

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

Vaccine uptake in the general population

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

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?

- Age

Stakeholders highlighted that some babies will still be receiving care in neonatal units when they become eligible for vaccinations and that these babies will have their vaccinations administered in hospital instead of following the normal process. Parents of these sick babies need access to the same information about vaccinations that they would otherwise have received and are made aware of when and how their baby's vaccinations will take place to ensure that these babies are vaccinated on schedule where possible. The committee made a recommendation to cover these points.

- Disability

People with learning disabilities

Stakeholders highlighted that people with learning disabilities may decline a vaccine not because of an objection, but for an unmet reasonable adjustment request, such as needing a nasal spray rather than an injectable form of a vaccination. The committee discussed what adjustments could be made to facilitate the vaccination of people with learning disabilities, but they agreed that they could not recommend using alternative delivery methods as these are not currently available for vaccinations on the NHS routine schedule that are covered by this guideline. However, they tried to take the broader problem into account by adding a bullet point to the training recommendation for staff who administer vaccinations to include a requirement for them to act to overcome particular individual barriers to vaccination. These are intended to include barriers such as those experienced by people who have a learning disability.

Stakeholders also informed us that during the pandemic it has become clear that the GP Learning Disability registers and registers of family-carers may be

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incomplete. The committee were unable to recommend that this register is kept up to date as this is beyond the scope of the current guideline. However, the committee agreed that this information should be passed onto the NICE surveillance team to be taken into account when the learning disability guideline is updated because this is a more appropriate place for such a recommendation to sit.

Finally, stakeholders raised the point that people with learning disabilities would benefit from having access to easy read materials during discussions and at other stages of the invitations process. There is already a recommendation for information in the invitation to be meet a person's communication needs with a cross reference to the see [NHS England's Accessible Information Standard](#). The committee have now added text to the recommendation about appointments and consultations to refer to using suitable literature to facilitate the discussion and the rationale for this recommendation this mentions easy read material as an example.

People with sensory impairment

People who need some form of adjustment to be able to overcome a sensory impairment related barrier to vaccination were discussed and this issue was also addressed by the same amendment to the staff training recommendation as for learning disabilities above.

People who live in supported living settings

Stakeholders highlighted that when letters addressed to a patient are received in a supported living setting the internal procedures for acting on these are not necessarily clear, and there is a risk correspondence may not be acted on. This could apply to vaccination invitations and reminders leading to the person missing their vaccinations. To try to overcome this problem the committee added an extra point to the recommendation about having a named lead for social care providers and providers of other non-healthcare services who are asked to identify people eligible for vaccination opportunistically in later recommendations. This aims to ensure that in supported living settings and care homes, the named lead also takes responsibility for making sure that there is a policy in place covering what actions to take in response to vaccination invitation letters for residents.

Stakeholders also pointed out that supported living settings are different to care homes and that the residents are also at risk of missing vaccinations. The committee therefore added entry to supported living settings, as well as care homes, to the opportunistic identification recommendation.

Finally, the committee included this population in the recommendation for people who are unable to attend vaccination clinics or other settings where

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vaccinations are available to flag that people in supported living settings should also be eligible for home visits if this is the case.

People who are immunocompromised and/or have HIV or other potential contraindications for vaccination

Stakeholders highlighted that there are very few true contraindications to vaccination, yet many people are denied vaccination because of conditions/events that are wrongly considered to be contraindications. To try to address this issue the committee made several recommendations. Firstly, they included a recommendation in the section about opportunistic identification and vaccination to refer healthcare providers to the [Green book](#) and expert help where uncertainties exist around contraindications. Secondly, in the vaccination invitation letter they noted that concerns could include possible contraindications or allergies that could affect the person's ability to be vaccinated. Finally, the training recommendation for healthcare professionals who administer vaccinations now includes a reference to understanding when a vaccination is contraindicated, when it can be delivered and the need to be able to discuss this with the individual concerned.

People with HIV may also be stigmatised reducing their access to vaccinations. The committee further amended the training recommendation discussed above to note that the conversations should be sensitive and people with HIV are mentioned specifically in the rationale for this recommendation.

- Pregnancy and maternity

Stakeholders commented that the stigma associated with teenage pregnancy could reduce access to vaccinations and these young women may need different treatment to other pregnant women. The committee did not make separate recommendations for this group because they had already put recommendations in place about have sensitive conversations and they agreed that the recommendations for pregnant women would also apply to pregnant teenagers.

See also below under race for a point concerning pregnant women from ethnic minority communities.

