

Equality considerations

1 Equalities impact assessment during scoping - draft scope

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?

No

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. Protected characteristics and assumptions about individual circumstances need to be considered:

Sex

[Public Health England's report on disparities in the risk and outcomes of COVID-19](#) indicated that diagnosis rates of COVID-19 are higher in women under 40 years and men over 60 years. There are higher death rates from COVID-19 in men (nearly 60%) than women, and men make up a higher proportion of intensive care unit admissions (70% of admissions). This could mean that people in these groups may be at higher risk of poorer outcomes.

Age

[Public Health England's report on disparities in the risk and outcomes of COVID-19](#) highlighted that both diagnosis of COVID-19 and mortality are more likely as age increases (people 80 years or over are 70 times more likely to die than those under 40 years). Older people are more likely to be frail, and have comorbidities and

underlying health conditions. These factors mean that people in these groups are at higher risk of poorer outcomes.

Older people may find it more difficult to access many services, including using digital technology to access remote consultations. This may increase the risk of them not being able to access appropriate services and care. Older people may need support from carers (both paid and unpaid) for both remote and face-to-face consultations, again this may increase the risk of them not being able to access the appropriate care. For some medications, different doses may be needed for older people. Whenever medication dosing is referred to, this should be used with information in the [BNF](#).

Ethnicity

[Public Health England's report on disparities in the risk and outcomes of COVID-19](#) identified that people from black, Asian and minority ethnic groups are at higher risk of getting COVID-19, more likely to have severe symptoms because of the infection and at higher risk of poorer outcomes. The highest age-standardised diagnosis rates of COVID-19 per 100,000 population are in people from black ethnic groups.

Survival analysis in people with confirmed COVID-19 (after accounting for sex, age, deprivation and region) indicated that people with a Bangladeshi family background have twice the risk of death compared with white British people. It also found that people with a Chinese, Indian, Pakistani, other Asian, Caribbean or other black family background had 10% to 50% higher risk of death compared with white British people. Emerging evidence suggests that excess mortality from COVID-19 is higher in black, Asian and minority ethnic groups. Individuals from black African or black Caribbean family backgrounds may have the highest risk.

Poorer outcomes in black, Asian and minority ethnic groups have been linked to several potential factors. These include higher rates of comorbidities that have been associated with COVID-19 mortality (such as cardiovascular disease, obesity and diabetes) in some black, Asian and minority ethnic populations. They also include a person's occupation (for example, over-representation in key worker roles in health and social care), and pre-existing socioeconomic factors such as housing conditions

that could affect a person's ability to maintain infection control and prevention measures.

People from black, Asian and minority ethnic groups may feel marginalised, have experienced racism or have had previous experiences with a culturally insensitive health service that could create barriers to engagement with those services. This could mean that people in these groups may be at higher risk of poorer outcomes.

Disability

The scope of the guideline includes consideration of communication and shared decision making. For effective communication and shared decision making, specific consideration may need to be given to:

- people with a learning disability (including autism)
- people with a physical impairment (for example, a visual impairment or disability affecting communication)
- people with cognitive impairment (for example, mild or fluctuating dementia)
- people with a mental health issue.

The section on how to use this guideline states that it should be used alongside usual professional guidelines, standards and laws (including equalities, safeguarding, communication and mental capacity).

Socioeconomic factors

People who live in more socially deprived areas may be more likely to live in overcrowded housing and have occupations that might make them more at risk of being exposed to COVID-19.

Some people may not have access to the equipment needed to take part in digital consultations. Depending on where a person lives, they may not have access to home delivery services (for example, if they live in a rural area).

Gender reassignment

None identified.

Pregnancy and maternity

Not all medications are appropriate for people who are pregnant or breastfeeding. Whenever medication dosing is referred to, this should be used with information in the [BNF](#).

Religion or belief

Not all medications are acceptable to people of certain religions because of the products being animal derived. Whenever medication dosing is referred to, this should be used with information in the [BNF](#).

Sexual orientation

None identified.

Other definable characteristics

Examples are:

- refugees
- asylum seekers
- migrant workers
- people who are homeless.

For people whose first language is not English, there may be communication difficulties, especially for effective shared decision making and minimising risk of infection.

It is recognised that people who are homeless, refugees, asylum seekers and migrant workers may be living in deprived areas (including overcrowded accommodation), which may mean they are more likely to be exposed to COVID-19.

People from these groups may also be less likely to be able to access services.

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

The guideline will need to address the potential equality issues by looking at data from studies either focused on the groups identified or looking at subgroup data. No groups will be excluded from the population.

