# Equality impact assessment

# Managing the long-term effects of COVID-19

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)

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| 1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N<br><br>If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.) |
| No. The scope of the guideline is adults, children and young people. |

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| 1.2 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? |
| **Exacerbating inequalities** |

There is potential for recommendations to exacerbate inequalities if individual circumstances are not acknowledged, as detailed below. Protected characteristics and assumptions about individual circumstances need to be considered.

**Age**

It appears that ongoing symptoms of COVID-19 may be more likely to be reported in older people. However, there seem to be different clusters of symptoms in different ages, which means that there could be different presentations for children and younger people and adults compared with people aged over 65.

There could be difficulty accessing care for older people who cannot easily ask for help because of mobility or sensory impairments. These factors may lead to older people becoming less likely to seek help.

**Disability**

People with learning disabilities and autistic people may present late to services because of atypical presentations or diagnostic overshadowing. Some disabled people may have particular needs that make it difficult for them to access care. People with some learning and developmental disabilities may need reasonable adjustments to care pathways.

Other disabilities, such as communication impairment, poor eyesight, hearing or cognitive difficulties, may also create challenges seeking help and accessing care. Healthcare services are requiring additional safety measures for patients attending appointments. These safety measures may make healthcare less accessible, especially where entrances or exits to the building have been closed that may have been more accessible for some people with disabilities.

**Gender reassignment**

None identified at this time

**Pregnancy and maternity**

Women who are pregnant, and parents and carers of young children who are struggling with symptoms, may have difficulty attending their midwifery or health visitor appointments as well as difficulty accessing health and social care services where they could gain advice and assistance. This may increase the likelihood of a delay in seeking help.

**Race**

There is some evidence of poorer outcomes from COVID-19 in black, Asian and minority ethnic populations. This has been linked to a number of potential factors:

- higher rates of comorbidities, such as cardiovascular disease, obesity and diabetes in some black, Asian and minority ethnic populations, which have been associated with COVID-19 mortality

- a person's occupation, for example over-representation in key worker roles in health and social care; pre-existing socioeconomic factors (such as housing conditions), which could affect people's ability to maintain infection control and prevention measures, and to follow healthy lifestyles that might assist in reducing risk.

While the prevalence of prolonged COVID-19 symptoms in black, Asian and minority ethnic groups is currently not known, it is important to consider these factors when drafting recommendations.

People from black, Asian and minority ethnic groups may feel marginalised, have experienced racism, or have had previous experiences with a culturally insensitive healthcare service that could create barriers to engagement with healthcare services.

**Religion or belief**

None identified at this time.

**Sex**

There are known differences in terms of poorer outcomes from COVID-19 for men compared to women, so it is important to consider potential differences in clusters of symptoms when drafting recommendations.

**Sexual orientation**

None identified at this time.

**Socioeconomic factors**

Poverty and poor housing may have substantial impacts on accessibility to healthcare resources. Often it is those who have the greatest need for healthcare services who live furthest away from them. This could cause further delay in seeking help.

**Other definable characteristics** (these are examples):

- refugees
- asylum seekers
- migrant workers

For people whose first language is not English, there may be communication difficulties and a need for an interpreter especially for seeking help and effective shared decision making.

- people who are homeless

People who are homeless may face challenges accessing care or may present late to services, so they may be more likely to have adverse outcomes compared to if they accessed services sooner.

**Digital accessibility**

Healthcare services are increasingly using digital methods for people to access care. This could create challenges for people with disabilities, low digital literacy, or people who do not have devices or connectivity to use these services. Online forms are an additional barrier to some people (for example those with communication or dexterity difficulties) in accessing healthcare. These factors may lead to some groups of people becoming less likely to seek help.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

The guideline will need to address the potential equality issues by looking at data from studies either focused on the groups identified or by looking at subgroup data. They will be captured by subgroup analyses in the review questions as well as qualitative data on patient experience. No groups will be excluded from the population.

