

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Hearing Loss in over 18s: Assessment and management

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

Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

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

Recommendations have been made by the committee for hearing assessment in groups whose hearing loss is often not identified.

1.1.9 Consider referring adults with diagnosed or suspected dementia or mild cognitive impairment, to an audiology service for a hearing assessment because hearing loss is a comorbid condition

1.1.10 Consider referring adults with diagnosed dementia or mild cognitive impairment, without hearing loss, to an audiology service for a hearing assessment every 2 years.

1.1.11 Consider referring people with a diagnosed learning (intellectual) disability to an audiology service for a hearing assessment when they transfer from child to adult services, and then every 2 years.

The committee recognised that there are other populations whose hearing loss can remain undiagnosed, such as those with mental health problems, in residential care settings, and veterans. This is highlighted in the Linking evidence to recommendations section of chapter 7. However the committee agreed people with dementia, learning disabilities and mild cognitive impairments were the main groups whose hearing loss was not being identified within primary care and were the key areas requiring recommendations.

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

Recommendations have been made to include cognitive ability and physical mobility as part of the audiological assessment:

1.4.1 Include and record the following as part of the audiological assessment for adults:

a full history including relevant symptoms, comorbidities, cognitive ability, physical mobility and dexterity

The committee acknowledged that some people may be disadvantaged in the workplace or within education due to their hearing difficulties, and considered it important to inform people of agencies that provide advice on how to obtain assistive listening devices that can help them continue in work or within education..

1.5.9 Tell adults with hearing loss about organisations that can demonstrate and provide advice on how to obtain assistive listening devices, such as social services, the fire service, or the government through its Access to Work or Disabled Student Allowance programmes.

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?

Recommendations have been made to consider environmental factors that can prevent people in engaging and communicating with others, including people who live in care homes, and to follow the principles of tailoring services as provided by guidance in Patient Experience in adult NHS services.

1.7.1 taking measures, such as reducing background noise, to ensure that the clinical and care environment is conducive to communication for people with hearing loss, particularly in group settings such as waiting rooms, clinics and care homes

- None identified.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The committee discussed equality issues throughout the development of the guideline and this has been highlighted in the Linking evidence to recommendations sections of the full guideline. See: Chapter 7 subgroups, chapter 12 Information and advice, Chapter 14 assistive listening devices

The committee members were aware of variability in the provision of hearing aids across England, and this is discussed in chapter 15.

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

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

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?

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