# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

#### **NICE** quality standards

### **Equality impact assessment**

#### Rehabilitation after critical illness in adults

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

## 1. TOPIC ENGAGEMENT STAGE (to be completed by the lead technical analyst before topic engagement)

1.1 Have any potential equality issues been identified during this stage of the development process?

No equality issues have been identified at this stage.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

This quality standard will not cover people with conditions for which published quality standards already include specialist rehabilitation after a critical care stay – such as head injury, myocardial infarction and stroke.

Completed by lead technical analyst Ania Wasielewska

Date 15/11/2016

Approved by NICE quality assurance lead Mark Minchin

Date 15/11/2016

### 2. PRE-CONSULTATION STAGE (to be completed by the lead technical analyst before consultation on draft quality standard)

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

At the first committee meeting it was identified that lower socioeconomic status is associated with poor outcomes and that people who don't speak English may be disadvantaged in terms of information provision. We do not believe any of the statements cause disadvantage for people of lower socioeconomic status. Statement 3 highlights that information should be provided in a way that is accessible to the person, which may include using a translator.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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?

People who do not speak English may be at a disadvantage particularly due to the complex nature of language used in critical care. This is relevant to statement 3 on information provision. It may take longer to provide information to this group, for example through a translator.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

Nothing further. See 2.1.

Completed by lead technical analyst Kirsty Pitt

Date 31/01/17

Approved by NICE quality assurance lead Nick Baillie

Date 23/03/17