## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

#### Clinical guideline: Medicines optimisation

As outlined in <u>The guidelines manual (2012)</u>, 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 signoff, 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

#### Protected characteristics

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)

#### Additional characteristics to be considered

• Socio-economic status

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).

• Other

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:

- refugees and asylum seekers
- migrant workers
- looked-after children
- homeless people

### 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?

A number of patient groups were identified during the scope consultation where equality issues need to be considered:

- children and young people
- older people
- women who are pregnant or breastfeeding
- service users with mental health needs
- people for whom English is not their first language
- people with disabilities leading to communication difficulties, such as people who are deaf or hard of hearing, or people who are visually impaired
- people with learning disabilities
- people taking medicines with religious restrictions.

The scope covers all children, young people and adults using medicines, irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status. Although the groups listed above have been highlighted during the scoping process, it was not considered that these groups would require additional reviews of the evidence. The guidance will not cover specific medicines or medical conditions, so some equality considerations listed above will not be applicable. Separate literature searches looking for evidence specifically about these groups will not be undertaken.

However, care will be taken to consider the needs and preferences of these patient groups when drafting recommendations, particularly when recommendations involve patients directly, such as patient engagement in shared-decision making about medicines.

### 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?

The draft scope for consultation stated that the setting will cover 'all publicly-funded health and social care provided in primary care, secondary care and the community, including prisons. During the consultation process, it was identified that this may inappropriately exclude some people. For example:

• people receiving care provided in tertiary care centres

- people living in supported care environments, such as care homes
- people receiving care in a hospices.

As 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 will be taken when drafting recommendations that they are relevant across health and social care settings. However, separate literature searches looking for evidence specifically about these settings will not be undertaken.

### 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?

Comments from stakeholders on equalities issues have been included in this assessment. Stakeholders were consulted at a stakeholder workshop and comments were received from registered stakeholders, including those about equalities, during the consultation on the draft scope.