

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between particular population groups. This form is for documenting the consideration of equality issues at each stage of the quality standard development process. This equality impact assessment is designed to support NICE's compliance with the Equality Act 2010 and the Human Rights Act 1998, and to provide the Guidance Executive of NICE with assurance of compliance.

The table below lists the characteristics and other equality factors we need to consider. It covers population groups sharing the 'protected characteristics' defined in the Equality Act, and those affected by health inequalities and inequities in access to health, public health and care services associated with socioeconomic factors and with other forms of disadvantage. Although listed separately, these categories often overlap.

The form is used to:

- Confirm that equality issues have been considered, and identify any relevant to the topic.
- Show that these issues have been given due consideration by explaining what impact they have had on the quality statements, or why there was no impact.
- Give assurance that the quality statements will not discriminate against any protected group.
- Highlight quality statements aimed at advancing equality of opportunity or fostering good relations.

The equality impact assessment should be completed by the lead technical analyst. NICE quality assurance staff must sign off the completed equality impact assessment before the form is published on NICE's website.

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NICE quality standards

Equality impact assessment

Low back pain and sciatica in over 16s

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

1. TOPIC ENGAGEMENT STAGE (to be completed by the lead technical analyst before topic engagement)

1.1 Have any potential equality issues been identified during this stage of the development process?

Some groups of people may require tailored interventions. Those groups include people with cognitive or learning disabilities and people for whom English is not a first language. An important outcome for many people with low back pain and sciatica is to be able to return to work. However, it is important not to disadvantage the people who do not work, such as the unemployed and those not of working age.

The above factors and any further equality issues identified during this process, will be considered during the development of the quality standard.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

This quality standard covers assessment and management of non-specific low back pain and sciatica, in people aged 16 and over. People under 16 will not be covered by the quality standard due to lower incidence of non-specific back pain in this population. People who have low back pain or sciatica related to specific spinal pathologies will also not be covered. This includes conditions of a non-mechanical nature, neurological disorders and adolescent scoliosis.

Completed by lead technical analyst: Karyo Angeloudis

Date: 20/11/2016

Approved by NICE quality assurance lead Nick Baillie

Date 07/03/2017

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2. PRE-CONSULTATION STAGE (to be completed by the lead technical analyst before consultation on draft quality standard)

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Some groups of people may require tailored interventions. Those groups include people with cognitive or learning disabilities and people for whom English is not a first language. A support worker or interpreter can be accompany the person when they are seen by a healthcare professional.

An important outcome for many people with low back pain and sciatica is to be able to return to work. However, it is important not to disadvantage the people who do not work, such as the unemployed and those not of working age. For people who do not work, the aim should be the return to normal activities rather than return to work.

The above factors and any further equality issues identified during this process, will be considered during the development of the quality standard.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No

2.3 Do the draft quality statements 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

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

2.5 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 questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

No

Completed by lead technical analyst: Karyo Angeloudis

Date: 6/2/2017

Approved by NICE quality assurance lead Nick Baillie

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Date 07/03/2017

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Post-consultation stage

3. Final quality standard (to be completed by the lead technical analyst before GE consideration of final quality standard)

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

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3.2 If the quality statements have changed after the consultation stage, are there any that 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?

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3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

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3.4 If the quality statements have changed after consultation, 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 questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

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Completed by lead technical analyst

Date _____

Approved by NICE quality assurance lead _____

Date _____

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4. After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

Completed by lead technical analyst

Date _____

Approved by NICE quality assurance lead _____

Date _____

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NICE quality standards
Equality report EIA analysis form
Low back pain and sciatica

Title/Topic		Low back pain and sciatica							
If equality issues identified, how many?									
What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
How many issues had an impact on quality statements?									
If equality issues were identified, summarise what they were									
What was the breakdown of equality issues with an impact on quality statements?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
If equality issues had impacts on recommendations, summarise these impacts									