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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Emergency and acute medical care in over 16s

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?
No equality issues relating to protected characteristics defined in the Equality Act have been identified at this stage. However, service delivery of emergency and acute medical care must take into account local variation in systems as these may be set up differently due to local geography and demographics. The quality standard statements which are implemented should help to promote equal opportunity if implemented by reducing variation in practice.

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?
The target population for this scope is adults (18 years and over) and young people (16–17 years) who seek, or are referred for, emergency NHS care for a suspected or confirmed acute medical emergency. The groups listed below are those that may also access the services provided for the target population for this scope (as defined above). They may be indirectly affected by the draft statements in some instances. However, it is not the intention of this quality standard to formulate statements on the service needs for these following groups: • children • people with acute obstetric emergencies. • people with acute mental health emergencies, once a diagnosis has been made. • people with acute surgical emergencies, once a diagnosis has been made. • people who have experienced major trauma, complex or noncomplex fractures or spinal injury. • people in hospital who are not there for an acute medical emergency (i.e. elective admissions) and do not develop an acute medical emergency during their stay. • people already in hospital with acute deterioration.

- people with chronic conditions who are being managed as outpatients but who require an elective admission for treatment from specialists who may be involved in the acute care pathway.

Also it is anticipated that the following issues require specific management which cannot be comprehensively covered in this quality standard:

- acute clinical management of specific medical conditions requiring urgent or emergency care.
- specific on-going management of a condition.
- non-emergency patient transport.
- resuscitation.
- nurse staffing in accident and emergency departments and on wards
- emergency planning and resilience.
- readmissions to intensive care units within 48 hours.

Completed by lead technical analyst SABINA KEANE

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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?
Ethnic minority adults (especially if they do not speak English) and adults who are from social deprived areas and are homeless may experience poor access to emergency and acute medical care. The specific needs of these groups will be considered during development of the quality standard. Also service delivery of emergency and acute medical care must take into account local variation in systems as these may be set up differently due to local geography and demographics. The quality standard statements which are implemented should help to promote equal opportunity if implemented by reducing variation in practice.

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?
For draft statement 4 the equality and diversity considerations states that adults who have been admitted with a medical emergency who are transferring between care settings

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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?
should be provided with handover information that they can easily read and understand themselves, or with support from their next of kin if appropriate. This can help them to communicate effectively with healthcare services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and culturally and age-appropriate. People should have access to an interpreter or advocate if needed. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Completed by lead technical analyst SABINA KEANE

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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?
Statement 1 is on the provision of specialist and advanced paramedic practitioners. It was highlighted that these practitioners will need training in both physical health and mental health needs. Statement 4 is on the provision of structured patient handovers during transitions of care. It was highlighted that the handover should explicitly include a formal assessment of the person's mental health with plans on how to manage these. Mental health, psychological and emotional needs of the person is included in the definition of this handover approach.

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?
N/A

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?
N/A

Completed by lead technical analyst SABINA KEANE

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