

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Intermediate care including reablement

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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It was highlighted during development of the guideline that people with dementia and those living in care homes, prisons or temporary accommodation may have more limited access to intermediate care. The specific needs of these groups will be considered during development of the quality standard.
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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 children and young people under 18 as intermediate care is a service for adults.
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Completed by lead technical analyst

Melanie Carr

Date__10/10/17

Approved by NICE quality assurance lead ____Nick Baillie_____

Date____31/10/17_____

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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 QSAC discussed poor access to intermediate care for people living with cognitive impairment including dementia and those living in care homes, prisons or temporary accommodation but agreed they were not able to develop a statement to address this based on the guideline recommendations. Statements 1 and 2 do, however, highlight that service providers should not exclude people from intermediate care based on whether they have a particular condition, such as dementia, or live in particular circumstances such as prison, residential care or temporary accommodation as an equality and diversity consideration.

The committee highlighted the importance of providing information that meets the requirements of the Accessible Information Standard to adults using intermediate care. Statements 1, 3 and 4 include the provision of information. The committee agreed that specific equality considerations are not needed as it is a legal requirement to comply with the standard although the need to ensure information is provided in a suitable format and to adapt communication methods to meet individual needs is included in the audience descriptors.

Statement 1 is focussed on discussing the support that will be provided by intermediate care when people are being assessed. The statement highlights that discussions about the support provided by intermediate care may need to be adapted to meet the needs of people living with cognitive impairment, including dementia, and their family members and carers.

Statement 4 is focussed on involving people in developing and agreeing a discharge plan. The statement highlights that individual cultural and religious needs should be considered when identifying options for ongoing support services.

The QSAC also discussed poor access to intermediate care for refugees and illegal immigrants and agreed to consider any specific needs during development of the quality standard.

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 of the quality standard at this stage.

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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 draft statements do not make it more difficult in practice 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?

There is no potential for 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?

No

Completed by lead technical analyst Melanie Carr

Date 17/1/18

Approved by NICE quality assurance lead Nick Baillie

Date 6/1/18