

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Stroke in adults

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 2

Topic: Stroke in adults

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Stroke contributes to the life expectancy gap between the most deprived areas and the population as a whole and also has an increased prevalence with age. This quality standard will also cover stroke rehabilitation and therefore some people accessing these services (as a result of having a stroke) may have physical disabilities and/or cognitive impairments.

Any equality issues identified will have been considered during the development of the quality standard and where relevant to quality statements are addressed in question 4.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) were recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members including a stroke nurse consultant, professor and reader in rehabilitation medicine, a paramedic, professor of stroke medicine, lead therapist for stroke and lay member were recruited. The topic overview and request for areas of quality improvement have been published and wide stakeholder comment received, including from those with a specific interest in equalities. These suggested areas of quality improvement were then considered at the QSAC meeting attended by standing committee and specialist committee members.

The draft quality standard was published for a 4 week stakeholder consultation period in September 2015. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may have resulted in changes to the quality standard (see NICE website). This was the second stage of the process which looked to elicit comments from stakeholders.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

Children and young people (under 16 years) are excluded as they were not included in the scope of the potential development sources due to the small numbers of stroke in children and the fact that it is usually present as a result of another medical condition.

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4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Statements 1 and 3 are not expected to make it impossible or unreasonably difficult for a specific group to access a service or element of a service.

Statement 2 prioritises intensity of stroke rehabilitation. Some adults with stroke may not have the mental or physical ability to participate in the 45 minutes of each rehabilitation therapy specified in the statement. Service providers should ensure that therapy is still offered 5 days per week for a shorter time at an intensity that allows them to actively participate.

Statement 4 prioritises early supported discharge. Early supported discharge is only appropriate as long as a safe and secure environment can be provided and therefore it may not be appropriate for adults who are unable to return to this environment such as those who are homeless, refugees and asylum seekers, migrant workers or those who have significant cognitive impairments.

Statement 5 prioritises returning to work. Services should make reasonable adjustments to help adults with significant cognitive impairment and stroke to stay in work or education or find new employment, volunteering and educational opportunities. Some adults may be unable to work or unsuccessful in finding employment. In these cases, other occupational or education activities should be considered, including pre-vocational training.

Statement 6 prioritises reviewing. When setting goals for rehabilitation healthcare professionals should be aware that adults with stroke may have cognitive or physical impairments and at the acute stage participation for some adults may be limited until the person feels ready and more confident. Any discussion about goals setting should take into account any additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English. People should have access to an interpreter or advocate if needed.

Statement 7 prioritises 6 month review. Any review should take into account any additional needs, such as physical, sensory or learning disabilities, and people who do not speak or read English. People should have access to an interpreter or advocate if needed.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with

disabilities?

A positive impact is expected. We believe these statements promote equality by taking into consideration adults with stroke needs and where necessary tailoring services appropriately.