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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Tinnitus: assessment and management

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?

- People who are d/Deaf can have different accessibility requirements. (“Deaf”, with a capital “D”, denotes people whose first or preferred language is British Sign Language (BSL). The word “deaf” without a capital “d” describes those who don’t have BSL.) If their first language is British Sign Language (BSL) they require information that can be accessed this way such as via an interpreter or by video.

The committee considered the recommendation made for information to be provided in an appropriate format in line with how the patient experience guideline addresses this issue. Providing information in suitable format for people who use British Sign Language is discussed in the rationale and impact section of the guideline.

- Recommendations for sound therapies or amplification devices are management strategies that cannot be accessed by people who are d/Deaf or have profound hearing loss.

No evidence was available for this population and therefore the committee made a research recommendation on the effectiveness of amplification devices, such as implantable devices and combination devices (sound generators and hearing aids) for people who are d/Deaf or have severe to profound hearing loss.

- A stakeholder commented that people who are d/Deaf are more likely to experience mental health problems and recommendations for psychological therapies specifically for this population should be made because if the person uses BSL they need access to a BSL therapist and not psychological

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

therapies via an interpreter.

No evidence was found on psychological therapies for this population and the committee made a research recommendation for psychological therapies for people who are d/Deaf or have severe to profound hearing loss.

- A stakeholder commented on the need for separate recommendations for people with tinnitus in residential care homes, because this group may have more difficulty accessing services.

The committee considered this but agreed the recommendations are applicable to all settings where NHS services are provided and this would include care homes therefore separate recommendations were not necessary.

- A stakeholder commented that older adults are more likely to face increased barriers to accessing care because of recommendations for care to be provided within a tinnitus service and unnecessarily directing people to secondary care. The result of which will force older people, who are more likely to have more than one long term condition, to have to travel further than necessary for assessments and ongoing care.

The committee considered the terminology used within the guideline and agreed use of the term 'tinnitus service' may imply a specialist service which was not the intention, and so removed this. The committee also agreed that where services were delivered varied across the country, and this would be determined locally. References to where care is provided were removed from the recommendations.

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 are not considered to create difficulties for specific groups to access services.

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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?

The draft recommendations are not considered 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

The committee chose to make an additional research recommendation for the development of a questionnaire to assess tinnitus in people who are d/Deaf or have severe to profound hearing loss because there is currently no validated questionnaire to assess or measure tinnitus in this population.

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

Equality issues are discussed in the committee's discussion of the evidence section of the review chapters. Including: tinnitus support, patient information, assessing the psychological impact of tinnitus and psychological therapies.

Updated by Developer: Gill Ritchie

Date: 12/12/2019

Approved by NICE quality assurance lead: Nichole Taske

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