

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Cataracts in adults: management

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

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

When discussing referral for cataract surgery, the committee acknowledged that in certain places in the country, there are issues with a lack of access to optometry services, and this could result in people who would benefit from surgery not being identified. However, this was agreed to be a broader structural problem, and not one that could be fixed or improved by any recommendations from this guideline.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee noted that some people, for example those with cognitive impairment may find it difficult or be unable to consent to cataract surgery or fully understand the information provided to them to assist their decision of whether to undergo surgery. To address this, draft recommendations within relevant sections of the guideline recommend discussions be had with the person's family members or carers as appropriate.

1.0.7 DOC EIA

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

When discussing sedation, the committee noted that this may sometimes be used as an alternative to general anaesthesia in people where this is deemed to be inappropriate (for example, people with cognitive impairment). This is not a practice specific to cataract surgery however and the committee (including the anaesthetist member of the group) felt that competently trained anaesthetists could determine the appropriate type of anaesthesia to use and therefore that no recommendations were necessary.

The committee agreed that people whose mental capacity limits their ability to remain still during surgery would often be given general anaesthetic for cataract surgery. Based on clinical experience, the committee agreed that the surgeon would prefer patients to be adequately sedated, but that the use of general anaesthetic would usually be discussed in consultation with the patient and/or their representative(s) before being undertaken. The committee agreed that this represented current practice in the UK, and therefore it was agreed that no recommendations were necessary.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's considerations of the above equality issues are included within the Evidence to recommendations sections of the full draft Guideline.

3.4 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?

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There are no recommendations which make it more difficult for any specific group to access services than any other group.

3.5 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?

No.

3.6 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 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Not beyond what has been drafted.

Completed by Developer: Susan Spiers

Date: 31/03/2017

Approved by NICE quality assurance lead: Kay Nolan

Date: 10/05/2017