NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Joint replacement (primary): hip, knee and shoulder

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 guideline committee highlighted the following groups that need specific consideration:

* people with cognitive impairments, including dementia and learning disabilities, may need support to help them make decisions about their care and to give feedback on surgery outcomes
* a person’s age may influence their choice of type of replacement
* disability and cognitive impairment can also have an impact on a person’s needs for rehabilitation support
* people with religious beliefs that prevent a specific aspect of surgery such as a blood transfusion.

Any specific needs of these groups will be highlighted during development of the quality standard.

### 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?

The quality standard will not include children as the population is very small and has specific needs for joint replacement.

The quality standard will also not include:

* revision joint replacement
* joint replacement as immediate treatment following fracture
* joint replacement as treatment for primary or secondary cancer affecting the bones

These treatments are excluded because they have separate requirements. There is also a quality standard for hip fracture which covers hip fracture surgery.

Completed by lead technical analyst: Rachel Gick

Date: 28/06/2021

Approved by NICE quality assurance lead: Sarada Chunduri-Shoesmith

Date: 09/07/2021

### 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?

The committee identified cognitive impairment, ethnicity and gender as equalities issues.

The committee was concerned that cognitive impairment may affect adults’ ability to self-manage while waiting for joint replacement surgery, particularly as physical and mental health may deteriorate during waiting times. The committee therefore prioritised a statement (1) which focuses on giving advice on preoperative rehabilitation. This statement focuses on adults waiting for hip and knee replacement surgery.

The committee prioritised a statement (5) which focuses on giving postoperative rehabilitation advice which is determined by specific rehabilitation needs, before discharge from hospital to adults who have had hip, knee and shoulder replacement surgery. This includes identifying the need for supervised group or individual outpatient rehabilitation due to the impact of cognitive impairment on postoperative recovery for adults with cognitive impairment.

The equality and diversity considerations section of both statements highlight that:

It is important for providers to make reasonable adjustments to support adults with additional needs, such as physical, sensory, learning disabilities or cognitive impairment, adults who do not speak or read English, or who have communication difficulties, so that they can communicate effectively with healthcare professionals and services. Adults should have access to an interpreter (including British Sign Language) or advocate if needed. Adults with cognitive impairment may need more time to process information.

Advice should be delivered in a way that is culturally appropriate.

### 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?

None of the draft quality statements make it more difficult for a specific group to access services.

### 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.

### 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?

None in addition to those already listed under 2.1.

Completed by lead technical analyst: Rachel Gick

Date: 10/11/2021

Approved by NICE quality assurance lead:

Date: Mark Minchin

### 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?

The committee highlighted that people in the most deprived socioeconomic groups may be particularly disadvantaged financially by longer waiting lists, which have been further impacted by COVID-19. Including statements 1 and 5 in the final quality standard highlights the importance of preoperative and postoperative rehabilitation for this population. Statement 1 cross-references to [patient resources from the Centre for Perioperative Care](https://www.cpoc.org.uk/patients) from [NICE’s COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services](https://www.nice.org.uk/guidance/ng179).

Gender was not addressed specifically as an equality issue at consultation or discussed during the post consultation meeting. The committee however highlighted the importance of ‘tailoring’ preoperative rehabilitation advice (statement 1), and giving postoperative rehabilitation advice (statement 5) that meets patients’ ‘specific needs’. Each phrase encompass all aspects of personalising care to support patients’ participation in their rehabilitation.

At consultation stakeholders highlighted the importance of meeting needs associated with older age and comorbidities when delivering rehabilitation. Supporting information in statements 1 and 5 was amended to highlight the importance of personalising preoperative and postoperative rehabilitation. The equality and diversity section of statement 1 includes a further example of how preoperative rehabilitation advice can be delivered to meet the needs of adults with complex needs (delivering it outside the hospital setting).

### 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?

None of the changes is expected to make it more difficult for any groups to access services.

### 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?

None identified.

### 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?

No additional recommendations or explanations needed.

Completed by lead technical analyst: Rachel Gick

Date: 08/03/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 08/03/2022

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below:

No amendments made.

Completed by lead technical analyst: Rachel Gick

Date:16/03/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 16/03/2022

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