

## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

### CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

**Clinical guideline:**

- Complex fractures: assessment and management of complex fractures (including pelvic fractures and open fractures of limbs)
- Fractures: diagnosis, management and follow-up of fractures (excluding head and hip, pelvis, open and spinal)
- Major trauma: assessment and management of major trauma including resuscitation following major blood loss with trauma
- Spinal injury assessment: assessment and imaging of patients at high risk of spinal injury

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?

The scope considers all adults, young people and children who present with a suspected fracture (non-complex or complex) spinal column and/or spinal cord injury, or major trauma in primary, secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

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

These are the exclusions

### **Complex fractures**

Any person with a:

- non-complex fracture
- skull fracture
- hip fracture
- spinal injury.

### **Non complex fractures**

Any person with a complex fracture including:

- skull fracture
- hip fracture
- spinal injury
- open fracture.

The reasons for exclusion in the fracture guidelines are they are either covered by the other fracture guideline or the area is already covered by a NICE guideline.

### **Major trauma**

- Management of people with burns.

This population was considered to be significantly different from the main major trauma population with a different clinical pathway and management.

### **Spinal injuries**

- People with spinal injury directly caused by a disease process (without the need for a traumatic event).

This population is considered to be outside of the remit for the guideline, and the assessment and treatment may differ to that of people who have had a traumatic injury.

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

All areas of all four scopes have been discussed and agreed with the Project Executive trauma Team.

Registered stakeholders have been consulted on the contents of the scope both at a scoping workshop and during the scope consultation.

Following the stakeholder consultation (28<sup>th</sup> February to 28<sup>th</sup> March 2013), the four draft scopes were revised to incorporate stakeholder comments. Registered stakeholders were also invited to comment on the four draft scopes during the stakeholder workshop (25<sup>th</sup> April 2013) and the four draft scopes were revised again to address and incorporate relevant comments. All comments were responded to.

There were no comments raised highlighting areas of potential discrimination in either the workshop or the draft scope consultation.

