

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM
SCOPING

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair **for each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS

Sex/gender

- Women
- Men

Ethnicity

- Asian or Asian British
- Black or black British
- People of mixed race
- Irish
- White British
- Chinese
- Other minority ethnic groups not listed

Disability

- Sensory
- Learning disability
- Mental health
- Cognitive
- Mobility
- Other impairment

Age¹

- Older people
- Children and young people
- Young adults

¹ Definitions of age groups may vary according to policy or other context.

Sexual orientation & gender identity

- Lesbians
- Gay men
- Bisexual people
- Transgender people

Religion and belief

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

Other categories²

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

². This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title:

Non-progressive brain disorders in children and young people: management of spasticity, co-existing motor disorders and their early musculoskeletal complications

Short title : Spasticity in children and young people

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

Equality issues were considered by the scoping group before and after discussion with stakeholders at the SH workshop and following stakeholder consultation. No gender, ethnicity, age, sexual orientation, religious or socio-economic equality issues were identified by the scoping group or the stakeholders as being of particular concern to this spasticity guideline.

Following stakeholder comments we revised the scope to take account of motor disorders (dystonia, muscle weakness, choreoathetosis) when they co-exist with spasticity in children. This inclusion allows broader, more clinically meaningful perspective of the management of the child's overall mobility disability. We recognise that children with mobility disability can also have other co-existing conditions or disabilities that may affect management.

The scoping group identified the following as potentially relevant co-existing conditions:

- epilepsy
- disorders of nutrition and growth
- impaired bone mineralisation (osteoporosis)
- urological disorders (voiding difficulties or incontinence)
- pressure sores
- respiratory disorders (including apnoea, airway obstruction and chronic aspiration)
- feeding difficulties (including enteral tube feeding)
- gastrointestinal disorders (including gastro-oesophageal reflux and constipation)
- obesity

Stakeholders raised the last three points as being part of "the mainstay of management". The GDG will not consider the evidence for management of these conditions, but will only consider evidence for management of the child's/young person's mobility disability.

Whilst we do not think that these conditions are strictly pertinent to equalities process (as they are not disabilities), the GDG will consider if any differences in management are required for children with these co-existing conditions compared to children without these difficulties. Separate recommendations will be made if necessary.

The scoping group identified the following as potentially relevant co-existing disabilities:

- cognitive and learning disabilities
- visual, hearing and speech impairments or other communication disability

The scoping group acknowledge that the assessment of some subjective outcomes, particularly "acceptance or tolerability of a treatment" will be dependent on the child's/young person's ability to communicate this. The scoping group recognise that such assessments can be aided by presenting relevant information in an appropriate way and will seek to ensure that children with communication disabilities are not disadvantaged by its recommendations.

Any evidence of these co-existing disabilities affecting management of the child's mobility disability will be noted during each review. It may be that evidence for the main outcomes in these subgroups will be reported separately or that different "goal attainment" management strategies might be documented for these groups. Where evidence is not available, the GDG will use their clinical expertise.

The GDG will discuss on a "per review" basis whether separate recommendations to underpin management approaches would be required for the child or young person with an additional learning, sensory or speech disability.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

Exclusions listed in scope:

- adults age 19 and older,
- children and young people with spasticity due to a progressive brain disorder,
- children with a pure dystonia or other motor disorder which does not co-exist with spasticity.

It is felt by the scoping group these exclusions do not discriminate against any particular group/s and are proportionate. They have been excluded to keep the scope at a manageable workload and reflect the remit.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Relevant bodies and registered stakeholder organisations have contributed to the stakeholder workshop and given comments on the draft scope. Comments have been

taken into consideration in the final drafting of the scope submitted to GRP, including those highlighting potential for discrimination and addressing population subgroups. Responses have been given to all stakeholder comments.

Signed:

Stephen Murphy

Centre Director

Paul Eunson

GDG Chair

Approved and signed off:

Peter Robb

GRP Chair

Phil Alderson

CCP Lead