Completed by Developer _____Sara Buckner_____

Date_____23rd October 2020_____

Approved by NICE lead __Justine Karpusheff_____

Date_____23rd October 2020_____

## 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? |
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| **Age**<br><br>Stakeholders highlighted that the prevalence of post-COVID-19 syndrome is unknown in care homes. However, the high incidence of acute COVID-19 infection in these settings and the emerging evidence of higher rates of reported ongoing symptoms in older people suggests that these factors should be considered when drafting recommendations.<br><br>It was also highlighted that existing services may have exclusion criteria, related to age, which may lead to inequitable access.<br><br>One stakeholder highlighted that older people with acquired communication impairments or dementia could be less likely to report symptoms and may require additional support (such as speech and language therapy) to facilitate access to care.<br><br>Some older people may be less active on digital media (such as social media) and so may not be exposed to campaigns that raise awareness about post-COVID-19 syndrome affecting older people. As a result, older people might be at higher risk of presenting late to services.<br><br>**Disability**<br><br>People with communication, speech and language difficulties may not be able to describe, explain or communicate subtle or complex symptoms, which may not be obvious to those caring for them. These specific and unique issues have the potential to impact on healthcare accessibility<br><br>Some frequently reported symptoms of COVID-19 may result in disability and create challenges for seeking help and accessing services.<br><br>**Religion or belief**<br><br>People may feel or have experienced stigma based on their religion or belief when accessing healthcare services that may create challenges for seeking help.<br><br>**Sex**<br><br>Stakeholders referenced emerging evidence that women are more likely to report ongoing symptoms compared to men. However, it is important to consider that male help-seeking behaviours tend to be different and therefore symptoms could be under-reported.<br><br>**Sexual orientation** |

People may feel or have experienced stigma based on their sexual orientation when accessing healthcare services that may create challenges for seeking help.

**Socio-economic factors**

People may feel or have experienced stigma based on their socio-economic background when accessing healthcare services that may create challenges for seeking help.

Poverty may also impact on the individual's ability to access online material or apps for GP appointments and health information, creating a further barrier within a health literacy and access context.

One stakeholder highlighted emerging evidence of a link between social deprivation and incidences of COVID-19 that needs to be explored further.

**Other definable characteristics:**

- **Mental health and pre-existing comorbidities**

There may be some situations when pre-existing comorbidities or mental health illness may create challenges for people seeking help and accessing services.

- **People at higher risk of COVID-19**

Stakeholders highlighted that low levels of literacy and pervasive language disorders are known to exist in communities at higher risk of COVID-19 which can create challenges seeking help.

- **Others identified**

Stakeholders highlighted that inequities are faced by groups such as people in prison, Gypsies and Travellers

Stakeholders highlighted that groups such as people in prison, Gypsies and Travellers, armed forces personnel and people who have been trafficked should be considered when drafting recommendations.

| 2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues? |
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| No. The scope did not exclude any groups. |

| 2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?<br><br>If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation) |
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| Not applicable. |

Updated by Developer _____Sara Buckner_____

Date_____29th October_2020_____

Approved by NICE lead _____Justine Karpusheff_____

Date_____29th October 2020_____

## 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?

The text below describes how the equality issues identified in boxes 1.2 and 2.1 have been addressed by the guideline.

**For all areas identified on box 1.2 and 2.1, including pregnancy and maternity, race, sex and other definable characteristics**

The first section of the guideline highlights that information should be provided in accessible formats, so people can understand and take part in decisions about their care. It also outlines that under-served or vulnerable people should be supported to access services, this includes proactively following up people who may have had acute COVID-19 illness and raising awareness particularly with vulnerable groups.

**Age**

Recommendation 1.6 alerts clinicians to be aware that adults and children may not present with the more common symptoms associated with post-COVID-19 syndrome and that their symptoms may not be picked up by initial screening.

Recommendation 2.5 details that the user of the guideline should talk to family members about the person's symptoms for people who might need help with describing symptoms, for example children and older people.

Recommendation 2.7 highlights the potential for older people to be more likely to develop post-COVID syndrome.

Recommendation 2.9 also outlines that ongoing symptomatic COVID in older people can present as gradual decline and deconditioning.

Recommendation 5.6 highlights that additional support should be considered for older people with ongoing symptoms of COVID-19, for example care packages and support with social isolation.

