

# 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 development according to the principles of the NICE equality policy.

#### 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?

- Age

The committee have considered the susceptibility of babies, who are not yet eligible for vaccines, to infectious diseases by promoting the vaccination of their mothers against pertussis. In addition, most of the recommendations in the guideline are aimed at increasing vaccine uptake in eligible people and this should help protect these babies from infection by other older babies, children, young people or adults.

- Disability

The committee have taken disability into account as follows:

- Providing an increased number of settings and times that vaccinations can be carried out may make it easier for a disabled person to access vaccinations. These settings may include mobile units, community pharmacies, community or faith centres. The disabled person may be able to attend vaccination clinics or appointments with assistance, however, if this is not the case there is a recommendation for home visits for people who have difficulty travelling to vaccination services.
- For people who are housebound due to physical or psychological reasons the committee recommended a named lead to be responsible for identifying them to ensure they have the opportunity to be vaccinated.
- For people who live in care homes or residential settings or are housebound another recommendation is aimed at ensuring that they (or their family members or carers, as appropriate) know how to get home visits for vaccination if they are unable to attend vaccination clinics or other settings where vaccinations are available.
- The committee also made a cross reference to the [recommendations on](#)

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[supporting decision making in NICE's guideline on decision making and mental capacity](#) to help ensure that people who need additional support with decision making (such as people with learning disabilities) or who may lack mental capacity are supported to consent to vaccination.

- Other recommendations cover providing information in the invitation letter about the potential severity of the targeted diseases and the risks and benefits of vaccination; recommending that consultations are long enough to allow people to discuss their concerns; and that healthcare practitioners are able to address these concerns and provide tailored information. These recommendations may help healthcare practitioners to engage with people with chronic health conditions and the parents of children who have long-term conditions to help increase the likelihood of them accepting the vaccinations they/ their children are eligible for.
- The committee made a separate recommendation to ensure that children and young people who do not attend mainstream school are invited for vaccination at another setting. These include children who are chronically unwell.
- Finally, the recommendation on opportunistic identification of eligible people covers many settings that could be used to identify children who have missed their routine vaccinations due to ill health or people with chronic health conditions (these include hospitals, emergency departments, inpatient services, rehabilitation services and general practice as well as school entry and care home entry).

- Gender reassignment and gender

The committee did not make separate recommendations for people who have undergone gender reassignment (including gender affirming surgery) in relation to HPV vaccination. They included HPV under the general recommendations for school-based vaccinations, noting that it would be unlikely for children under 16 to have undergone gender affirming surgery, but it may be relevant for catch-up campaigns for HPV vaccination, whether those take place in sexual health services or other services. As part of these recommendations, information about the vaccines, and the diseases they protect against should be provided with invitations. In addition, it is expected that this would be covered as part of the school-based education about vaccines under the risks and benefits. However, there was no qualitative evidence for the barriers and facilitators to vaccine uptake for transgender individuals and very limited evidence for adolescent boys that came from before the vaccine was routinely offered to boys. In addition, there was no quantitative evidence so the committee made a research recommendation asking what are the most effective and acceptable strategies to increase HPV vaccine uptake in boys. They included transgender men in the population for this research.

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- Pregnancy and maternity

The committee included pregnant women (used as an umbrella term to cover all people who are pregnant including transgender or non-binary people) as an important subgroup of interest in the review protocol. Specific recommendations were made for pregnant women to be invited for vaccination or offered it (depending on the time on the pregnancy and whether vaccinations are available on site) during consultations with maternity services; for them to be given reminders if they remain unvaccinated and for opportunistic identification of women who have a newly confirmed pregnancy, and at antenatal and postnatal reviews. Most of the general recommendations also apply to pregnant women. For example, the information to be included in invitations is the same for parents/ carers of babies and young children, pregnant women and people aged 65 and over, but the exact content is tailored for the specific vaccinations of interest. However, the committee added a specific mention of pertussis vaccination under the risks and benefits of vaccination (including individual benefits to the baby for maternal pertussis vaccination) to highlight this point. Finally, since there was limited qualitative and quantitative evidence for this group the committee included a research recommendation to ask what are the most effective and acceptable interventions to increase pertussis vaccine uptake in pregnant women.

- Race

The committee did not make separate recommendations for ethnic minorities. However, they did examine the qualitative evidence from studies that recruited newly arrived migrants or people from more established immigrant communities and used this and the other available evidence to make recommendations as follows:

- about tailoring of services to local needs.
- about making vaccination services more accessible by increasing the number and types of settings and times available (including community centres and faith centres). This process should involve input from people in the local community to ensure it meets their needs.
- about identifying if people have language needs or literacy issues and trying to provide the information, invitation and any subsequent reminders in an appropriate format and language.
- for people who have come from outside the UK the committee made recommendations about giving them information about the UK schedule and being aware that expectations of who delivers vaccine services may differ by cultural background.
- other recommendations included one to try to help ensure that people can be registered at the GP surgery because this was a barrier reported by some people and what to do when people lack a documented or reliable vaccination history (which may happen if they come from abroad and started their vaccinations there).

