

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Equality and health inequalities assessment (EHIA)**

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# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality and health inequalities assessment (EHIA) template

#### Obesity and overweight management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

Partial updates of the following guidelines:

- Obesity prevention (CG43)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)
- BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (PH46)
- Obesity: identification, assessment and management (CG189)

With amalgamation of the following guidelines:

- Obesity: working with local communities (PH42)
- Preventing excess weight gain (NG7)
- Weight management: lifestyle services for overweight or obese adults (PH53)
- Weight management before, during and after pregnancy (PH27)

## Appendix [X]: equality and health inequalities assessment (EHIA)

### 2023 surveillance of Obesity and overweight management guidelines

#### STAGE 1. Surveillance review

Date of surveillance review:

Obesity prevention (CG43) section 1.1 – March 2017

Obesity: identification, assessment and management (CG189) – March 2018

Weight management: lifestyle services for overweight or obese adults (PH53) –  
March 2017

Weight management: lifestyle services for overweight or obese children and young  
people (PH47) - March 2017

Obesity: working with local communities (PH42) – May 2017

Preventing excess weight gain (NG7) – March 2017

Standard review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review
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<b>Obesity prevention (CG43) section 1.1 – surveillance carried out in March 2017</b>
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There has been no evidence to indicate that the guidelines do not comply with anti-discrimination and equalities legislation.
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<b>Obesity: identification, assessment and management (CG189) – surveillance carried out in March 2018</b>
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No equalities issues were identified during the surveillance process.
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<b>Weight management: lifestyle services for overweight or obese adults (PH53) – surveillance carried out in March 2017</b>
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No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.
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**Weight management: lifestyle services for overweight or obese children and young people (PH47) – surveillance carried out in March 2017**

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

**Obesity: working with local communities (PH42) – surveillance carried out in May 2017**

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

**Preventing excess weight gain (NG7) – surveillance carried out in March 2017**

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

Given the length of time since the surveillance reviews of these guidelines were carried out (six years) and the lack of equality issues identified – we are unable to comment on any issues identified through initial intelligence gathering.

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

N/ A – given the length of time the surveillance reviews of these guidelines were carried out (six years).

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]

N/ A

**EHIA TEMPLATE  
V8.0**

Completed by surveillance reviewer \_\_\_\_\_

Date \_\_\_\_\_

Approved by NICE surveillance associate director \_\_\_\_\_

Date \_\_\_\_\_

## STAGE 2. Informing the scope

*(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)*

Obesity and overweight management

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

No equality issues were identified during the surveillance process in terms of protected characteristics.

Potential equality and health inequality issues were discussed with the guideline committee during the scoping workshop and with committee member during protocol development.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

- **Age**

- Overweight and obesity rates increase with age. For people aged 45 to 64, 73% are living with overweight or obesity, and for people aged 65 to 74, 76% are living with overweight or obesity. In contrast, 43% of people aged 16 to 24 are living with overweight or obesity.
- Older people may need specific consideration in the guideline as they may require additional support for some interventions.
- Younger people may need specific consideration, as obesity is a chronic, relapsing condition. Earlier onset of obesity is usually linked to worse health outcomes.

- **Disability**

- People with a learning disability are more at risk of overweight or obesity and may require additional support for some interventions.
- People with a physical disability may require additional support for some interventions.

- People with severe mental health problems are more at risk of living with overweight or obesity and may require additional support for some interventions.

- **Gender reassignment**

- No equality issues identified.

- **Pregnancy and maternity**

- Pregnant women are excluded from the scope of this guideline update as they require different management and are covered by separate NICE guidance.

- **Race**

- There are differences in the prevalence of overweight and obesity by ethnicity and the risk of resulting ill health.
- For example, people of South Asian descent (defined as people of Pakistani, Bangladeshi and Indian origin) living in England tend to have a higher percentage of body fat at a given BMI compared to the general population. People of South Asian descent are also more likely to have more features of the metabolic syndrome (for example, higher triglycerides and lower high-density lipoproteins in females and higher serum glucose in males) at a given BMI. Likewise, compared to white European populations, people from black, Asian and other minority ethnic groups are at equivalent risk of type 2 diabetes but at lower BMI levels.
- The differences in prevalence of people living with overweight or obesity and the impact on other health conditions may mean different groups need specific consideration.

- **Religion or belief**

- No equality issues identified.