**Disability**

Recommendation 1.8 encourages healthcare services to support access for people in underserved or vulnerable groups and sets out a number of suggested proactive actions to reduce barriers and improve awareness and contact.

Recommendation 2.5 details that the user of the guideline should talk to family members about the person's symptoms for people who might need help with describing symptoms, for example people who have learning disabilities.

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

**Pregnancy and maternity**

Recommendation 1.4 offers people who have symptoms to be offered either a telephone or video consultation, in order to help reduce any difficulties people may have in accessing services.

Recommendation 5.1 highlights the need to give advice and information on self-management, including sources of advice and support, such as support groups or forums, acknowledging the difficulties some may have in gaining advice.

**Race**

At scoping it was highlighted that there is some evidence of poorer outcomes from COVID-19 in black, Asian and minority ethnic populations, linked to a number of potential factors, including higher rates of comorbidities and a person's occupation, or pre-existing socioeconomic factors (such as housing conditions). However, the identified evidence on prevalence of long term symptoms did not enable the expert panel to draw any further conclusions on outcomes, as the evidence was largely drawn from people of white ethnicity and was not considered generalisable to the whole population. The sample sizes of the studies were small and the panel thought that those more likely to seek help and those who use social media may be over-represented in the data.

Recommendation 1.8 encourages healthcare services to support access for people in underserved or vulnerable groups, including ethnic minorities, and sets out a number of suggested proactive actions to reduce barriers and improve awareness and contact.

**Socioeconomic factors**

Recommendation 5.1 states that users of the guideline should provide information to people with symptoms after acute COVID-19 illness about sources of support and how to get support from other services including social care, housing, benefits and employment.

**Sex**

At scoping stakeholders referenced emerging evidence that women are more likely to report ongoing symptoms compared to men. Although the evidence on prevalence of symptoms suggested over-representation in demographics of women, because the data was largely drawn from those who use social media and was small sample sizes, the panel agreed that it was not sufficient to draw strong conclusions.

**Digital accessibility**

| 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how? |
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| Throughout the guideline there are options for remote or face to face monitoring depending on the person's needs (recommendation 6.2 and others).<br><br>There is also a focus throughout the guideline on setting up integrated, co-ordinated multidisciplinary teams, which would help minimise any inequalities identified. |

| 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? |
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| No additional issues identified. |

| 3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where? |
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| Equalities issues have been discussed in the recommendations outlined in box 3.1 above, and the relevant rationales (assessment, information and follow-up after acute COVID-19, assessment, planning and agreeing management, sharing information and continuity of care and accessing care). |

| 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? |
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| No recommendations were deemed to make it more difficult in practice for a specific group to access services compared with other groups. |

| 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? |
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| No other adverse impacts on people with disabilities as a result of the recommendations were identified. |

| 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 box 3.4, or otherwise fulfil NICE's obligation to advance equality? |
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| Throughout the guideline recommendations acknowledge and seek to address NICE's obligation to advance equality.<br><br>The panel acknowledged that particular issues may make it more difficult for certain groups to access services, for example due to mobility issues or location, and throughout the guideline emphasised the importance of options for contact with services, including remote or face to face. |