The scope of this guideline does not include specific review of situations in which people lack mental capacity to make their own decisions about healthcare at that point in time. [NICE has produced guidance on decision making and mental capacity](#) to help health and social care practitioners:

- support people to make their own decisions as far as possible
- assess people's capacity to make specific health and social care decisions
- make specific best-interest decisions when people lack capacity, and maximise the person's involvement in those decisions.

2 Equalities impact assessment during scoping - final scope

Have any potential equality issues been identified during review of the draft scope, and, if so, what are they?

Yes. In addition to those outlined in section 12.1 on the equalities impact assessment on the draft scope, the following issues were identified. No changes were made to the scope on the basis of these issues.

Age

Some older people or people who are very frail may receive 'over-treatment' and this could remove them from familiar carers and surroundings.

Disability

A person's mental health can influence their health-seeking behaviours and how they manage their physical health conditions.

Gender reassignment

There may be an interplay between sex hormones in trans people. It is unknown whether sex differences in COVID-19 outcomes are due to genetics, hormonal issues or social factors.

Pregnancy and maternity

There has been an increased rate of maternal death since the start of the COVID-19 pandemic. It has also been reported that COVID-19 infection during pregnancy increases the risk of preterm birth, which is in turn linked to increased elective delivery and ventilation.

Race

There have been reports of vaccine hesitancy in people from black, Asian and minority ethnic groups. Given people in these groups are at risk of worse outcomes with COVID-19, vaccine hesitancy may further increase inequalities in outcomes.

Religion or belief

No further issues identified.

Sex

During the COVID-19 pandemic, women have had barriers to accessing in vitro fertilisation services, contraception and abortion care. Also, there have been increasing inequalities because of the lack of information being provided about alternative options.

Sexual orientation

Some people may feel marginalised because of their sexual orientation, so may have barriers to care because of their differing family or community structures.

Socio-economic factors

No further issues identified.

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

No.

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?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to panel processes, additional forms of consultation)

No. The equalities issues identified have not led to a change in the primary focus of the guideline.

3 Equalities impact assessment during guideline development

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

In the scoping process, a range of potential equality issues were identified. These have been addressed as follows:

Age

At scoping it was highlighted that older people with COVID-19 are at higher risk of poorer outcomes.

It was also noted that older people may have difficulties in accessing services, including using digital technology to access remote consultations, and that they may need carer support to access remote and face-to-face consultations. It is recommended in the communication and shared decision-making recommendations that, in the community, the risks and benefits of face-to-face and remote care should be considered for each person. This should allow issues such as an individual's ability to access remote care to be taken into account.

The panel also noted that some older people or people who are very frail could potentially receive 'over-treatment', which could remove them from familiar carers and surroundings. In the recommendations on care planning in the community, it is recommended to discuss with people with COVID-19, and their families and carers, the benefits and risks of hospital admission or other acute care delivery services

(such as virtual wards, hospital at home teams). This should allow individualised decisions to be made that can take account of personal preferences to be cared for with familiar people in their usual surroundings.

It is noted that NEWS2 should not be used in children. This has been noted in the section on identifying severe COVID-19 in the community. The panel recommended the use of locally approved paediatric early warning scores in children.

Sex

It has been reported that there are higher death rates from COVID-19 in men than women and that men comprise a higher proportion of intensive care unit admissions. While this guideline does not make specific recommendations based on sex, the guideline allows for consideration of individual characteristics and risk factors in planning care. For example, in the recommendations on assessment in hospital the guideline recommends that, on admission to hospital, a holistic assessment should be completed.

It was also noted that, during the COVID-19 pandemic, women have experienced barriers to accessing in vitro fertilisation services, contraception and abortion care. The provision of these services are outside the scope of this guideline.

Gender reassignment

It was noted during scoping that there may be an interplay between sex hormones in trans people and it is not known if sex differences in COVID-19 outcomes are due to genetic, hormonal or social factors. The panel did not make specific recommendations based on gender reassignment.

Sexual orientation

Some people may feel marginalised due to their sexual orientation and therefore may have barriers to care due to their differing family or community structures. No recommendations were made specific to sexual orientation.

Ethnicity

Emerging evidence suggests that excess mortality due to COVID-19 is higher in black, Asian and minority ethnic groups. The guideline does not make specific

recommendations according to ethnicity. However, alongside the recommendation relating to the use of pulse oximetry it is noted that overestimation has been reported in people with dark skin.

