

## Part 1. Policy scoping

### 1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

NICE Clinical Guideline NG82 - Age-related macular degeneration

1.1.2 Is this an existing, revised or a new policy / decision?

New (It replaces 2003 guidance which was not locally reviewed as it predated the DoH arrangement with NICE).

1.1.3 What is it trying to achieve? (intended aims/outcomes)

This guideline covers diagnosing and managing age-related macular degeneration (AMD) in adults. It aims to improve the speed at which people are diagnosed and treated to prevent loss of sight.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

This guidance should benefit adults who have been diagnosed or who are managing age-related macular degeneration (AMD).

1.1.5 Who initiated or wrote the policy?

National Institute for Health and Care Excellence (NICE)

1.1.6 Who owns and who implements the policy?

NICE owns the policy. The Department determines whether the policy should be endorsed for Northern Ireland, and, if endorsed, the HSCB / HSC Trusts implement it.

## 1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

Financial

Legislative

Other

Please explain:

## 1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

Families/Carers

## 1.4 Other policies with a bearing on this policy / decision. If any:

| Policy | Owner(s) of the policy |
|--------|------------------------|
|        | NICE/DoH               |

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative\*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

In developing this guidance, NICE have assessed its equality impact in scoping, consulting and before issuing the final guideline. This process is designed to mitigate the impact on equality. In addition, DoH locally consult on equality and human rights issues.

| Section 75 category | Details of evidence/information   |
|---------------------|---|
| Religious belief    | Religion will have no bearing on the guidance   |
| Political opinion   | Political opinion will have no bearing on the guidance  |
| Racial group        | <p>Following stakeholder consultation, the scoping group discussed a suggestion to stipulate ‘people who do not speak English’ as a specific group for consideration within the scope.</p> <p>The group considered that ‘people who not speak English’ are at greater risk of social isolation, not being able to access services and are more likely to fall within lower socio-economic status groups. However, it was felt that clinical management of ‘people who do not speak English’ was unlikely to vary significantly but that they would need to be considered by the committee as part of overall equality considerations mandated by the Equalities Act 2010.</p> |
| Age                 | <p>During the scoping stage it was noted that Macular degeneration disproportionately affects older people; therefore the guidance will focus on the diagnosis and management of age-related macular degeneration.</p> <p>Juvenile onset macular degeneration and other rare causes of macular degeneration in adults have been excluded from the scope. These exclusions are</p>   |

|                                     |  |
|-------------------------------------|--|
|                                     | <p>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.</p> <p>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.</p>  |
| Marital status                      | Marital status will have no bearing on the guidance  |
| Sexual orientation                  | Sexual orientation will have no bearing on the guidance  |
| Gender<br>(Men and women generally) | Gender will have no bearing on the guidance  |
| Disability<br>(with or without)     | <p>The scope identified that specific consideration was to be given to people with other comorbidities that affect visual function and also people with impaired cognitive function or impaired mobility.</p> <p>The scoping for the guideline 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 were highlighted in the scope as requiring specific consideration for this reason too.</p> <p>Accessibility to assessment and treatment may also be constrained for people who are housebound or in nursing homes.</p> |

|                                 |   |
|---------------------------------|---|
| Dependants<br>(with or without) | Dependant status will have no bearing on the guidance |
|---------------------------------|---|

\* Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

## 1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

| <b>Section 75 category</b> | <b>Details of needs/experiences/priorities</b>  |
|----------------------------|---|
| Religious belief           | There is no evidence that different religions will have any different needs, experiences, priorities or issues in relation to the guidance.   |
| Political opinion          | There is no evidence that different political opinions will have any different needs, experiences, priorities or issues in relation to the guidance.  |
| Racial group               | There is no evidence that different racial groups will have any different needs, experiences, priorities or issues in relation to the guidance.   |
| Age                        | Although many diagnoses happen in adults over the age of 50, an age limit for identifying macular degeneration was not specified in the scope so that the guideline does not create any artificial barriers to diagnosis and treatment. |
| Marital status             | There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance.   |
| Sexual orientation         | There is no evidence that different sexual orientation will have any different needs, experiences, priorities or issues in relation to the guidance.  |

| <b>Section 75 category</b>                         | <b>Details of needs/experiences/priorities</b>  |
|--|---|
| <p><b>Gender</b><br/>(Men and women generally)</p> | <p>There is no evidence that different genders will have any different needs, experiences, priorities or issues in relation to the guidance.</p>  |
| <p><b>Disability</b><br/>(with or without)</p>     | <p>During development the guideline committee recognised that self-monitoring will be difficult for certain groups of people. For example, those with reduced cognitive function may be less able to recognise changes in vision.</p> <p>The committee discussed how these barriers could be managed, through providing advice to carers to be alert to behaviour that may indicate a change in vision, for example a person not being able to do something that they could before.</p> <p>Stakeholders also felt that people in residential care settings or other institutions may need special consideration within development of the guidance. The text under ‘groups that will be covered’ has been amended to add ‘who have difficulty in accessing care such as....living in care settings....’.</p> <p>The primary focus of the guideline is people with age-related macular degeneration who may have specific disability-related visual communication needs.</p> <p>The Public Involvement Programme in conjunction with the team at NICE responsible for managing online external facing content are currently working together to ascertain the particular needs of people with sight loss.</p> <p>Large font will be used when developing ‘Information for the Public’.</p> |
| <p><b>Dependants</b><br/>(with or without)</p>     | <p>There is no evidence that those of different dependant status will have any different needs, experiences, priorities or issues in relation to the guidance.</p>  |

