanoma is the second most common cancer in 15–34 year olds, but people aged 65 and older are most likely to be diagnosed with late stage malignant melanoma.
- Infants and young children (younger than 5 years) are at increased risk of vitamin D deficiency. There have been reports that rickets, caused by vitamin D deficiency, is re-emerging among children in the UK.

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- Older people (65 and older) are at increased risk of vitamin D deficiency.
- The British National Diet and Nutrition Survey found evidence of vitamin D deficiency in adults aged 19 to 64 (17.1% in men and 18.6% in women). It also found evidence of deficiency among children aged 11 to 18 years (19.43% in boys and 20.4% in girls) (Department of Health and Food Standards Agency 2012).

3. *Disability*

- In terms of the most effective and cost-effective ways of presenting and disseminating complex health risk information to help people assess their own level of health benefits and risks from sun exposure consideration will need to be given to:
 - people with learning disabilities
 - people with physical impairments (for example, sight issues if relying on visual representation of risk)

4. *Pregnancy and maternity*

- pregnant and breastfeeding women are at increased risk of vitamin D deficiency

5. *Race:*

- The risks and benefits of UV exposure from the sun depend on a number of variables, including skin type.
 - people with fair skin and/or fair or red hair are at increased risk of skin cancer
 - people with dark skin, for example, people of African, African–Caribbean, Middle Eastern and South Asian origin are at increased risk of vitamin D deficiency.

6. *Religion or belief:*

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- People who have low or no exposure to the sun, for example, people who cover their skin for cultural reasons are at increased risk of vitamin D deficiency.

7. Other potential issues are:

- geographical location
- education level
- fluency in English

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

As the scope does not 'exclude' any group and sought to be inclusive of all, no equality issues were identified that required addressing by the Committee. The scope outlines that it covers 'everyone' with a particular reference to those at increased risk of skin cancer and low vitamin D status. Appendix B of the scope outlines some of the anticipated issues the Committee may need to consider and the issues outlined in section 1.1 will be brought to the attention for their consideration if appropriate.

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2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

1. Post scope consultation no issues pertaining to the protected characteristics were raised that required significant change to the scope.
2. A stakeholder requested that 'religion' be specifically added as an example within 4.3 key questions and outcomes. Although not explicitly outlined in the original scope – it included 'everyone' which implicitly included religion– the scope has been amended to include a reference to religion to make its inclusivity more explicit
3. Reference to ensuring messages/campaigns and interventions are designed and tailored to specific groups including women with fair skin (skin type 1), those with learning disabilities, gypsy travellers, non-English speakers, prisoners/offenders, people with difficulties with Literacy or Dyslexia, physical disabilities and cultural differences. As this guidance is aimed at everyone it is inclusive of these groups.
4. Stakeholders make reference to the importance of the risks of skin cancer to young people. As this guidance is aimed at everyone it is inclusive of this group and the issues pertaining to them within the scope of the guidance
5. A reference to immunosuppressed patients was excluded from the scope of this work but this has now been removed and the scope does not exclude any groups
6. Stakeholder mentioned the importance of assessing the risk within social groups and ethnic groups representative of the UK. The scope outlines that the guidance will be inclusive of everyone so these issues will be considered where possible in the guidance development process.
7. Stakeholders refer to clothing and the need to cover up completely in the UK for minority ethnic communities (especially women). The comment suggests the use of education through places of worship and faith groups. The scope for this

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guidance is inclusive of all groups and the guidance will consider these issues where possible in its development.

8. Stakeholders outline disability as a key issue with the example of blind people and braille on sunscreen products. This guidance and its scope are inclusive of everyone and issues regarding those with disability will be considered where possible in the guidance development process.

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

Post scope consultation a number of points of clarification were raised regarding the inclusivity of the proposed guideline via the scope. In most cases, the lack of explicit reference to a particular protected characteristic does not preclude its exclusion. The scope is quite specific that it includes “everyone”. Where NICE felt that a more explicit reference to a group provided clarity, changes were made:

1. A reference to immunosuppressed patients was excluded from the scope of this work but this has now been removed and the scope does not exclude any groups
2. A stakeholder requested that ‘religion’ be specifically added as an example within 4.3 key questions and outcomes. Although not explicitly outlined in the original scope – it included ‘everyone’ which implicitly included religion– the scope has been amended to include a reference to religion to make its inclusivity more explicit.

