

- NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

Clinical guideline: Sepsis: the recognition, diagnosis and management of severe sepsis

- As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The purpose of this form is to document the consideration of equality issues at the scoping stage of the guideline development process. This equality impact assessment is designed to support compliance with NICE’s obligations under the Equality Act 2010 and Human Rights Act 1998.
- Table 1 lists the equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the ‘protected characteristics’ defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.
- This form should be completed by the guideline developer before scope sign-off, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope. The form is used to:
 - record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the National Collaborating Centre, the GDG Chair and stakeholders
 - demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate
 - highlight areas where the guideline may advance equality of opportunity or foster good relations
 - ensure that the guideline will not discriminate against any of the equality groups.

Table 1 NICE equality groups

Protected characteristics

Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)

Additional characteristics to be considered

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).

Other

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:

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

1. Have equality issues been identified during scoping?

Record any issues that have been identified and plans to tackle them during guideline 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?

Sepsis and severe sepsis are diagnosed using clinical signs and symptoms which can vary according to clinical context rather than personal characteristics. It is recognised however that diagnosis of sepsis may be delayed as symptoms such as confusion may not be considered as indications of an acute problem in the groups such as the elderly and those with mental health problems.

The guideline group will consider whether specific recommendations need to be made.

It was noted that pregnant women may require special consideration for some of the review questions, and will therefore be included as a subgroup in cases where it is expected that different considerations may be needed.

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

Are the reasons legitimate? (that is, they do not discriminate against a particular group)

Is the exclusion proportionate?

No populations, settings or treatments for early recognition of sepsis are excluded. Treatment in intensive care settings for all populations is excluded. This does not discriminate against any group.

3. Have relevant stakeholders been consulted?

Have all relevant stakeholders, including those with an interest in equality issues been consulted?

Have comments highlighting potential for discrimination or advancing equality been considered?

Stakeholders have been consulted at the stakeholder workshop and during the stakeholder consultation.