## Part 2. Screening questions

| 2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none) |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| Section 75 category  | Details of policy impact             | Level of impact? minor/major/none |
| Religious belief   | No impact on equality of opportunity | None                              |
| Political opinion  | No impact on equality of opportunity | None                              |
| Racial group   | No impact on equality of opportunity | None                              |
| Age  | No impact on equality of opportunity | None                              |
| Marital status   | No impact on equality of opportunity | None                              |
| Sexual orientation   | No impact on equality of opportunity | None                              |
| Gender<br>(Men and women generally)  | No impact on equality of opportunity | None                              |
| Disability<br>(with or without)  | No impact on equality of opportunity | None                              |
| Dependants<br>(with or without)  | No impact on equality of opportunity | None                              |



**2.2** Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?

| Section 75 category                 | If <b>Yes</b> , provide details | If <b>No</b> , provide reasons |
|-------------------------------------|---------------------------------|--------------------------------|
| Religious belief                    |                                 | No evidence to support this    |
| Political opinion                   |                                 | No evidence to support this    |
| Racial group                        |                                 | No evidence to support this    |
| Age                                 |                                 | No evidence to support this    |
| Marital status                      |                                 | No evidence to support this    |
| Sexual orientation                  |                                 | No evidence to support this    |
| Gender<br>(Men and women generally) |                                 | No evidence to support this    |
| Disability<br>(with or without)     |                                 | No evidence to support this    |
| Dependants<br>(with or without)     |                                 | No evidence to support this    |

| <b>2.3</b> To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none) |  |                                  |
|--|--|----------------------------------|
| Good relations category  | Details of policy impact                     | Level of impact minor/major/none |
| Religious belief   | The policy will not impact on good relations | None                             |
| Political opinion  | The policy will not impact on good relations | None                             |
| Racial group   | The policy will not impact on good relations | None                             |

| <b>2.4</b> Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group? |                                 |                                |
|--|---------------------------------|--------------------------------|
| Good relations category  | If <b>Yes</b> , provide details | If <b>No</b> , provide reasons |
| Religious belief   |                                 | No evidence to support this    |
| Political opinion  |                                 | No evidence to support this    |
| Racial group   |                                 | No evidence to support this    |

## 2.5 Additional considerations

### Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

There will no impact on multiple identity

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

### Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact  
Minor impact  
Major impact

|   |
|---|
| X |
|   |
|   |

Consider mitigation (3.4 – 3.5)

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in  
No - screened out

|   |
|---|
|   |
| X |

3.3 Please explain your reason for making your decision at 3.2.

This guidance will impact on all sections of the community equally.

## Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes

No

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

## Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The HSC Board will be responsible for monitoring implementation of NICE guidance within HSC. To provide further assurance regarding implementation, RQIA will lead on assessing the implementation of NICE Guidelines

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

See above.

**Please note:** - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

## Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

No

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No

## Part 6.Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

| ARTICLE   | POSITIVE IMPACT | NEGATIVE IMPACT = human right interfered with or restricted | NEUTRAL IMPACT |
|---|-----------------|---|----------------|
| Article 2 – Right to life   |                 |   | X              |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment   |                 |   | X              |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour        |                 |   | X              |
| Article 5 – Right to liberty & security of person   |                 |   | X              |
| Article 6 – Right to a fair & public trial within a reasonable time                       |                 |   | X              |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law. |                 |   | X              |
| Article 8 – Right to respect for private & family life, home and correspondence.          |                 |   | X              |
| Article 9 – Right to freedom of thought, conscience & religion                            |                 |   | X              |
| Article 10 – Right to freedom of expression   |                 |   | X              |
| Article 11 – Right to freedom of assembly & association                                   |                 |   | X              |
| Article 12 – Right to marry & found a family  |                 |   | X              |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights      |                 |   | X              |



| ARTICLE  | POSITIVE IMPACT | NEGATIVE IMPACT = human right interfered with or restricted | NEUTRAL IMPACT |
|--|-----------------|---|----------------|
| 1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property |                 |   | X              |
| 1 <sup>st</sup> protocol Article 2 – Right of access to education  |                 |   | X              |

6.2 If you have identified a likely negative impact who is affected and how?

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

## Part 7 - Approval and authorisation

|                                     | <b>Name</b>    | <b>Grade</b> | <b>Date</b> |
|-------------------------------------|----------------|--------------|-------------|
| Screening completed by              | Jonathan Adair | Acting EO2   | 26/04/2018  |
| Approved by <sup>1</sup>            | Steven White   | DP           | 26/04/2018  |
| Forwarded to E&HR Unit <sup>2</sup> |                |              |             |

### Notes:

<sup>1</sup> The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

<sup>2</sup> When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.