- **Sex**

- While men are more likely than women to be living with overweight or obesity, they are less likely to seek support or treatment.

- **Sexual orientation**



- People who are lesbian, gay, bisexual, trans or questioning (LGBT Q) may be less likely to participate with weight-loss programmes due to both experienced and the perceived threat of discrimination.

- **Socio-economic factors**

- Overweight and obesity rates differ between socio-economic groups. Children in the most deprived decile are twice as likely to be living with overweight or obesity than children in the least deprived decile. In adults, 35% of men and 37% of women were living with obesity in the most deprived areas, compared with 20% of men and 21% of women in the least deprived areas.
- Geographical variation in access to NHS weight management services: a lack of universal commissioning of Tier 3 services (intensive weight loss programmes) means that not all those living with obesity can access tier 4 services (bariatric surgery), owing to access to the former being a prerequisite to surgery.
- Geographical variation will also exist in terms of whether local environments support people to maintain a healthy weight, and the extent to which local authorities can use legislative and policy levers to help create such environments.

- **Other definable characteristics**

- Other health conditions: People who are taking some medications or receiving treatment may be at higher risk of excess weight gain due to the side effects of the medication or intervention.
- Gypsy, Roma and Travellers: May be less likely to participate with weight-loss programmes due to poor access to, and uptake of, health services as well as both experienced and the perceived threat of discrimination.

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

N/ A – this section is completed retrospectively after the guideline scoping process.

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

- Potential inequality issues will be noted in the review protocols and any evidence relevant to these groups and issues will be extracted. In addition, these issues will be highlighted to and discussed by the committee during development of recommendations.
- The scope excludes weight management in:
  - Children under 2. NICE guidance on '[Maternal and Child Nutrition](#)' (2014) is due to be updated. NICE guidance on 'Maternal and Child Nutrition' (2014) is due to be updated.
  - Pregnant women. NICE guidance on '[Weight management before, during and after pregnancy](#)' (2010) is due to be updated.
  - Adults, children and young people who are underweight. NICE guidance on '[Eating disorders: recognition and treatment](#)' (2020).

These groups may require specific management and are covered by separate NICE guidance.

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

N/ A – this section is completed retrospectively after the guideline scoping process.

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

N/ A – this section is completed retrospectively after the guideline scoping and development process.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

N/ A – this section is completed retrospectively after the guideline scoping process.

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

No population group has been excluded from the scope.

Completed by developer \_\_\_\_\_

Date \_\_\_\_\_

Approved by committee chair \_\_\_\_\_

Date \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_

### STAGE 3. Finalising the scope

*(to be completed by the Developer, and submitted with the revised scope if this is applicable. Skip this stage if there was no consultation.)*

Obesity and overweight management

Date of completion: 09/06/2021

Focus of guideline or update:

Partial updates of the following guidelines:

- Obesity prevention (CG43)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)
- BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (PH46)
- Obesity: identification, assessment and management (CG189)

With amalgamation of the following guidelines:

- Obesity: working with local communities (PH42)
- Preventing excess weight gain (NG7)
- Weight management: lifestyle services for overweight or obese adults (PH53)

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?
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N/ A – this section is completed retrospectively after the guideline scoping process.
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3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?
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- **Age**
  - Older adults may be experiencing some functional loss, have other comorbidities and/or being frail. Further, while older people have comorbidity risk factors that are of concern at different BMIs, this may mean they are not considered for weight management programmes where it may be appropriate.
- **Disability**
  - Certain physical disabilities may impede the accuracy of measurements of overweight and obesity to determine health risk, for example, those with scoliosis and those with a different body composition due to lower muscle mass for a given weight. This may result in people wrongly being classified as ineligible for some weight management treatments.
- **Other definable characteristics**
  - Other health conditions:
    - People with endocrine disorders such as type 2 diabetes and hypothyroidism may be at higher risk of excess weight gain.
  - People living with autism may experience particular challenges accessing weight management services and may also require additional support for some interventions.
  - People with dementia may require additional support for some interventions.
  - People recovering from COVID-19 may need additional support for some weight management interventions.

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?

Question 1.1 has been added to the scope, and question 1.2 has been amended, to clarify the need to consider thresholds for different ethnicities to assess health risk associated with overweight and obesity in children, young people and adults, particularly those in black, Asian and minority ethnic groups.