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

If so, is an alternative version of the 'Information for the Public' document recommended?

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 who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The guidance does not exclude based on any of the protected characteristics and seeks to consider all 'populations'. This guidance is not focused on a population with a specific disability. If an identified need for the use of one of the 'alternative versions' of the 'Information for the Public' document is identified then it will be addressed appropriate to the identified need.

There is a need to consider 'Fluency in English'. The guidance will consider this as a barrier and facilitator in its development. As the guidance is aimed at everyone, specific issues regarding fluency in English and how it affects different groups will be considered where appropriate in the development of the guidance

There is a need to consider the format in which interventions are delivered for example different languages, large font, audio format, easy to read braille and British sign language videos – this will be considered where appropriate in the development of this piece of work.

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3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The Equality Impact Assessment highlighted a number of potential equality items in the scope (*see section 1 of this document*). None were felt to require specific changes (on the basis of equality and impact on the protected characteristics) to the scope

One particular issue that was considered by committee in the development of the draft guidance for consultation was the potential variation in the effectiveness and cost-effectiveness of interventions across the diversity of the population on the following characteristics protected by the Equality Act 2010: age, disability, pregnancy and maternity, race, religion and belief (cultural practices i.e. covering up skin), and physical or mental disabilities. Geographical location, education level and fluency in English are also considered potential issues – this included:

Age:

- The risk of skin cancer increases with age. Malignant melanoma is the second most common cancer in 15–34 year olds, but people aged 65 and older are most likely to be diagnosed with late stage malignant melanoma.
- Infants and young children (younger than 5 years) are at increased risk of vitamin D deficiency. There have been reports that rickets, caused by vitamin D deficiency, is re-emerging among children in the UK.
- Older people (65 and older) are at increased risk of vitamin D deficiency.
- The British National Diet and Nutrition Survey found evidence of vitamin D deficiency in adults aged 19 to 64 (17.1% in men and 18.6% in women). It also found evidence of deficiency among children aged 11 to 18 years (19.43% in boys and 20.4% in girls) (Department of Health and Food

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Standards Agency 2012).

Disability

- In terms of the most effective and cost-effective ways of presenting and disseminating complex health risk information to help people assess their own level of health benefits and risks from sun exposure consideration will need to be given to:
 - people with learning disabilities
 - people with physical impairments (for example, sight issues if relying on visual representation of risk)

Pregnancy and maternity

- pregnant and breastfeeding women are at increased risk of vitamin D deficiency

Race:

- The risks and benefits of UV exposure from the sun depend on a number of variables, including skin type.
 - people with fair skin and/or fair or red hair are at increased risk of skin cancer
 - people with dark skin, for example, people of African, African–Caribbean, Middle Eastern and South Asian origin are at increased risk of vitamin D deficiency.

Religion or belief:

- People who have low or no exposure to the sun, for example, people who cover their skin for cultural reasons are at increased risk of vitamin D deficiency.

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Other potential issues are:

- geographical location
- education level
- fluency in English.

The above identified issues were considered in the development of the consultation draft of the guidance. As the scope of the guidance did not exclude groups or exclude on the basis of any of the 'protected characteristics' the potential equality issues have been considered in the development of the evidence reviews and also by the committee and investigated further where the evidence allowed.

The recommendations and guidance document make frequent reference to a multiagency approach that is tailored to groups and embedded into local communities (recommendation 1); Specific reference is made to the consideration of skin type, age, lower socio-economic groups, cultural needs and people with physical and mental disabilities (Recommendation 2); Reference is made to the need for information to be available in a variety of formats and to help people and their carers identify their own potential benefits and risks from sunlight exposure; Reference is made to the consideration of barriers that prevent individuals and groups changing behaviours and examples of some of the groups at particular risk (Recommendation 3); Reference is made to piloting of mass media campaigns with communities that they are intended for (recommendation 5). These references to tailoring of advice, considering format that advice and campaigns are delivered in and the consideration of barriers to changing behaviour cascade down and are a prerequisite consideration of the actions in recommendations 6 (offer advice about how to benefit from, and stay safe in, sunlight) and 7 (offer sunscreen advice).

Recommendations 8 and 9 are concerned with advice specific to age and skin type. They consider specifically identified at risk characteristics. They do not impact on

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3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

equality with reference to any of the protected characteristics.

