

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Suspected neurological conditions

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

People with some neurological problems may have disabilities that are covered by the Equality Act. This could impact on assessment tools and tests that can be carried out and will be considered by the guideline committee when evaluating the evidence and making recommendations.

Some people may have difficulty describing the symptoms they are experiencing or responding to clinicians' questions as part of the assessment process. This group will include the following: non-English speakers, people with speech impediments, people with learning disabilities, and people with mental health issues such as schizophrenia. Because of the communication difficulties they may experience, there is a risk of delayed recognition and referral of symptoms suggestive of neurological conditions.

People with functional neurological disorders are also at risk of delayed recognition and referral of symptoms. This group often receives poor treatment because symptoms are not recognised for what they are and underlying psychological issues are not addressed. People with non-epileptic dissociative seizures, for example, have a high prevalence of severe trauma (for example childhood sexual abuse), yet often they are not offered appropriate psychotherapy. Effective communication is critical in ensuring people presenting with functional symptoms receive high quality care.

1.0.7 DOC EIA

A high proportion of people referred to neurologists have psychiatric disorders. It is difficult to identify organic neurological disease in people with psychiatric disorders, which makes the assessment process more complex.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The groups referred to under section 1.1 above will be included in the scope and searches. The Guideline Committee will consider the particular needs of these groups when formulating their recommendations.

Completed by developer: Bernard Higgins

Date: 26th November 2015

Approved by NICE quality assurance lead: Sarah Willett

Date: 3rd December 2015

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

One stakeholder raised the issue of under-diagnosis or delayed diagnosis of men with fibromyalgia compared to women with fibromyalgia.

2.2 Have any changes to the scope been made as a result of consultation to highlight

1.0.7 DOC EIA

potential equality issues?

The scope has a broad focus and covers the recognition and referral of symptoms suggestive of suspected neurological conditions. The guideline will not make recommendations about specific conditions, therefore the scope has not changed following consideration of the issue highlighted in section 2.1.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The primary focus of the guideline is not a population with a specific disability-related communication need. However as highlighted in section 1.1, people with learning disabilities or cognitive impairments may experience difficulties in communicating the nature of their symptoms which is critical to timely and appropriate recognition and referral, so this population has been highlighted as a potential equality consideration and may require an alternative version of the 'Information for the Public' document.

Updated by Developer: Bernard Higgins

Date: 1st February 2016

Approved by NICE quality assurance lead _____

Date _____

1.0.7 DOC EIA

1.0.7 DOC EIA

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The main issues identified in scoping were around communication of symptoms. There is a general lack of evidence to inform this guideline, in relation to all people with the relevant presentations, not just those identified during scoping. The GC has therefore produced a number of recommendations which attempt to raise awareness of potential causes of symptoms for non-experts. It is hoped that this will facilitate focussed consultations for all people including those identified as having potential equality issues.

There are also a number of recommendations specifically addressing the issue of functional neurological illness which should help recognition of this, improve communication with, and information given to, people presenting with functional symptoms.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

There are recommendations which refer to age or gender differences:

1. In relation to weakness in children, some of the causes (notably Duchenne muscular dystrophy) are inherited X-linked conditions and therefore only occur in boys. This is reflected in the recommendations
2. In relation to memory failure in adults, it was necessary for the committee to recognise the difference in causation with age, and particularly the increased incidence of dementia in older age groups. The appropriateness of referral therefore changes with age and this is reflected in recommendation 1.7.1.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

1.0.7 DOC EIA

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

There is no over-arching section on equality issues. Functional illness is covered in several sections: Dizziness, Memory failure, Sensory symptoms.

3.4 Do the preliminary recommendations 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?

All of the recommendations in this guideline are specifically intended to improve the quality of referral to specialist services, and do so without prejudice to any grouping.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

N/a

1.0.7 DOC EIA

Completed by Developer __ Bernard
Higgins_____

Date _____ 22/06/2017 _____

Approved by NICE quality assurance lead _____

Date_____

1.0.7 DOC EIA

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

No, there were no additional issues that were raised during consultation.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

none

4.3 If the recommendations 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?

none

4.4 If the recommendations 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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

none

1.0.7 DOC EIA

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

no

Updated by Developer

_____ Bernard_Higgins _____

Date _____ 09/11/2017 _____

Approved by NICE quality assurance lead Kay Nolan

Date 20/06/2018

1.0.7 DOC EIA