

NCL Equality Impact Assessment Screening for April 2019 PoLCE update

Note: NCL Equality Impact Assessment Screening for April 2019 PoLCE update has been reviewed and approved by NCL Equality and Diversity Lead in March 2019. If you have any questions please contact us at nclstppmo@nhs.net

Equality analysis screening tool – Cataract surgery

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Cataract surgery
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named intervention.

1. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010? Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

2. If you answered 'yes' to any of the above, give your reasons why

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3. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and cataract surgery. There is no indication that implementing the LCW policy on cataract surgery will lead to a health inequality impact in relation to these issues:


Age:

- Cataracts are common in older adults (NHS Choices, 2017; NICE CKS, 2015).
- Cataracts can also affect babies and young children (NHS Choices, 2017). As children are managed differently to adults, NICE NG77 (2017) applies only to people aged 18 and over. Consistent with this the LCW policy excludes paediatric patients.

Disability:

- A number of conditions increase the risk of developing cataracts including: diabetes, myotonic dystrophy, neurofibromatosis type 2 and atopic dermatitis (NICE CKS, 2015). Corticosteroid treatment also increases the risk of developing cataracts (NICE CKS, 2015).
- Secondary cataract may develop as a complication of another eye disease including: chronic anterior uveitis, acute congestive angle-closure glaucoma, high myopia, and some hereditary fundus dystrophies such as retinitis pigmentosa, Leber congenital amaurosis, gyrate atrophy, and Stickler syndrome (NICE CKS, 2015).
- Cataract may hinder disease management or monitoring of particular ocular conditions e.g. retinal screening for patients with diabetes (NICE CKS, 2015). Addressing this, the LCW policy states surgery is indicated for these patients.
- If left untreated, most people with a cataract will eventually become severely visually impaired in the affected eye (NICE CKS, 2015). Addressing this, the LCW policy states surgery is available for patients with a best corrected visual acuity (BCVA) of 6/9 or worse and an impairment in lifestyle, or a BCVA better than 6/9 and a clear clinical indication or symptoms affecting lifestyle.
- The NICE NG77 (2017) equality impact assessment notes that because the recommendations for referral are based around self-reporting of symptoms, this may create a barrier for access by people who are less able to self-report such as those with learning difficulties or cognitive impairment. It was concluded that these issues exist throughout the health system and is not specific to cataract surgery and it is incumbent on all people working within the NHS to make appropriate adaptations to make sure people with learning disabilities or cognitive impairment are not disadvantaged within the NHS. Addressing this, the LCW policy suggests a multidisciplinary approach and early support planning for patients with learning disabilities.

- NICE CKS (2015) notes that patients with mental health problems such as dementia may not have the capacity to co-operate with surgery and the required post-operative treatments such as eye drops. This is not an issue that can be addressed in policy and is a matter of clinical judgement.

4. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead 	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

Sources reviewed:

NHS Choices (2017) [Age-related cataracts](#)

NHS Choices (2017) [Cataract surgery](#)

NICE (2017) [NICE Guideline \(NG\) 77: Cataracts in adults: Management](#)

NICE (2017) [Equality impact assessment for NG77: Cataracts in adults](#)

NICE Clinical Knowledge Summaries (CSK) (2015) [Cataracts](#)

Equality analysis screening tool – Interventional treatments for back pain

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Interventional treatments for back pain
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named interventions.

4. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010?

Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

5. If you answered 'yes' to any of the above, give your reasons why

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6. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and interventional treatments for back pain. There is no indication that implementing the LCW policy on interventional treatments for back pain will lead to a health inequality impact in relation to these issues:

Age:


- The peak prevalence of back pain is at age 41-50 years (NICE CKS, 2018).
- NICE NG59 (2016) does not apply to people aged 16 or under as there is a lower incidence of non-specific low back pain in this population. The LCW policy is consistent with this as it only relates to adults aged over 16 years.
- Age as a potential equality issue was raised by one stakeholder during development of NICE NG59 (2016). However the guideline development group (GDG) did not consider that any recommendation disadvantaged elderly groups – in relation to radiofrequency denervation specifically, where this comment was raised, the trials reviewed for radiofrequency denervation did not suggest that increasing age was associated with a poorer response to radiofrequency denervation and as such, the GDG agreed no assumption can be made regards the contribution of age to treatment success or failure.

Disability:

- 3-4% of young adults (below 45 years of age), and 5-7% of older adults (over 45 years of age), are chronically disabled by back pain (NICE CKS, 2018). Addressing this, the LCW policy recommends a number of interventions for back pain for eligible patients, based on national guidance and a review of the relevant literature.
- Depression and other psychological conditions are risk factors for development of non-specific low back pain (NICE CKS, 2018).

