

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Pernicious anaemia: diagnosis and management

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

Vitamin B12 deficiency is associated with cognitive decline which can influence communication about symptoms, investigations and treatment adherence.

This guideline will cross refer to guidelines on [Patient experience](#) (CG139), [Shared decision making](#) (NG197) and [Decision-making and mental capacity](#) (NG108) that address communication issues.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

The following groups have been identified as having potential inequalities:

- Age: Older people as vitamin B12 deficiency may not be considered as their symptoms may be presumed to be related to older age. Treatment adherence

may also be affected by frailty, polypharmacy and cognitive decline.

- Disability: Vitamin B12 deficiency is associated with fatigue and mental health disorders such as depression and may not be considered as a cause of their condition.
- Gender reassignment: Transgender men may have the same likelihood of autoimmune conditions as women and may be missed by virtue of their gender reassignment.
- Pregnancy and maternity: Normal levels of B12 change during pregnancy and not having enough vitamin B12 can increase the risk of the baby developing a birth defect.
- Race: Similar to women, people from Black, Asian and Minority Ethnic communities can face difficulties in the way their symptoms are heard, understood and treated.
- Religion or belief: Vegan diets are associated with a higher prevalence of vitamin B12 deficiency and are common among some religions.
- Sex: Autoimmune conditions are more prevalent in women and the symptoms are often non-specific. Women with these conditions often report having difficulty in the way their symptoms are heard, understood and treated.
- Sexual orientation: None identified.
- Socio-economic factors: People from lower socio-economic groups can face challenges accessing healthcare services and similar difficulties as women and people from ethnic minorities in being heard.
- Other definable characteristics (these are examples): Refugees, asylum seekers and people who are homeless can face disparity in access to healthcare services.
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identified

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

It is noted that the groups identified above are important to consider when making recommendations for the guideline. All will be included within the population covered by the reviews. Where appropriate they will be considered as subgroups when the protocols for specific review questions are set.

This guideline will cross refer to guidelines on [Patient experience](#) (CG139), [Shared decision making](#) (NG197) and [Decision-making and mental capacity](#) (NG108) that address communication issues.

Problems with access to healthcare for people from lower socio-economic groups, refugees, asylum seekers and people who are homeless relate to a wider issue than can be dealt with in this guideline.

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