Appendix B: equality and health inequalities assessment (EHIA)

2024 exceptional surveillance of Tobacco: preventing uptake, promoting quitting and treating dependence (NICE guideline NG209)

STAGE 1. Surveillance review

Date of surveillance review: February 2024

Focus of surveillance review: Recommendations on treating tobacco dependence, specifically the safety and effectiveness of cytisinicline for smoking cessation.

Exceptional review

1.1	On reviewing the existing EIA or EHIA and issues log for the guideline(s) and quality standard(s), describe below any equality and health inequalities issues relevant to the current surveillance review

Historical EIA checks:

2022 update (Alan Carr update): The committee agreed that the addition of e-cigarettes to the recommendations may make stopping smoking more accessible to some parts of the population of smokers and thereby reduce inequalities.

2021 guideline consultation: Very little evidence was identified that was specific to groups with low income or those in routine and manual occupations for treating tobacco dependence. Expert testimony on socioeconomic inequalities in relation to treating tobacco dependence was sought, and an expert provided testimony to the committee on the barriers to cessation in these groups and how these might be approached in a UK context. The committee noted from the testimony, that in common with some other underserved groups, disadvantaged smokers are no less likely to be motivated to give up smoking but are less likely to succeed in a cessation attempt. The committee recognised that no evidence was identified by the reviews to demonstrate how to tailor effective and cost-effective interventions to ensure that they are engaging, accessible and acceptable to some underserved groups. These include: socioeconomically disadvantaged groups, including pregnant women from those groups; lesbian, gay, bisexual and trans people; and people with learning disabilities. The committee identified this as an important gap in the evidence and made a research recommendation in this area.

1.2	Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?
No new equality and health inequalities issues were identified by initial surveillance checks, beyond those already acknowledged in existing EIA documents.	

1.3	If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?
We did not hold a stakeholder consultation or contact topic experts.	

1.4	What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]
No new information was identified about equality and health inequalities issues. The health inequality issues identified have had no direct impact on the surveillance review but have highlighted the need for evidence to address the recommendations for research in the guideline: to help understand the health effects of e-cigarettes in pregnancy, whether they are effective to help women stop smoking in pregnancy	

Completed by surveillance reviewer: RM (technical analyst)
Date: 07/02/2024
Approved by NICE surveillance associate director: KN, associate director
Date: 07/02/24

STAGE 2. Informing the scope

(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

Guideline: Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]

Date of completion: July 2024

Focus of guideline or update: The effectiveness of cytisinicline as an intervention to aid smoking cessation.

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted 'not applicable'.

1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?
Here are the approaches that have been used to identify potential equality and health inequalities issues for this cytisinicline update: • Review of five existing Equality Impact Assessments (EIAs) from previous versions of the tobacco guideline. • Surveillance review: The Stage 1 EHIA from the surveillance review in February 2024 was completed above, which involved checking for any new equality or health inequalities issues. • At the internal review meeting where the Multi Criteria Decision Framework was completed , the question "Are there HI issue(s) that could be addressed by evidence review [of cytisinicline]?" was raised and answered "No". • Review of previous research recommendations: The surveillance review highlighted the existing research recommendation around understanding health effects of e-cigarettes in pregnancy. • Review of previous expert testimony: Previous EIAs noted expert testimony was sought on socioeconomic inequalities related to tobacco dependence treatment. (EIA documents August 2022, June 2021).

2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?
Based on the information provided in the previous EIA documents, here are the potential equality and health inequalities issues identified for the tobacco guideline that may be relevant to the cytisinicline update: 1. Protected characteristics:

- Age: Higher smoking prevalence among younger adults (20% of 16-34 year olds compared to 11% of those 60+). Most smokers begin in their teens (House of Commons Library Briefing paper: Statistics on smoking 2017). However, the Summary of Product Characteristics for Cytisine states that it is not recommended for use in persons under 18 years of age.
- Disability: 40% of adults with serious mental health conditions smoke, compared to the general population (Department of Health Tobacco Control Plan for England 2017). People with mental health disorders are more likely to be heavily addicted (Royal College of Physicians and Royal College Psychiatrists Smoking and mental health 2013).
- Sexual orientation: Around 24% of adults identifying as lesbian, gay or bisexual are smokers, compared to 16% of heterosexuals (Public Health England Local Tobacco Control Profiles 2016).

2. Socioeconomic deprivation:
   - Income level: Smoking rates almost three times higher among those on lowest incomes compared to highest incomes (Department of Health tobacco control plan 2017).
   - Occupation: 26% of those in routine and manual occupations smoke compared to 11% in managerial and professional occupations (House of Commons Library Briefing paper: Statistics on smoking 2017).
3. Geographical area variation:
   - Regional differences: Smoking prevalence varies by region, e.g. 17% in London, South-East and South-West compared to over 19% in North-East, North-West and Yorkshire and The Humber (NHS Digital Statistics on Smoking, England – 2016).
   - Urban/rural differences: People from deprived areas are more likely to smoke and less likely to quit (Health matters: smoking and quitting in England 2015).
4. Inclusion health and vulnerable groups:
   - Prisoners: Around 80% of prisoners smoke compared to 20% of the general population (Public Health England. 'Reducing Smoking in Prisons. Management of tobacco use and nicotine withdrawal'. March 2015).
   - Gypsies and the travelling population: Higher smoking prevalence (47% reported in a 2009 survey) (Public Health England Tobacco use: inequalities by protected characteristics and socioeconomic factors 2015).
   - Looked after children and young people: Many are smokers when entering care or take up smoking during care (Tobacco use: inequalities by protected characteristics and socioeconomic factors 2015).