Pregnancy/Maternity:

- The NICE NG59 GDG agreed that separate recommendations for pregnant women were not required and that pregnant women would not be disadvantaged by these recommendations (2016). Consistent with this, the LCW policies on procedures included in NICE NG59 do not exclude pregnant women from their scope.

5. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead 	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

Sources reviewed:

NHS Choices (2017) [Back pain](#)

NHS England (2017) [National Low Back and Radicular Pain Pathway](#)

NICE (2016) [NICE Guideline \(NG\) 59: Low back pain and sciatica in over 16s: Assessment and management](#)

NICE (2016) [Methods, evidence and recommendations for NG 59: Low back pain and sciatica – Invasive treatments](#)

NICE (2016) [Equality Impact Assessment 1 & 2 for NG 59: Low back pain and sciatica](#)

NICE (2016) [Equality Impact Assessment 3 for NG 59: Low back pain and sciatica](#)

NICE (2016) [Equality Impact Assessment 4 for NG 59: Low back pain and sciatica](#)

NICE (2017) [NICE Quality Standard \(QS\) 155: Low back pain and sciatica in over 16s](#)

NICE Clinical Knowledge Summaries (CSK) (2018) [Back pain – low \(without radiculopathy\)](#)

Equality analysis screening tool – Knee arthroplasty

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Knee arthroplasty
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named intervention.

7. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010?
Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

8. If you answered 'yes' to any of the above, give your reasons why

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9. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and knee arthroplasty. There is no indication that implementing the LCW policy on knee arthroplasty will lead to a health inequality impact in relation to these issues:

Age:


- Risk of developing osteoarthritis increases with age (NHS Choices, 2016).
- NICE CG177 on osteoarthritis (2014) applies to adults only. The LCW policy is consistent with this as it excludes paediatric patients.
- The BASK, BOA and RCS (2017) and NICE (2014) state age should not be a barrier to referral for joint surgery. The LCW policy is consistent with this as it does not specify upper age thresholds.

Disability:

- Osteoarthritis can occur in joints severely damaged by a previous or existing condition, such as rheumatoid arthritis or gout (NHS Choices, 2016). The LCW policy excludes patients with inflammatory arthropathies from its scope.
- Osteoarthritis can lead to loss of function (BASK, BOA, RCS, 2017). Consistent with this, joint symptoms that have a substantial impact on quality of life are an eligibility criterion for knee arthroplasty in the LCW policy on this topic.
- The BASK, BOA and RCS (2017) and NICE (2014) state comorbidities should not be a barrier to referral for joint surgery. The LCW policy is consistent with this as it does not specify comorbid conditions (or BMI thresholds) which exclude patients from being eligible for surgery.

Gender:

- The prevalence of osteoarthritis is higher in women than men (NICE CKS, 2018).

6. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead 	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

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Sources reviewed:

British Association of Knee Surgery (BASK), British Orthopaedic Association (BOA), Royal College of Surgeons (RCS) (2017) [Commissioning Guide: Painful osteoarthritis of the knee](#)

NHS Choices (2016) [Osteoarthritis](#)

NICE (2014) [Clinical Guideline \(CG\) 177: Osteoarthritis: care and management](#)

NICE (2014) [Equality Impact Assessment for CG 177: Osteoarthritis](#)

NICE (2015) [Quality Standard \(QS\) 87: Osteoarthritis](#)

NICE Clinical Knowledge Summaries (CKS) (2018) [Osteoarthritis](#)

Equality analysis screening tool – Knee arthroscopy (in the treatment of osteoarthritis)

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Knee arthroscopy (in the treatment of osteoarthritis)
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named intervention.

10. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010?

Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

11. If you answered 'yes' to any of the above, give your reasons why

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12. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and knee arthroscopy. There is no indication that implementing the LCW policy on knee arthroscopy will lead to a health inequality impact in relation to these issues:

Age:


- Risk of developing osteoarthritis increases with age (NHS Choices, 2016).
- NICE CG177 on osteoarthritis (2014) applies to adults only. The LCW policy is consistent with this as it excludes paediatric patients.

