

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM
SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>1. Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>2. This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Care of the dying adult clinical guideline

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

- It is recognised that the care of people with dementia, cognitive impairments or learning disabilities who are in the last few days or hours of life may be additionally challenging, particularly in terms of diagnosing dying and sedation or managing pain or other symptoms. The GDG will need to be cognisant of this when reviewing evidence and formulating recommendations.

- It is further recognised that there may be ethnic and cultural issues related to sedation or managing pain or other symptoms in the last few days or hours of life. The GDG will need to be cognisant of these when reviewing evidence and formulating recommendations.

- It is crucial that people important to those dying are engaged in any communication or information sharing as appropriate. National policy has already clarified that these should include, (where possible, with consent) those important to the dying person and as such this has implications for, for example, LGBT relationships.

- It is noted that consideration may also need to be given to people in their last few days of life who are from traveller communities when drafting any recommendations from the proposed review areas. This may have particular relevance to the role of anticipatory prescribing.

- The spiritual needs of those in the last few days are important to consider and whilst faith and belief are protected characteristics in terms of the act, we are aware that spiritual needs may be met by appropriate faith and belief support, other non-religion based needs should also be considered important. We plan to consider spiritual needs in the broadest sense within the context of each of our review questions.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

- Children - this is an adult only remit and the needs of children in the last few days/ hours of life are specific. NICE have commissioned a separate guideline for the care of children at end of life.

- Palliative care before end of life – the focus of this remit is to advise on care in the last few days or hours of life. The clinical areas identified for inclusion have been specifically targeted following the Neuberger review of the Liverpool Care Pathway implementation and do not address the care before this time period where different management may be required.

- Service delivery – NICE plan to update the palliative care cancer service guidance to

incorporate service delivery elements and it is anticipated that these elements will be addressed in that update.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?
 - Public consultation held on 01 – 29 August 2014.