

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Intermediate care including reablement

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?
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It was highlighted during development of the guideline that people with dementia and those living in care homes, prisons or temporary accommodation may have more limited access to intermediate care. The specific needs of these groups will be considered during development of the quality standard.
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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?
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The quality standard will not include children and young people under 18 as intermediate care is a service for adults.
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Completed by lead technical analyst

Melanie Carr

Date__10/10/17

Approved by NICE quality assurance lead ____Nick Baillie_____

Date____31/10/17_____

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?

The QSAC discussed poor access to intermediate care for people living with cognitive impairment including dementia and those living in care homes, prisons or temporary accommodation but agreed they were not able to develop a statement to address this based on the guideline recommendations. Statements 1 and 2 do, however, highlight that service providers should not exclude people from intermediate care based on whether they have a particular condition, such as dementia, or live in particular circumstances such as prison, residential care or temporary accommodation as an equality and diversity consideration.

The committee highlighted the importance of providing information that meets the requirements of the Accessible Information Standard to adults using intermediate care. Statements 1, 3 and 4 include the provision of information. The committee agreed that specific equality considerations are not needed as it is a legal requirement to comply with the standard although the need to ensure information is provided in a suitable format and to adapt communication methods to meet individual needs is included in the audience descriptors.

Statement 1 is focussed on discussing the support that will be provided by intermediate care when people are being assessed. The statement highlights that discussions about the support provided by intermediate care may need to be adapted to meet the needs of people living with cognitive impairment, including dementia, and their family members and carers.

Statement 4 is focussed on involving people in developing and agreeing a discharge plan. The statement highlights that individual cultural and religious needs should be considered when identifying options for ongoing support services.

The QSAC also discussed poor access to intermediate care for refugees and illegal immigrants and agreed to consider any specific needs during development of the quality standard.

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.

1.0.7 DOC EIA

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?

The draft statements do not make it more difficult in practice for specific groups to access services.

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?

There is no potential for an adverse impact on people with disabilities.

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?

No

Completed by lead technical analyst Melanie Carr

Date 17/1/18

Approved by NICE quality assurance lead Nick Baillie

Date 6/1/18

1.0.7 DOC EIA

3. POST CONSULTATION STAGE

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders highlighted the importance of taking into consideration individual cultural and religious needs throughout the quality standard. The committee agreed to add this as an equality consideration for statement 3 to ensure individual cultural and religious needs are taken into account when discussing and agreeing personalised goals for intermediate care.

Stakeholders also suggested that healthcare professionals should ensure that people living with cognitive impairment are supported by a relative, carer or an advocate as appropriate when discussing their care to ensure they are involved in the discussion. The committee agreed to add this to the equality consideration for statement 1 to ensure that a relative, carer or advocate provide support to a person living with cognitive impairment when discussing the support provided by intermediate care. The committee also agreed to ensure that statement 3 on agreeing personalised goals and statement 4 on agreeing a transition plan reflect the need to adapt the discussion to meet the needs of people living with cognitive impairment and their relatives and carers and to involve relatives and carers in the discussions if appropriate.

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?

The quality statements have only had minor amendments after consultation which do not make it more difficult in practice for specific groups to access services than others.

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?

The quality statements have only had minor amendments after consultation and there is no potential for an adverse impact on people with disabilities.

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?

The quality statements have only had minor amendments after consultation and there are no further considerations that could be added to advance equality.

1.0.7 DOC EIA

Completed by lead technical analyst ___ Melanie Carr _____

Date_15/5/18_____

Approved by NICE quality assurance lead ___ Nick Baillie _____

Date____6/7/18_____

1.0.7 DOC EIA

4. After Guidance Executive amendments – if applicable

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

No amendments to the EIA

Completed by lead technical analyst: Melanie Carr _____

Date ___23/7/18_____

Approved by NICE quality assurance lead ___Nick Baillie_____

Date ___23/7/18_____

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