

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: Stroke Rehabilitation
--

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have the equality areas identified during scoping 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 equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>This guideline covers adults and young people 16 years and older who have had a stroke with continuing impairment, activity limitation or participation restriction which is amenable to rehabilitation.</p>	<p>Recommendations were made to address impairment and disability in the following areas: cognitive functions, vision, swallowing and communication, strength and fitness therapies, use of orthoses and constraint induced therapy, repetitive task practice, walking therapies, therapies to address personal activities of daily living and return to work where appropriate.</p> <p>Recommendations to enable participation for the person after stroke were made in relation to community activities, support for returning to work, accessing leisure activities including information on transport and driving and supporting family relationships. Other recommendations were made on the provision of equipment and support in its use for the person and their carers. The Information and support needs of both the person and their carer during the period of rehabilitation, through agreed plans and goals, providing written documentation and ensuring appropriate assessments are carried out by both health and social care agencies before discharge or transfer of care.</p>
<p>Black and ethnic minorities were identified as a subgroup. Although the clinical rehabilitation needs within the ethnic minorities population are not different to the wider population, consideration will be given to the dissemination of information and training of carers within this subgroup.</p>	<p>The literature included in the reviews conducted did not evaluate or highlight any particular information or training needs of this sub group of carers. The GDG agreed that reference be made to the Patient Experience guideline which includes recommendations on considering cultural differences and other languages when providing support and information to patients and carers.</p>
Other comments	

Insert more rows as necessary.

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

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

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Special needs or consideration for people with communication difficulties, cognitive impairment and frail elderly people were highlighted by the GDG in the LETR sections of the guideline.	Further recommendations were made by the GDG on assessing and screening for communication difficulties, providing information and training to the MDT on particular needs of this group, providing information in an appropriate format to people with aphasia or cognitive impairment. Recommendations have been made to offer rehabilitation tailored at an appropriate level of intensity according to levels of disability.
Other comments	

Insert more rows as necessary.

3. 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?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No, recommendations have been made for an assessment for rehabilitation to be undertaken and an agreed rehabilitation plan to be implemented at the appropriate intensity for the individual. Regular reviews between the MDT and the person would adjust the rehabilitation package delivered according to needs.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

We believe the recommendations promote equality . Particular attention has been paid to those with communication difficulties or cognitive impairments who may experience barriers to access interventions.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendations have been formulated to encourage communication between:

- The multi-disciplinary rehabilitation team and the person who has had a stroke
- The multi-disciplinary rehabilitation team and the family and carers of the person who has had a stroke
- Communication and joint planning between health and social care services

Recommendations have been made to

- Address the education, information, training and support needs of carers
- Provide documented agreement on rehabilitation plans and goals
- Ensure the MDT are trained in particular needs of people, such as those with communication difficulties.

