

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE guidelines

**Equality and health inequalities assessment (EHIA)
template**

**Dementia: assessment, management and support for people living
with dementia and their carers (NG97)**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to mild cognitive impairment (MCI) in the early prodromal phases of dementia.

Appendix A: equality and health inequalities assessment (EHIA)

2023 exceptional surveillance of dementia (NG97)

STAGE 1. Surveillance review

Date of surveillance review: September 2023

Focus of surveillance review: mild cognitive impairment in the early prodromal phases of dementia.

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review

During scoping mild cognitive impairment (MCI) was moved into the excluded section of the scope although it had been included in the previous guideline. This is because the scoping group felt that assessment and diagnosis of MCI were different to those for dementia and understanding of this clinical area had moved on significantly over the last decade. It was deemed unsatisfactory for people with MCI to have small bits of ad hoc guidance within a dementia guideline. Participants at the first scoping meeting felt that MCI should be recommended as the topic of a guideline in itself.

Generally, the following issues were also highlighted:

- Consideration of gender issues for carers (the context being that there are more women carers)
- Ensuring that people with a learning disability are not disadvantaged in terms of benefiting from the broad range of recommendations in the guideline (by covering dementia in people with a learning disability in a separate, non-dementia specific guideline)
- Consideration of the specific needs of adults with an earlier onset of degenerative dementia in terms of suitability of care environments in particular
- People with sensory impairments and those with impairments affecting speech and language (in terms of challenges in assessment, diagnosis and support)
- Sexual orientation & transgender (ensuring that care is sensitive to the needs of LGBT people with dementia)
- Homeless people
- People with dysphagia (swallowing difficulties)
- Consideration of peoples spiritual or religious needs (particularly in the context of end of life care).

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

None identified.

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

'Are you aware of any issues related to inequalities for specific subgroups of the population?'

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]

A topic expert stated: 'There are population sub-groups whose culture (whether or not faith-related) means that any conditions which could be loosely described as cognitive compromise will result in stigma and consequently sometimes their limited involvement in normal society, and their isolation from seeking medical help. We also have a situation where immigration factors are permitting the inability of such groups to obtain assistance in diagnosis, and this is likely to be an increasing problem in numerical terms and of course is differentially disadvantaging already health-marginalised groups.'

Another topic expert said: 'there is a geographic inequality in relation to access to biomarker interventions, neuroimaging and neuropsychological assessment, dependent on the availability of specialist resources, often concentrated in larger cities nationally.'

A stakeholder highlighted that MCI is not widely or well understood and people with MCI face significant delays in accessing assessment and appropriate support. Another stakeholder stated that the lack of guidelines for MCI can lead to substantial geographical variation in the standard of care available to patients.

A number of stakeholders highlighted inequalities for people from ethnic minority groups, such as South Asians, and people with learning disabilities.

These issues were considered but it was deemed too early to develop evidence-based recommendations for MCI due to a lack of evidence.

Completed by surveillance reviewer: CM, technical analyst.

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Approved by NICE surveillance associate director: KN, associate director.

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