

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Macular degeneration: diagnosis and management of age-related macular degeneration

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

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

Macular degeneration disproportionately affects older people; therefore the guidance will focus on the diagnosis and management of age-related macular degeneration. Juvenile onset macular degeneration and other rare causes will be excluded from the scope.

The scope has identified that specific consideration is given to people with other comorbidities that affect visual function and also people with impaired cognitive function or impaired mobility.

The scoping for the guideline has also identified that equality and equity issues exist among those for whom vision may be reduced or lost in one eye already, those who may have multi-sensory loss (for, example reduced hearing or deafness) and low socio-economic status. These subgroups are highlighted in the scope as requiring specific consideration for this reason too.

Accessibility to assessment and treatment may also be constrained for people who are housebound or in nursing homes. This will need due attention when developing guideline recommendations.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Ensuring timely diagnosis and treatment to prevent sight loss for those highlighted in answer to question 1.1 will be very important in the development of the guideline. Although many diagnoses happen in adults over the age of 50, an age limit for identifying macular degeneration has not been specified in the scope so that the guideline does not create any artificial barriers to diagnosis and treatment.

Juvenile onset macular degeneration and other rare causes of macular degeneration in adults have been excluded from the scope. These exclusions are proportionate because the number of people with macular degeneration due to rare underlying conditions is very small and the patient pathway for these people is significantly different. As such the management of people with other causes of macular degeneration should be considered a separate issue. People who fall within these subgroups will also receive highly specialised care, and as the recommendations in this guideline are for healthcare professionals working across the NHS, it is important that the guidance applies to the greatest majority of people with macular degeneration and the clinicians who are involved in their treatment plan.

For those identified in the scope as requiring specific consideration - comorbidities that affect visual function, impaired cognitive function, impaired mobility, pre-existing reduced vision or vision loss in one eye, multi-sensory loss, low socio-economic status, those who are housebound or in nursing homes – it is uncertain as to the degree specific evidence will relate to the diagnosis and treatment of these groups. However, they will be at the forefront of committee considerations when looking at the evidence and making recommendations.

Completed by Developer

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Approved by NICE quality assurance lead

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