Completed by developer \_\_\_\_\_

**EHIA TEMPLATE  
V8.0**

Date \_\_\_\_\_

Approved by committee chair \_\_\_\_\_

Date \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_

**STAGE 4. Development of guideline or topic area for update**  
***(to be completed by the developer before consultation on the draft guideline or update)***

Obesity and overweight management

Date of completion: 16/08/2023

Focus of guideline or update:

Partial updates of the following guidelines:

- Obesity prevention (CG43)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)
- BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (PH46)
- Obesity: identification, assessment and management (CG189)

With amalgamation of the following guidelines:

- Obesity: working with local communities (PH42)
- Preventing excess weight gain (NG7)
- Weight management: lifestyle services for overweight or obese adults (PH53)
- Weight management before, during and after pregnancy (PH27)

<p>4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any <b>further</b> potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?</p>
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1) Protected characteristics

**a. Age**

No further potential issues were identified.

**b. Disability**

No further potential issues were identified.

**c. Gender reassignment**

No further potential issues were identified.

**d. Pregnancy and maternity**

No further potential issues were identified.

**e. Race**

No further potential issues were identified.

**f. Religion or belief**

No further potential issues were identified.

**g. Sex**

No further potential issues were identified.

**h. Sexual orientation**

No further potential issues were identified.

**i. Marriage/civil partnership**

No further potential issues were identified.

**2) Socioeconomic status and deprivation**

The committee highlighted that there may be cost implications for people who are eligible for total meal replacement diets (for low and very low energy diets) if they have to pay for the products themselves.

**3) Geographical area variation**

**4) Inclusion health and vulnerable groups**

Looked after children and young people



Every child in care is a unique child with individual strengths and needs. However, the physical, emotional and mental health of some looked-after children and young people will have been compromised by neglect or abuse. Given the known gap in health and educational outcomes between looked-after children and young people and the general population the committee identified this group for further consideration in the guideline update.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The committee made the following considerations of equality and health inequalities issues:

**Identifying overweight and obesity in children, young people and adults, particularly those in black, Asian and minority ethnic groups**

The committee drafted an overarching recommendation on the principles of care to think about the wider determinants and the context of overweight and obesity. This recommendation included a non-exhaustive list of examples to encourage consideration of overweight and obesity as a complex health issue which requires a holistic approach.

They also highlighted that the new recommendations were applicable for children, young people and adults from minority ethnic family backgrounds as the core principles of these recommendations were demonstrating sensitivity and using a person-centred approach which takes ethnicity into consideration. The committee also noted that there is a need to spread awareness amongst health and care professionals as well as the public of the increased risk people from minority ethnic family backgrounds face at a lower BMI.

**Increasing the uptake of weight management services in children, young people and adults**

- Ethnicity and family background: There was qualitative evidence on 'culturally and linguistically diverse communities', which highlighted the specific experiences of people from minority family backgrounds. The committee used this information to ensure that the recommendations emphasised the importance of well informed cultural tailoring in weight management interventions to make these accessible to children and young people and their parents and carers from a range of family backgrounds. In adults the committee also

used qualitative evidence to highlight the need for interventions that are culturally appropriate or have been adapted for different cultural communities and dietary practices and to emphasise the need to take this into account when choosing appropriate interventions for people from minority family backgrounds.

- Children, young people and adults with disabilities, learning disabilities and neurodevelopmental disabilities. These factors were included in the list of the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual person.
- Younger and older groups: The evidence covered children and young people from age 2 to 18 and sufficient evidence was found for all age groups to be represented. Therefore it is unlikely that any group will be disadvantaged by the recommendations.
- Older adults: this group was addressed in the recommendation to take into account the complexity of their needs when identifying the most appropriate intervention.
- Looked after children and young people: Family circumstances were listed among the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual child or young person.

### **Different diets in achieving and maintaining weight loss**

There was a lack evidence for subgroups such as people from minority ethnic family backgrounds and socioeconomic groups and a lack of evidence on adherence to different diets. However, based on their expertise, the committee updated the existing recommendations to highlight that it was important to take into consideration food preferences, including cultural food preferences and personal circumstances such as home environment and financial circumstances when tailoring dietary interventions as these factors can have an impact on the effectiveness and adherence to dietary interventions.

There may be an impact on specific socio-economic groups in relation to the cost implications for people who are eligible for total meal replacement diets (for low and very low energy diets) if they have to pay for the products themselves. As the diets are cost effective when financed and provided by the NHS, these recommendations may encourage NHS commissioners to provide them free for eligible groups.

