NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Alcohol-use disorders: diagnosis and management (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?

### The published version of QS11 includes the following equality and diversity considerations:

* Stigma in healthcare settings towards people who misuse alcohol in general
* Inequality in referral, access to and experience of services based on gender, age and ethnicity
* Discussions and screening needing to be sensitive to people's age, culture, and faith, and tailored to their needs

### 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?

### Children aged under 10 years. The evidence sources also make this exclusion.

Completed by lead technical analyst: Daniel Smithson

Date: 13/07/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 13/07/2022

### 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?

Equality and diversity considerations have been identified and highlighted for draft statement 1 on identification of alcohol use disorders. They are regarding consideration of adjusting thresholds for women (including those who are, or are planning to become, pregnant), people aged 65 or over and people from some minority ethnic groups, as well as what to do when communicating with people whose first language is not English or who have a learning disability.

Equality and diversity considerations have been identified and highlighted for draft statement 2 on community support networks and self-help groups. They are regarding providing information that people can easily read and understand, and access to interpreters or advocates where needed.

Equality and diversity considerations have been identified and highlighted for draft statement 3 on assessment in specialist alcohol services. They are regarding provision of an advocate for those who would benefit from it, including people experiencing homelessness..

### 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 additional difficulties for a specific group have been identified at this stage.

### 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 adverse impacts for people with disabilities have been identified at this stage.

### 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?

Yes, these have been made in the equality and diversity considerations for draft statements 1, 2 and 3.

Completed by lead technical analyst: Daniel Smithson

Date: 16/01/2023

Approved by NICE quality assurance lead: Mark Minchin

Date:19/01/2023

### 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 establishing communication needs from the beginning of care. Committee members did not identify any changes that could be made to the quality statements to reflect this, though they have highlighted communication needs and the right to advocacy throughout development, which are therefore referenced in the equality and diversity section of relevant statements.

Stakeholders highlighted the importance of referencing post-traumatic stress disorder (PTSD) throughout the quality standard. Committee members did not identify any changes that could be made to the quality statements or additional quality statements that specifically highlight PTSD among the other complex factors associated with alcohol use disorder. Areas for quality improvement in PTSD are covered in [QS53 anxiety disorders](https://www.nice.org.uk/guidance/qs53).

Stakeholders highlighted the importance of identifying and treating older people in care homes with alcohol use disorders. Committee members did not identify any specific changes that could be made to the quality statements to reflect this, and noted that NICE quality standards [QS50](https://www.nice.org.uk/guidance/qs50) and [QS132](https://www.nice.org.uk/guidance/qs132) cover various aspects of assessment and treatment for older people in care homes and their mental health and social care needs.

The committee recommended that reference to socio-economic status, people experiencing homelessness, and people who are underserved for reasons such as living in a remote area be referenced in statement 2, and it has been amended accordingly.

Committee members highlighted the importance of recognising stigma in healthcare faced by people with alcohol use disorders. Additionally they noted that there may be faith or cultural based issues and sensitivities around discussing alcohol use and alcohol use disorders. Wording has been added to all statements to reflect these equality issues.

### 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?

There have been no changes to quality statements that will make it more difficult in practice for a specific group to access services compared to other groups. Statement wording has been amended to make the age of population groups clearer, which includes exclusion of children aged under 10 years for all statements, young people aged under 16 years for statement 1, and people aged under 18 years for statement 3. These exclusions are due to the ages covered in the evidence source recommendations, which state that drinking and alcohol-use disorders are relatively rare under the age of 10 years, and were in place prior to consultation.

### 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?

There have been no changes to quality statements that will make recommendations have an adverse impact on people with disabilities because of something that is a consequence of the disability.

### 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?

Not applicable.

Completed by lead technical analyst: Daniel Smithson

Date: 06/06/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 09/06/2023

### 4. After NICE Guidance Executive amendments – if applicable

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

No amendments made.

Completed by lead technical analyst: Daniel Smithson

Date: 21/06/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 21/06/2023

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