

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

**Clinical guideline:** Spondyloarthritis: diagnosis and management of spondyloarthritis.

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?

The guideline considers all people who receive healthcare in all settings within NHS services irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

The lack of recognition of axial spondyloarthritis in women was highlighted at the stakeholder meeting as a key issue. Within the scope this subgroup has been identified for special consideration

In addition people with comorbidities related to HLA B27 (such as inflammatory bowel disease and psoriasis) are also a patient subgroup that may need specific consideration with regards to the choice of therapeutic agents used and the ongoing management plan.

During the review of evidence we will pay particular attention to any potential subgroups in whom the diagnosis and management of spondyloarthritis is known to be different and if supported by robust evidence, the GDG will make specific recommendations where appropriate. For example the GDG will explicitly consider any potential discrimination based on sexual orientation and practice regarding screening sites for sexually acquired reactive arthritis.

## 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?

We are excluding children (under 16 years old) because Spondyloarthritis:

- is most likely to affect people in their teens and 20s
- is not considered the same condition in this particular group and often presents very differently.

The transition into adult services, for patients with symptoms of spondyloarthritis who are aged 16 to 18, is included within the scope.

### **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?

A stakeholder scoping workshop was held where representatives from relevant stakeholder groups attended. Following the workshop the scope has been revised to incorporate relevant stakeholder comments. All registered stakeholders were given an opportunity to comment on the scope during consultation.