

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Dementia (update)

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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Older lesbian, gay, bisexual and transgender (LGBT) people are more likely to be isolated, due to being estranged from their families, or less likely to have children, for example, which increases their need for formal care services ¹ . However, LGBT people may have experienced discrimination that makes them reluctant to use services.

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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People with juvenile onset dementia will not be covered by the quality standard as juvenile onset dementia has different causes and symptoms, so people would be seen by different services and it would be managed differently.
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Completed by lead technical analyst: STACY WILKINSON

Date: 18/09/2018

Approved by NICE quality assurance lead: NICK BAILLIE

Date: 20/09/2018

¹ National Care Forum (2017) Foundations for the future: dementia care for LGBT communities

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 noted that there is a low level of ethnicity and protected characteristics recorded alongside coded dementia diagnoses.

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?

The draft statements do not prevent any specific groups from accessing 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?

No potential impact has been identified.

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?

None identified.

Completed by lead technical analyst: STACY WILKINSON

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Approved by NICE quality assurance lead: NICK BAILLIE

Date: 18/01/19

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?

The importance of ensuring any information provided and communication methods suit the needs and preference of the individual was noted. Statements 1 to 6 highlight these equality issues and include ways to address them.

Ensuring carers with any physical or mental health conditions, or learning or physical disabilities can access training and support was also raised. Statement 7 highlights this equality issue.

The committee discussed how carers can experience discrimination and disadvantage because they care for someone. However, it was not felt that they are receiving unequal access to the care they need, or experiencing health inequality in relation to this topic, beyond the equality issue mentioned above.

No other equality issues were identified at the consultation stage.

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 changes to the statements do not make it more difficult for a specific group to access services

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?

No potential impact has been identified.

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?

None identified

Completed by lead technical analyst: STACY WILKINSON

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Approved by NICE quality assurance lead: NICK BAILLIE

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