# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Cataracts in adults: management

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

### 1.0 Scope: before consultation

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| | * 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) | | --- | |
| Potential equality issues centred around access to eye tests (diagnosis & referral) were identified in relation to the following groups:  Identified by stakeholder:   * people on a low income who are not eligible for free NHS eye tests * people with impaired cognitive function or impaired mobility * people in residential care   Identified during completion of the EIA document:   * people who are less likely to be registered with a GP due to their individual circumstances and therefore unable to access free NHS eye tests (refugees, asylum seekers, people who are homeless)   The Stakeholder Workshop included questions around equality issues, including a specific question around access.  During guideline development, relevant review protocols will consider social care issues that may impact on, diagnosis, access to treatment or clinical outcomes. These could include issues faced by people who are housebound and rely on either carer support or domiciliary services.  The guideline also has the potential to improve the quality of care received by specific groups of people with the following protected/additional characteristics that have an increased prevalence[[1]](#footnote-1) or risk of cataracts:   * people of Asian, African and African/Caribbean family origin * people from low socio-economic status groups   Specific data on these subgroups will be analysed and where possible, presented separately. It is anticipated that the Guideline Committee would give specific consideration to these subgroups and possibly make caveats to recommendations depending on the available evidence or clinical experience. |

| * 1. 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? |
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| Exclusions identified as having the potential to increase inequalities are as follows:   * Children and young people (under the age of 18 years) * Access to generic optometry care   Early discussion suggested that it was reasonable to exclude children and young people under the age of 18 years. This was because the clinical management of this age group is significantly different and would arguably require its own clinical guideline.  Discussion about equality of access at the stakeholder workshop confirmed that issues of access are not specific to cataracts and form part of a wider issue of access to community based eye care. Stakeholders suggested that, whilst there is potential for inequality of access to eye care (& therefore diagnosis) little clear evidence exists in this area, which would make it unfeasible to make clear recommendations regarding improved access. In conclusion it was agreed that access to generic optometry care was outside the remit of the Cataracts Guideline and should therefore not be included within the Scope. |

### 2.0 Scope: after consultation

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| | * 1. Have any potential equality issues been identified during consultation, and, if so, what are they? | | --- | |
| The following potential equality issues were identified during consultation:   * Explicit consideration of the needs of people with learning disabilities * People who live alone / do not have access to social support * Young people (under 18s) * Older adults with cataracts * People with disabilities (physical & sensory) * People whose first language is not English * People with particular religious or cultural beliefs that may affect treatment * Recognition of NICE’s responsibility to ensure that the guideline is culturally appropriate and accessible to people with physical, sensory and learning disabilities, and to people whose first language is not English |

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| * 1. Have any changes to the scope been made as a result of consultation to highlight potential equality issues? |
| The majority of potential equality issues identified through consultation had already been considered within the draft scope. However, after consideration of the comments made, the following changes were made:   * People with learning disabilities have been included as a separate group in sections 1.1 ‘Who is the focus?’ and section 3.1 ‘Key facts and figures’ * The rationale for not including the under 18s within the scope of the guideline has been included in section 1.1 ‘Who is the focus?’ * Relevant sections of the scope have also be amended to emphasise the importance of considering the care needs of people with cataracts, including those populations listed in section 1.1   In addition, following scope consultation, it was agreed that access to general optometric care would not be included.  Given that management is not different depending on whether the person is Asian, African and African/Caribbean family origin or from low socio-economic status groups, these two subgroups have been removed from the scope. |

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| | * 1. 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. | | --- | |
| As the guideline is focused on a population with a diagnosed visual impairment, it is recommended that an alternative version of the ‘Information for the Public’ document should be produced in large font. Additional detailed suggestions made through the consultation process, regarding accessibility of the guideline, will be forwarded to the relevant communications teams within NICE for consideration. |

1. There is limited evidence from age-adjusted studies to indicate that there is a higher prevalence of age-related cataracts in women than men. However, given that there is no difference in the care pathway and the management that men and women would receive, this specific subgroup will not be considered separately within the guideline. [↑](#footnote-ref-1)