NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG701 Maintaining normothermia using temperature modulation devices to improve outcomes after stroke or subarachnoid haemorrhage

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

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Gender: Men are more likely than women to have a stroke at younger age, but women are more likely to die from a stroke. Men are also more likely to have intracerebral haemorrhage than women.

Age: The risk of having a stroke doubles every decade after the age of 55. People aged 75 years or older have a nine-fold higher risk of suffering from a first ever stroke, and a 14-fold higher risk of suffering a recurrent stroke when compared to people aged 45 to 64 years. The incidence of intracerebral haemorrhage also increases with advanced age.

Ethnicity: African-Caribbean people are twice as likely to have a stroke compared with White European populations. Asian people have a higher increase rate of developing intracerebral haemorrhage compared with White European.

Disability: Patients with stroke or SAH may meet the criteria for disability in the Equality Act 2010 if their symptoms have a substantial adverse effect on day to day activities for longer than 12 months or are likely to do so.

Socioeconomic status: The incidence of stroke or intracerebral haemorrhage increases with decreasing socio-economic conditions.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)

This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?

No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?'

No

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 08/06/2021

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?

The literature showed that the mean age of patients ranged from 50 to 70 years and, when reported, 49% of the total patients were male. No specific data relating to other issues mentioned earlier were identified in the literature presented in the overview.

2.	Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?
No	
3.	Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No	
4.	Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No	
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?
Not applicable	
6.	Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?
Not applicable	

7.	Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?
No	
Cevin	Harris
Appro	ved by Programme Director and Clinical Advisor
	06/08/2021
Final	interventional procedures document
1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
No	
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 a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
Not a	applicable
3.	If the recommendations have changed after consultation, 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?

Not applicable

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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No

Kevin Harris

Approved by Programme Director and Clinical Advisor

Date: 06/08/2021