

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

## Managing medicines for people receiving social care in the community

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

### 1.0 Scope: before 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?

A number of patient groups were identified before consultation where equality issues need to be considered.

**Older people:** The scope includes all adults (age 18 and above) receiving social care in the community who take or use medicines, irrespective of their age. However, there is likely to be a need to focus on older people as the vast majority (79%) of home care support funded by local authorities is provided for people aged 65 years or older [[HSCIC 2014](#)]. This group is also more likely to have multimorbidities and be taking multiple medicines (polypharmacy) and as a result will need greater support with their medicines. For older people who lack capacity to manage their own medicines, support needed to take or use their medicines and medicines-related safeguarding are important considerations.

**Diversity in population:** Services delivered in the home should be sensitive and accommodating to different cultural, religious and LGBT requirements. People of ethnic minority background, recent migrants and people who do not speak English as their first language may have more difficulty understanding information about medicines or reading medicines labels and consequently have a greater need for support with their medicines.

**Gender:** In 2013/14, data show that 60% of service users (of all ages) receiving community-based social care services are female [[HSCIC 2014](#)]. The reasons behind this are unclear, and may need to be considered by the committee. Home care is provided by a largely female, low paid, part-time workforce, many of whom

are recent immigrants to the UK.

**People with disabilities:** People with physical and mental disabilities are affected by a range of issues which limit their ability to lead independent lives. For example, people who are deaf or hard of hearing may have difficulty understanding verbal information about their medicines. People with visual impairment may not be able to read small medicines labels or information leaflets, which may increase the risk of harm if medicines are not taken as intended. People with physical disabilities may have difficulty opening medicines containers or popping tablets from blister packs, which may lead to poor medicines adherence.

**Socio-economic status:** People from a lower socio-economic status may have greater difficulty in accessing appropriate information and less ability to pay for social care support in their home if this was not local authority funded.

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 scope covers all adults receiving social care in the community who take or use medicines, irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

### **Children and young people**

The evidence review will not specifically examine research on children aged under 18 years and therefore recommendations will not be specifically developed about this group. The scoping group agreed that this exclusion is legitimate because of important differences in legislation and other issues, such as child protection and safeguarding. There were concerns that these issues could not be adequately covered in evidence reviews for a guideline with a whole population focus. It would also be difficult to recruit a representative committee that reflects a range of expertise in the care of both adults and children.

Plans for dealing with the aspects listed in 1.1 include sensitivity to equality and diversity issues, although it is not considered that these groups would require additional reviews of the evidence. The guidance will not cover specific medicines or medical conditions, so some equality considerations will not be applicable. The committee may also make recommendations specifically in relation to particular service users and carers. Separate literature searches looking for evidence specifically about these groups will not be undertaken.

Completed by Developer

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