The committee also highlighted in the discussion of the evidence that the NHS Type 2 Diabetes Path to Remission Programme already provides a low calorie, total diet replacement treatment in selected areas for people with type 2 diabetes who are living with obesity or overweight. Results from this will help to build knowledge and

understanding about the use of these interventions and the impact they might have on the treatment of people with type 2 diabetes.

### **Effectiveness and acceptability of weight management interventions in children and young people living with overweight and obesity**

- Ethnicity and family background: No evidence was identified that specifically addressed these populations. The committee emphasised the importance of well-informed cultural tailoring in weight management interventions to make these accessible to children and young people and their parents and carers from a range of family backgrounds.
- Children and young people with disabilities, learning disabilities and neurodevelopmental disabilities. These factors were included in the list of the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual child or young person.
- Younger and older groups: The evidence covered children and young people from age 2 to 18 and sufficient evidence was found for all age groups to be represented. Therefore it is unlikely that any group will be disadvantaged by the recommendations.
- Looked after children and young people: Family circumstances were listed among the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual child or young person.

### **Effectiveness of healthy living programmes in preventing overweight and obesity in children and young people**

While the committee did not have direct evidence on the effectiveness of interventions by sex, culture or beliefs they noted that these were important factors to be considered. Based on this belief, the committee recommended that staff planning school-based interventions should take into account the views of children and young people and any difference in preferences because of sex, culture or belief. They also noted that sensory needs of children can also vary and therefore is an important factor that needs to be considered when planning interventions. The committee also stated that in early-years settings, catering should also be adapted to accommodate to different cultural preferences and beliefs while maintaining nutritional standards.

### **Psychological approaches to address weight stigma in children, young people and adults**

No evidence was identified in children, young people and adults with mental illness, including physical and special educational needs and disabilities (SEND), and older people but the committee stated that these are important groups because there is further

internalised stigma. For example, a person living with mental illness may face or feel stigmatised due to their degree of overweight and obesity but also their mental illness. This may further stop people from seeking help for healthcare professionals. The committee also noted that it is not appropriate to assume that one approach will work for all groups. It is necessary to identify and personalise the right intervention to the right person. Due to the lack of evidence, these populations were listed as important subgroups in the research recommendation.

The committee noted that no evidence was found on psychological interventions to reduce weight stigma in adults, young people, or children from lower socioeconomic groups. Moreover, the committee agreed that this is an extremely relevant subgroup because in this population adults are more likely to be living with overweight and obesity and children and young people are at increased risk of obesity in adulthood. Similar to other subgroups, people in this subgroup may face stigma not only due to the degree of overweight and obesity but also due to their economic status. Based on this, the committee highlighted the need for more research in this group.

#### 4.3 Could any draft recommendations potentially increase inequalities?

This was discussed by the committee who agreed that the draft recommendations would not increase inequalities. They aim to address the known inequality disparity in the prevalence of overweight and obesity and improve the subsequent uptake of services to reduce health inequalities.

#### 4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

Yes a number of research recommendations have been made to address identified equality and health inequalities gaps in the evidence base. These are outlined in section 4.2.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The committee have checked the list of registered stakeholders for this guideline update and agreed that relevant stakeholder groups are included who represent groups affected by these issues.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No specific questions will be asked, but we will ensure that any comments from relevant stakeholders are considered and discussed with the committee, and changes will be made where necessary.

Completed by developer: Caroline Mulvihill \_\_\_\_\_

Date: 15/08/2023 \_\_\_\_\_

Approved by committee chair: Marie Burnham \_\_\_\_\_

Date: 03/10/2023 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_

## STAGE 5. Revisions and final guideline or update

*(to be completed by the developer before guidance executive considers the final guideline or update)*

[Guideline(s)/suite title] Obesity and overweight management

Date of completion: 19.01.2024

Focus of guideline or update: Obesity and overweight management

5.1 How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?

Draft guideline consultation comments were received from a wide range of stakeholders including patient organisations, professional bodies, NHS England, Public health bodies, local authorities, pharmaceutical and medical device companies, NHS networks and academic institutions. Several stakeholder groups (Diabetes UK, Bigbirthas and British Academy of Childhood Disability) represent groups who may experience inequalities.

5.2 Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?

