

NICE EQUALITY IMPACT ASSESSMENT TOOL

Guidance recommendations: impact assessment

Guidance title: Quality Improvement Guide - HCAI

Completed by: KN/JJ/PS

Date:11.10.11

Relevance of recommendations to discrimination and equality	Avoiding unlawful discrimination	Promoting equality
Sex/gender <ul style="list-style-type: none"> • Women • Men 	<ul style="list-style-type: none"> • Does access to the intervention depend on membership of a specific group? • Do any criteria make it easier or more difficult in practice for a specific group to gain access to the intervention? • Does the way people would be assessed to receive the intervention make it easier or more difficult in practice for a specific group to gain access to it? • Does any general feature of the guidance make it impossible or unreasonably difficult for a disabled person to receive the intervention? • Do comments from stakeholders or consultees highlight areas of possible discrimination or ways of avoiding it? <p><i>Note: some issues of language may correlate with race; and some communication issues may correlate with disability</i></p> <p>Comment/Action/Changes: <i>(Please state if none)</i> <i>There are no identified issues. The epidemiology of HCAI is biased towards males however the guide is applicable to any gender.</i></p>	<ul style="list-style-type: none"> • Are there ways the guidance could advance equality for a specific group either through access to the intervention or by means of the intervention? • Could guidance be reformulated to make implementation more acceptable to a specific group? • Would more favourable treatment of any kind help disabled people to gain access to the intervention on the same basis as people without the disability in question? • Do comments from stakeholders or consultees highlight opportunities for promoting equality? <p>Comment/Action/Changes: <i>(Please state if none)</i> NONE</p>

<p>Race</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority groups not listed 	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p><i>In terms of statement 9 – there may be a need for diverse mechanisms for patient and public involvement</i></p>	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p><i>Guide could perhaps emphasise the need for a breadth of forum for patient and public involvement and give consideration to potentially difficult to reach populations</i></p>
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<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment 	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>The guide acknowledges the need for accessible information for patients and carers and appropriate communication – this would be in a suitable format for the individual.</i></p> <p><i>In terms of statement 9 – there may be a need for diverse mechanisms for patient and public involvement</i></p> <p><i>In terms of statement 10 – there may be a need for an acknowledgment that mechanisms, policies and arrangements put in place by trusts in the management of HCAI via trust estate management considers the needs of those with disabilities for example issues of accessibility or signage</i></p> <p><i>In terms of statement 11 – consideration of varied populations of differing ability, disability, age, sex, gender and sexual orientation when considering new technology and innovation</i></p>	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>Guide could give examples of other formats or emphasise the point more.</i></p> <p><i>Guide could perhaps emphasise the need for a breadth of forum for patient and public involvement and give consideration to potentially difficult to reach populations</i></p> <p><i>Although implicit in the development of this guide it could perhaps acknowledge that all policies, mechanisms and arrangements will consider the needs of and impact on those with disabilities</i></p> <p><i>Although implicit in the development of this guide it could perhaps acknowledge the need for the consideration of disability, age, sex, gender and sexual orientation when considering new technology and innovation</i></p>
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults 	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>None identified – however there is a bias towards older people having a higher burden of HCAs.</i> <i>There is no specific consideration of communicating with children and young people,</i></p> <p><i>In terms of statement 9 – there may be a need for diverse mechanisms for patient and public involvement</i></p>	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>NONE – in terms of communication the guide talks about appropriate formats</i></p> <p><i>Guide could perhaps emphasise the need for a breadth of forum for patient and public involvement and give consideration to potentially difficult to reach populations</i></p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people 	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>None identified</i></p>	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>NONE</i></p>

¹ Definitions of age groups may vary according to context.

Religion/ Belief	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>In terms of hygiene, some people, for religious reasons, may not want to use alcohol based hand gels for hand hygiene – however the NICE clinical guideline makes a statement about the use of handrubs containing alcohol:</i></p> <p>The GDG also discussed that there might be concerns about using handrubs that contain alcohol. It is important that patients are aware of the pros and cons of using these products. If religious beliefs are a source of concern, the patients could be made aware of the official stand of religious bodies about the product. For example, the official position of Muslim Councils of Britain is that “<i>External application of synthetic alcohol gel, however is considered permissible within the remit of infection control because (a) it is not an intoxicant and (b) the alcohol used in the gels is synthetic, ie, not derived from fermented fruit. Alcohol gel is widely used throughout Islamic countries in health care setting</i>”¹⁷⁶</p>	<p>Comment/Action/Changes: <i>(Please state if none)</i> NONE</p>
Socio-economic status²	<p>Comment/Action/Changes: <i>(Please state if none)</i> None identified</p>	<p>Comment/Action/Changes: <i>(Please state if none)</i> NONE</p>
Other categories³ <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people 	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>Prisons – some of the guide may be transferable to other healthcare settings. Prison healthcare may be one such setting.</i></p> <p><i>In terms of statement 9 – there may be a need for diverse mechanisms for patient and public involvement</i></p>	<p>Comment/Action/Changes: <i>(Please state if none)</i> <i>No evidence that prison is a setting where greater level of HCAs therefore felt emphasis on it was not needed.</i></p> <p><i>Guide could perhaps emphasis need for a breadth of forum for patient and public involvement and give consideration to potentially difficult to reach populations</i></p>
Research recommendations		

² Depending on context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs).

³ This list is illustrative rather than comprehensive.

Not applicable

Approved by Centre Director (name): M Kelly

Date: 02.11.2011