

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE quality standards

# Equality impact assessment

## Hearing loss in adults

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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No equality issues have been identified at this stage.
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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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This quality standard covers adults with hearing loss. Children and young people (under 18 years) with hearing loss will receive care specific to their age that will not be covered by this quality standard.
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Completed by lead technical analyst Sabina Keane

Date 04.10.2018

Approved by NICE quality assurance lead Mark Minchin

Date 04.10.2018

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### 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?

Access to audiological services for some populations, such as people who live in residential care homes and people who are housebound, was highlighted by the committee as an equality and diversity consideration. It is important that staff are aware that people in residential care homes have the same right to access healthcare as people living independently in the community. This is stated in the [NHS Constitution for England](#). People with learning disabilities, and people with dementia were also highlighted by the committee as having limited access to audiological services.

Statements 1, 2, 4 and 5 include an equality and diversity consideration to ensure health and social care practitioners adapt their communication style to the hearing needs of the adult. This will ensure that the person has the opportunity to be involved in decisions about their hearing loss.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](#).

Statement 3 highlights the link between hearing loss and mild cognitive impairment, dementia and learning disability and the issues this can cause.

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.

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 quality statements do not make it more difficult in practice for specific groups to access services.

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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?

The draft quality statements do not have 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?

There are no further explanations that the committee could make to alleviate barriers to services.

Completed by lead technical analyst Julie Kennedy

Date 8/2/19

Approved by NICE quality assurance lead Mark Minchin

Date 8/2/19

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### 3. POST CONSULTATION STAGE

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

No.

3.2 If the quality statements have changed after the consultation stage, are there any that 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?

No.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.4 If the quality statements have changed after consultation, 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

There are no additional considerations that could be included.

Completed by lead technical analyst \_\_\_Sabina Keane\_\_\_\_\_

Date 30/5/19

Approved by NICE quality assurance lead Mark Minchin

Date 31/5/19

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### After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

It was agreed to split statement 2 so we will have 2 statements on adult with sudden onset AND adults with rapid worsening of hearing loss and their referral timings.

Updated statement wording below:

Statement 2: Adults with sudden onset of hearing loss in one or both ears that is not explained by external or middle ear causes are referred for immediate or urgent specialist medical care.

Statement 3: Adults with rapid worsening of hearing loss in one or both ears that is not explained by external or middle ear causes are referred for urgent specialist medical care.

Completed by lead technical analyst Sabina Keane \_\_\_\_\_

Date \_\_\_\_\_ 18/6/19 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_Mark Minchin\_\_\_\_\_

Date \_\_\_\_\_ 18/6/19 \_\_\_\_\_

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