

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Transient loss of consciousness

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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: Transient Loss of consciousness (TLoC)

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.

The quality standard will not cover children and young people under the age of 16 years. This is due to the evidence base of ages 16 and older in NICE Clinical Guideline 109.

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 consultants in emergency medicine, cardiology, neurology, a paramedic clinical skills tutor and lay representation.

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?

This quality standard will cover the assessment, diagnosis and specialist referral of adults and young people (aged 16 and older) who have experienced a blackout (transient loss of consciousness).

The quality standard will not cover children and young people under the age of 16 years. This is due to the evidence base of ages 16 and older in CG109. There are no other exclusions.

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?

Good communication between healthcare professionals and the person who has had a transient loss of consciousness is essential. Information should be provided in an accessible format (particularly for people with physical, sensory or learning disabilities and those who do not speak or read English).

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?

Recognition of older peoples' needs within transient loss of consciousness services should also be addressed with equal access for people over 65 years noted as important. The training skillset needed to assess such patients may be different from that in younger patients.

Overall, it is expected that this quality standard will not limit or restrict access for all relevant groups.