

## **1.0.7 DOC EIA (2019)**

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

## **EQUALITY IMPACT ASSESSMENT**

### **Cirrhosis in over 16s: assessment and management (update)**

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

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### 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 given a presentation of the identified equalities impact assessment issues raised at the scoping stage regarding the following protected characteristics age, race, disability, sex, pregnancy and maternity; the issues raised under socioeconomic factors regarding areas of deprivation and regional variations; and other definable characteristics regarding people experiencing homelessness.

The scope is inclusive of all adults over 16 and as noted in section 2.3 and 1.3 of this EIA document, and subsequently revisited by the committee. The issues raised at scope for the most part are part of a broader issue that whilst not necessarily being addressed by this guideline update directly have been considered when drafting recommendations and when writing the rationale for those recommendations as appropriate to ensure that the issues raised are accounted for when implementing the overall guideline.

The committee discussed issues regarding tolerance to non-selective beta-blockers (NSBBs), medicines compliance and support, antibiotic contraindication and fluoroquinolone use were discussed with actions regarding how to address these considered when drafting recommendations. These issues whilst identified within the EIA, are part of a broader issue regarding potential treatment recommendations for this guideline, MHRA drug safety alerts, off licence use of potential treatments and renal function contraindications for potential treatments.

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 the update of this guideline.

- **Disability**

During protocol development, the committee noted that for some people with learning difficulties, general anaesthesia instead of sedation may be necessary

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to carry out endoscopic variceal band ligation for the primary prevention of variceal bleeding.

While reviewing the evidence in this area, the committee reiterated that some people with learning disabilities may experience difficulties in taking medication in tablet form, including non-selective beta-blockers. They noted that while carvedilol is not available as a licensed liquid suspension (although it can be obtained via a special order formulation but this is expensive and may take longer to procure), propranolol is available and although more costly than the tablet form, may be helpful in ensuring compliance with taking NSBBs over the longer-term.

The additional issues raised at this stage of the EIA are part of a broader issue that whilst not necessarily being addressed by the guideline directly have been considered when drafting recommendations and when writing the rationale for those recommendations. Where appropriate they have been specified to ensure that issues raised are accounted for when implementing the overall guideline.

- **Gender reassignment**

No additional issues have been identified relating to gender reassignment at this stage of the update of this guideline.

- **Pregnancy and maternity**

During protocol development, the committee noted that endoscopic variceal band ligation for the primary prevention of variceal haemorrhage may not be possible during pregnancy. While reviewing the evidence in this area, the committee also noted that NSBBs are not generally used during pregnancy and breastfeeding unless essential, due to a lack of evidence about risk in these populations.

The additional issues raised at this stage of the EIA are part of a broader issue that whilst not necessarily being addressed by the guideline directly have been considered when drafting recommendations and when writing the rationale for those recommendations. Where appropriate they have been specified to ensure that issues raised are accounted for when implementing the overall guideline.

- **Race**

No additional issues have been identified relating to race at this stage of the update of this guideline.

- **Religion or belief**

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

- **Sex**

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

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- **Sexual orientation**

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

- **Socio-economic factors**

During protocol development, the committee noted that people living in remote locations may have poorer access to health services and consequently, cirrhosis and the complications being considered by this update, may be diagnosed later and may be more likely to require intervention.

While reviewing the evidence around the primary prevention of variceal bleeding, the committee noted several points relating to the affordability and accessibility of the intervention options that may limit treatment choice for some people. For example, for variceal band ligation, several appointments are likely to be needed to initially achieve obliteration of the varices, in addition to attending regular follow-up appointments for ongoing surveillance. Where patients are not eligible for hospital transport or where transport is limited due to remote location, the cost of attending frequent appointments may be an important consideration. Likewise, for those who are not entitled to free prescriptions, the use of NSBBs over the long-term will entail an on-going cost, as medication for liver diseases is not currently exempt from [prescription charges](#). Given that data from the Office for Health Improvement and Disparities shows that areas with the highest levels of deprivation, experience the highest rates of hospital admissions for liver disease, affordability is an important issue ([OHID 2022](#)).

The additional issues raised at this stage of the EIA are part of a broader issue that whilst not necessarily being addressed by the guideline directly have been considered when drafting recommendations and when writing the rationale for those recommendations. Where appropriate they have been specified to ensure that issues raised are accounted for when implementing the overall guideline.

- **Other definable characteristics**

### **Refugees, asylum seekers and migrant workers**

The committee noted that there are high rates of cirrhosis due to Hepatitis B infection among refugees, asylum seekers and migrant workers. They noted the language barriers patients from these groups may face in terms of available information about cirrhosis and its' complications, easily accessible medication administration instructions, drug information leaflets in different languages and the treatment options available for the complications being considered by this guideline. Concerns about how information regarding treatment would be communicated was raised and discussed more generally but does speak to the

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issues identified regarding supporting refugees, asylum seekers and migrant workers.

