

- NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

<p>Clinical guideline: Physical health of people in prison: assessment, diagnosis, prevention and management of physical health problems of people in prison.</p>
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- 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?

People with disabilities (learning, physical) need regular review of their health, and care needs reassessment. People with disabilities are at higher risk of victimisation in prisons and experience worse health outcomes.

Women/pregnant women have unique health care needs.

Older prisoners (>55 years old – as defined by the prison service) experience different health care needs, due to being less able-bodied, and may be neglected. Some older prisoners will have a physical health status 10 years older than their contemporaries in the community.

Long-term prisoners, as research shows that after 4 years in prison people age on average twice as quickly. Short-term prisoners may not have the same access to health care programmes as long-term prisoners and experience disruption to diagnosis, treatment or follow-up due to inadequate handover at transfer or release.

We plan to include these subgroups within the protocols of the review questions and will report findings as part of subgroup analysis in the systematic reviews conducted.

Substance misusers are more likely to have physical health problems. Special consideration is required in the management of physical conditions in substance misusers, and in particular the administration of medication for this group. We will conduct subgroup analysis of papers identified for this population as part of the systematic review conducted. A review question on prescribing and dispensing medicines for this population is anticipated and will be consulted on.

Transgender people are more prone to victimisation. This is a very small population who have particular health issues that would require specific review questions. We did not identify any specific health issues within a prison context to be addressed.

Prisoners with dementia and post-traumatic stress disorder will be addressed by the mental health of people in prison guideline.

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?

Children under the age of 18 have been excluded as this age group have particular healthcare needs which could not be covered adequately in addition to adults. Separate guidance for this age group may be required.

Babies born to mothers in prisons have been excluded as the care of the babies is the responsibility of the local authority rather than the prison.

Children, young people and adults in Immigration Centres have been excluded as they are outside the defined setting within the remit. Immigration centres present their own unique health care challenges (such as communicable disease).

People in police custody have been excluded as they are outside of the defined setting within the remit

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?

Following the stakeholder workshop on 16/09/2014 and the consultation period from 07/10/2014 to 04/11/2014 the scope was revised in consideration of stakeholder comments.