Completed by Developer _____Sara Buckner_____

Date_____23rd November 2020_____

Approved by NICE lead ____Justine Karpusheff_____

Date_____24th November 2020_____

## 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? |
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| **Age**<br><br>One stakeholder highlighted that the pandemic has led to some limitations in carer arrangements for supporting an individual with their healthcare needs. This may mean that some of the difficulties faced by older people who require additional support may be exacerbated. Recommendation 1.1 states that advice and written information should be given to patients and their families and carers as appropriate on what to expect after acute COVID-19 illness including symptoms to look out for and who to contact if they have new, continuing, or worsening symptoms. Recommendation 1.9 encourages access to assessment and care for people with new or ongoing symptoms after acute COVID-19, particularly for those in underserved or vulnerable groups, including older people that usually require additional support. Suggestions include additional support such as an advocate during consultations. Recommendation 1.10 encourages follow-up for people in underserved or vulnerable/high risk groups who have self-managed acute COVID-19 illness in the community, including those with a disability who usually need additional support.<br><br>**Disability**<br><br>One stakeholder suggested that people with disabilities who are immunocompromised may fear accessing care due to the risk of COVID reinfection. Recommendation 1.5 offers people who have symptoms to be offered either a telephone or video consultation, in order to help reduce any difficulties people may have in accessing services, such as concerns around the risk of infection. Recommendation 6.2 encourages offering remote monitoring where it is available and clinically suitable.<br><br>One stakeholder highlighted that the pandemic has led to some limitations in carer arrangements for supporting an individual with their healthcare needs. This may mean that some of the difficulties faced by those with a disability who require additional support may be exacerbated. Recommendation 1.1 states that advice and written information should be given to patients and their families and carers as appropriate on what to expect after acute COVID-19 illness including symptoms to look out for and who to contact if they have new, continuing, or worsening symptoms. Recommendation 1.9 encourages access to assessment and care for people with new or ongoing symptoms after acute COVID-19, particularly for those in underserved or vulnerable groups, including those with a disability that usually require additional support. Suggestions include additional support such as an advocate during consultations. Recommendation 1.10 encourages follow-up for people in underserved or vulnerable/high risk groups who have self-managed |

| 4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them? |
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| acute COVID-19 illness in the community, including those with a disability who usually need additional support.<br><br>**Gender reassignment**<br><br>One stakeholder highlighted existing evidence related to gender reassignment and health outcomes which shows a number of factors that can dissuade trans people from seeking healthcare e.g., lack of providers that are knowledgeable on the topic, discrimination etc. Recommendations 2.1 to 2.4 encourage that assessment of people with ongoing symptomatic COVID-19 or suspected post-COVID-19 syndrome should be conducted using a holistic person-centred approach. This includes taking a comprehensive clinical history as well as discussing how a person's life and activities have been affected by their symptoms. Recommendation 2.4 encourages that the person doing the assessment should listen with empathy.<br><br>**Pregnancy and maternity**<br><br>One stakeholder highlighted that the effect on the unborn child of maternal COVID-19 infection is currently little understood and needs monitoring. They suggested that any concerns raised by mothers should be responded to by healthcare practitioners. Recommendations 2.1 to 2.4 encourage that assessment of people with ongoing symptomatic COVID-19 or suspected post-COVID-19 syndrome should be conducted using a holistic person-centred approach. This includes taking a comprehensive clinical history as well as discussing how a person's life and activities have been affected by their symptoms. Recommendation 2.4 encourages that the person doing the assessment should listen with empathy.<br><br>**Race**<br><br>One stakeholder noted that higher comorbidities should not be limited to biological factors but should acknowledge that comorbidities can be due to social determinants of health and systemic racism that Black, Asian and minority populations experience. Recommendation 1.9 encourages healthcare services to support access for people in underserved or vulnerable groups, including ethnic minorities, and sets out a number of suggested proactive actions to reduce barriers and improve awareness and contact.<br><br>**Religion or belief**<br><br>No further issues identified by stakeholders.<br><br>**Sex**<br><br>Stakeholders highlighted that there is a "risk that women feel marginalised, have experienced misogyny or being patronised, or have had previous experiences with |

