NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

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

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

- · Gypsy travellers
- · Refugees and asylum seekers
- Migrant workers
- Looked after children
- · Homeless people

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

^{2.} This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Falls: assessment and prevention of falls in older 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
 - o 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?

This guideline will only consider groups aged 65 years or older, or people aged 50 – 64 years with underlying conditions and/or pathology. The remit of the guideline, provided by the department of health was to develop a guideline specifically for 'older adults'. The department of health defines older adults as those aged 50 and over. Some pathologies or conditions may increase a person's risk of falling and where the evidence and GDG identify these issues, they will be considered.

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?

People aged younger than 65 years without underlying conditions or pathologies are excluded from this update of guideline (CG21). The remit is for older people. Evidence shows that people aged 65 and older have the highest risk of inpatient falls, thus this group of patients are automatically included in the guideline for a falls risk factor assessment.

Whilst the risk of falls is somewhat lower for people aged 50-64, we acknowledge that there are a multitude of factors which may increase the risk of falling amongst small subgroups of these patients, and these subgroups have been included.

The assessment and prevention of falls for older people who fall or who are at risk of falling in the community, as this group is covered by the existing guideline. This will

group be covered for the service delivery aspect of the guideline.

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?

Yes. We held a stakeholder workshop where representatives from relevant stakeholder groups attended. The age groups were discussed at length in the workshop.

The scope was distributed to the wider stakeholder population for full consultation.

All relevant comments from the stakeholder supported our identified equality issues – no other issues were raised.

Signed

Nicole Elliott Damien Longson

SCG Associate Director GDG Chair

Date: January 2012 Date: January 2012

Approved and signed off:

Phil Alderson

CCP Lead GDG Chair

Date: January 2012