

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Gallstone disease: diagnosis and management of cholelithiasis, cholecystitis and choledocholithiasis

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Two separate issues emerged from stakeholder consultation. A stakeholder queried why children and young people were excluded from the guideline scope. However, this population remained excluded from the guideline and it was considered a proportionate exclusion because gallstone disease is very rare within this population.	Children and young people remained excluded from the guideline scope and therefore this has no impact on the recommendations the GDG made.
During scoping a stakeholder raised the issue of giving specific regard to pregnant women and non-verbal patients, particularly those with disabilities.	No sub-group analysis in any of the evidence reviews emerged to inform GDG decision-making around these specific equality considerations.
Other comments	

Insert more rows as necessary.

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>During development of the guideline, the GDG identified that there was an equality issue related to age. The group felt that very often older people were considered unfit for surgery on the basis of age, without full consideration of the person's clinical condition and circumstances.</p>	<p>The GDG were clear that the recommendations on radiological and surgical intervention should apply to all people, and were also clear that the option of day-case laparoscopic cholecystectomy should be offered unless the patient's circumstances or clinical condition made an inpatient stay more necessary.</p> <p>The committee also felt that biliary stenting may often be overused in older people, and full endoscopic or surgical clearance is not prioritised in older people. The GDG made a recommendation to make it clear that biliary stenting should only be a temporary measure prior to definitive endoscopic or surgical clearance.</p>
Other comments	

Insert more rows as necessary.

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?

- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

This guideline does not make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention. None of the interventions recommended in this guideline are dependent on membership to a specific group or discriminate unlawfully against a group.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

The recommendations are carefully worded to ensure that older people are not overlooked for surgery or that their care is prioritised differently in the NHS. Differences in testing and treatment should only be based on individual clinical judgement of the person's clinical condition and circumstances.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The guideline recommendations apply to all people who receive healthcare in all settings where NHS care is delivered irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

The recommendations foster good relations and aim to tackle discrimination related to age.