

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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

The recommendations are intended to apply to all groups equally and have been drafted to support equality of access to services and interventions.

The committee has explicitly looked for people who have different levels of functional or cognitive disabilities as a subgroup analysis and this was noted in the review protocols where this was relevant. Age was also a factor that was considered in the protocols (as a subgroup into younger and older adults as well as a possible confounding factor). We did not specifically look for subgroups of people with cerebral palsy living in residential care who no longer have family members able to act as their advocates, because it was assumed that it would be unlikely that this would be described specifically in the evidence. However, these groups featured in the committee discussions.

A number of recommendations were made that specifically address people who have complex needs (such as GMFCS levels IV and V) – see recommendations 1.2.23 and 1.4.10. The committee also made recommendations specifically relating to adults with communication difficulties or learning disabilities – see recommendations 1.2.10, 1.2.11, 1.4.10 and 1.4.11.

In recommendation 1.4.10 the committee also mentioned adults with cerebral palsy and complex needs living in the community without sufficient practical and social support (for example, being cared for by elderly, frail parents). These will be offered an annual review because they may need extra support. For this group elderly or frail carers may not be able to advocate for them.

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?

The committee also acknowledged the challenges of adults with cerebral palsy for

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whom English is not their first language and therefore cross-referenced to NICE's guideline [patient experience in adult NHS services](#).

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

The committee's considerations of equality issues have been captured in the review protocols as well as in the rationale and impact sections and 'committee's discussion of the evidence' sections of the short guideline and individual evidence reviews.

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, they do not.

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, there is no potential for this.

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No, because the guideline directly relates to a population with protected characteristics, recommendations are drafted to explicitly alleviate barriers to, or difficulties with, access to services to fulfil NICE's obligation to advance equality (see for example recommendations 1.4.6 to 1.4.8).

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Date: 31st May 2018

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Date: 13th July 2018