There are recommendations within the guideline which provide specific advice to people at higher risk of sun exposure. This is due to the greater risk posed to people with these particular characteristics and is not considered to be discriminatory on the basis of the protected characteristics.

Recommendation 10, 11, 12 and 13 focus on specific settings that impact certain populations (children, young people and their parents, employers and employees, and those in residential settings). These settings have been identified as areas of significant risk so the focus of these recommendations is proportionate. The recommendations cover all those within these settings and do not seek to discriminate on the basis of the protected characteristics.

The considerations section highlights a number of issues discussed regarding items that impact on equality and the protected characteristics. These include responsiveness to health messages, behaviour changes and the influence of social, economic and specific cultural contexts. The committee noted that ‘universal interventions’ could result in adverse effects for some groups and thus increase health inequalities. Based on these observations, recommendations which emphasise the tailoring of messages for individuals were developed to address this.

The committee (see consideration 5.23) noted that the cost of sunscreen could be prohibitive for some people and thus prevent some groups from either using it or applying sufficient quantities to protect their skin – Recommendation 7 highlights that *‘sunscreen is not a safe alternative to clothing and shade but offers additional protection’* indicating that it is part of a suite of activities and is actually at the bottom of the hierarchy of actions to undertake. Other recommendations also clarify the various scenarios and context where sun protection should be used. The committee have acknowledged this as a potential equality issue but has sought to clarify and negate this through the other recommendations that were made.

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3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Additional items raised not already outlined in full in 3.1 above are:

Other: People of lower SES

- outdoor workers
- people with limited resources (sunscreen costs) geographical location
- People living in institutions
- Sex or gender considerations
- Links to NICE guidance on Vitamin D;
- Complex risk communication – children and their carers
- Disability – mobility issues and access to sunlight
- Race – Language and cultural barriers

As outlined in 3.1 (above) the committee considered all the items outlined above as the scope outlined that the guidance coverage was inclusive of 'everyone'. The additional items outlined in this box were highlighted in the guidance development process and are outlined in the considerations section of the guidance. The committee considered these items in the development of the guidance. The recommendations and considerations highlight some of the specific items discussed and considered (these are outlined in box 1). There are recommendations within the guideline which provide specific advice to people at higher risk of sun exposure. This is due to the greater risk posed to people with these particular characteristics and is not considered to be discriminatory on the basis of the protected characteristics. Other recommendations are quite clear that tailoring of information, consideration of individuals and communities and format of information and advice, amongst other things, are key – and as such are explicitly and implicitly considerate of the

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3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

protective characteristics.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes – All the items identified by this Equality Impact Assessment have been considered in its development up to this stage (consultation on the draft guidance). The considerations section in the draft guidance document (section 5, p.21) makes reference to all the equality issues considered by the Committee in its deliberations (for example see considerations 5.2, 5.3, 5.4, 5.8, 5.15, 5.13, 5.22, 5.23).

The recommendations (section 1, p.4) also outlines where specific elements related to an identified risk within a particular setting or within a particular population have required consideration and action. For example:

- *Recommendation 1- Work in partnership to develop policies and strategies to protect the public from under – or over exposure to sunlight* outlines a focus on commissioners and senior managers etc target practitioners in contact with 'at-risk' groups;
- *Recommendation 2 - Develop policies and strategies to protect the public from under- or overexposure to sunlight* outlines that "Managers and health, public health and social care practitioners with a duty of care for others" should develop policies to promote the benefits and risks of sunlight exposure. Policies should advocate tailoring advice according to skin type and age, as well as the physical and mental ability of the recipient and cover everyone's needs - including the needs of people from lower socioeconomic groups and those with specific cultural needs or a physical or mental disability.

Other recommendations make more specific reference to protected characteristics

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3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

such as race, age and occupation.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No. As outlined in 3.1 there are recommendations that specifically outline the need for the consideration of individuals and communities which implicitly and explicitly consider the protected characteristics, and thus demonstrate the Committee's consideration of the aforementioned equality issues and protected characteristics.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No. The draft guidance is considerate of the impact of recommendations on sub populations such as those with disabilities. These items have been acknowledged from the outset and throughout the guideline development process. The key scope questions make specific reference to the consideration of sub populations. The scope explicitly outlines that the proceeding guidance should cover everyone. The draft recommendations and guideline document (specifically section 4: context; section 5: considerations) make reference to the acknowledgement of the variation in populations needs, circumstances and subsequent barriers and facilitators.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

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3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No. The production of the draft guidance document has been underpinned by the Equality Impact Assessment process from the scoping stage up to the current draft guidance consultation stage. The Committee have been presented with the findings from each stage of the Equality Impact Assessment and although NICE have not identified any Equality issues they have still been presented to the Committee for consideration. As outlined previously both the recommendations and accompanying considerations section acknowledge the protected characteristics and the need to consider the needs of specific populations when taking action to communicate the benefits and risks of sunlight to health and wellbeing.

