

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Blood Transfusion

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

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

Recommendations 1.2.4 provides guidance on setting individual thresholds and haemoglobin concentration targets for each patient who needs regular blood transfusions for chronic anaemia. This includes elderly patients as they may have a low tolerance for anaemia and require a higher haemoglobin threshold.

Recommendations: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.6, 1.1.7 and 1.1.8 provide guidance recommending alternatives to blood transfusion for surgical patients. These recommendations apply to all patients including religious groups who may not wish to have a transfusion.

The group considers these recommendations to cover the subgroups identified for special attention on this guideline.

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 additional potential equality issues were identified after scoping.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Equality considerations for the anaemia management in the elderly are discussed in the full guideline in section 10.7. Equalities issues related to recommendations on alternatives to blood transfusion for people who may be part of a religious group that precludes them from transfusion, is discussed in section 5.5 of the full guideline.

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.

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No.

## 4.0 Final guideline

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

Stakeholders made 2 comments in the consultation about the recommendation which states “Do not offer erythropoietin to reduce the need for blood transfusion in patients having surgery” as they felt that Jehovah’s witnesses and others that refuse transfusion should have this option. This issue was discussed by the GDG and we referred the stakeholders to the section in the full guideline ‘linking evidence to recommendations’ where the GDG noted that in these circumstances erythropoietin could be offered. Other alternatives to transfusion are recommended in the other recommendations (e.g. oral and IV iron, tranexamic acid and cell salvage).

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?

There have been changes to the recommendations. None of these changes make it more difficult for specific groups to access services.

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?

No. None of the post consultation changes to recommendations have an adverse impact on people with disabilities.

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 questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No.

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

People who refuse blood components may or may not base their refusal on religious beliefs. The GDG's consideration of this issue is discussed in the Linking evidence to recommendations section of chapter 5 in the full guideline.

It was agreed that as their Hb requirements are lower, the elderly may not benefit from the thresholds and target levels set for the overall population. All chronically anaemic populations are addressed in the 'Linking evidence recommendations section' chapter 10 of the full guideline.

Alternatives to transfusion are also reported on in Chapter 6.

## **5.0 After Guidance Executive amendments – if applicable**

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

None.