

Equality impact assessment

Management of the long-term effects of COVID-19

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: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

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. The scope of the guideline is adults, children and young people.

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?

Exacerbating inequalities

There is potential for recommendations to exacerbate inequalities if individual circumstances are not acknowledged, as detailed below. Protected characteristics and assumptions about individual circumstances need to be considered.

Age

It appears that ongoing symptoms of COVID-19 may be more likely to be reported in older people. However, there seem to be different clusters of symptoms in different ages, which means that there could be different presentations for children and younger people and adults compared with people aged over 65.

There could be difficulty accessing care for older people who cannot easily ask for help because of mobility or sensory impairments. These factors may lead to older people becoming less likely to seek help.

Disability

People with learning disabilities and autistic people may present late to services because of atypical presentations or diagnostic overshadowing. Some disabled people may have particular needs that make it difficult for them to access care. People with some learning and developmental disabilities may need reasonable adjustments to care pathways.

Other disabilities, such as communication impairment, poor eyesight, hearing or cognitive difficulties, may also create challenges seeking help and accessing care. Healthcare services are requiring additional safety measures for patients attending appointments. These safety measures may make healthcare less accessible, especially where entrances or exits to the building have been closed that may have been more accessible for some people with disabilities.

Gender reassignment

None identified at this time

Pregnancy and maternity

Women who are pregnant, and parents and carers of young children who are struggling with symptoms, may have difficulty attending their midwifery or health visitor appointments as well as difficulty accessing health and social care services where they could gain advice and assistance. This may increase the likelihood of a delay in seeking help.

Race

There is some evidence of poorer outcomes from COVID-19 in black, Asian and minority ethnic populations. This has been linked to a number of potential factors:

- higher rates of comorbidities, such as cardiovascular disease, obesity and diabetes in some black, Asian and minority ethnic populations, which have been associated with COVID-19 mortality
- a person's occupation, for example over-representation in key worker roles in health and social care; pre-existing socioeconomic factors (such as housing conditions), which could affect people's ability to maintain infection control and prevention measures, and to follow healthy lifestyles that might assist in reducing risk.

While the prevalence of prolonged COVID-19 symptoms in black, Asian and minority ethnic groups is currently not known, it is important to consider these factors when drafting recommendations.

People from black, Asian and minority ethnic groups may feel marginalised, have experienced racism, or have had previous experiences with a culturally insensitive healthcare service that could create barriers to engagement with healthcare services.

Religion or belief

None identified at this time.

Sex

There are known differences in terms of poorer outcomes from COVID-19 for men compared to women, so it is important to consider potential differences in clusters of symptoms when drafting recommendations.

Sexual orientation

None identified at this time.

Socioeconomic factors

Poverty and poor housing may have substantial impacts on accessibility to healthcare resources. Often it is those who have the greatest need for healthcare services who live furthest away from them. This could cause further delay in seeking help.

Other definable characteristics (these are examples):

- refugees
- asylum seekers
- migrant workers

For people whose first language is not English, there may be communication difficulties and a need for an interpreter especially for seeking help and effective shared decision making.

- people who are homeless

People who are homeless may face challenges accessing care or may present late to services, so they may be more likely to have adverse outcomes compared to if they accessed services sooner.

Digital accessibility

Healthcare services are increasingly using digital methods for people to access care. This could create challenges for people with disabilities, low digital literacy, or people who do not have devices or connectivity to use these services. Online forms are an additional barrier to some people (for example those with communication or dexterity difficulties) in accessing healthcare. These factors may lead to some groups of people becoming less likely to seek help.

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

The guideline will need to address the potential equality issues by looking at data from studies either focused on the groups identified or by looking at subgroup data. They will be captured by subgroup analyses in the review questions as well as qualitative data on patient experience. No groups will be excluded from the population.

Completed by Developer _____ Sara Buckner _____

Date _____ 23rd October 2020 _____

Approved by NICE quality assurance lead ___Justine Karpusheff _____

Date _____ 23rd October 2020 _____

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Age

Stakeholders highlighted that the prevalence of post-COVID-19 syndrome is unknown in care homes. However, the high incidence of acute COVID-19 infection in these settings and the emerging evidence of higher rates of reported ongoing symptoms in older people suggests that these factors should be considered when drafting recommendations.

It was also highlighted that existing services may have exclusion criteria, related to age, which may lead to inequitable access.

One stakeholder highlighted that older people with acquired communication impairments or dementia could be less likely to report symptoms and may require additional support (such as speech and language therapy) to facilitate access to care.

Some older people may be less active on digital media (such as social media) and so may not be exposed to campaigns that raise awareness about post-COVID-19 syndrome affecting older people. As a result, older people might be at higher risk of presenting late to services.

Disability

People with communication, speech and language difficulties may not be able to describe, explain or communicate subtle or complex symptoms, which may not be obvious to those caring for them. These specific and unique issues have the potential to impact on healthcare accessibility

Some frequently reported symptoms of COVID-19 that may result in disability and create challenges for seeking help and accessing services.

Religion or belief

People may feel or have experienced stigma based on their religion or belief when accessing healthcare services that may create challenges for seeking help.

Sex

Stakeholders referenced emerging evidence that women are more likely to report ongoing symptoms compared to men. However, it is important to consider that male help-seeking behaviours tend to be different and therefore symptoms could be under-reported.

Sexual orientation

People may feel or have experienced stigma based on their sexual orientation when accessing healthcare services that may create challenges for seeking help.

Socio-economic factors

People may feel or have experienced stigma based on their socio-economic background when accessing healthcare services that may create challenges for seeking help.

Poverty may also impact on the individual's ability to access online material or apps for GP appointments and health information, creating a further barrier within a health literacy and access context.

One stakeholder highlighted emerging evidence of a link between social deprivation and incidences of COVID-19 that needs to be explored further.

Other definable characteristics:

- **Mental health and pre-existing comorbidities**

There may be some situations when pre-existing comorbidities or mental health illness may create challenges for people seeking help and accessing services.

- **People at higher risk of COVID-19**

Stakeholders highlighted that low levels of literacy and pervasive language disorders are known to exist in communities at higher risk of COVID-19 which can create challenges seeking help.

- **Others identified**

Stakeholders highlighted that inequities are faced by groups such as people in prison, Gypsies and Travellers

Stakeholders highlighted that groups such as people in prison, Gypsies and Travellers, armed forces personnel and people who have been trafficked should be considered when drafting recommendations.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No. The scope did not exclude any groups.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

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)

Not applicable.

Updated by Developer _____ Sara Buckner _____

Date _____ 29th October 2020 _____

Approved by NICE quality assurance lead _____ Justine Karpusheff _____

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