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Yes a number of additional equality issues have been raised for consideration by the committee, these include:

- Across the protected characteristics:
 - Consideration of settings – does the advice need to consider implications of vitamin D synthesis and those who have little or no exposure to the sun for example because of cultural or medical reasons, or who are housebound or otherwise confined indoors for long period
 - Clarify the ‘risk of under exposure’ – there is ‘little risk of under exposure’ to fair skinned people and contextualise this to those at risk of under-exposure (cultural or religious reasons or dark skin colour)
 - Clarity and understanding of information – any reference to *UV index* and its associated forecasts needs be in a format accessible and understood by all.
 - Clothing and covering up – should reference be made to clothing that conceals the majority of the body’ for example long skirts (see recommendation 6, p.10)
- Age:
 - Older people - Potentially contradictory advice regarding older people between recommendations. Currently recommendations state to *go out in sunlight for short periods (less than the time it takes for skin to redden or burn) between 11am and 3pm, from the beginning of April to mid-October in the UK*’ but ‘*Older people need to be encouraged to remove as many clothes as possible so as to expose a maximum skin area. They also need*

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

to be reminded that skin in areas not frequently exposed will be more sensitive and should be exposed cautiously’.

- Older people - The specific risk for older people such as the increased likelihood of ‘cumulative actinic damage’ from encouraging increased exposure
- Older people - The potential for increasing risk in older people by suggesting they *go out between 11am and 3pm*
- Children and young people - Needs of children and young people and the inadvertent risk from the implementation of the guidance in restricting physical activity and the subsequent harms incurred from that (*seek shade between 11am-3pm*)
- Children and young people – does the advice potentially increase risks to children from over exposure and under exposure; “*Under exposure in youth could be a contributing factor in the prevalence of melanoma in over 60’s*”
- Race:
 - Does the draft guidance need to be more specific about its advice for different ‘**skin types**’ for example that people with naturally darker skins and those with naturally paler skins differ in the sun protection needs dependent on UV index or reference to SPF 15 not being appropriate for red haired individuals. Does referring to the ‘ease of burning’ and ‘skin type categorisation’ as well as skin colour help avoid misinterpretation
 - Does the draft guidance need to provide context to the differential ability regarding skin type, duration of sun exposure and the ability to synthesise sufficient vitamin D without burning between naturally darker and paler skin types

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Change reference to tanned skins to sun-tanned to avoid confusion with people who have a naturally tanned appearance or darker skin
- Does there need to be greater reference to Vitamin D supplementation (as per *Public Health Guidance 56: Vitamin D: increasing supplement use among at-risk groups*) for those have a high 'ease of burning'
- Socioeconomic
 - Going outside – in areas of high deprivation are there issues regarding the perception of safety and the ability to go outside; and also the availability of outdoor spaces
 - Vitamin D and diet – the guidance is clear that supplementation is outside the remit of this guidance but is there a need to acknowledge that access to supplementation is not equal to all
 - Is there a danger of widening inequalities in this area – are messages and advice more likely to be acted upon by the more well educated
- Other potential issues are:
 - Consideration of the needs of people on medication for neurological disorders (that lower Vitamin D levels) and their increased risk of vitamin D deficiency as a result of medication including: is there a need to specifically reference 'Children and young people with a neuro-disability' - the current reference to this in the draft guidance (Recommendation 3 [p.6]) is with reference to the risk of over exposure to sunlight leading to skin cancer.
 - Is there a need for greater reference to UV exposure and eye health, eye diseases and eye protection especially after specific events such as cataract surgery

