

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

### Shared Decision Making

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?

(Please specify if the issue has been highlighted by a stakeholder)

During the development of the draft scope the following potential equality issues were identified:

- Age:
  - In terms of effective shared decision making for children and young people, consideration may need to be given to their life experience and cognitive abilities.
  - Older people may need specific consideration in the guideline, this may be due to shared decision making marking a cultural change in terms of the patient/clinician relationship or their more complex needs due to multi-morbidities.
- Disability:
  - In terms of effective shared decision making specific consideration may need to be given to:
    - people with learning disabilities (including autism)
    - people with physical impairments (for example, sight issues or disabilities affecting communication)
    - people with cognitive impairment (for example, mild or fluctuating dementia)
    - people with mental ill health

- Religion and belief: people from diverse religious and cultural backgrounds may need specific consideration in the guideline
- Other potential groups who may need specific consideration in the guideline:
  - people who do not speak English or whose first language is not English
  - people with long-term conditions
  - people at risk of self-neglect
  - people with lower socioeconomic status
  - people who have lower literacy (include health literacy and digital literacy)
  - vulnerable people (for example people who are homeless)
  - people with multi-morbidities (including both physical and mental health conditions)
  - people who experience barriers to accessing healthcare, for example those who need to travel further to receive healthcare services

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?

Age, disability, religion and belief and the other potential groups listed: specific recommendations may need to be made for these groups.

The scope excludes situations where 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 \(NG108, 2018\)](#) 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 interests decisions when people lack capacity, and maximise the person's involvement in those decisions.

Completed by Developer: Clare Wohlgemuth

Date: 11 January 2019

Approved by NICE quality assurance lead

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