NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Epilepsies in children, young people and adults (update)

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?

It is recognised that certain groups may have different needs and there may be variation in ease of access to services. These include younger women and girls, older people with cognitive impairments, people with learning disabilities, people from black Asian and minority ethnic groups and people living in deprived areas. The needs of these groups will be addressed during development of the quality standard.

### 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.

Completed by lead technical analyst: Paul Daly

Date:14/07/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 22/07/2022

### 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?

QSAC discussed topic engagement responses and identified broad potential equality issues relating to access to epilepsy treatment and care for people with learning difficulties, older people, pregnant women and people living in deprived areas. The first step in improving access to epilepsy treatment is ensuring people are correctly diagnosed. Statement 1 aims to improve assessment and diagnosis of epilepsy for all people following a first seizure. Subsequent statements seek to improve access to treatment and care for epilepsy for all population groups. Specific elements of the statements address the equality issues identified by QSAC. For example, statement 2 is about timely access to tertiary services which include specialised assessment and management of people with learning disability, pregnant women, and older people. Statement 4 aims to ensure people with epilepsy have a care plan to support treatment and care and a measure has been included to ensure care plans cover preconception care and pregnancy.

Considerations have also been added to all statements to identify how potential equality issues can be addressed. For example, people with epilepsy who are older, have a learning disability, have other complex needs or whose first language is not English should have their information and support needs taken into account. Examples of how this can be done this are listed such as giving longer appointments to allow more time for discussion; providing information in different formats, such as easy read, large print or audio versions; providing information that is accessible to people who do not speak or read English, and is culturally appropriate; involving family members, carers, an advocate or interpreter if the person wishes; and sharing information with those involved in the care of older people or people with learning disabilities if appropriate.

### 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?

No. The draft statements aim to improve access for all groups.

### 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?

Potential issues identified by QSAC have been addressed through the drafting of statements. See section 2.1 for details.

Completed by lead technical analyst: Paul Daly

Date: 02/05/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 12/05/2023

### 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?

No specific equality issues were raised at consultation. Some comments did refer to general variation in access to epilepsy services, though. In addition, some comments were made on the equality and diversity considerations included in the draft quality standard.

At the post consultation meeting, QSAC discussed each statement separately. They considered if each statement would create or reduce inequalities for any group. They were satisfied that all statements would help reduce inequalities. With regards to access, the statements were developed to cover areas where there is known variation and the aim of having statements is to address this. Committee members considered the specific comments on equality and diversity considerations when reviewing the amended quality standard. They added people who are neurodiverse and people with physical health problems to existing considerations for statements in the quality standard. The adjustments already listed for each statement were appropriate for the groups added.

### 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. QSAC considered whether all the statements, including amendments, would create or reduce inequalities for any group. There was recognition that there is variation in terms of access to epilepsy services. However, the statements are intended to address variation and reduce any inequalities that exist.

### 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. Amendments made to statements will help ensure there is a positive impact on people with disabilities. Some stakeholders suggested that neurodevelopment and learning disabilities should be separated out from the other areas covered by draft statement 5. QSAC agreed and decided that a new statement asking about neurodevelopment and learning disabilities at epilepsy appointments would be beneficial. Creating a separate statement would ensure that people with neurodevelopment and learning disability issues would have them identified and addressed.

### 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: Paul Daly

Date: 20/11/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 23/11/2023

### 4. After NICE Guidance Executive amendments

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

No amendments were required by Guidance Executive.

Completed by lead technical analyst: Paul Daly

Date: 6/12/23

Approved by NICE quality assurance lead: Mark Minchin

Date: 7/12/23

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