

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Trauma

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 relating to protected characteristics defined in the Equality Act have been identified at this stage. However, populations living in rural areas may have not have the same geographical access to trauma services covered by the quality standard as those living in urban areas.

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 or settings have been excluded. The quality standard will cover all adults, young people and children who present with suspected major trauma, fractures or spinal injury. Pre-hospital and hospital settings are covered, including primary, secondary and tertiary care settings.

The quality standard will not cover:

- hip fracture
- head injury

Quality standards have already been published on hip fracture in adults ([QS16](#)) and head injury ([QS74](#)).

Completed by lead technical analyst: Paul Daly

Date: 17 May 2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 23 May 2017

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?

The QSAC raised concerns that older people do not always receive the same standard of trauma care and there are issues around identifying trauma in older people. The quality standard contains statements that describe high-quality trauma care to improve the quality of care for people of all ages.

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?

The draft statements do not prevent any specific groups from accessing services.

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 impact identified at this stage.

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?

None identified.

Completed by lead technical analyst: STACY WILKINSON

Date: 31 October 2017

Approved by NICE quality assurance lead: MARK MINCHIN

Date: 31 October 2017

3. POST CONSULTATION STAGE

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

Stakeholders highlighted that it could be difficult for rural areas to achieve the timeframe of 45 minutes for performing drug-assisted rapid sequence induction (RSI) in statement 1. The quality standards advisory committee felt that the statement would help to reduce inequalities in access to RSI for people in rural areas by setting a timeframe that all people should receive it within.

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?

No changes have been made after consultation that affect access for different 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 potential impact has been identified.

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 barriers were identified.

Completed by lead technical analyst: STACY WILKINSON

Date: 23 February 2018

Approved by NICE quality assurance lead: NICK BAILLIE

Date: 27 February 2018

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