NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Oral health in hospitals

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process? How have they been addressed?
Adults living with dementia may experience additional difficulties in maintaining good oral health. Multiple medications and impaired sensory function and cognition may increase uncertainty or anxiety about how to provide their personal care and this may affect access to professional dental services. Potential equality issues will be considered with the quality standards advisory committee as the quality standard is developed.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
This quality standard will focus on adults in care homes and hospitals. Children and young people below the age of 18 will not be included in this quality standard, in line with the source guideline (NG48).

Completed by lead technical analyst: Kirsty Pitt

Date: 15/9/16

Approved by NICE quality assurance lead: Nick Baillie

Date: 15/9/16

1.0.7 DOC EIA

2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?
People with dementia or other cognitive difficulties may experience poorer mouth care, either because of uncertainty or anxiety of care staff about how to provide their daily mouth care, or because the person finds it difficult to cope with other people cleaning their mouth for them. Statement 1 includes the consideration that it may help staff to understand the resident's usual oral hygiene routine if their family and carers are involved in the initial oral health assessment. Statement 3 highlights that care home managers should ensure their staff understand the needs of people with cognitive difficulties and how to respond if a resident does not want daily mouth care or to have their dentures removed.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?
No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?
Nothing further.

Completed by lead technical analyst: Kirsty Pitt

Date: 23/1/17

Approved by NICE quality assurance lead: Nick Baillie

Date: 23/1/17

1.0.7 DOC EIA

Post-consultation stage

3. Final quality standard

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?
Following comments received from stakeholders at consultation, statement 3 highlights that reasonable adjustments should be made for people who need them and that, whilst people should not be forced to receive mouth care against their wishes, repeated refusal should be acted upon.

3.2 If the quality statements have changed after the consultation stage, are there any 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 significant changes to quality statements 1-3. Statement 4 (developmental statement) on oral health in hospitals has been removed and the scope of the quality standard has been changed to oral health in care homes. Condition-specific oral care to be delivered in hospitals is included in the relevant guidelines.

3.3 If the quality statements 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?
N/A

3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?
NICE will consider whether a guideline on oral health in hospitals should be developed.

Completed by lead technical analyst: Eileen Taylor

Date: 28.04.2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 08.05.2017

4. After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
No changes required.

Completed by lead technical analyst: Eileen Taylor

Date: 19.05.2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 19.05.2017