NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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?
No equality issues were raised as part of the scoping phase and the scoping team did not update the EIA that was completed as part of the scope for the original guideline. However, during consultation on the scope, stakeholders suggested that people with cognitive impairments could potentially face equality issues when decisions were made between total hip arthroplasty and hemiarthroplasty. The committee also thought it was important that this group of people should be considered within the question. People with cognitive impairments were therefore identified as a subgroup in the protocol.

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?
No new equality issues were identified by the committee when considering different types of femoral components. Instead, they discussed how there is currently a lack of knowledge about whether there are any groups that might have less favourable outcomes for different femoral components. Given the current lack of evidence on potential equality issues, a research recommendation was developed that specified the importance of including different population subgroups when evaluating the effectiveness of different femoral components. Age When discussing total hip arthroplasty versus hemiarthroplasty, the committee

thought that age could impact on whether someone would benefit from total hip arthroplasty. They were aware that although younger, more mobile people may benefit from total hip arthroplasty, most people are given hemiarthroplasty in practice. Age was listed as a subgroup in the protocol but most studies had similar inclusion criteria for age, meaning results could not be stratified by age group. Although there was not enough evidence to make an age-based recommendation in favour of total hip arthroplasty, the committee recommended that clinicians should judge whether someone was likely to have long-term functional benefits from total hip arthroplasty over hemiarthroplasty. This means that younger, more mobile people, should now be considered for total hip arthroplasty.

No other new potential equality issues were identified.

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

Equality issues for femoral components have been discussed in the rationale and impact section of the guideline, under how the recommendations may affect practice. They are also covered in the benefits and harms section of the evidence review and the research recommendation in Appendix J.

Equality issues for total hip arthroplasty vs hemiarthroplasty have been discussed in the rationale and impact section of the guideline under why the committee made the recommendations and how the recommendations may affect practice. They are also covered in the benefits and harms and the cost effectiveness sections of the evidence review as well as the research recommendation in Appendix L.

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. Although the committee is unsure about whether some groups will have less favourable outcomes from different femoral components, and who will benefit most from total hip arthroplasty, equality issues should not affect whether people with displaced intracapsular hip fracture can access services.

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, there should not be any adverse impacts on people with disabilities as a result of the recommendations. One recommendation states that people who have cognitive impairments that put them at higher risk of dislocations should not be offered total hip arthroplasty. However, the committee did not think this would have an adverse impact on this group of people as they are more likely to benefit from hemiarthroplasty rather than total hip arthroplasty.

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?
There are not expected to be any barriers to accessing services as a result of these recommendations.

Completed by Developer: Kate Kelley, Associate Director – Guideline Development Team

Date: 30/09/2022

Approved by NICE quality assurance lead: Kay Nolan – Guideline Lead

Date: 06/10/2022