

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Stroke

**Output:** Equality analysis form – Meeting 1

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

|   |
|---|
| <b>Protected characteristics</b>  |
| <b>Age</b>  |
| <b>Disability</b>   |
| <b>Gender reassignment</b>  |
| <b>Pregnancy and maternity</b>  |
| <b>Race</b>   |
| <b>Religion or belief</b>   |
| <b>Sex</b>  |
| <b>Sexual orientation</b>   |
| <b>Other characteristics</b>  |
| <b>Socio-economic status</b><br>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural). |
| <b>Marital status (including civil partnership)</b>   |

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

## Quality standards equality analysis

### Stage: Meeting 1

#### Topic: Stroke

**1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Stroke contributes to the life expectancy gap between the most deprived areas and the population as a whole and also has an increased prevalence with age. This quality standard will also cover stroke rehabilitation and therefore some people accessing these services (as a result of having a stroke) may have physical disabilities and/or cognitive impairments.

All equality issues identified will be considered during the development of the quality standard.

**2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

This is the second stage of the process which will look to elicit comments from stakeholders.

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to stroke have been recruited. The topic overview and request for areas of quality improvement have been published and wide stakeholder comment received, including from those with a specific interest in equalities.

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

Children and young people (under 16 years) are excluded as they were not included in the scope of the potential development sources due to the small numbers of stroke in children and the fact that it is usually present as a result of another medical condition.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Draft statements 1, 2 and 7 are not expected to make it impossible or unreasonably difficult for a specific group to access a service or element of a service.

Draft statement 3 prioritises intensity of stroke rehabilitation. Some adults with stroke may not have the mental or physical ability to participate in the 45 minutes of each rehabilitation therapy specified in the statement. Service providers should ensure that therapy is still offered 5 days per week for a shorter time at an intensity that allows them to actively participate

Draft statement 4 prioritises early supported discharge. Early supported discharge is only appropriate as long as a safe and secure environment can be provided and therefore it may not be appropriate for adults who are unable to return to this environment such as those who are homeless or have significant cognitive impairments.

Draft statement 5 prioritises goal setting. When setting goals for rehabilitation healthcare professionals should be aware that adults with stroke may have cognitive or physical impairments and at the acute stage participation for some adults may be limited until the person feels ready and more confident. Any discussion about goals setting should take into account any additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English. People should have access to an interpreter or advocate if needed.

Draft statement 6 prioritises 6 month review. Any review should take into account any additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English. People should have access to an interpreter or advocate if needed.

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

A positive impact is expected. We believe these draft statements promote equality by taking into consideration adults with stroke needs and where necessary tailoring services appropriately.