The additional issues raised at this stage of the EIA regarding refugees, asylum seekers and migrant workers are part of a broader issue that whilst not necessarily being addressed by the guideline directly have been considered when making recommendations and when writing the rationale for those recommendations. Where appropriate they have been specified to ensure that issues raised are accounted for when implementing the overall guideline.

### **People who are homeless**

During protocol development, the committee noted that people who are homeless and who may also misuse alcohol, may not engage regularly with health services. For this reason, there is a tendency for diagnosis of cirrhosis to occur later than in people with more stable lifestyles and it is more likely that intervention for the complications of cirrhosis may be needed. Concerns about the impact of chaotic lifestyles on future engagement with health services and compliance with taking medication over the long-term, may mean that endoscopic variceal band ligation may be considered by healthcare professionals as the more appropriate treatment option for the primary prevention of bleeding from oesophageal varices and the committee made recommendations that reflected this. However, compliance with attendance at follow up appointments may be poor for people with chaotic lifestyles. Discharge from hospital may also be delayed due to social care considerations rather than for reasons of medical fitness for discharge.

When discussing the evidence around the primary prevention of variceal bleeding the committee reiterated their previous concerns around the impact of chaotic lifestyles both on compliance with taking NSBBs over the longer-term and around attendance at follow-up appointments for variceal band ligation. The committee noted that in their experience, a significant proportion of patients they see may have chaotic lifestyles, including due to misuse of alcohol. Concerns about supporting patients in such circumstances to comply with the treatment was influential in the committee's focus on shared-decision making around treatment options in the recommendations.

The additional issues raised at this stage of the EIA are part of a broader issue that whilst not necessarily being addressed by the guideline directly have been considered as draft recommendations have been developed and in the corresponding rationale for those recommendations where appropriate, to ensure that issues raised are accounted for when implementing the overall guideline.

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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 guideline has a preamble to the recommendations that highlights the need for people to be involved in discussions and be informed about care decisions and links the reader to NICE's overview on 'making decisions about your care' which provides links to a series of NICE resources about making decisions on care together, shared decision making, accessing NHS care and treatment recommended by NICE and information about medicines. The issue of informed and shared decision making was raised across equality issues raised and this reference seeks to address it for example with regards to people with disabilities, people experiencing homelessness or refugees, asylum seekers and migrant workers.

In terms of issues raised regarding age regarding non-selective beta-blocker (NSBBs) tolerance recommendations highlight the need to have a discussion regarding the risk and benefits for treatment options for the prevention of variceal bleeding and what actions to take if NSBBs are unsuitable. The rationale and impact section highlights issues relating to contraindications for carvedilol and outlined the committee's discussions regarding its use with caution and the need to start on a lower dose initially. The recommendations acknowledge that neither carvedilol nor propranolol have UK marketing authorisation for preventing decompensation and refer the prescriber to good practice in prescribing medicines guidance which refers to informed decision making with patients and the safety and efficacy of treatment for those receiving it.

The issue of antibiotic contraindications and tolerance were raised under the characteristics of pregnancy and maternity and race, but the committee acknowledge that this may warrant wider consideration more generally. The committee considered these issues and the MHRA drug safety update for fluoroquinolones was raised at scope and discussed further in committee meetings. The guideline acknowledges this issue by highlighting that antibiotic prophylaxis should only be recommended to prevent spontaneous bacterial peritonitis in those identified as high risk; that the fluoroquinolone class of antibiotics were the subject of an MHRA drug safety update that advises avoiding their use and that antibiotic use might be of benefit to some people.

The issue of medicines compliance and the need for support was raised under the characteristic of disability but was also raised and discussed under socio-economic factors and those experiencing homelessness. Linked to this were equality issues raised under pregnancy and maternity and the appropriateness of recommended treatment options for example EVL or NSBBs for preventing

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oesophageal variceal bleeding or contraindications for antibiotic prophylaxis for spontaneous bacterial peritonitis. For preventing oesophageal variceal bleeding reference is made to the consideration of treatment options that would help with compliance and outlines support be it through endoscopic variceal band ligation (EVL) or NSBBs. The rationale and impact sections highlight that the committee acknowledge issues regarding the invasive nature of EVL but that in some cases due to issues with adhering to a treatment it may be the appropriate action as during endoscopic investigations there may be an opportunity to undertake banding of medium to large varices. The committee acknowledge that some individuals may find it difficult to take NSBBs and manage a treatment regimen due to a range of reasons for example their chaotic lifestyle, and that these factors and individual preferences should be discussed, and treatment decisions made with them regarding what would best fit their needs. For preventing spontaneous bacterial peritonitis with antibiotics recommendations specify to only utilise antibiotics in those that are at high risk. For preventing first decompensation the recommendations acknowledge that neither carvedilol nor propranolol have UK marketing authorisation for preventing decompensation and defer the prescriber to good practice in prescribing medicines guidance for doctors which refers to informed decision making with patients and the safety and efficacy of treatment for those receiving it.

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.

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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: 20<sup>th</sup> March 2023

Approved by NICE quality assurance lead: Simon Ellis

Date 16<sup>th</sup> May 2023