

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Major Trauma Services

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

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

The scope considers all adults, young people and children who present with a major traumatic injury or who are suspected of major trauma in secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

The Project Executive trauma team acknowledged that populations living in rural areas may have not have the same access to health services as those living in urban areas.

No other patient subgroups were identified as needing specific consideration.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No groups are excluded. The issue will be covered by drafting recommendations on access to services that prove to be cost efficient.

1.0.7 DOC EIA

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

The scope considers all adults, young people and children who present with a major traumatic injury or who are suspected of major trauma in secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

The Project Executive trauma team acknowledged that populations living in rural areas may have not have the same access to health services as those living in urban areas.

No other patient subgroups were identified as needing specific consideration.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

None were made

1.0.7 DOC EIA

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

N/A

1.0.7 DOC EIA

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

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

The scope considers all adults, young people and children who present with a major traumatic injury or who are suspected of major trauma in secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status.

The Project Executive trauma team acknowledged that populations living in rural areas may have not have the same access to health services as those living in urban areas.

No other patient subgroups were identified as needing specific consideration.

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 issues were identified.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The committee's consideration of the issues around variations in access to health services from a rural location are recorded in the linking evidence to recommendations section of chapter 6 (Pre-hospital triage to the appropriate destination) and chapter 17 (Access to drug-assisted rapid sequence induction (RSI) of anaesthesia and intubation) in the full guideline.

1.0.7 DOC EIA

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?

Not a specific group of people.

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?

No

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?

N/A

Completed by Developer

Kate Kelley

Date

21/07/2015

Approved by NICE quality assurance lead

Sharon Summers-Ma

Date

22/07/2015

1.0.7 DOC EIA

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?

No other issues identified.

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?

There have been changes to the recommendations. None of these changes make it more difficult for specific groups to access services.

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?

No. None of the post consultation changes to recommendations 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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No

1.0.7 DOC EIA

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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No

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

The committee's consideration of the issues around variations in access to health services from a rural location are recorded in the linking evidence to recommendations section of chapter 6 (Pre-hospital triage to the appropriate destination) and chapter 17 (Access to drug-assisted rapid sequence induction (RSI) of anaesthesia and intubation) in the full guideline.

Updated by Developer

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Date

16/12/2015

Approved by NICE quality assurance lead

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Date

24/12/2015