| 4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them? |
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| an insensitive healthcare service and that could create barriers to engagement with healthcare services". They noted that women have experienced having their symptoms dismissed as 'in the mind'. Recommendations 2.1 to 2.4 encourage that assessment of people with ongoing symptomatic COVID-19 or suspected post-COVID-19 syndrome should be conducted using a holistic person-centred approach. This includes taking a comprehensive clinical history as well as discussing how a person's life and activities have been affected by their symptoms. Recommendation 2.4 encourages that the person doing the assessment should listen with empathy.<br><br>Stakeholders also noted that women often have more informal care responsibilities which can in turn impact their ability to look after their own health, particularly since the people they support (children, older relatives etc) are currently often unable to access their normal support services due to the ongoing situation. Recommendation 1.5 offers people who have symptoms to be offered either a telephone or video consultation, in order to help reduce any difficulties people may have in accessing services, such as caring responsibilities. Recommendation 6.2 encourages offering remote monitoring where it is available and clinically suitable.<br><br>**Sexual orientation**<br><br>One stakeholder added that LGBTQ+ citizens have far higher incidences of mental ill health. Recommendation 2.1 encourages using a holistic person-centred approach that involves a comprehensive clinical history and assessment of physical, cognitive, psychological and psychiatric symptoms, as well as functional abilities.<br><br>**Socio-economic factors**<br><br>One stakeholder highlighted that parents with post-COVID-19 syndrome who need to seek in-person medical care may face barriers in securing childcare for their children, while clinics limit the number of visitors due to COVID precautions. This may lead to missed appointments or inability to attend in-person appointments. Recommendation 1.5 offers people who have symptoms to be offered either a telephone or video consultation, in order to help reduce any difficulties people may have in accessing services, such as caring responsibilities. Recommendation 6.2 encourages offering remote monitoring where it is available and clinically suitable.<br><br>Stakeholders also highlighted financial barriers for people with post-COVID-19 syndrome who may have difficulty accessing disability benefits. Recommendation 5.1 encourages giving advice on how to get support from other services including financial support.<br><br>**Other definable characteristics:** |

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

**Digital accessibility**

Stakeholders raised additional concerns around access to digital media. As well as concerns highlighted previously about internet access or familiarity of using digital media, stakeholders noted that people with post-COVID-19 syndrome may be experiencing fatigue, brain fog and other symptoms that may prevent access to these services. Recommendation 1.4 encourages use of video or phone consultation, but also acknowledges that for some people experiencing symptoms this may not be appropriate and also says that assessment in person may be preferred or more clinically appropriate. Recommendation 1.7 also states that shared decision making should be used to discuss and agree with the person whether they need a further assessment and whether this should be by phone, video or in person.

One stakeholder noted that there are language barriers due to Your COVID Recovery only being available in English. Recommendation 1.3 specifies that all information should be given in accessible formats.

**New barriers caused by ongoing COVID-19 symptoms or Post-COVID-19 symptoms**

One stakeholder noted that people with post-COVID-19 syndrome may be experiencing new difficulties and may also have new transportation barriers due to new mobility, cognitive, or sensory impairments which may create barriers in attending face to face appointments. Recommendation 1.5 offers people who have symptoms to be offered either a telephone or video consultation, in order to help reduce any difficulties people may have in accessing services, such as mobility issues. Recommendation 6.2 encourages offering remote monitoring where it is available and clinically suitable.

**People who have occupational-acquired COVID-19**

One stakeholder highlighted that people who have occupational-acquired COVID-19 could be mentioned as a separate group, particularly as some have experienced reinfection. Recommendation 1.9 encourages healthcare services to support access for people in underserved or vulnerable groups, including occupational risk, and sets out a number of suggested proactive actions to reduce barriers and improve awareness and contact.

**People with more than one equality issue**

| 4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them? |
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| One stakeholder noted the importance of considering equalities interjectionally as well as separately as these might lead to additional barriers. Recommendation 1.9 encourages healthcare services to support access for people in underserved or vulnerable groups and sets out a number of suggested proactive actions to reduce barriers and improve awareness and contact. |

| 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? |
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| None identified. The changes to the recommendations were based on stakeholder feedback and have not created any barriers to services to specific groups. |

| 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? |
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| None identified. |

| 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality? |
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| Not applicable |

| 4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where? |
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| Recommendations and the corresponding rationale outline the panel's consideration of equality issues. This includes providing extra time or additional support during consultations, raising awareness about possible symptoms of post-COVID-19 syndrome. Recommendation 1.11 and corresponding rationale encourages following up people in underserved or vulnerable/high risk groups who have self-managed in the community. |

Updated by Developer ___Sarah Boyce _____

Date_____10/12/2020_____

Approved by NICE quality assurance lead __Justine Karpusheff_____

Date_____10/12/2020_____

## 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: |
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| N/A |

Approved by Developer _____

Date_____

Approved by NICE quality assurance lead _____
Date_____