NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Tuberculosis: Clinical diagnosis and management of tuberculosis, and measures for its prevention and control, incorporating PH37 Tuberculosis – Hard to reach Groups

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

1.0 Scope: before 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 development of the draft scope, before consultation, and, if so, what are they? (Please specify if the issue has been highlighted by a stakeholder)
NB: Scoping information is captured on a separate EIA form on the website.

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?
NB: Scoping information is captured on a separate EIA form on the website.

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
NB: Scoping information is captured on a separate EIA form on the website.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
NB: Scoping information is captured on a separate EIA form on the website.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need? If so, is an alternative version of the 'Information for the Public' document recommended? If so, which alternative version is recommended? The alternative versions available are: • large font or audio versions for a population with sight loss; • British Sign Language videos for a population who are deaf from birth; • 'Easy read' versions for people with learning disabilities or cognitive impairment.
Non applicable.

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
1. **Neonates, children and young people** was identified as a population subgroup because it was considered that the diagnosis and management of TB in this group may vary. *Throughout development of the guideline, the evidence reviews highlighted that there were variations in diagnosis and management of TB in neonates, children and young people.* *For this reason the guideline development group (GDG) felt it was appropriate to make specific recommendations for neonates, children and young people.* *Throughout the development of the guideline, the GDG discussed how the recommendations generated may impact on neonates, children and young people.* 2. **Adults over the age of 65** were identified as a population subgroup within the guideline scope because it was considered that the diagnosis and management of TB in this group may vary. *The GDG considered if and when the diagnosis and management of TB should differ in adults over age 35.* *For example, on considering evidence on the balance of benefits and harms for treatment of latent TB, the GDG concluded that latent TB treatment should be offered to people over 35 up to the age of 65. In the previous guideline treatment was recommended in those people aged 35 and under only.* *The current economic model reflects a trade-off between risks of developing hepatotoxicity from drug treatment and the risk of dying from active TB if developed. It is not clear other analyses took account of this. People aged 51-65 are approximately 5.5 times more likely to develop hepatotoxicity when receiving antituberculosis drugs than people aged less than 35. However, people aged 45-64 are also 4 times more likely to die of active TB, if they develop it, than people aged 15-44. This proved to be an important consideration in balancing the risks and benefits of treatment in people of different ages.* *From age 66 onwards, the benefits of treatment do not outweigh the risks.* 3. **People with HIV and other comorbidities or conditions that impact on the diagnosis and management of TB** were identified as a population subgroup within the guideline scope. It was considered that the diagnosis and management

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
of TB in this group may vary. *Throughout the development of the guideline, the GDG discussed how the recommendations generated may impact on people with HIV and other comorbidities or conditions that impact on the diagnosis and management of TB.* *Recommendations were developed accordingly.* 4. The scope highlighted that **specific ethnic groups** may need to be considered further in development of the guideline. This is because there is some correlation between ethnicity and incidence of TB, in as much as rates of TB are higher in migrants from some specific countries (many – though not all – of whom will identify as being from an ethnic group associated with that country). *The GDG gave particular consideration to issues around ethnicity in those areas of the guidance addressing identification, diagnosis or treatment in migrants from high incidence countries.* *Recommendations were developed accordingly.* 5. The scope highlighted that **TB incidence** is higher **among certain demographic groups** (for example, amongst people in urban areas; amongst those from countries with a high incidence of TB, and those with social risk factors for TB, including a history of substance misuse, homelessness and a history of imprisonment) and these groups may need to be considered further in the development of the guideline as diagnosis, treatment, management, prevention and control of TB may differ. *The GDG gave particular consideration to TB incidence among certain demographic groups such as people in urban areas and those for social risk factors for TB.* *Recommendations were developed accordingly.*

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?
None. However, it's important to note that incorporating PH37 into this update has had a positive impact in terms of equalities for hard to reach/underserved groups. This is because the focus of PH37 is on groups most at risk of health inequalities for TB.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?
Yes, these have been described in the relevant LETR tables.

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?
This guideline does not make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention. In under-served groups specific recommendations have been included to overcome access issues, for example rapid referral processes. It has also been made clear that services should work to overcome any possible access issues in their awareness raising activities.

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?

The recommendations within the guideline have been carefully worded so that they promote equality.

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?

The guideline recommendations foster good relations and apply to all people who receive healthcare in all settings where NHS care is delivered irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.