For protected characteristics not specifically mentioned (sex, race, religion or belief, gender reassignment), no potential equality or health inequalities issues were identified in the previous EIA documents related to the tobacco guideline that may be relevant to the cytisinicline update. For the protected characteristic of pregnancy and maternity it is noted that over 10% of pregnant women smoke, with higher prevalence among those under 20 (Department of Health Tobacco Control Plan for England 2017). However, the focus of this update is cytisinicline which is contraindicated for use in pregnant people and people who have been recently pregnant populations (EMC, 2024).

The surveillance report outlines that no new specific equality or health inequalities issues related to cytisinicline were identified. The committee will need to consider whether these existing inequalities are relevant to the use of cytisinicline and if there are any additional issues specific to this treatment that need to be addressed.

3. How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Based on Stage 1 above, the EIAs (August 2022, May 2022, November 2021, June 2021, September 2018 and May 2018) and the focus on cytisinicline for this guideline update, this is how the identified equality and health inequalities issues will be considered:

1. Review questions: The current review question on the effectiveness and safety of cytisinicline for smoking cessation does not restrict the population beyond children and young people under 18, and pregnant and breast-feeding people (due to being contraindicated for cytisinicline). This broad approach allows for consideration of various subgroups and protected characteristics during the evidence review process. When undertaking the review where data is available, the review will aim to identify and analyse information on the effectiveness and safety of cytisinicline for smoking cessation in specific population groups, such as adults with mental health conditions, LGBTQ+ individuals, people from lower socioeconomic backgrounds, and individuals from ethnic minority groups with higher smoking prevalence
2. Scope considerations:
    - Include a requirement for evidence reviews to report outcomes by relevant subgroups where data is available.
3. Committee considerations:
    - Encourage the committee to consider how recommendations about cytisinicline might impact existing health inequalities in smoking cessation.
    - Include a specific question in the stakeholder consultation regarding equality and inequalities related to cytisinicline use for smoking cessation. This will help gather valuable insights from a range of perspectives.
    - Use the feedback from stakeholders and patient groups to inform the committee's discussions and decision-making process, ensuring that equality and health inequality issues are thoroughly considered when developing recommendations.
4. Implementation considerations:
    - Consider how guidance on cytisinicline use might be tailored or implemented differently to address the needs of different groups (e.g., those with mental health conditions, or individuals from lower socioeconomic backgrounds).

These suggestions aim to ensure that the guideline update on cytisinicline considers and potentially addresses existing health inequalities in smoking cessation.

4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
Based on the stakeholder list, there appears to be good representation from various groups that can help explore equality and health inequalities issues related to smoking cessation and the potential use of cytisinicline. The list includes: 1. Mental health organisations: Royal College of Psychiatrists, Mental Health Nurse Academics UK, and several NHS mental health trusts. 2. LGBTQ+ organisations: LGBT Foundation and The National LGB&T Partnership. 3. Organisations representing ethnic minorities: BAME Health Collaborative and Bangladeshi Stop Tobacco Project. 4. Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue. 5. Youth organisations: National Children's Bureau, Young People's Health Special Interest Group, and several local youth services. 6. Pregnancy and maternity: Royal College of Obstetricians and Gynaecologists, Maternity Action, and several maternity-focused groups. 7. Organisations focused on health inequalities: Institute of Health Equity, UCL and various public health bodies. The list also includes a wide range of national health organisations, local authorities, NHS trusts, and specialised health groups that can provide insights into various aspects of health inequalities. There is no consultation planned with the People and Communities Involvement and Engagement (PCIEP) team.

5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?
The views and experiences of those affected by equality and health inequalities issues will be included in the guideline development process through the following mechanisms: 1. Stakeholder consultation: The comprehensive stakeholder list includes organisations representing various groups affected by health inequalities in smoking cessation. These stakeholders will have the opportunity to comment on the draft scope and guideline, ensuring diverse perspectives are considered. 2. Committee expertise: Members with experience of working with diverse populations will be included.

3. Evidence review: The evidence review process will include a focus on extracting data related to equality and health inequalities where available, particularly for populations identified as experiencing higher smoking rates or facing barriers to cessation.
4. Committee discussions: The committee will be encouraged to consider equality and health inequalities implications throughout their discussions and decision-making processes.
5. Consultation feedback: Particular attention will be paid to feedback received during the consultation phase that addresses equality and health inequalities issues.

These approaches should ensure that the guideline development process meaningfully includes the views and experiences of those affected by equality and health inequalities issues, even without additional specific measures beyond the standard NICE process. However, if during the development process it becomes apparent that certain perspectives are underrepresented, additional steps (such as targeted consultations or additional expert input) will be considered.

6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
This will be a short update and will not be going for scope consultation. The scope does not restrict by populations (apart from those under 18 and pregnant people or people who have been recently pregnant as they are contraindicated for cytisinicline.

7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
The scope states that the focus is on "Adults who want to stop smoking," which excludes children and adolescents under 18 years of age. This exclusion is appropriate and justified for the following reason: 1. Cytisinicline is contraindicated for use in children and adolescents under 18 years of age. The scope states that people who are or who have recently been pregnant are excluded from this update. This exclusion is appropriate and justified for the following reason:

2. Cytisinicline is contraindicated for use in people who are or who have recently been pregnant.

Completed by developer: Robby Richey
Date: 18/07/2024

Approved by NICE quality assurance lead: Kate Kelley
Date: 27/09/2024