There have been reports of vaccine hesitancy in people of from black, Asian and minority ethnic groups. Given that these groups are at risk of worse outcomes with COVID-19, vaccine hesitancy may further increase inequalities in outcomes. Vaccine uptake is outside the scope of this guideline.

Disability

Regarding communication and shared decision making, specific consideration may need to be given to people with a learning disability, people with physical impairments, people with cognitive impairment, and people with mental health issues. The recommendations on communication and shared decision making recommends communicating with people with COVID-19, their families and carers to alleviate any fear or anxiety. This recommendation also advises to provide people with information in a way that they can use and understand, and to follow national guidance on communication, providing information (including in different formats and languages) and shared decision making. The guideline also recommends involving families and carers where appropriate to support discussions relating to care and shared decision making.

We state that this guideline should be used alongside usual professional guidelines, standards and laws (including equalities, safeguarding, communication and mental capacity).

It has also been noted that a person's mental health can influence their health-seeking behaviours and how they manage their physical health conditions. As above, the guideline recommends involving families and carers in discussions relating to care where appropriate.

Socioeconomic factors

People who live in more socially deprived areas may be more likely to live in conditions and have occupations that may increase the risk of being exposed to

COVID-19. No recommendations were made based on levels of social deprivation, living conditions or occupation.

Some people may not have access to equipment needed for remote consultations. It is recommended in the section on communication and shared decision making that, in the community, the risks and benefits of face-to-face and remote care should be considered for each person. This should allow issues such as an individual's ability to access remote care to be considered.

Depending on where a person lives (for example in rural areas), they may have difficulty accessing home delivery services. The guideline recommends optimising remote care where appropriate, such as pharmacy deliveries, postal services, NHS volunteers and introducing drive-through pick up points for medicines. Providing a range of potential options may support access in different geographical areas. The guideline also covers use of anticipatory medicines at end of life. It is noted that, if there are fewer health and care staff, differing formulations may be prescribed and family members may be able to support administration of medications if they wish and have been provided with appropriate training.

Pregnancy and maternity

At scoping, increased rates of maternal death and an increased risk of preterm birth during the COVID-19 pandemic were highlighted. No recommendations were made specifically on pregnancy.

It is noted that NEWS2 should not be used when pregnant. This has been noted in the relevant recommendation under identifying severe COVID-19.

As not all medications are appropriate for people who are pregnant or breastfeeding, whenever medication dosing is referred to, this should be used with information in the [BNF](#).

Religion or belief

Not all medications are acceptable to people of certain religions due to the products being animal derived.

Other definable characteristics

For people whose first language is not English, there may be communication difficulties, especially relating to shared decision making and minimising risk of infection. The section on communication and shared decision making recommends communicating with people with COVID-19, their families and carers to alleviate any fear or anxiety. This recommendation also advises to provide people with information in a way that they can use and understand, and to follow national guidance on communication, providing information (including in different formats and languages) and shared decision making.

People who are homeless, refugees, asylum seekers and migrant workers may be living in deprived areas (including overcrowded accommodation) and so may be more likely to be exposed to COVID-19 and may also experience difficulties in accessing services. No recommendations were made specific to people who are homeless, refugees, asylum seekers and migrant workers.

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

Disability

The panel identified that children and young people under 18 years, or people with learning disabilities, may need additional consideration around capacity and decision making because of the isolated nature of treatment. The panel agreed that a recommendation should be added stating that, when making decisions about care of children and young people under 18 years, people with learning disabilities or adults who lack mental capacity for health decision making, the [NICE guideline on decision making and mental capacity](#) should be referred to. It was also recommended to ensure that discussions on significant care interventions involve family and carers, as appropriate, and local experts or advocates. The panel noted that infection prevention and control, including self-isolation, may be more challenging for some groups of people, including those with dementia or learning disabilities. A recommendation has been added to advise that, for carers of people with COVID-19 who should isolate but are unable to, relevant support and resources should be

signposted to (for example, Alzheimer's society has information on staying safe from coronavirus and reducing the risk of infection).

Ethnicity

It was noted that pulse oximeters can be less accurate in people with dark skin, especially at the borderline range of 90% to 92%. Information about this has been added to the recommendation to alert healthcare practitioners to this.

Religion or belief

The panel identified that, for people who do not use animal products, honey would not be appropriate for cough. No change was made to this recommendation.

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. None identified.

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.

Are there any recommendations or explanations that the panel could make to remove or alleviate barriers to, or difficulties with, access to services identified, or otherwise fulfil NICE's obligation to advance equality?

Not applicable.