NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Flu vaccination: increasing uptake

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

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?
Age: People aged 65 years and over are not covered by this guideline as there is a relatively high uptake in this population group. There was greater identified need in the groups this guideline will cover by virtue of their much lower uptake rates. Disability: There is some evidence to suggest eligible people with lower mobility have lower uptake, outreach interventions will be considered in the evidence. In addition, people with learning disabilities are an eligible group in the chronic conditions group, which has identified need and low uptake. Gender reassignment: No potential equality issues were identified during scope development for this target group. Pregnancy and maternity: This is a target group for the guideline Race: BME groups have higher prevalence of conditions classified as eligible under the clinical risk group category therefore as this group has chronically low uptake, uptake may be disproportionately low in these groups. Religion or belief: There may be a lower uptake among groups who have religious or spiritual beliefs against receiving vaccinations. Sex: There is evidence to suggest there is generally greater uptake among women than men although there may be higher compliance among men in the over 75 age group (people aged 65 years and over are not covered by this guideline). Sexual orientation: There is evidence that the lesbian, gay, bisexual, and transgender community are less able to access more traditional healthcare services,

so uptake may be disproportionately low in these groups.

Socio-economic disadvantage: These groups tend to have a higher prevalence of chronic conditions, as those in clinical risk groups have lower overall uptake than those who are socioeconomically disadvantaged may have a disproportionately low uptake. There is some evidence that lower vaccination uptake is associated with poorer health choices, for example smoking. Long term smokers are disproportionately drawn from lower socio-economic groups, so uptake may be disproportionately low in this group. In addition, there is evidence that low health literacy is linked to lower use of preventative health services.

Travellers and asylum seekers: By focusing on primary and secondary care, there may be a potential issue about their routes through which interventions are delivered as these groups may not routinely use primary care.

- Do inequalities in prevalence, access, outcomes or quality of care for any groups (particularly those sharing protected characteristics) need to be addressed by the scope?

As noted above access issues may be encountered by those with mobility issues or travellers and asylum seekers. In addition those from BME or lower socioeconomic groups tend to have a high prevalence of chronic conditions and thus may have a disproportionately low uptake of flu vaccination as the statistics show chronically low uptake in those in clinical risk groups.

1.2 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?

The issues identified above will be:

- Noted in the protocols and any evidence relevant to these groups will be extracted
- Highlighted to and discussed by the committee during development of recommendations.

Completed by Developer: Tracey Shield

Date 19th October 2015

Approved by NICE quality assurance lead: Stephanie Fernley

Date 6th April 2016

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
Age: Stakeholders queried why people age 65 years and over are not covered by this guideline. It was noted that although uptake is best in this population group, there are still many non-responders and work to engage these patients may be of benefit. Stakeholders queried why children are not covered by the guideline. It was noted that there is scope to improve uptake in practice for the GP delivered cohorts of the programme. It was also noted there are wide variations in uptake by GP providers. Pregnancy and maternity: Stakeholders noted that separate consideration needs to be given to women who do not attend antenatal care, e.g. travellers, refugees, asylum seekers. Stakeholders also raised the need for a specific NICE pathway for pregnant women supporting women's choice in receiving flu vaccination in settings other than GP practice. Race: Stakeholders noted there is some evidence of an association with ethnicity, with some studies reporting lower uptake in ethnic minority groups, although in some cases this was mediated by lower health literacy levels. A difference between uptake in people with certain conditions was also noted, with uptake higher for those with diabetes than heart disease or respiratory disease. BME groups have higher prevalence of conditions classified as eligible under the clinical risk group category therefore as this group has chronically low uptake, uptake may be disproportionately low in these groups. Socio-economic disadvantage: Stakeholders noted that individuals who are diagnosed with a learning disability should be specified within the scope. Marriage and civil partnership: Stakeholders noted there is some evidence that higher vaccination rates are reported among those who are either married or have some form of social support network. Carers: Stakeholders queried why carers are not covered by this guideline.

Stakeholders noted that like frontline health and care staff, carers are also in regular and close contact with older people, people with a disability and people in a clinical risk group and are at increased risk of passing the flu virus on to the person with care needs. Stakeholder also noted that relatives sharing a home or in close contact with high risk groups should be considered for inclusion within the guideline.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
The scope has been amended to include children age 2-17 years and people who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill, as described in the Flu Plan (Flu Plan winter 2015/16 Public Health England). The inclusion of people with learning disabilities has been clarified within the scope. The context section of the scope has been updated to clarify that uptake of flu vaccination in older people is relatively high (73%) in comparison with uptake in children, health and social care workers and people in clinical risk groups. Additional issues identified will be noted in the protocols and any evidence relevant to these groups will be extracted, highlighted to and discussed by the committee during development of recommendations.

2.3 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.
No

Updated by Developer: Tracey Shield

Date: 25th February 2016

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 6th April 2016