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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Cerebral palsy in children and young people

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?
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Children and young people with cerebral palsy will have some functional or cognitive disabilities. This includes difficulties with elements of communication (such as speech and language), bilateral and unilateral spasticity and other clinical comorbidities.

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?
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At this time the quality standard will cover the diagnosis, assessment and management of cerebral palsy in children and young people under 25.
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The guideline for cerebral palsy in adults is expected to publish in 2019 at which time the quality standard will be reviewed and updated accordingly.
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Completed by lead technical analyst: Shaun Rowark

Date: 17/01/2017

Approved by NICE quality assurance lead: Stephanie Birtles

Date: 17/01/2017

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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?

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 statements 3 and 4 focus on the provision of information for children and young people with cerebral palsy. The QSAC noted that information within the personal folder needs to be accessible for all.

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?

Children and young people with cerebral palsy are more likely to have communication difficulties. Any information in draft quality statements 3 and 4 should be in a format that suits their needs and preferences.

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?

For draft quality statement 4 the equality and diversity considerations states that any information should be in a format that suits individual's needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. Children and young people with cerebral palsy should have access to an interpreter or advocate if needed.

Completed by lead technical analyst: Shaun Rowark

Date: 13/03/2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 05/05/2017

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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?

Children and young people with cerebral palsy will have some functional or cognitive disabilities. This includes difficulties with elements of communication (such as speech and language), bilateral and unilateral spasticity and other clinical comorbidities. All information provided should therefore be in a format that is appropriate to their needs and their parents and carers needs for statement 4.

During the post consultation meeting the QSAC highlighted that children and young people with cerebral palsy may also be from transient groups who may be hard to reach. It is anticipated that this quality standard will help to ensure all children and young people with cerebral palsy have access to the correct services that suits their needs.

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?

The QSAC agreed to focus statement 4 on ensuring the parents or carers of children and young people with cerebral palsy receive information on the diagnosis and management of the condition. However these changes do not affect access for specific groups.

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?

No

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?

No

Completed by lead technical analyst: Gavin Flatt

Date: 13/07/2017

Approved by NICE quality assurance lead Nick Baillie

Date: 17/07/2017