

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

### Cerebral Palsy in adults over the age of 25 years

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

#### 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?

Stakeholders did not raise any additional potential equality issues but commented that some of the recommendations, particularly related to access to services, ought to be strengthened.

To address these comments one recommendation was revised to raise awareness that re-assessment may be necessary and examples of changing needs were provided:

1.1.3 Recognise that re-assessment by the multidisciplinary team may be needed by adults with cerebral palsy at different points in their lives to ensure that their changing needs are met (for example, pregnancy and parenting, decreased mobility due to hip arthritis, and loss of care and support from an elderly parent).

Another was divided into two and reworded to change the focus on how potential barriers could be addressed rather than restricting it to raising awareness of what these barriers:

1.1.7 Recognise and address any personal barriers to accessing primary and secondary care for adults with cerebral palsy. For example, this may

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involve:

- ensuring healthcare professionals have the skills and training to overcome communication difficulties
- providing treatment and support for mental health problems
- ensuring that the person has an advocate, if needed
- providing support to help with social and emotional factors, such as fear of stigma, lack of motivation and exhaustion.

1.1.8 Recognise and address any physical and organisational barriers to accessing primary and secondary care for adults with cerebral palsy. For example, this may involve:

- improving physical access to buildings
- providing advice and information on accessible transport services, for example local community transport services
- ensuring that appropriate equipment (for example, hoists and wheelchair weighing scales) and adequate changing and toilet facilities are available
- extending appointment times, if needed.

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?

No, there are not.

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?

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No, there is no potential for this.

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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No, because the guideline directly relates to a population with protected characteristics, recommendations are drafted to explicitly alleviate barriers to, or difficulties with, access to services to fulfil NICE's obligation to advance equality. The recommendations in the section on 'service organisation' at the beginning of the guideline was specifically designed to advance equality in access to primary and secondary care services as well as ongoing care. Also the recommendations in the section on 'function and participation' highlight how people can be supported to maintain functional abilities to be able to participate in their chosen activities and live an independent life if they so wish.

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

The committee frequently refer to the [Equality Act](#) (2010) and the UN [Convention on the Rights of Persons with Disabilities](#) throughout the various documents and describe how the recommendations reinforce this legislation (see for instance rationale and impact sections related to 'moving into adults' services and access to services', 'vocational and independent living skills' and 'electronic assistive technology'). Longer discussions of this are provided in the related 'committee's discussion of the evidence' sections in the evidence reviews.

For instance in the 'committee's discussion of the evidence' section related to the review on barriers and facilitators for access to primary and secondary care (evidence review F2) it is described how the committee discussed the rights for disabled people that are legally binding under the [Equality act](#) (2010) and the UN [Convention on the Rights of Persons with Disabilities](#). These describe requirements for access to services to enable adults with disabilities to live as autonomously as possible. The committee highlighted two particular articles related to access: [Article 9](#) of the UN Convention specifically outlines the rights to accessibility which state '*To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility....*'. [Article 25](#) on the topic of 'Health' states '*Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation*'.

Updated by Developer: Katharina Dworzynski

Date: 4<sup>th</sup> October 2018

Approved by NICE quality assurance lead: Kay Nolan

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