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Is there a need to make reference to carers of those individuals identified as 'at risk' including babies, children and young people, the elderly and those with disabilities
- Is there a need to make reference to those without 'risk factors' per se who stay indoors as a potential risk factor
- Is there a need to specifically reference 'Sunbeds' in this guideline? Is their omission detrimental to those that use them, the aim of this guideline and potential harm?
- Equality issues already identified across the protected characteristics that were considered by the committee but also raised at guideline consultation:
 - Is there a need to emphasis priority groups in the context of sunlight exposure and vitamin D deficiency – including young women of Asian and African descent who may become pregnant; those with restricted mobility?
 - Is there a need to make reference to 'protected characteristics' more specifically so it is overtly evident that all populations are included and covered (where appropriate)?
 - The guideline need to be culturally appropriate, accessible to people with additional needs such as physical, sensory or learning disabilities education level and considerate of items such as fluency in English
 - Clarification regarding risk of cancer between children, babies and young people vs. older age – outline the difference between short term and long term risks
 - Recommendations regarding the use of sunscreen – do they need to consider the potential implications regarding the price of sunscreen and any impact on some groups.
 - Is there a need for tailored advice for pregnant women as they are a group considered at risk of Vitamin D deficiency?

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4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

There have been changes to the guideline recommendations post consultation and PHAC discussions on the findings of the consultation. On review of the changes, there is no indication that any of the changes would make it more difficult in practice for a specific group to access 'services' compared to other groups.

The tone of the recommendations has been made more inclusive with specific reference made to 'focusing all activities on groups at risk of under or over exposure to sunlight' (recommendation 1) with specific reference made to groups identified at highest risk of under or over exposure.

Recommendation 2 is more inclusive and asks health and social care practitioners to "convey a consistent message on sunlight" to all, while acknowledging the need for specific messages to certain at risk populations. Recommendation 3 makes reference to the use of behaviour change theory when conveying messages on sunlight exposure with 'practical examples for practice provided'.

Recommendation 4 makes specific reference for the need of any local or national mass media campaign on the benefits and risk of sunlight exposure to 'use different channels of communication', 'considers preferences of targeted groups if appropriate' and tackle health inequalities by accounting for cultural, religious and group norms for example languages spoken locally.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

There have been changes to the guideline recommendations post consultation and PHAC discussions on the consultation. On review of the changes there is no indication that any of the changes would adversely impact on people with disabilities

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4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

because of something that is a consequence of the disability.

As highlighted in section 4.2 although not an equity issue, recommendation 4 could make reference to the format in which any mass media messages are delivered for example the consideration of those who are hearing or visually impaired. This issue was subsequently addressed in the implementation section.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

As highlighted in section 4.2 and 4.3 no issues have been flagged that would contravene or discriminate on the basis of any of the protected characteristics. There is a need to make reference to, within recommendation 4, the needs of other populations in terms of mass media and the format in which this information is disseminated, for example the consideration of those who are visually or hearing impaired.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

The committee considered all the issues raised in section 4.1 at the PHAC meeting 17th/18th March 2015. These were presented to them and discussed. As outlined in Sections 4.2 and 4.3 there has been changes to the recommendations to reflect some of the issues flagged in 4.1 (see sections 4.2 and 4.3).

Section 6 'Considerations', acknowledges the communication of messages can be difficult given the number of at risk groups factors, the range of formats that may be required to reach different groups and the need to balance messages under and over exposure to sunlight (6.4). Section 6 (6.12) acknowledges the potential restrictiveness of sunscreen cost as a barrier to effective use of sunscreen products. Section 6 (6.13) acknowledges the role that cultural context plays in the response of targeted populations (and population in general) to public health messages. Section 6 acknowledges that decision making regarding sun exposure and potential impact from under or over exposure are influenced by the degree to which an individual believes they have control over and can change their level of risk (6.15). Section 6 (6.16) acknowledges the importance of increasing awareness regarding benefits and risk of sunlight in children; and also the potential universal interventions could result in adverse effects for some groups (6.29).

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5.0. Second consultation

5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

Yes, a number of additional equality issues have been raised by stakeholders, during the second consultation for consideration by the committee. In relation to the protected characteristics these are as follows:

Age

- Stakeholders asked if 'older people' could be defined in terms of age.
- In relation to infants and young children, amendments to wording were requested to clarify that babies (under 6 months) should be kept out of direct sunlight at all times and not just between 11am and 3pm. Also that infants and children aged under 5 *in particular* should be encouraged to spend time in the shade, as although young children are at the highest risk, this advice applies to everyone.
- In addition to spending time in the shade, stakeholders advised that infants and children aged under 5 years of age should cover up with clothing and a wide brimmed hat between 11am and 3pm from beginning of April to mid-October.
- Some stakeholders applied the above advice to children and young people generally and suggested that in addition to protective clothing and a wide brimmed hat, sunglasses and sunscreen should be used when involved in activities in the sun. They stressed the importance of children and young people being aware that the shade does not provide 100% protection.
- Stakeholders were concerned that the draft guideline suggested that children should learn how their skin reacts to the sun as it was felt to imply that they can learn from previous experience of sunburn. They advised that their

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5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

understanding of risk should be based on their skin type.