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- Religion or belief including anthroposophic communities

The committee did not make separate recommendations for religious groups or people with anthroposophical beliefs. However, they did include recommendations on tailoring services to local needs and involving community input to make them more accessible; on increasing the number and types of settings (including community and faith centres, in part because some religious and other communities may have large families and find it hard to travel to vaccination clinics); and on providing information that is tailored to individual needs during consultations. The committee also included a research recommendation to identify effective and acceptable interventions to increase vaccine uptake in populations with low uptake which may include some religious communities.

- Sex

See the text under gender reassignment above for issues concerning HPV vaccination for adolescent boys.

- Socio-economic factors

People in lower socioeconomic groups may have problems travelling long distances to vaccination clinics. By increasing the number and types of settings and times available (including community centres and faith centres and even using mobile units) this should make vaccinations more accessible for everyone. The recommendations concerning literacy (see above under race) may also be of benefit to some people in this group. In addition, the option of having a consultation to discuss any concerns the person (or their family members or carers) might have may also be of particular benefit to these people.

- Other definable characteristics:

- Migrants and newly arrived migrants (including refugees, asylum seekers and unaccompanied asylum-seeking children, irregular migrants)

See above for race as many of the same points apply. The recommendation on opportunistic identification of eligible people also includes a point about checking vaccination status when new migrants, including asylum seekers, arrive in the country. The committee also included a research recommendation to identify effective and acceptable interventions to increase vaccine uptake in populations with low uptake such as refugees, asylum seekers and some immigrant communities.

- Children who are home schooled or not educated in mainstream schools

The committee made a separate recommendation to ensure that children and young people who do not attend mainstream school are invited for vaccination at another setting. These would include children who are

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home schooled or not educated in mainstream schools as well as those who are in young offender institutions, are chronically unwell, have local authority tutoring, are in faith or independent schools that do not routinely hold vaccination sessions.

- Gypsy, Roma and Travellers

The committee did not make separate recommendations for these groups, but the barriers to vaccine uptake by these groups that were identified in the qualitative evidence were addressed by the committee using the same recommendations listed under race above for ethnic minorities and migrants, because they faced many similar issues. The committee noted that other barriers to vaccine uptake (such as a lack of information from trusted sources) were similar to the general population and therefore covered by the main body of recommendations in the guideline. The committee also included a research recommendation to identify effective and acceptable interventions to increase vaccine uptake in populations with low uptake such as Gypsy, Roma and Traveller communities.

- Health and social care professionals

No specific recommendations were made concerning the vaccination of these groups in particular,

- Carers

The committee did not make separate recommendations for carers, but by improving uptake in the general population it is more likely that these people will be vaccinated in the future.

- Homeless people

The recommendation on opportunistic identification of eligible people also includes a point about checking vaccination eligibility during any health service contact with people who are homeless.

- Looked-after children

The recommendation on opportunistic identification of eligible people also includes a point about checking vaccination eligibility as part of a looked-after child or young person's health plan, and during initial health assessments, and annual and statutory reviews, in line with [NICE's guideline on looked-after children and young people](#).

- People with low levels of literacy/health literacy

The committee made recommendations about identifying if people have language needs or literacy issues and trying to provide the information,

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invitation and any subsequent reminders in an appropriate format and language. In addition, the option of having a consultation to discuss any concerns the person (or their family members or carers) might have may also be of particular benefit to these people.

- People with food allergies

No separate recommendations were made for this group, but it is expected that any worries about food allergies would be identified as part of conversations about the reasons people are unvaccinated if they fail to respond to invitations or reminders or during consultations to discuss vaccination concerns.

- People who use drugs

The recommendation on opportunistic identification of eligible people also includes a point about checking vaccination eligibility when making contact with people in drug and alcohol services.

- People in prison or secure setting

The recommendation on opportunistic identification of eligible people also includes a point about checking vaccination eligibility within 7 days of arrival in prisons and young offender institutions, during any contact with healthcare services in these places, and when people leave.

- Culture

See the comments under religion and beliefs and for race as the recommendations discussed there are applicable here.

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 other potential equality issues have been identified.

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

Equality issues have been discussed as part of the committee discussion of the evidence in all the evidence reviews. They are mainly covered in the advantages and disadvantages sections but may also be under the section on the other factors the committee took into consideration. The recommendations discussed above are spread out across most sections of the guideline and explained in the relevant rationales.

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 barriers associated with the recommendations were identified.

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No.

Completed by Developer: Susan Spiers

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Approved by NICE quality assurance lead: Simon Ellis

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