

## 1.0.7 DOC EIA (2019)

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

#### NICE guidelines

#### Equality impact assessment

### Glaucoma: diagnosis and management

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

#### 1.0 Checking for updates and scope:

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? y/n

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age

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- Glaucoma more commonly affects people over the age of 70. The increased likelihood of polypharmacy in this group may impact on the ability to adhere to a further treatment, as well as potential adverse drug interactions.
- Given the chronic nature of glaucoma, earlier onset in adults may be associated with poorer health outcomes and greater need for medical intervention over the lifetime course.
- Disability
  - People with cognitive and/or physical impairments may require specific consideration in terms of decisions about management and treatment of glaucoma to aid adherence to treatment.
  - People with a learning disability may require specific consideration in terms of discussions about management and any possible concerns about adherence to treatment.
- Gender reassignment
  - No issues specifically identified.
- Pregnancy and maternity
  - People who are pregnant or breastfeeding may need specific consideration in terms of discussions about management and pharmacological treatment.
- Race
  - Late presentation of glaucoma is associated with people who are of black African or black Caribbean descent.
- Religion or belief
  - No issues specifically identified.
- Sex
  - No issues specifically identified.
- Sexual orientation
  - No issues specifically identified.
- Socio-economic factors
  - Late presentation of glaucoma is associated with greater individual and area level deprivation. There may also be issues with being able to access and use services.
- Other definable characteristics
  - No issues specifically identified.

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1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- Potential inequality issues will be noted in the review protocols and any evidence relevant to age, disability, race and socioeconomic status will be extracted. In addition, these issues will be highlighted to and discussed by the committee during development of recommendations

Completed by Developer: Clare Wohlgemuth and Robby Richey

Date: 17<sup>th</sup> August 2021

Approved by NICE quality assurance lead: Christine Carson

Date: 13/09/2021

## 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?

The committee discussed the impact of new recommendations for the following groups:

- Older people (aged over 70 years)
- People with cognitive or physical impairment
- People with learning disabilities
- People who are pregnant or breastfeeding
- People of black African/ Caribbean ethnic group

This has been discussed in the 'other factors the committee took into account' section of the committee's discussion of the evidence.

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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 also identified that people with dementia may find it difficult to adhere to eye drops and may also require assistance to administer eyedrops. The committee drafted new recommendations that now allow Selective Laser Trabeculoplasty (SLT) to be selected as a first line treatment. This could result in people being eyedrop free or requiring fewer eyedrops in the future.

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

Yes – in the "other factors the committee took into account" section of the committee's discussion of the evidence.

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?

The updated recommendations should reduce inequalities as these are likely to result in more people getting access to SLT as first line treatment.

Recommendations currently exclude advanced glaucoma which are more likely to be seen in people who are of black African or black Caribbean descent. However, the committee noted that new recommendations are unlikely to have an impact on late presentation of glaucoma as surgery is the main treatment option for advanced glaucoma and this is already stated in existing recommendations.

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.

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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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

The updated recommendations should reduce inequalities as these enable more people to receive SLT as first line treatment. Certain groups such as people aged over 70 years, people with cognitive and physical impairment, people with learning disabilities, people who are pregnant or breastfeeding and people of black African/ Caribbean ethnic group were identified. Committee discussions around equality issues have been added to the evidence review.

Completed by Developer: Caroline Mulvihill

Date: 3<sup>rd</sup> November 2021

Approved by NICE quality assurance lead \_\_\_\_\_ Christine Carson \_\_\_\_\_

Date \_\_\_\_\_ 07/01/2022 \_\_\_\_\_

## 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

A number of equality issues were raised by stakeholders during draft guideline consultation:

- People who are pregnant and breastfeeding: During consultation, it was noted that interim treatment with PGA while people are waiting for an SLT would not be suitable for people who are pregnant and breastfeeding. No change was made to the recommendation, but the committee acknowledged this issue and highlighted that glaucoma units would need to prioritise patients based on clinical need. Committee discussion has been captured in the evidence review.
- Ethnicity: Ethnicity was also identified as an important subgroup in the new research recommendation. This was addressed in the evidence review prior to consultation.

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- **Ethnicity and area level deprivation:** It was also highlighted that people with late presentation of glaucoma would not benefit from the new recommendations. The committee noted that late presentation of glaucoma might be associated with people who are of black African or black Caribbean descent and with greater individual and area level deprivation. The committee highlighted that in late presentation of glaucoma (usually in the form of advanced glaucoma) surgery is the main treatment option. This was outside the remit of the review question. This was addressed in the evidence review prior to consultation.
- **Geographical inequalities:** There were general concerns that there were a lack of sufficient laser machines and trained staff to perform laser treatment in some areas which may create or exacerbate health inequalities to terms of access to treatment. The committee had addressed this issue prior to consultation and noted that the first line use of SLT is likely to lead to significant change in practice that requires better organisation of care. They highlighted that the establishment of a multidisciplinary team is required and that healthcare professionals such as associate specialists, specialist nurses, optometrists and allied health professionals should be trained so that they can perform SLT with support from a consultant ophthalmologist. The committee discussions are captured in the evidence review. In terms of the lack of laser machines, this was identified as an implementation issue and outside the scope of the guideline update.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?

There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

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Minor amendments made to the recommendations after consultation have not resulted in any adverse impact on people with disabilities.

4.4 If the recommendations have changed after consultation, 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups. All equality issues identified have been detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

Updated by Developer: Shreya Shukla

Date: 20<sup>th</sup> December 2021

Approved by NICE quality assurance lead \_\_\_\_\_ Christine Carson

Date \_\_\_\_\_ 07/01/2022 \_\_\_\_\_

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