

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDELINE EQUALITY IMPACT ASSESSMENT - RECOMMENDATIONS

Guideline: Managing medicines in care homes

As outlined in the [Interim methods guide for developing good practice guidance](#) (now medicines practice guidelines), 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 in each stage of the guideline production 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 completed by the guidance developer before final submission. It will be signed off by NICE at the same time as the guideline, 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, GDG members 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 guideline should 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
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <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">• Other <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">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>A number of care home resident groups were identified during the scope consultation where equality issues needed to be considered:</p> <ul style="list-style-type: none"> • children and young people • older people • service users with mental incapacity or 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. <p>The scope covers all children, young people and adults requiring medicines in care homes, irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.</p>	<p>The GDG and NICE project team recognised that there are specific groups included in the guideline that require consideration. Specifically those individuals who lack mental capacity through age or infirmity. These individuals were considered in the introduction to the guideline (see person-centred care), section 3.2 (see supporting residents to make informed decisions and recording these decisions) and section 3.15 (see care home staff giving medicines to a resident without their knowledge) of the guideline.</p> <p>Recommendations 1.2.1 - 1.2.7 and recommendations 1.15.1 -1.15.4 were written to consider the identified issues relating to mental capacity.</p>
Other comments	
<p style="text-align: center;">Insert more rows as necessary.</p>	

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>No additional equality areas were identified after scoping.</p> <p>The planned evidence reviews addressed the areas that had been identified during scoping as needing specific attention with regard to equality issues.</p> <p>The GDG considered all the available evidence in relation to the equality areas identified.</p>	<p>As above.</p>
Other comments	
<p style="text-align: center;">Insert more rows as necessary.</p>	

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?

Not applicable

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 (in line with legislation on Mental Capacity Act 2005) are worded to promote equality through the recommendation of appropriate policies, systems and processes that ensure the rights of those care home residents about whom there are concerns regarding mental capacity.

A key principle is that people living in care homes have the same rights and responsibilities as those who do not live in care homes in relation to NHS care; this is set out in the NHS Constitution for England.

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 guideline encourages practitioners working across the boundaries of health and social care to recognise the strengths and limitations of other members of the care team. It is anticipated that this will lead to increased understanding of health and social care practitioner roles within the care home setting.