

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE guidelines

Head Injury: Assessment and early management

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No specific process issues were identified. Two lay representatives will be recruited and, if possible, one of these will have experience of post concussion syndrome). Adjustments may be required to accommodate the sequelae of head injury for example cognitive impairments. This could include pre meeting review of the papers for support, shorter meetings and more frequent breaks.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age
- Disability
- Gender reassignment

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders
 - any others identified

People may have a pre-injury baseline Glasgow Coma Scale less than 15 (e.g. those with dementia, any underlying chronic neurological disorders or learning disability). This group of people may be unaware that they have sustained a head injury and may be overlooked and the appropriate diagnosis for a head injury may be missed.

Older, frailer adults are more likely to have low impact falls and delayed presentation eg due to chronic subdural haemorrhages. Older adults are more likely to have frailty, pre-injury cognitive impairment and comorbidities

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- People may have a pre-injury baseline Glasgow Coma Scale less than 15. This group will be considered as a subgroup for the relevant questions on brain imaging
- Older, frailer adults. Issues may influence recommendations regarding waiting times in ED, observation times, risks vs benefits of early discharge vs remaining in the ED

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