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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Liver disease

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
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No equality issues have been identified at this stage.
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1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
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The quality standard will not include cirrhosis in children and young people under the age of 16 because the aetiology and management of cirrhosis in a paediatric population is different to the adult population
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Updated by Developer _____Melanie Carr_____

Date_____6/8/16_____

Approved by NICE quality assurance lead _____Nick Baillie_____

Date_____11/8/2016_____

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2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The committee highlighted that people who are homeless may not access healthcare services and therefore may not receive the support they need if they develop liver disease. Statement 3 highlights that community outreach services should support people who are homeless and known to be drinking alcohol in a harmful way to enable them to have access to non-invasive testing for cirrhosis. Statement 4 indicates that adults and young people with cirrhosis who are homeless may need additional support from community outreach services to ensure that they attend for 6-monthly surveillance for hepatocellular carcinoma. Statement 5 identifies that adults and young people with cirrhosis who are homeless may need additional support from community outreach services to ensure that they attend for checks to detect oesophageal varices.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope to highlight potential equality issues.

2.3 Do the draft quality statements 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 statements do not make it difficult for specific groups to access services.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The draft quality statements are not expected to have an adverse impact on people with disabilities.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

Suggestions on how to improve access to services are included in section 2.1

Updated by Developer ____Melanie Carr_____

Date ____5/12/16_____

Approved by NICE quality assurance lead _____Nick Baillie_____

Date ____9/12/16_____

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Post-consultation stage

3. Final quality standard

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

Stakeholders highlighted the importance of ensuring that people who inject drugs are supported to access non-invasive testing for cirrhosis and surveillance for hepatocellular carcinoma. People who inject drugs have been added to the equality considerations for statements 3 and 4 to ensure that support is provided by community outreach services so that they can access non-invasive testing for cirrhosis and surveillance for hepatocellular carcinoma.

Stakeholders also highlighted that prisoners should be able to access non-invasive testing for cirrhosis and surveillance for hepatocellular carcinoma. An equality consideration has been added to statements 3 and 4 to ensure that prisons ensure that prisoners who have risk factors for cirrhosis are offered non-invasive testing and that prisoners with cirrhosis are offered 6-monthly surveillance for hepatocellular carcinoma.

3.2 If the quality statements have changed after the consultation stage, are there any 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?

The revised statements do not make it difficult for specific groups to access services.

3.3 If the quality statements 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?

The statements do not make it difficult for people with disabilities to access services.

3.4 If the quality statements 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 questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

Suggestions on how to improve access to services are included in section 3.1

Updated by Developer _____Melanie Carr_____

Date_16/3/17_____

Approved by NICE quality assurance lead _____Nick Baillie_____

Date_18/5/17_____

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After Guidance Executive amendments – if applicable

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments made by GE

Completed by lead technical analyst: Melanie Carr _____

Date __9/6/17 _____

Approved by NICE quality assurance lead: Nick Baillie _____

Date __9/6/17 _____