2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

One stakeholder raised the issue of under-diagnosis or delayed diagnosis of men with fibromyalgia compared to women with fibromyalgia.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

The scope has a broad focus and covers the recognition and referral of symptoms suggestive of suspected neurological conditions. The guideline will not make recommendations about specific conditions, therefore the scope has not changed following consideration of the issue highlighted in section 2.1.
2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the ‘Information for the Public’ document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- ‘Easy read’ versions for people with learning disabilities or cognitive impairment.

The primary focus of the guideline is not a population with a specific disability-related communication need. However as highlighted in section 1.1, people with learning disabilities or cognitive impairments may experience difficulties in communicating the nature of their symptoms which is critical to timely and appropriate recognition and referral, so this population has been highlighted as a potential equality consideration and may require an alternative version of the ‘Information for the Public’ document.