

## NICE guidelines

### Equality impact assessment

#### Flu vaccination: increasing uptake in clinical risk groups and health and social care workers

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

##### **1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)**

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

**Age:** People aged 65 years and over are not covered by this guideline as there is a relatively high uptake in this population group. There was greater identified need in the groups this guideline is currently proposing to cover by virtue of their much lower uptake rates.

**Disability:** There is some evidence to suggest eligible people with lower mobility have lower uptake, therefore outreach interventions will be considered in the evidence. In addition, people with learning disabilities are an eligible group in the chronic conditions group, which has identified need and low uptake.

**Gender reassignment:** No potential equality issues were identified during scope development for this target group.

**Pregnancy and maternity:** This is a target group for the guideline

**Race:** Black and Minority Ethnic (BME) groups have higher prevalence of conditions classified as eligible under the clinical risk group category. Therefore, as this group has chronically low uptake, uptake may be disproportionately low in these groups. There is some evidence from the national childhood flu immunisation programme that ethnicity is associated with lower uptake.

**Religion or belief:** There may be a lower uptake among groups who have religious or spiritual beliefs against receiving vaccinations.

**Sex:** There is evidence to suggest there is generally greater uptake among

women than men although there may be higher compliance among men in the over 75 age group (people aged 65 years and over are not covered by this guideline).

Sexual orientation: There is evidence that the lesbian, gay, bisexual, and transgender community are less able to access more traditional healthcare services, so uptake may be disproportionately low in these groups.

Socio-economic disadvantage: These groups tend to have a higher prevalence of chronic conditions, as those in clinical risk groups have lower overall uptake than those who are socioeconomically disadvantaged may have a disproportionately low uptake. There is some evidence that lower vaccination uptake is associated with poorer health choices, for example smoking. Long term smokers are disproportionately drawn from lower socio-economic groups, so uptake may be disproportionately low in this group. There is some evidence from the national childhood flu immunisation programme that deprivation is associated with lower uptake. In addition, there is evidence that low health literacy is linked to lower use of preventative health services.

Travellers and asylum seekers: By focusing on primary and secondary care, there may be a potential issue about their routes through which interventions are delivered as these groups may not routinely use primary care.

- Do inequalities in prevalence, access, outcomes or quality of care for any groups (particularly those sharing protected characteristics) need to be addressed by the scope? –

As noted above access issues may be encountered by those with mobility issues or travellers and asylum seekers. In addition, those from BME or lower socioeconomic groups tend to have a high prevalence of chronic conditions and thus may have a disproportionately low uptake of flu vaccination as the statistics show chronically low uptake in those in clinical risk groups.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The issues identified above will be:

- Noted in the protocols and any evidence relevant to these groups will be extracted
- Highlighted to and discussed by the committee during development of recommendations.

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Date 17<sup>th</sup> December 2015

Approved by NICE quality assurance lead: Stephanie Fernley

Date\_18<sup>th</sup> December 2015

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