- Race

Stakeholders commented about the high levels of vaccine hesitancy among some populations, including Black, Asian and Minority Ethnic communities and the lack of specific recommendations that mention these communities by name. The committee agreed that many of the barriers to vaccine uptake faced by these communities are shared by other communities with low vaccine uptake and in some cases, with the general population. They therefore decided against making separate recommendations specifically for these groups of people as they had

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already made recommendations about tailoring services to local needs and highlighted the importance of identifying and addressing specific barriers to uptake in areas of low vaccine uptake. However, they added these groups of people to the research recommendation for effective and acceptable interventions to increase vaccine uptake as population subgroups of interest. They also added a box to the guideline to highlight groups of people, including those from some minority ethnic family backgrounds, who are known to have, or be at risk of, low levels of vaccine uptake and cross referred to this from relevant recommendations about identifying local population needs and tailoring services to address them.

Finally, stakeholders also raised the barriers faced by some pregnant women from ethnic minority communities, especially pregnant Black women. The committee did not make any separate recommendations for these women because they lacked any evidence about what interventions would be effective for pregnant women in these communities. In response to stakeholder comments the committee added pregnant women from Black, Asian and Minority Ethnic communities as subgroups of interest to the research recommendation for acceptable and effective interventions to increase pertussis vaccine uptake in pregnant women.

- Religion or belief

Stakeholders commented about the high levels of vaccine hesitancy among some religious communities and the lack of specific recommendations that mention these communities by name. The committee agreed that many of the barriers to vaccine uptake faced by these communities are shared by other communities with low vaccine uptake and in some cases, with the general population. They therefore decided against making separate recommendations specifically for these groups of people as they had already made recommendations about tailoring services to local needs and highlighted the importance of identifying and addressing specific barriers to uptake in areas of low vaccine uptake. However, they added religious communities to the research recommendation for effective and acceptable interventions to increase vaccine uptake as population subgroup of interest. They also added a box to the guideline to highlight groups of people, including some religious communities, who are known to have, or be at risk of, low levels of vaccine uptake and cross referred to this from relevant recommendations about identifying local population needs and tailoring services to address them.

- Socio-economic factors

Stakeholders commented about the lack of specific recommendations for people living in deprived areas who are known to have lower levels of vaccine uptake. The committee agreed that many of the barriers to vaccine uptake faced by these communities are shared by other communities with low vaccine uptake and in some cases, with the general population. They therefore decided against making separate recommendations specifically for people living in deprived areas as they had already made recommendations about tailoring services to local needs and

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highlighted the importance of identifying and addressing specific barriers to uptake in areas of low vaccine uptake.

People living in deprived areas or those people who are of low socioeconomic status may lack access to computers, smart phones, tablets; or not have the knowledge of how to use them or data to be able to use them to access information and online booking systems. They therefore risk being excluded if only digital systems are in place to access information and booking systems. The committee therefore added a recommendation to ensure that where invitations, information, and consent forms are available digitally for school age vaccinations that other non-digital options are available should they be needed. In addition, in the section of the guideline covering making vaccination services accessible the committee added to an existing recommendation to highlight the importance of having a range of accessible options for booking appointments, such as telephone booking and online systems. They also noted that some individuals may need additional support to use these systems.

People who have a needle phobia

People who need some form of adjustment to be able to overcome a needle phobia were discussed and this issue was also addressed by the amendment to the staff training recommendation to act to overcome particular individual barriers to vaccination.

People who have allergies

People with certain allergies may think that they are unable to be vaccinated as the vaccines are contraindicated for them due to the risk of a severe allergic reaction. However, this is often not the case. Taking stakeholder feedback into account, the committee added references to allergies and contraindications to the following recommendations. Firstly, they included a recommendation in the section about opportunistic identification and vaccination to refer healthcare providers to the [Green book](#) and expert help where uncertainties exist around contraindications. Secondly, in the vaccination invitation letter they noted that concerns could include possible contraindications or allergies that could affect the person's ability to be vaccinated. Finally, the training recommendation for healthcare professionals who administer vaccinations now includes a reference to understanding when a vaccination is contraindicated, when it can be delivered and the need to be able to discuss this with the individual concerned.

Babies and children of parents/carers who are housebound.

Stakeholders raised the point that babies and children of parents/carers who are housebound may also be effectively housebound and this at risk of missing their vaccinations. In response to this comment the committee added children whose parents or carers are housebound to the list of groups who are unable to attend

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vaccination clinics or other settings where vaccinations are available and need to have access to home visits for vaccination.

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?

None of the new recommendations are expected to make it more difficult in practice for a specific group to access services compared with other 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?

The changes to the recommendations should not have this effect.

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?

Not relevant as no barriers identified in 4.2.

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

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The Committee's considerations of equality issues are described in the evidence review discussion section, in particular in the sections on advantages and disadvantages, and other factors the committee took into account.

Updated by Developer: Kate Kelley

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Approved by NICE quality assurance lead: Simon Ellis

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