Additional equality issues were raised by stakeholders during consultation:

1) Protected characteristics

**a. Age**

No further potential issues were identified.

**b. Disability**

Greater consideration of people with disabilities, learning disabilities and neurodevelopmental disabilities were identified. The need for literature to meet these needs was noted. The lack of specialist weight management services for these groups was also identified.

One stakeholder also raised the issue of unwanted weight gain from antipsychotic medication and highlighted published and ongoing research in this area. The committee considered this and agreed that this is an important area where further research is needed. They agreed to keep an existing research recommendation to examine obesity management interventions for people with conditions associated with increased risk of obesity, such as enduring mental health difficulties.

**c. Gender reassignment**

No further potential issues were identified.

**d. Pregnancy and maternity**

No further potential issues were identified.

**e. Race**

The need to acknowledge cultural preferences and beliefs were identified by two stakeholders with a suggestion made to refer to culturally adapted eatwell guides, for example the [African and Caribbean eatwell guide](#) and the [South Asian eatwell guide](#).

The need to include discussions in a sensitive and non-judgemental manner was also identified. This is to ensure that ethnic minority families do not feel stigmatised, stereotyped and harassed.

The importance of cultural competence was identified in having conversations with people from ethnic minority backgrounds.

**f. Religion or belief**

The need to acknowledge cultural preferences and beliefs were identified by two stakeholders with a suggestion made to refer to culturally adapted eatwell guides, for example the [African and Caribbean eatwell guide](#) and the [South Asian eatwell guide](#).

**g. Sex**

No further potential issues were identified.

**h. Sexual orientation**

No further potential issues were identified.

**i. Marriage/civil partnership**

No further potential issues were identified.

**2) Socioeconomic status and deprivation**

No further potential issues were identified.

**3) Geographical area variation**

The need to provide support to people in more disparate areas such as coastal and rural communities was identified.

**4) Inclusion health and vulnerable groups**

No further potential issues were identified.

**Other equality and health inequality issues**

The need to make reasonable adjustments was identified as a legal requirement of the Equality Act 2010. The committee considered this and agreed that existing recommendations on making reasonable adjustments alongside corresponding committee rationale discussions addressed this issue sufficiently.

Further equality and health inequality issues were raised by stakeholders such as

- the need for workplace health initiatives and healthy workplaces,
- equal access to weight management services,
- the inclusion of obesity management within the CORE20PLUS5 framework
- equal access to weight loss medications
- the need to offer more specific advice for supporting people with a low income to eat a healthy balanced diet.



However these issues are outside the scope of this guideline update and could not be addressed by the committee.

5.3 If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?

Only minor amendments were made to the guideline after consultation with no further recommendations made.

- A reference was added in the recommendations to the culturally adapted African and Caribbean Eatwell guide and South Asian Eatwell guide.
- A research recommendation was made for more evidence on the best way to deliver obesity management interventions for people with conditions associated with increased risk of obesity (such as people with a physical disability that limits mobility, a learning disability or enduring mental health difficulties).
- The need to tailor the types of information to the person's needs, such as Easy Read literature was noted.
- A cross reference was added to [physical activity guidance – for disabled children and disabled young people](#).
- The need for sensitive and non-judgemental discussions and to take into account cultural factors that may be relevant in conversations were added. These issues were both acknowledged in section 1.1 – general principles of care.

5.4 Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?

There were no further committee considerations of equality and health inequalities.

5.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update

A number of equality and health inequalities issues were highlighted mainly in relation to disability and race, however only minor amendments were made to the guideline. These issues had already been considered in detail by the committee so only further clarification and detail was added after stakeholder consultation.

Completed by developer: Caroline Mulvihill \_\_\_\_\_

Date: 19/01/2024 \_\_\_\_\_

Approved by committee chair: Marie Burnham  
\_\_\_\_\_

Date: 19/01/2024  
\_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_

**STAGE 6. After guidance executive amendments – only if applicable**

***(to be completed by appropriate NICE staff member after guidance executive. This stage should be skipped if GE does not apply)***

[Guideline(s)/suite title]

Date of completion: [Enter date]

Focus of guideline or update: [XXX]

6.1 Outline any amendments related to equality and health inequalities issues suggested by guidance executive and what the outcome was.

Completed by developer \_\_\_\_\_

Date\_\_\_\_\_

Approved by committee chair \_\_\_\_\_

Date \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date\_\_\_\_\_