

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between particular population groups. The purpose of this form is to document the consideration of equality issues at each stage of the guideline development process. This equality impact assessment is designed to support NICE's compliance with the Equality Act 2010 and the Human Rights Act 1998, and to provide the Guidance Executive of NICE with assurance of compliance.

The table below lists the characteristics and other equality factors NICE needs to consider. It covers not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities and inequities in access to health, public health and care services associated with socioeconomic factors and other forms of disadvantage. Although listed separately, these categories often overlap.

The form is used to:

- record equality issues raised in connection with the guideline by anybody involved;
- demonstrate that these issues have been given due consideration – by explaining what impact they have had on the guideline's recommendations, or why there was no impact;
- give assurance that the recommendations will not discriminate against any equality group;
- highlight recommendations aimed at advancing equality of opportunity or fostering good relations.

Protected characteristics

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Note:

- 1) The characteristic, marriage and civil partnership, is protected only from unlawful discrimination. There is no requirement to consider the need to advance equality and foster good relations.
- 2) The definition of direct discrimination covers less favourable treatment of someone associated with a person with a protected characteristic, such as the carer of a disabled person.

Socioeconomic factors

The relevance and nature of socioeconomic factors will vary according to the guideline topic. They may include deprivation and disadvantage associated with particular geographical areas or other geographical distinctions (for example, urban versus rural).

Other definable characteristics

Certain groups in the population experience poor health because of circumstances distinct from – though often affected by – sharing a protected characteristic or socioeconomic factors. The defining characteristics of groups of this sort will emerge from the evidence (although, on occasions, a guideline topic will explicitly cover such a group). Examples of groups identified in recent NICE guidelines are:

- refugees and asylum seekers
- migrant workers
- looked-after children
- homeless people
- prisoners and young offenders.

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Medicines practice guideline

Equality impact assessment

Controlled drugs: safe use and management

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

1.0 Scoping

1. Have any potential equality issues been identified during the scoping process (i.e. in the development of the scope)), and, if so, what are they?

A number of groups were identified during the scope development with potential equality issues that need to be considered:

- children and young people (definition to include neonates)
- service users with mental incapacity or mental health needs
- people for whom English is not their first language including recent immigrants and asylum seekers to the UK
- people with disabilities leading to communication difficulties, such as people who are deaf or hard of hearing, or people who are visually impaired
- people with learning disabilities
- people taking medicines with religious restrictions.

The settings that will not be covered within the guideline will be people that live in care homes.

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?

The scope of the guideline covers all children (including neonates), young people and adults (including older people) irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

Although the groups listed above have been highlighted during the scoping process, it was not considered that these groups would require specific additional reviews of the evidence. The guidance will not cover specific medicines or medical conditions, so some equality considerations listed above will not be applicable. Separate literature searches looking for evidence specifically about these groups will not be undertaken.

Care will be taken to consider the needs and preferences of these patient groups when drafting recommendations, particularly when recommendations involve patients directly, such as communication during consultation and managing medicines. Additionally, any specific queries may be addressed through recruiting committee members and/or advisors to address these gaps and inform the committee during their decision making (see [Developing NICE guidelines: the manual](#)).

The reason for excluding care home settings is that NICE has already produced [managing medicines in care homes](#) (NICE guideline SC1) which provides guidance on managing medicines (including controlled drugs) for people living in care homes. Where relevant, controlled drugs guideline will cross-reference the managing medicines in care home guideline. Where new evidence is found during the development of this guideline that relates to the use of controlled drugs in care homes, this evidence will be considered as part of surveillance process for the managing medicines in care home guideline. There are no other settings that will not be covered by the guideline. All settings for publicly funded health and social care commissioned or provided by NHS organisations, local authorities (England) and independent organisations or independent contractors will be included.

2.0 Post scope consultation

3. Have any potential equality issues been identified during the scoping process (i.e. consultation), and, if so, what are they?

A number of groups were identified during the scope consultation with potential equality issues that need to be considered:

- children and young people (definition to include neonates)
- service users with mental incapacity or mental health needs
- people for whom English is not their first language including recent immigrants and asylum seekers to the UK
- people with disabilities leading to communication difficulties, such as people who are deaf or hard of hearing, or people who are visually impaired
- people with learning disabilities
- people taking medicines with religious restrictions.

The settings that will not be covered within the guideline will be people that live in care homes.

4. Have any changes to the scope (such as additional issues raised during the consultation) been agreed to highlight potential equality issues?

No

5. Does the guideline address 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?

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 a population with learning disabilities or cognitive impairment.

No.

3.0 Development (to be completed by the developer and submitted with the 1st draft guideline before consultation)

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

The evidence reviews did not fully address all the populations identified during scoping as needing specific attention (for example neonates) with regard to equality issues. However, the lack of evidence for specific populations made no impact on the recommendations for interventions, systems and processes for the safe use and management of controlled drugs as these were not population specific.

7. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed them?

No additional equality areas were identified after scoping.

8. 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, the interventions, system and processes set out in the preliminary recommendations of the guideline (for example prescribing, obtaining and supplying, administration, handling and monitoring) are non-discriminatory and could be applied to all population groups who take controlled drugs.

9. 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 preliminary recommendations are worded to promote equality of access through the provision of appropriate interventions, systems and processes taking into account the individual needs, preferences and wishes of patient and/or their family members or carers (as appropriate).

10. 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 7 or 8, or otherwise fulfil NICE's obligation to advance equality?

As part of the development of the recommendations the Committee has considered issues of equality of access and equity of access to services, interventions, systems and processes as set out in the preliminary recommendations.

The preliminary recommendations encourage organisations and practitioners to work across the current boundaries of health and social care to promote the safe use and management of controlled drugs for all people for whom therapy with controlled drugs is considered. It is anticipated that this will lead to increased participation, understanding and ownership of processes for the safe use and management of controlled drugs amongst practitioners and health and social care organisations.