

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Sepsis

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

1. TOPIC ENGAGEMENT STAGE

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?
--

No population groups, treatments or settings have been excluded from coverage at this stage.
--

Completed by lead technical analyst: Shaun Rowark

Date: 31/10/2016

Approved by NICE quality assurance lead: Nick Baillie

Date: 31/10/2016

1.0.7 DOC EIA

2. PRE-CONSULTATION STAGE

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?

No specific equality issues or health inequalities were identified.

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?

Draft quality statement requires that a history is taken of the person with suspected sepsis. The QSAC felt it was important to be aware that some groups may have difficulty in giving a detailed history (people with English as a second language or people with communication problems) and therefore extra care should be given to ensure a good history is taken to inform any treatment.

Draft statement 5 includes the provision of information for people who may have had suspected sepsis, but who were not diagnosed with sepsis. The QSAC felt it was important that information was tailored for people with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English.

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?

People with disability who have communication difficulties as a result of a disability may find it difficult to provide a detailed medical history when being assessed. They may also require additional support when any information is being provided.

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?

The QSAC felt that it was important that to ensure that a detailed medical history was given and that information was understood by all people, access to an interpreter or advocate should be provided if needed.

Completed by lead technical analyst: Shaun Rowark

Date: 01/03/2017

Approved by NICE quality assurance lead: Mark Minchin

1.0.7 DOC EIA

Date: 01/03/2017

1.0.7 DOC EIA

Post-consultation stage

3. Final quality standard

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?
--

No specific equality issues or health inequalities were identified.

3.2 If the quality statements have changed after the consultation stage, are there any that 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?
--

There have been no changes to quality statements that will make it more difficult in practice for a specific group to access services.
--

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

There have been no changes to quality statements that have potential for the recommendations to have an adverse impact on people with disabilities.

3.4 If the quality statements have changed after consultation, 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 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

There have been no changes to quality statements that the committee felt required additional recommendations or explanations to remove or alleviate barriers.

Updated by Developer: Shaun Rowark

Date: 10/05/17

Approved by NICE quality assurance lead: Nick Baillie

Date: 14/07/2017

1.0.7 DOC EIA

4. After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

N/A

Approved by Developer: Eileen Taylor

Date: 14.08.2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 14.08.2017