NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Delirium

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the Quality Standards process guide (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 2

Topic: Delirium

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Older people are at greater risk of developing delirium. This is recognised within the quality standard and all statements aim to improve the care and support provided to older people who are at risk of or who have delirium.

Reference has been made to ensure that the quality statements apply equally to the following groups within the equality and diversity considerations sections of the quality standard. These groups include people with:

- Communication and language barriers – information should be provided in an accessible format or an interpreter or advocate should be available to explain the condition and to assist with assessment.
- Cultural differences – information and communication should be provided in a way that meets an individual's cultural needs.
- Cognitive impairment – people with delirium may also have dementia and it will be important to communicate with the patient in an understandable way, including providing information about the condition. If necessary an advocate should be involved.
- Physical, sensory or learning disabilities – A learning disability nurse should be involved in the assessment and treatment of a person with a learning disability who is at risk of or who has delirium to ensure their needs are met. All communication and information should be provided in a way that meets an individual's specific needs if they have a disability.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, representation was sought from a variety of specialist committee members including psychiatrists, geriatricians, nursing, academics, residential care representatives and lay members.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

The quality standard mirrors the population covered by the underpinning clinical guideline. The quality standard will not cover children and young people (younger than 18 years), people receiving end-of-life care, or people with intoxication and/or withdrawing from drugs or alcohol, and people with delirium associated with these states. End-of-life care and treatment for people using alcohol and drugs is covered by separate guidance and associated quality standards.

The quality standard covers people in hospital or long-term care (including nursing and residential homes) only. This is considered appropriate given the nature of the condition and the settings in which people are most at risk.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services (including tests and other interventions which are part of services).

The quality standard identifies that a specialist learning disability nurse should be involved in the assessment and care of people at risk of or with delirium who have a learning disability in order to ensure their specific needs are met.

The quality standard states that good communication between healthcare professionals and people with delirium and their families and carers is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with delirium and their families and carers, should have access to an interpreter or advocate if needed.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

A positive impact is expected. We believe these statements promote equality.