

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

**EQUALITY IMPACT ASSESSMENT
NICE guidelines**

Head Injury: Assessment and early management

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

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

People may have a pre-injury baseline Glasgow Coma Scale score of less than 15. This group was specifically identified as a population that should be included in the review ‘What is the clinical and cost effectiveness of providing direct access from the community to imaging?’. No evidence was identified for this review. The committee made a ‘do not’ recommendation (1.2.19) due to safety concerns. This group of people were a separate subgroup for the review question ‘What are the indications for selecting adults, young people, children and infants with head injury for CT - people with pre-injury cognitive impairment sustaining injury through low level falls’. In the absence of sufficient evidence, a research recommendation was made.

Older or frailer adults: this group of people were a separate subgroup for the review question ‘What are the indications for selecting adults, young people, children and infants with head injury for CT or MRI head scan - people on anticoagulant or antiplatelet therapy, including those with no history of amnesia or loss of consciousness (most of the people in this group would be older adults)’. No evidence was identified. A research recommendation was made on the risk of bleeding for people with a pre-injury coagulopathy. This group was specifically identified as a population that should be included in the review ‘What is the clinical and cost effectiveness of providing direct access from the community to imaging?’ (see above).

Recommendation 1.9.6 is on the safe discharge of people with a pre-injury cognitive impairment, using the example of a person with a learning disability. The recommendations on information were not updated as part of this guideline. But we

1.0.7 DOC EIA (2019)

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

cross refer to the NICE guideline on patient experience of adult NHS services (CG138), which makes recommendations on ensuring that information is tailored to the needs of the individual.

People in custody: they may be more likely to have had a head injury. Initial assessment may be done by people not specialist in head injury. This group of people have been referred to in the committee's discussion of the evidence in evidence review B. The committee highlighted the importance of ensuring appropriate assessment and transfer to care. They noted the recommendations on how to manage health emergencies and support people with rapidly deteriorating health in the NICE guideline on physical health of people in prison (NG57). Recommendations 1.9.6 and 1.9.7 have been edited to refer to custodial settings.

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?

No.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Evidence review E discussed the equality issues in relation to What are the indications for selecting adults, young people, children and infants with head injury for CT - people with pre-injury cognitive impairment sustaining injury through low level falls and people on anticoagulant or antiplatelet therapy, including those with no history of amnesia or loss of consciousness (most of the people in this group would be older adults). A recommendation on when to image people on anticoagulant or antiplatelet therapy was made (1.4.13).

People in custody: they may be more likely to have had a head injury. Initial assessment may be done by people not specialist in head injury. This group of people have been referred to in the committee's discussion of the evidence in evidence review B. The committee highlighted the importance of ensuring appropriate assessment and transfer to care. They noted the recommendations on how to manage health emergencies and support people with rapidly deteriorating health in the NICE guideline on physical health of people in prison (NG57).

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Recommendations 1.9.6 and 1.9.7 have been edited to refer to custodial settings.

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?

No

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No

Completed by Developer ____ Sharon Swain _____

Date 30 August 2022 _____

Approved by NICE quality assurance lead _____

Date _____

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