

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### **Acute respiratory infection in adults and young people over 16: initial management and diagnosis**

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

#### **3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)**

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee were presented with the EIA items identified from section 1.0 and section 2.0 for consideration alongside the systematic reviews of effectiveness and cost-effectiveness. It was noted that for section 2.0 (after targeted engagement) no additional EIA items were raised.

The scope is inclusive of all adults and young people over 16 as noted in section 1.1 of the EIA document therefore the specific issues of increased ARI prevalence regarding older people, people with learning disabilities, sex, sexual orientation, socio-economic factors and other definable characteristics (newly arrived migrants, people experiencing homelessness and people with low levels of literacy/health literacy) have been considered by the committee and where the evidence has allowed in the development of the guideline. The Committee highlighted that any recommendations would be cognisant of any ongoing treatments and potential impact on pregnancy and those undergoing gender reassignment. Most of the EIA issues raised in sections 1.0 and 2.0 are part of broader issues that are not necessarily ARI specific, and whilst the draft recommendations themselves may not address these items specifically they have been considered in the drafting of recommendations.

The issue of access was a common theme across section 1.0 of the EIA within the categories of age, disabilities, gender reassignment, race, religion and belief, sex, sexual orientation, socio-economic factors (but not pregnancy and maternity); and the identified other definable characteristics (newly arrived migrants, people

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

experiencing homelessness and people with low levels of literacy/health literacy). The rationale and impact section for the draft recommendations acknowledges *“that people contacting NHS services remotely might not have equal access to digital technology and the skills needed to use it.”* The committee acknowledge the lack of evidence regarding the views and experiences of remote consultations and have developed a draft research recommendation to encourage further research in this area.

During Committee discussion the issue of ‘settings’ was discussed with specific reference to remote consultations with health services. The Committee referred to the need to adopt a patient centred as well as a holistic approach. The Committee highlighted the importance of not ‘missing people’ and the ability of the patient to operate in a virtual environment, which speaks to issues identified regarding rurality and digital poverty more broadly. The committee considered the issues raised in the EIA when drafting the draft recommendations. The Committee have recommended that for ‘Remote contact with NHS services at first presentation’ *“Approach all remote consultations in a holistic, person-centred way including making sure the person is able to use any digital technology being used or suggested”* A discussion was had as to whether a similar item should feature in recommendations regarding ‘In-person first contact’ but the Committee felt that this is already part of the clinicians’ job and is already mandated by law and there would be no additional benefit or purpose to adding this to recommendations. This guideline links to NICE’s information on making decisions about your care which refers to NICE clinical guideline 138 (Patient experience in adult NHS services: improving the experience of care for people using adult NHS services). This guideline has recommendations focused on ‘Knowing the patient as an individual,’ ‘Essential requirements of care,’ ‘Tailoring healthcare services for each patient,’ ‘Continuity of care and relationships’ and ‘Enabling patients to actively participate in their care’ which speaks to all issues raised as part of section 1.0 of the EIA..

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

- **Age**

No additional issues have been identified relating to age at this stage of guideline development.

- **Disability**

No additional issues have been identified relating to Disability at this stage of guideline development.

- **Gender reassignment**

It was raised that the conflation of sex and gender identity, and loss of fidelity may be happening in NHS records which could impact clinical care. The issue of conflating sex and gender are not specifically outlined in the draft recommendations and are a broader issue beyond this guideline. This guideline does refer to adopting a person-centred and holistic approach to remote consultations by cross reference NICE's information on making decisions about your care which cross refers to NICE clinical guideline 138 which seeks to make sure that all adults using NHS services have the best possible experience of care. Whilst not addressing the issue directly raised the potential issue if access and appropriateness of a remote approach are outlined in recommendation 1.1.3 and the corresponding rationale and impact section.

- **Pregnancy and maternity**

No additional issues have been identified relating to pregnancy and maternity at this stage of guideline development.

- **Race**

During committee discussions the issue of ethnicity was raised and the importance of not conflating this with race. Ethnicity whilst not mentioned specifically but has been considered in the EIA as separate from race in line with the definition of race as a protected characteristic. This issue was also raised in section 1.0 of the EIA. The Committee agreed that whilst issues of race and ethnicity are not explicitly outlined in the draft recommendations, their consideration is implied more broadly in recommendation 1.1.3 by checking the appropriateness of a remote approach with patients prior to adopting it; through references to adopting a person-centred and holistic approach to remote consultations and through the reference to NICE's information on making decisions about your care which cross refers to NICE clinical guideline 138 which seeks to make sure that all adults using NHS services have the best possible experience of care. The rationale for draft recommendations 1.1.3 to 1.1.6 also refers to the issues raised under race (and ethnicity) as well as the other EIA items, regarding access to ensure they are considered when the guideline is implemented in totality.

- **Religion or belief**

No additional issues have been identified relating to religion or belief at this stage of guideline development.

- **Sex**

No additional issues have been identified relating to sex at this stage of guideline development.

- **Sexual orientation**

No additional issues have been identified relating to sexual orientation at this stage of guideline development.

- **Socio-economic factors**

No additional issues have been identified relating to socio-economic factors at this stage of guideline development.

- **Other definable characteristics:**

No additional issues have been identified relating to other definable characteristics at this stage of guideline development.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The guideline document considers the equality issues raised indirectly and directly.

The draft recommendations reflect the issues raised in the EIA. Draft recommendations 1.1.3 to 1.1.6 focused on 'Remote contact with NHS services at first presentation.' Draft recommendation 1.1.3 outlines the need to "*Approach all remote consultations in a holistic, person-centred way including making sure the person is able to use any digital technology being used or suggested.*" This recommendation seeks to address the central theme running through the EIA regarding access and the barriers these present. The recommendations do not specifically refer to each of the issues raised under each of the protected characteristics or other definable characteristics but address the central point regarding access more broadly. As outlined, a discussion was had by the Committee, as to whether a similar item should feature in recommendations 1.1.7 to 1.1.12 regarding 'In-person first contact' but as this is already part of the clinicians' job and is already mandated by law there would be no additional benefit or purpose to adding this to recommendations. The rationale and impact section for draft recommendations 1.1.3 to 1.1.6 makes reference to the issues raised, regarding access to ensure they are considered when the guideline is implemented in totality.

As outlined, this guideline outlines a link to NICE's information on making decisions about your care which cross refers to NICE clinical guideline 138 (Patient experience in adult NHS services: improving the experience of care for people using adult NHS services). This guideline has recommendations focused on 'Knowing the patient as an individual,' 'Essential requirements of care,' 'Tailoring healthcare services for each patient,' 'Continuity of care and relationships' and 'Enabling patients to actively participate in their care' which speaks to all issues raised as part of section 1.0 of the EIA.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No issues were identified that indicate that the preliminary recommendations make it more difficult for a specific group to access services compared with other groups

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No issues were identified that indicate that the preliminary recommendations would have an adverse impact on people with disabilities that is a consequence of their disability.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No issues were identified that indicate that the preliminary recommendations make it more difficult for a specific group to access services compared with other groups.

Completed by Developer: James Jagroo

Date: 21 July 2023

Approved by NICE quality assurance lead: Kay Nolan

Date: 17 August 2023