- One stakeholder suggested ‘young people’ are removed from the list in section 1.1.1, as there is no specific advice for them later in the draft guideline.
- Another stakeholder suggested that specific advice should be added for young people due to the prevalence of malignant melanoma in teenagers and young adults and the risk of developing sun behaviours which increase risk in later life. They recommended signposting to resources specifically developed with age appropriate messages for this age group, including resources for use in schools.
- It was requested that references to ‘children’ be amended to references to ‘children and young people’.

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issues raised above with regard to age, the following changes to the guideline were made:

- Reference to “older people” was removed in relation to “Groups of people who should take extra care to avoid skin damage and skin cancer” (see recommendation 1.1.1).
- Reference to “People who are frail” was included in relation to “Groups who have little or no exposure to the sun for cultural reasons or because they are housebound or otherwise confined indoors for long periods” (see recommendation 1.1.1).
- The term “Infants” was deleted. “Children” was amended to “children and young people” throughout the guideline, with the exception of recommendation 1.1.1 where ““children (particularly babies) and young

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5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

people” was included in relation to “Groups of people who should take extra care to avoid skin damage and skin cancer”.

- Specific reference to “Advice for children and young people” was added to recommendation 1.1.3. Within this section, “babies should be kept out of direct sunlight” was changed to “children under 6 months of age should be kept out of direct sunlight”. Also within this section, “Infants and children under 5” was changed to “children younger than 5” in relation the provision of advice on vitamin D supplements to their parents or carers.

Disability

- A wording change was requested to recommendation 1.1.1 to ensure that those with a physical or mental disability are included alongside the specific ‘at risk’ groups.
- One stakeholder noted that the guideline should be accessible to people with physical, sensory or learning disabilities. They noted that online information should conform to W3C's Web Accessibility Initiative Web Content Accessibility Guidelines (WCAG) 1.0, level AA, as required by the NHS Brand Guidelines and the Central Office of Information. They also requested that where possible, printed information and downloadable content conforms with the RNIB’s ‘See it right’ guidelines.
- The increased risk of conditions which damage the eyesight due to overexposure to UV light was noted
- It was noted that for people at high risk of skin cancer, the use of vitamin D supplements is the only suitable means of meeting vitamin D needs and that this should be highlighted.

1.0.6 DOC EIA

5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issues raised above with regard to disability, the following changes to the guideline were made:

- “Eye damage” was added as a risk of sunlight exposure within section 2: Supporting information for practitioners.
- Text relating to obtaining vitamin D (from sunlight and from the use of vitamin D supplements) was amended and clarified throughout the guideline in line with the draft SACN report on Vitamin D

Gender reassignment

No comments relating to this protected characteristic were received

Pregnancy and maternity

- One stakeholder noted the likely receptiveness of parents of young babies and pregnant mothers and suggested new technologies such as phone apps, could be a good way of reaching this audience.

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issue raised above with regard to pregnancy and maternity, the Committee decided this did not contravene NICE’s compliance with the Equality Act 2010 and the Human Rights Act 1998. Subsequently, no changes were made to the guideline.

Race

1.0.6 DOC EIA

5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

- Three stakeholders noted the apparent contradiction in section 2 of the draft guideline which states ‘Everybody needs to protect their skin when out in strong sunlight’ and noted that on page 16 the draft guideline suggests that children with skin types V or VI may not need sunscreen.
- Several stakeholders commented specifically in relation to skin types I and II. They queried the evidence base for the assertion that the time needed in the sun to benefit (in terms of vitamin D synthesis) is ‘always less than the time it takes to burn’ pointing out that these skin types can burn in less than 10 minutes. They also noted that the phrase ‘red hair *or* freckles’ should be used as opposed to ‘red hair *and* freckles’ and that the advice for these groups should be to plan activities for before 11am or after 3pm.

