

## NICE guidelines

### Equality impact assessment

#### Oral health for adults in care homes

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 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?

No.

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?

Appendix B of the scope outlines the issues the Committee need to take into account and the above issues will be brought to the attention for their consideration.

Completed by Developer (Public Health Internal Guidelines) - Linda Sheppard

Approved by NICE quality assurance lead (Public Health Quality Assurance) – Andrew Harding

Date – September 2015

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### 2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

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

Potential equality issues were identified by stakeholders in the wording of draft scope. The final scope document has been clarified and the issues raised are discussed briefly here.

Stakeholders were concerned that some residents of care homes (with or without nursing provision) may not benefit from potential NICE guidance to improve oral health.

The groups at risk were identified as adults with physical or mental disabilities which are a protected characteristic under the Equality Act 2010 and specifically adults receiving end of life treatment or palliative care. The latter group were considered to be an unnecessary exclusion from the draft scope.

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

Yes.

In discussion with topic experts, the NICE team have clarified and amended the scope to ensure that these issues have been addressed by the following actions:

- The scope will cover generic oral health care for all adults (persons over 18 years) in care homes with or without nursing provision, which may include adults receiving long term care in some community hospitals, adults receiving end of life care and support or those with a mental health diagnosis (such as dementia).
- The scope will not cover specialised oral health interventions, including dental clinical procedures, treatments or medicines or interventions to manage oral health for adults with specific health conditions.

The populations in residential care are complex, with a range of long term physical or mental health conditions, frequency and length of stay also varies considerably. The aim of the guidance is to develop generic oral health recommendations to benefit all adults, to develop oral health guidance for specific health conditions is beyond the

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remit of the current scope.

Concern was raised about the exclusion of interventions to manage behaviours associated with resisting treatment or care, inadvertently excluding residents with mental health problems from benefitting from the potential guidance.

Topic experts and the NICE team considered that there are existing national and international guidelines and legislation covering the safe delivery of treatment and care for all adults receiving health care, including those living in residential care.

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' 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 deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No, they are included in the population but are not the primary focus.

Updated by Developer (Public Health Internal Guidelines) - Linda Sheppard

Approved by NICE quality assurance lead (Public Health Quality Assurance) – Andrew Harding

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### 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?

**Yes**, through ensuring the preliminary recommended interventions remained at the level of public oral health suitable for all residents and promoted equal access to oral health services and dental treatments, including specialist services as required.

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.**

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

**Yes, page 13.**

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?

**No.**

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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?

**No.**

Updated by Developer (Public Health Internal Guidelines) - Linda Sheppard

Approved by NICE quality assurance lead (Public Health Quality Assurance) – Andrew Harding

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### 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 additional issues have been raised.

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 changes to the content of the recommendations, structure amended to reflect current organisation of dental practice.

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.

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?

None.

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

Committee discussion section – pages 11-12 and 20-21.

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Approved by NICE quality assurance lead (Public Health Quality Assurance) –  
Andrew Harding

Date – June 2016

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### 5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Minor amendments, highlight MCA. NICE team included two links:

Recommendation 1.1.1, sub-bullet 7: [Mental Capacity Act](#)

Recommendation 1.3.4: (see NICE's website page on [your care](#)).

Updated by Developer (Public Health Internal Guidelines) - Linda Sheppard

Approved by NICE quality assurance lead (Public Health Quality Assurance) –  
Andrew Harding

Date – June 2016