

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

**Clinical guideline:** Low back pain: early management of persistent non-specific low back pain (update)

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**

<b>Protected characteristics</b>
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)</li></ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <p>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).</p>
<ul style="list-style-type: none"><li>• Other</li></ul> <p>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:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li></ul>

## 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?

Ethnicity and types of treatment requiring good understanding of English (e.g. Cognitive Behavioural Therapy –where the possibility of exclusion from this treatment exists because English is not the individual’s first language) was raised as an issue to consider, but it has been agreed this is addressed in the patient experience guideline which will be referred to as appropriate.

It was also noted that chronicity is increased in lower socio economic groups, but agreed these groups would not be discriminated against by any recommendations as all would be available on the NHS.

It is recognised that advancing age may increase the likelihood of low back pain (associated with degenerative changes) or the complexity of the pharmacological management of pain because of an increased likelihood of co-morbidities with advancing age which may affect prescribing decisions. Where relevant or appropriate separate recommendations may be made.

The specific needs of those individuals with cognitive impairment or learning disabilities will be addressed where relevant and appropriate in the drafted recommendations.

Return to work has been included as an outcome for the scope as it is noted that this is commonly reported in the literature and an important outcome to many people with low back pain. However, it is recognised that this can be seen to be disadvantaging those who don’t work, such as those not of working age. This will be considered when this evidence is reviewed, and it will only be included on relevant review questions. It is not anticipated that this will be included within the economic analysis.

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?

People aged under 16 have been excluded from the scope. We feel this is justified as there is a lower incidence of non-specific low back pain in this population.

### **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 03/10/2013 and the consultation period from 21/10/2013 to 18/11/2013 the scope was revised in consideration of stakeholder comments.