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issues raised above with regard to race, the following changes to the guideline were made:

- Reference to “fair” skin and “natural skin tone” was removed. “Light”/“Lighter” skin and “dark”/“darker” skin were consistently applied across the guideline.
- “Everybody needs to protect their skin when out in strong sunlight for more than a short period of time” was changed to “Unless someone has a very dark skin type, they should protect their skin when out in strong sunlight for more than a short period of time”
- Reference to “red hair and freckles’ was changed to “red hair or freckles”.
- “Be aware that children with skin type V or VI may not need sunscreen protection” was deleted.
- “It might be better for people with very fair skin (skin type I and II) to go out in the sun before 11am and after 3pm” was deleted.
- Skin type IV was deleted from “People with genetically darker skin (skin types

1.0.6 DOC EIA

5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

IV, V and VI) are at relatively lower risk of burning”

- “When to go out in the sun” was amended to “the strength of sunlight at different times of day”. The text was updated to reflect facts about the strength of sunlight and does not refer to skin types.

Religion or belief

- It was noted that there are few dietary sources of vitamin D for vegetarians or vegans
- It was suggested that a list of groups at risk of low vitamin D status be included in recommendation 1.1.1, including those at risk due to specific cultural reasons

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issues raised above with regard to religion and belief, the following changes to the guideline were made:

- Text relating to groups at risk of low vitamin D status was amended and clarified throughout the guideline in line with the draft SACN report on Vitamin D.
- The Committee’s discussion on dietary sources of Vitamin D was updated in line with the draft SACN report on Vitamin D.

Sex

- One stakeholder noted that different areas of skin are more likely to be affected by prolonged exposure to the sun according to gender. In men, the scalp (in those with thinning hair or no hair) and in women, the legs.

1.0.6 DOC EIA

5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issue raised above with regard to sex, the Committee decided this did not contravene NICE's compliance with the Equality Act 2010 and the Human Rights Act 1998. Subsequently, no changes were made to the guideline.

Sexual orientation

No comments relating to this protected characteristic were received

Other factors considered by NICE

Socioeconomic factors including geographical and rural/urban

- The committee's concerns about the affordability of sunscreen and the potential for this to undermine its appropriate use were noted. One stakeholder stressed that protective clothing and shade may be cheaper and more effective. Two others noted that sunscreens are available to suit all budgets and were frequently part of retailer promotions. It was noted that effective implementation of the guideline should improve the public's perception of the value of effective sun protection.
- Some stakeholders commented on the need for advice on sun exposure according to people's occupational history and noted a range of outdoor occupations such as those in the agricultural, maritime and construction industries, and services workers such as postal workers, refuse collectors etc
- Conversely one stakeholder noted the need for advice relating to vitamin D supplementation for workers who remain indoors during the day.

1.0.6 DOC EIA

5.1 Have any additional potential equality issues been raised during the second consultation, and, if so, how has the Committee addressed them?

Post PHAC Committee Meeting

Following PHAC consideration of the potential equality issues raised above with regard to socioeconomic factors, the following changes to the guideline were made:

- The implementation section was updated to include resources from the Institution of Occupational Safety and Health.
- Reference to “approaches” to sunscreen” was changed to “approaches to protecting skin (clothing, shade and sunscreen).
- Reference to “protective” clothing was changed to “suitable” clothing as members were concerned that the cost of sunscreen or specialist protective clothing could be off-putting for some people and limit their ability to protect their skin.
- Text relating to obtaining vitamin D (from sunlight and from the use of vitamin D supplements) was amended and clarified throughout the guideline in line with the draft SACN report on Vitamin D.

Other groups for consideration by NICE

- refugees and asylum seekers
- migrant workers
- looked-after children
- homeless people
- prisoners and young offenders.

No comments relating to these groups were received.

1.0.6 DOC EIA

5.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Minimal changes were made to recommendations after consultation. Changes made were not considered by the committee to make it more difficult in practice for a specific group to access services compared with other groups.

5.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Minimal changes were made to recommendations after consultation. Changes made were not considered by the committee to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

5.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

Minimal changes were made to the recommendations after consultation. No additional recommendations or explanations were considered to be necessary by the Committee.

1.0.6 DOC EIA

5.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Yes. The Committee's considerations of equality issues have been described within the Committee's discussion section of the guideline, in particular within "Approaches to skin protection", "Behaviour change" and "Health inequalities".

1.0.6 DOC EIA