

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Inadvertent perioperative hypothermia

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

n/a (no scoping process for clinical guideline updates)

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

It was identified during development that people whose first language is not English may not have an awareness of the impact of IPH as a risk. This can be addressed by the communicating the appropriate information in alternative formats; for example, making the relevant interpretation services available for patients who require these.

It was also noted that people with communication issues may not gain equal access to warming, resulting in poorer outcomes. People with communication problems are also at higher risk of adverse events (for example, they may not be able to communicate that they are too hot during preoperative warming).

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes, in the section "other considerations" of linking evidence to recommendations section,

3.4 Do the preliminary recommendations 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 committee considered that patients who cannot communicate or express themselves may not get such good care (i.e. they may not be able to tell the healthcare professional that they have not had preoperative warming for 30 minutes). This may include people with learning difficulties, people who have had a stroke or another pathology that may result in speech difficulties, people with low literacy levels or people whose first language is not English.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Yes. The addition of recommendation 1.3.7 offer more options for intraoperative warming, therefore alleviating barriers to intraoperative warming by offering the option of resistive heating blanket or mattress instead of forced air warming if appropriate.

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The recommendation 1.2.3 identifies that healthcare professionals should "Pay particular attention to the comfort of people with communication difficulties in the pre-operative period [new 2016]". This should alleviate access to services that people with communication difficulties may experience.

Completed by Developer: Nicole Elliott, Associate Director – Clinical Guidelines Update Team

Date 01.09.2016

Approved by NICE quality assurance lead: Sharon Summers-Ma, Associate Director - Commissioning

Date 07.09.2016

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

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

1. Yes, it was identified that the new recommendation 1.2.3 only specified about paying attention to the needs of people with communication difficulties in the preoperative period. This ignored all other phases of the perioperative period. Therefore the recommendation was moved to section 1.1 (perioperative care) and amended to “Pay particular attention to the comfort of patients with communication difficulties before, during and after surgery. [new 2016]”

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

The recommendations have changed, however there are no recommendations that make it more difficult for a specific group to access services compared with other groups.

4.3 If the recommendations 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?

There is no potential for the changed recommendations to have an adverse impact on people with disabilities.

4.4 If the recommendations 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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

The changed recommendation 1.1.2 has been altered to alleviate barriers or difficulties with access to services.

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Yes. In the linking evidence to recommendations section 2.6 "other considerations" section.

Updated by Developer: Nicole Elliott, Associate Director – Clinical Guidelines Update Team

Date 24.10.2016

Approved by NICE quality assurance lead: Sharon Summers-Ma, Associate Director - Commissioning

Date 02.12.2016