

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM

RECOMMENDATIONS

As outlined in the [Guidelines Manual](#), NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equality issues have been considered in the recommendations of a clinical guideline. Please refer to the 'Positively equal guide' for further information on questions to be considered during the development of recommendations.

Taking into account **each** of the equality dimensions below the form needs:

- To confirm that equality issues identified during the scoping stage have been addressed where possible, in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the Short Clinical Guidelines Team and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is presented with the final guideline, signed by the SCG Associate Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the guideline lead from the Centre for Clinical Practice.

| EQUALITY CHARACTERISTICS | |
|--|--|
| <p>Age</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>Definitions of age groups may vary according to policy or other context</p> | <p>Religion or belief</p> <ul style="list-style-type: none"> • Religions (e.g. Christian; Muslim; Hindu; Jewish; Sikh; Buddhist) • Denominations or sects within a religion (e.g. Jehovah's Witness; Sufi) • Structured philosophical belief (e.g. atheism; humanism) • Lack of religion or belief |
| <p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility | <p>Sexual orientation</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people |
| <p>Ethnicity</p> <p>Asian or Asian British Black or black British People of mixed ethnicity Irish White British Chinese</p> | <p>Socio-economic status</p> <p>Depending on specific policy context, this may include factors such as:</p> <ul style="list-style-type: none"> • Social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas). • Inequalities associated with other geographical distinctions (e.g. the North/South divide, urban versus rural). • Inequalities in income, education, health, housing, crime rates or other factors associated with socio-economic disadvantage. |
| <p>Gender</p> <ul style="list-style-type: none"> • Women • Men | <p>Other categories</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>This list is illustrative rather than comprehensive. These groups are not specifically protected under current or forthcoming legislation, but it is good practise to consider their needs. From a legal perspective, people in these groups are likely to fall within one or more of the categories that are specifically protected.</p> |
| <p>Gender identity</p> <ul style="list-style-type: none"> • Transsexual people • Transgendered people | |

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: Colonoscopic surveillance for prevention of colorectal cancer in patients with ulcerative colitis, Crohn's disease or adenomas

1. Have the equality areas identified during the scoping stage 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 equalities issues.

Please note this also applies to consensus work in or outside the GDG

- the development group has considered these areas in their discussions

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

No areas were identified at scoping

2. 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?

Access to Colonoscopic surveillance for prevention of colorectal cancer is dependent on the person being diagnosed as having ulcerative colitis, Crohn's disease or adenomas.

- Does using a particular test discriminate unlawfully against a group?

No there are no tests which discriminate against specific groups

- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

The recommendations in this guideline are neutral and access to Colonoscopic surveillance is not limited to particular groups but open to all those with ulcerative colitis, Crohn's disease and adenomas.

Signed:

Nicole Elliott

Peter Howdle

SCG Associate Director

GDG Chair

Date: September 2010

Date: September 2010

Approved and signed off:

Judith Richardson

Mike Drummond

CCP Lead

GRP Chair

Date: September 2010

Date: September 2010