

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM RECOMMENDATIONS

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 the recommendations of a clinical guideline.

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

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS
<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men
<p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed
<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹: Definitions of age groups may vary according to policy or other context.</p>
<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
<p>Religion and belief</p>
<p>Socio-economic status</p> <p>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).</p>
<p>Other categories²</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>²: This list is illustrative rather than comprehensive.</p>

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS

Guideline title: The management of hip fracture in adults

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.
Please note this also applies to consensus work in or outside the GDG
- the development group has considered these areas in their discussions

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

No areas were identified within the scope as areas requiring specific attention with regard to equalities.

The guideline considers all adult patients over 18 years who are admitted to hospital irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation & gender identity or socio-economic status

The GDG recognised, however, that a high proportion of this group of patients is elderly and frail and cognitive impairment is common. This may complicate their assessment and management, and specific steps to ascertain this, especially in the prevention and management of delirium, are required. Such impairment may limit reliability in communicating symptoms, in particular pain.

In addition, patients admitted from nursing homes were considered by the GDG to be at particular risk of inadequate multidisciplinary management and premature discharge because of ease of access to the care/nursing home environment and the corresponding perception that functional recovery matters less.

The above factors have been carefully considered and are reflected in the following recommendations:

- Offer immediate analgesia to patients presenting at hospital with suspected hip fracture, including people with cognitive impairment **[1.3.1]**
- Actively look for cognitive impairment in all patients presenting with hip fracture and offer individualised care in line with 'Delirium' (NICE clinical guideline 103) to minimise the risk of delirium and maximise independence. **[1.8.3]**

- Patients admitted from care or nursing homes should not be denied the benefits of a rehabilitation programme in the community, hospital or as part of an early supported discharge programme **[1.8.6]**

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No. Please see response to Point 1.

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

Yes, we believe these recommendations promote equalities for patients admitted to hospital. Please see response to Point 1.

Signed:

Centre Director (Dr Ian Bullock)

Date: 23 March 2011

GDG Chair (Prof Cameron Swift)

Date: 09 October 2010

Approved and signed off:

Phil Alderson

Mike Drummond

CCP Lead

GRP chair

Date: 14/04/11