

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -**  
**RECOMMENDATIONS**

<p><b>Clinical guideline:</b> Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes</p>
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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 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before consultation on the draft guidance, revised before final publication. It will be signed off by NICE at the same time as the guidance, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guidance should 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 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 the equality areas identified during scoping as needing attention been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
<p>A number of patient groups were identified during the scope consultation where equality issues need to be considered:</p> <ul style="list-style-type: none"> <li>• children and young people</li> <li>• older people</li> <li>• women who are pregnant or breastfeeding</li> <li>• service users with mental health needs</li> <li>• people for whom English is not their first language</li> <li>• people with disabilities leading to communication difficulties, such as people who are deaf or hard of hearing, or people who are visually impaired</li> <li>• people with learning disabilities</li> <li>• people taking medicines with religious restrictions.</li> </ul> <p>The needs and preferences of the above patient groups have been considered when drafting recommendations, particularly when recommendations involve patients directly, such as patient engagement in shared-decision making about medicines.</p>	<p>Where evidence was identified relating to these populations the GDG considered these in their discussions. Where evidence was found in specific population groups the GDG agreed this could be extrapolated for all populations, no distinction has been made.</p> <p>Recommendations based on evidence in older people include:</p> <ul style="list-style-type: none"> <li>• 18 and 26</li> </ul> <p>Recommendations based on evidence in people with chronic or long-term conditions include:</p> <ul style="list-style-type: none"> <li>• 18, 26, 29</li> </ul> <p>When using a patient decision aid, health professionals will need to ensure all patients have the opportunity to be involved in making decisions about their medicines. Recommendations include: 35 and 39</p> <p>For all patients but particularly for those for whom English is not their first language, providing information about medicines in an appropriate format is highlighted in recommendations:</p> <ul style="list-style-type: none"> <li>• 2,16, 24, 28, 30, 32, 33, 34, 37</li> </ul>
<b>Other comments</b>	
None	

**2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
<p>Medicines optimisation covers the whole patient journey across health and social care settings, it was considered that all publicly-funded health and social care provided by the NHS or private providers should be covered. Care was taken when drafting recommendations that they are relevant across health and social care settings.</p>	<p>Several recommendations are aimed at 'organisations' rather than health professionals. To make this distinction the wording of the recommendations includes 'organisations' as who to take action:</p> <ul style="list-style-type: none"> <li>• Section 5: 1, 3, 4, 5, 6, 8, 10, 11</li> <li>• Section 6: 12, 14, 18</li> <li>• Section 7: 23</li> <li>• Section 8: 27</li> <li>• Section 10: 41, 42, 43</li> <li>• Section 11: 44, 45, 46</li> <li>• Section 12: 48, 49</li> </ul>
<b>Other comments</b>	
None	

**3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?**

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

None of the recommendations discriminate against any group.

**4. Do the recommendations promote equality?**

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

The recommendations were devised to be inclusive of all people who are taking medicines.

Evidence was identified in specific populations were they were at greater risk of for

example, medicines-related patient safety problems. Based on the evidence, where specific subgroups of patients were identified as benefiting from the intervention, this has been specified. See recommendations:

- 18, 26

Where a population or setting is not specified the recommendations applies to all patients in all settings.

### **5. Do the recommendations foster good relations?**

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendations are devised to promote patient involvement in their care, treatment and decision-making about their medicines. The guideline also aims to promote joint working between all individuals and organisations that have a responsibility for promoting the safe and effective use of medicines to enable the best possible outcomes for patients.

Recommendations specifically involving patients and understanding the patient's values and preferences (in relation to medicines) include:

- Section 5: 1, 2
- Section 6: 16, 17
- Section 7: 24
- Section 8: 28
- Section 9: 29, 30, 31
- Section 10: 32, 33, 35