

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT –
RECOMMENDATIONS
Clinical guideline updates

Clinical guideline: Irritable Bowel Syndrome

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the update by anybody involved **since referral of the update**, including NICE, the Clinical guidelines update team (CGUT), committee members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the update should advance equality of opportunity or foster good relations

- ensure that the update will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation • Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none"> • Socio-economic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"> • Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> • refugees and asylum seekers • migrant workers • looked-after children • homeless people.

1. Have the equality areas identified since referral as needing attention been addressed in the update?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified since referral as needing specific attention with regard to equality issues
- the Standing Committee has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Please see below.	Please see below.
Other comments	

2. Have any equality areas been identified during development? If so, have they have been addressed in the update?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified during development as needing specific attention with regard to equality issues
- the Standing Committee has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
The study population of the evidence in this update is predominantly women and therefore effects of menstrual cycle may have an effect on IBS symptom ratings. Downgrading was applied for indirectness in the evidence review as the evidence may be bias towards men.	The Committee felt that downgrading should not be applied for this point because they agreed the proportion of the study population closely mirror the epidemiology of the IBS population. Thus, there was no impact on the recommendations.
During consultation one comment was made about the food sources listed in the current low FODMAP standard dietary resources being predominantly from a western diet. It was raised that there is a lack of food sources listed for people who consume culturally specific diets. It was also mentioned that these are only available in the English language	The issue of culturally specific foods for low FODMAP diet was subsequently discussed by the Committee. Detail of this has been captured in the LETR table in the full addendum. The Committee acknowledged that the current dietary resources available for implementing the low FODMAP diet only includes a list of foods that are common in a typical western diet, and that information on culturally specific foods are very limited. Therefore, the Committee emphasized that healthcare professionals/dietitians need to provide individually tailored advice to people who consume culturally specific foods who wish to undertake this dietary intervention. Full information on available food sources for low FODMAP diet needs to be provided and discussed with people with IBS so that they can make a fully informed decision.
Other comments	

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

The recommendations do not specifically target certain groups.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

N/A