

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Management of Psoriasis

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

The guideline considers all people who receive healthcare in primary, secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

Stakeholders highlighted issues regarding psoriasis and ethnicity, given phenotypic variation across races and varying prevalence of co-morbidities that have an effect on clinical management.

Stakeholders also raised issues pertaining to the long-term management of psoriasis and the potential:

- affordability of medicines / treatments
- time taken off of work for some treatments

It was noted that access in rural areas to phototherapy and access to in patient care for psoriasis may be difficult.

Where possible the developers will consider these points when making recommendations for this guideline.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

Only people who do not have a diagnosis of psoriasis were excluded.

Stakeholders and experts indicated that the diagnosis of psoriasis did not seem to be problematic, rather it is the evaluation of disease severity and its impact on people with psoriasis that requires guidance and recommendations.

Consideration will be given to the specific needs, if any, of people with psoriatic arthritis. The developers will also take into consideration the fact that drugs or other interventions used for psoriasis per se may have an inter-relationship and potential benefits for psoriatic arthritis, and vice-versa, however, comprehensive guidance on all aspects of psoriatic arthritis will not be dealt with.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Registered stakeholders have been consulted on the contents of the scope both at a scoping workshop and during the scope consultation, and the scope was revised to address and incorporate relevant comments. A number of issues related to equalities were highlighted (see box 1 above).

Signed:

Centre Director

Date:

GDG Chair

Date: