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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.

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

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

Providing information in an appropriate format was highlighted as an area to be addressed for people with dementia, learning disabilities or cognitive impairments as written information may not be accessible to these groups.

1.1.4 Information should be available in appropriate formats such as verbal consultation, written information, leaflets and online in line with the NICE guideline on patient experience. Take into account accessibility requirements for children, people with hearing loss, cognitive impairment and visual impairment.

The need to modify treatment strategies for people with learning disabilities, cognitive impairment and for children has been addressed in recommendations made on the use of questionnaires for assessment of tinnitus.

1.2.5 If questionnaires cannot be used (for example, because of language issues or cognitive impairment) consider using other measures such as visual analogue scales.

1.2.6 Consider using an age- or ability-appropriate measure (such as a visual analogue scale) for children and young people to assess how tinnitus affects them.

No evidence was found for the effectiveness of psychological therapies in children and young people and the committee were unable to make any recommendations for this population. The committee therefore decided to make a key recommendation for future research. Similarly, no evidence was found in people with learning disability, cognitive impairment or visual impairment. The committee made a

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research recommendation to encourage research into ability-appropriate questionnaires.

Separate recommendations were not made for people with profound hearing loss and tinnitus, or people with sound sensitivities such as hyperacusis. No evidence was found for these populations. However the committee did make recommendations about discussion and development of a management plan which would take into account other factors such as hearing loss or sound sensitivities.

1.1.1 At all stages of care:

- discuss with people, and their family members or carers if appropriate their experience of tinnitus, including its impact or any concerns
- agree a management plan with the person, taking into account their needs and preferences, which should include information about tinnitus and opportunities for discussion about different management options.

discuss the results of each assessment and their impact on the management plan.

The committee recommended against ULL/LDL and acoustic reflex testing as these tests include loud noises and would be particularly uncomfortable for those with hyperacusis.

1.3.3 Do not offer acoustic reflex testing, uncomfortable loudness levels/loudness discomfort levels (ULL/LDL) tests or otoacoustic emissions tests as part of an investigation of tinnitus unaccompanied by other symptoms and signs.

The lack of evidence for sound based therapies resulted in the committee making no practice recommendations but instead recommended further research in this area.

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?

No other equality issues have been identified

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, 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.

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

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?

The draft recommendations are not considered to have an adverse impact on people with disabilities.

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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?

Not applicable

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Date: 18/09/2019

Approved by NICE quality assurance lead: Nichole Taske

Date: 18/09/2019