Disability:

- Osteoarthritis can occur in joints severely damaged by a previous or existing condition, such as rheumatoid arthritis or gout (NHS Choices, 2016). The LCW policy excludes patients with inflammatory arthropathies from its scope.
- Osteoarthritis can lead to loss of function (BASK, BOA, RCS, 2017). According to the LCW policy, high quality evidence does not support the use of knee arthroscopic surgery in most patients with degenerative disease; in line with NICE guidelines, the exception is people who have osteoarthritis and a clear history of a truly locked knee who will need therapeutic arthroscopic intervention.

Gender:

- The prevalence of osteoarthritis is higher in women than men (NICE CKS, 2018).

7. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead 	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

Sources reviewed:

British Association of Knee Surgery (BASK), British Orthopaedic Association (BOA), Royal College of Surgeons (RCS) (2017) [Commissioning Guide: Painful osteoarthritis of the knee](#)

NHS Choices (2016) [Osteoarthritis](#)

NICE (2007) [Interventional procedures guidance \(IPG\) 230: Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis](#)

NICE (2014) [Clinical Guideline \(CG\) 177: Osteoarthritis: care and management](#)

NICE (2014) [Equality Impact Assessment for CG 177: Osteoarthritis](#)

NICE (2015) [Quality Standard \(QS\) 87: Osteoarthritis](#)

NICE Clinical Knowledge Summaries (CKS) (2018) [Osteoarthritis](#)

Equality analysis screening tool – Primary hip arthroplasty

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Primary hip arthroplasty
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named intervention.

13. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010?
Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

14. If you answered 'yes' to any of the above, give your reasons why

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15. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and primary hip arthroplasty. There is no indication that implementing the LCW policy on primary hip arthroplasty will lead to a health inequality impact in relation to these issues:

Age:

- Risk of developing osteoarthritis increases with age (NHS Choices, 2016).
- NICE CG177 on osteoarthritis (2014) applies to adults only. The LCW policy is consistent with this as it excludes children.
- The BHS, BOA and RCS (2017) and NICE (2014) state age should not be a barrier to referral for joint surgery. The LCW policy is consistent with this as it does not specify upper age thresholds.
- The type of surgery and follow up may be determined by age (BHS, BOA, RCS, 2017).


Disability:

- Osteoarthritis can occur in joints severely damaged by a previous or existing condition, such as rheumatoid arthritis or gout (NHS Choices, 2016). The LCW policy excludes patients with inflammatory arthropathies from its scope.
- Osteoarthritis can lead to loss of function and quality of life (BHS, BOA, RCS, 2017). Consistent with this, joint symptoms that have a substantial impact on quality of life are an eligibility criterion for hip arthroplasty in the LCW policy on this topic.
- The BHS, BOA and RCS (2017) and NICE (2014) state comorbidities should not be a barrier to referral for joint surgery. The LCW policy is consistent with this as it does not specify comorbid conditions (or BMI thresholds) which exclude patients from being eligible for surgery.

Gender:

- The prevalence of osteoarthritis is higher in women than men (NICE CKS, 2018).

8. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A	

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Sources reviewed:

British Hip Society (BHS), British Orthopaedic Association (BOA), Royal College of Surgeons (RCS) (2017) [Commissioning Guide: Pain arising from the hip in adults](#)

NHS Choices (2016) [Osteoarthritis](#)

NICE (2014) [Clinical Guideline \(CG\) 177: Osteoarthritis: care and management](#)

NICE (2014) [Equality Impact Assessment for CG 177: Osteoarthritis](#)

NICE (2015) [Quality Standard \(QS\) 87: Osteoarthritis](#)

NICE Clinical Knowledge Summaries (CKS) (2018) [Osteoarthritis](#)

Equality analysis screening tool – Procedures and interventions for benign skin lesions

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Procedures and interventions for benign skin lesions (lesions within the scope of this policy are: benign pigmented moles / melanocytic naevus, comedones, corn/callous, lipoma, milia, molluscum contagiosum, cysts [epidermal, pilar, trichodermal, sebaceous], seborrhoeic keratoses [basal cell papillomata], skin tags including anal tags [acrochordon], warts including plantar warts, mosaic warts, neurofibromata, telangiectasia / thread veins, dermatofibroma, capillary haemangioma / Campbell de Morgan, xanthelasma).
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named intervention.

16. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010? Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

17. If you answered 'yes' to any of the above, give your reasons why

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18. If you answered 'no' to any of the above, give your reasons why

<p>The following issues were identified relating to protected groups and procedures and interventions for benign skin lesions. There is no indication that implementing the LCW policy on procedures and interventions for benign skin lesions will lead to a health inequality impact in relation to these issues:</p> <p>Age:</p> <ul style="list-style-type: none"> • Dermatofibroma are most common on the lower legs of young or middle aged adults (BAD, 2017). • Epidermal cysts affect young and middle aged adults and pilar cysts typically affect middle aged adults (BAD, 2017; NHS Choices, 2017). • Most moles develop during childhood and early adult life up to the age of 30-40 (BAD, 2017). • Molluscum contagiosum is most common in preschool children aged 1-4 years (NICE CKS, 2017; NHS Choices, 2017). • Skin tags are more common in older people (NHS Choices, 2016). • Warts can occur at any age but are more common in children and young adults (BAD, 2014; NICE CKS, 2014). Warts in adults can be slower to clear than in children (BAD, 2014). NICE CKS (2014) do not recommend cryotherapy for warts in younger children because they may find it too painful and may not be able to keep still long enough for the treatment to be applied. Note, the LCW policy does not specify which procedure(s) should be undertaken to remove specific skin lesions, where applicable. • Note, the LCW policy applies to both adults and children therefore the above are all within the scope of the policy. <p>Disability:</p> <ul style="list-style-type: none"> • NHS Choices (2018) states that people with diabetes, heart disease and problems with circulation should not try to treat corns / calluses on the feet at home and should see their GP or a foot specialist. This issue is

not addressed by the LCW policy but may not be considered relevant as it relates to patients considering treatment at home.

- Few moles (or other pigmented skin lesions) will be diagnosed as melanoma - most will be benign (NICE CKS, 2017). Addressing this, the LCW policy states that any malignant lesion, lesion with diagnostic uncertainty or pigmented lesions with malignant potential is excluded from this policy.
- Molluscum contagiosum occurs more commonly in people who are immunocompromised and is particularly difficult to treat in patients who are HIV positive. NICE CKS recommends immunocompromised patients with molluscum contagiosum should be referred to a specialist (NICE CKS, 2017). Although the above recommendation does not specifically relate to excision of lesions, NCL CCGs may wish to consider this issue when determining their policy.
- Skin tags are more common in people with type 2 diabetes (NHS Choices, 2016).
- For people with severe immunosuppression, warts may be large, extensive, and resistant to treatment (BAD, 2014; NICE CKS, 2014). Malignant changes are thought to be rare, except among immunosuppressed patients; lesions may initially appear as warts and later become invasive squamous cell carcinoma (NICE CKS, 2014). NICE CKS (2014) recommends immunocompromised patients should be referred to a specialist. The LCW policy is consistent with this as it states immunocompromised patients who have not responded to conservative treatment will be treated in secondary care.

Gender:

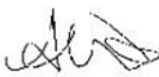
- Dermatofibroma are more common in women than men (BAD, 2017).
- Haemangiomas are more common in women than men (BAD, 2017).
- Pilar cysts are more common in women than men (BAD, 2017).
- Seborrhoeic keratoses are more common in men than women (BAD, 2017).

Pregnancy/Maternity:

- Pregnant women may be more likely to develop skin tags as a result of changes in their hormone levels (NHS Choices, 2016).

Race:

- Haemangiomas are more common in white children (BAD, 2017).

9. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead 	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

Sources reviewed:

British Association of Dermatologists (BAD) (2014) [Guidelines for the management of cutaneous warts](#)

BAD (2017) [Dermatofibroma](#)

BAD (2017) [Epidermoid and pilar cysts](#)

BAD (2017) [Haemangioma of infancy](#)

BAD (2017) [Melanocytic naevi \(pigmented moles\)](#)

BAD (2017) [Seborrhoeic keratoses](#)

BAD (2018) [Molluscum contagiosum](#)

NHS Choices (2016) [Skin tags](#)

NHS Choices (2017) [Lipoma](#)

NHS Choices (2017) [Moles](#)

NHS Choices (2017) [Molluscum contagiosum](#)
NHS Choices (2017) [Skin cyst](#)
NHS Choices (2017) [Warts and verrucas](#)
NHS Choices (2018) [Corns and calluses](#)
NHS Choices (2018) [Neurofibromatosis type 1](#)
NICE (2015) Evidence summary ([ESUOM 47](#)) *Infantile haemangioma: Topical timolol*
NICE Clinical Knowledge Summary (CKS) (2014) [Warts and verrucae](#)
NICE CKS (2017) [Melanoma and pigmented lesions](#)
NICE CKS (2017) [Molluscum contagiosum](#)

Equality analysis screening tool – Subacromial decompression in the treatment of subacromial shoulder pain

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Subacromial decompression in the treatment of subacromial shoulder pain
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered the above named intervention.

19. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010?

Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

20. If you answered 'yes' to any of the above, give your reasons why

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21. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and subacromial decompression in the treatment of subacromial shoulder pain. There is no indication that implementing the LCW policy on subacromial decompression in the treatment of subacromial shoulder pain will lead to a health inequality impact in relation to these issues:


Age:

- Subacromial shoulder pain from rotator cuff disorders typically affects people between the ages of 35 and 75 (NICE CKS, 2017).
- Shoulder impingement due to spurs on the acromion is more common in older people (NHS Choices, 2017).
- NICE CKS recommendations on management of rotator cuff disorders (2017) apply to patients aged 16 years onward. The LCW policy is consistent with this as it excludes paediatric patients.

Disability:

- Shoulder pain can impair function (BESS, BOA, RCS, 2014). Addressing this, the LCW policy states surgery will be available for eligible patients who have intrusive and debilitating symptoms.
- People with diabetes should be monitored after steroid injection as transient hyperglycaemia may occur for 24–48 hours (NICE CKS, 2017). This is a clinical practice issue and therefore not addressed in the LCW policy.
- Corticosteroid injection is contraindicated in some patients (e.g. those with infection, sensitivity to local anaesthetic, adjacent osteomyelitis) (NICE CKS, 2017). The LCW policy addresses this as only requires bursal injection where this is acceptable to the patient.
- Patients who rely on their upper body for mobility may be particularly disabled by shoulder pain. Addressing this, the LCW policy recommends consideration of earlier referral to secondary care services in certain circumstances (e.g. patients who are wheelchair bound and/ or patients with lower limb amputations).

10. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A	

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Sources reviewed:

British Elbow & Shoulder Society (BESS), British Orthopaedic Association (BOA), Royal College of Surgeons (RCS) (2014) [Commissioning guide: Subacromial Shoulder Pain](#)

NHS Choices (2017) [Bursitis](#)

NHS Choices (2017) [Shoulder impingement](#)

NHS Choices (2017) [Shoulder pain](#)

NHS Choices (2017) [Tendonitis](#)

NICE Clinical Knowledge Summaries (CSK) (2017) [Shoulder pain](#)

Equality analysis screening tool – Varicose veins

Date of assessment	30 January 2019
Assessor name	NEL Health Policy Support Unit
Owner of policy	London Choosing Wisely (LCW)
Name of the policy	Varicose veins
Purpose of the policy	Sets out clinical criteria patients must meet in order to be offered interventions for the above named condition.

22. Do you consider the policy/function/service development to have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010? Write either 'yes' or 'no' next to the appropriate group(s)

Protected Group	Yes or No	Protected Group	Yes or No	Protected Group	Yes or No
Age	No	Gender Reassignment	No	Marriage/Civil Partnership	No
Disability	No	Pregnancy/Maternity	No	Religion/Belief	No
Gender	No	Race	No	Sexual Orientation	No

23. If you answered 'yes' to any of the above, give your reasons why

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24. If you answered 'no' to any of the above, give your reasons why

The following issues were identified relating to protected groups and varicose veins. There is no indication that implementing the LCW policy on varicose veins will lead to a health inequality impact in relation to these issues:

Age:


- Risk of developing varicose veins increases with age (NHS Choices, 2017; NICE, 2013).
- NICE CG168 (2013) applies only to people aged 18 and over. The LCW policy is consistent with this.

Gender:

- Women are more likely to be affected by varicose veins than men (NHS Choices, 2017).

Pregnancy/Maternity:

- Varicose veins are common during pregnancy however most women find their veins significantly improve after the baby is born (NHS Choices, 2017; NICE CSK, 2014).
- NICE CG168 (2013) recommends not carrying out interventional treatment for varicose veins during pregnancy other than in exceptional circumstances; instead it recommends considering compression hosiery for symptom relief. The LCW policy states it does not apply to pregnant women, however it also includes the NICE CG168 recommendations on management of varicose veins during pregnancy outlined above.

11. Please indicate if a Full Equality Analysis is recommended		NO ✓	YES
Signature of Project Lead 	Date completed 30/01/19	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

Sources reviewed:

NHS Choices (2017) [Varicose veins](#)

NICE (2013) [NICE clinical guideline \(CG\) 168: Varicose veins: diagnosis and management](#)

NICE (2013) [Equality Impact Assessment for CG 168: Varicose veins](#)

NICE (2014) [NICE quality standard \(QS\) 67: Varicose veins in the legs](#)

NICE Clinical Knowledge Summaries (CSK) (2014) [Varicose veins](#)