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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Hypertension in adults

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

No equality issues were identified during the update surveillance process. During scoping the following groups were identified as requiring consideration:

- people of West African and Caribbean family origin due to a higher incidence of hypertension and increased risks of stroke or heart failure, and a different response to some commonly used anti-hypertensive therapies.
- people of South Asian family origin among whom the risk of renal and cardiovascular complications of hypertension are increased, especially in people with type 2 diabetes
- people aged over 80 years, among whom co-morbidities are more prevalent, with implications for choice of treatment.

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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?

This guideline will update the previous NICE guidance on Hypertension and will consider the above population groups within the review questions as relevant.

Pregnant women and women planning on becoming pregnant are excluded from the scope. Use of pharmacological agents in pregnancy is subject to specific regulatory guidance. The management of hypertension in pregnancy is a highly specialist area and is addressed in NICE guidance CG107: [Hypertension in pregnancy: diagnosis and management](#).

Completed by Developer Serena Carville

Date 24/5/17

Approved by NICE quality assurance lead Kay Nolan

Date 22/08/19

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

During consultation a stakeholder raised that socioeconomic inequality should also be considered. Noting that people from more deprived areas have an increased risk of stroke and are likely to experience more severe strokes, and furthermore those from poorer areas tend to have strokes at younger age than those from wealthier areas. We will consider equality for people irrespective of socioeconomic status when drafting recommendations, but do not expect that we will be able to have evidence to make specific recommendations for this group of people within the

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guideline.

It was also noted that some evidence suggests men maybe at 25% higher risk of having a stroke and at a younger age compared to women (Stroke Association State of the Nation Stroke Statistics accessed 22/6/2017). However, as the risk of stroke arises from an interaction between multiple risk factors, some of which may correlate with basic epidemiological data such as age and gender, it is not considered that men need to be looked at as a separate subgroup within the review questions, although the committee will be mindful of this when interpreting results of the reviews.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

It was acknowledged that the specific groups identified within the equalities considerations had not been included as subgroups of people identified as needing specific considerations. The below groups have now been added to section 3.1 as subgroups that will be considered in relevant review questions.

- people of West African and Caribbean family origin.
- people of South Asian family origin, especially in people with type 2 diabetes
- people aged over 80 years.

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2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, do the key messages for the public need to be produced in an alternative version?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Does an alternative version(s) of the consultation documents also need to be produced?

N/A

Updated by Developer Serena Carville

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3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

Each review protocol included the following groups as subgroups should heterogeneity be observed:

- people of West African and Caribbean family origin.
- people of South Asian family origin, especially in people with type 2 diabetes
- people aged over 80 years.

Specific recommendations were made to address any potential equality issues for people aged over 80 years when starting treatment (recommendation 1.5.1 & 1.5.4) Blood pressure targets (recommendation 1.5.11 & 1.5.13) and to highlight consideration of frailty (recommendations 1.5.1, 1.5.4, 1.5.11 & 1.5.13) and for people of African or Caribbean family origin (recommendation 1.6.7).

A research recommendation was also made to inform future recommendations for blood pressure targets for people aged over 80.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the committee addressed them?

No new other potential equality issues have been identified during development.

3.3 Have the committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes, consideration of equality issues has been described in the relevant discussion of the evidence sections:

Diagnosis – re. evidence that people of South Asian origin are less able to tolerate

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3.3 Have the committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

ABPM than other populations.

Initiating treatment where it is noted that family origin is taken into account in the cardiovascular risk assessments.

Initiating treatment and Blood pressure targets – highlighting considerations for people aged over 80 years.

3.4 Do the preliminary recommendations 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

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

N/A

Completed by Developer _____ Serena Carville _____

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Date __ 10/01/19 _____

Approved by NICE quality assurance lead __ Kay Nolan _____

Date __ 22/08/19 _____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

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

One stakeholder raised the importance of identifying adults with learning disabilities, to highlight potential vulnerabilities and possible need for reasonable adjustments to the care pathway offered. Particularly noting GP records suggested the prevalence in people with learning disabilities is lower than expected from the general population, however the reasons for this are not know.

The committee agreed this was important to highlight and other guidance should be followed for patients experience in adult NHS services, including people with learning disabilities, however no separate recommendations were required for this group within the hypertension guideline.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

No.

4.3 If the recommendations 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?

No.

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4.4 If the recommendations 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Yes, consideration of equality issues has been described in the relevant discussion of the evidence sections:

Diagnosis – re. evidence that people of South Asian origin are less able to tolerate ABPM than other populations.

Initiating treatment where it is noted that family origin is taken into account in the cardiovascular risk assessments.

Initiating treatment and Blood pressure targets – highlighting considerations for people aged over 80 years.

Step 1 treatment – different considerations for people of black African or African-Caribbean family origin.

Updated by Developer ___Serena
Carville_____

Date 05/06/19_____

Approved by NICE quality assurance lead ___Kay Nolan_____

Date _____22/08/19_____

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

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

It was agreed that the recommendations for people of African and Caribbean family origin should use the term 'black African or African Caribbean family origin' to avoid any misinterpretation of who these recommendations apply to, and for consistency with previous iterations of this guideline.

Within this EIA form, the population initially highlighted was 'West African', however due to a lack of evidence specifically for this group, the population specified in the recommendation remains as African.

Approved by Developer __Serena

Carville_____

Date_08/08/19_____

Approved by NICE quality assurance lead __Kay Nolan_____

Date_____22/08/19_____

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