

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

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 equalities issues have been considered in reaching the final scope for a clinical guideline.

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

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title:

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

The proportion of women with type 1 or type 2 diabetes varies depending upon the ethnic origins of the population. Also, the guideline covers all women of childbearing age, some of whom may be receiving diabetes care in a paediatric setting. The guideline recommendations will be intended to apply equally to all groups protected under equality and anti-discrimination legislation. However, if during development, it becomes apparent that specific recommendations might be required for specific groups, subgroup analysis of the evidence will be undertaken where possible. Where additional reviewing is not possible the guideline development group (GDG) will be asked to discuss the evidence and use their own experience and expert judgement in making specific recommendations for that group as necessary.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The guideline is for women with diabetes who might become pregnant, those who are pregnant, and those who have recently been pregnant. It also covers the care of their babies. The exclusions relate to:

- aspects of routine antenatal, intrapartum and postnatal care that apply equally to women with or without diabetes
- aspects of routine care for women with diabetes that do not change during the preconception, antenatal, intrapartum and postnatal periods
- the management of morbidity in newborn babies of women with diabetes beyond initial assessment and diagnosis.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Stakeholder groups were consulted during the preparation of the draft scope for consultation (via a stakeholder scoping workshop) and again through consultation on the draft scope. One stakeholder comment on the draft scope for consultation highlighted potential barriers to uptake in diabetes services amongst deaf people. The scoping group responded to their comments noting that as part of the NICE clinical guideline development process, the GDG will be required to consider such issues in the context of each and every recommendation proposed for inclusion in the guideline update. This will take the form of a systematic consideration of the needs and preferences of groups that are protected by law (including people with disabilities such as deafness) to promote equalities and prevent unlawful discrimination. In terms of agreeing clinical areas to be included in, or excluded from, the scope, however, the scoping group concluded that the issues raised by the stakeholder were not specific to diabetes care, although they were presented as examples of unsatisfactory care in this context. The guideline developers did not, therefore, make specific changes to the guideline scope in response to these comments but they undertook to continue to adhere to the principles outlined above throughout development and publication of the guideline. The developers will also inform the implementation team at NICE about these comments to facilitate improvements to services at the implementation stage.

Stakeholders also suggested that consideration should be given to the specific needs of women from ethnic groups associated with a higher prevalence of diabetes. The developers amended the section of the draft scope that describes the approach outlined in box 1 above to make it explicit that, where the evidence supports it, such women will be given special consideration along with the other subgroups (based on type of diabetes or age of the woman) that had been identified before consultation.