

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS PROGRAMME

**Quality standard topic:** The Epilepsies in adults

**Output:** Equality analysis form – Topic Expert Group three

#### Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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 Expert Group meeting one - Scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<p><b>Socio-economic status</b></p> <p>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).</p>
<p><b>Other categories</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• Looked after children</li> <li>• Homeless people.</li> </ul>

## Quality standards equality analysis

### Stage: Topic Expert Group three

#### Topic: Epilepsy 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.

Epilepsy services are available to all areas of society and age groups however people with learning disabilities, girls and women are more likely to have some specific needs over and above those required by the general population. There may also be geographical variation in provision of epilepsy services.

**2. Have relevant bodies and stakeholders with an interest in equality been consulted?**

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

To gain multiple professional and lay perspectives from all relevant areas, representation within the Topic Expert Group was sought from a variety of stakeholders including neurologists, paediatric neurologists, paediatricians, GPs, clinical nurse specialists, commissioners, learning disabilities consultant psychiatrists, emergency medicine consultants and lay members concerned with both young people and adults with epilepsy.

**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?

This quality standard will not cover children and young people (people aged under 18) as a separate quality standard is in development for this population group.

**4. 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?

The statements do not prevent any specific groups from accessing services (including tests and other interventions which are part of services).

The quality standard will also clearly state that good communication between healthcare professionals and people with epilepsy is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with epilepsy should have access to an interpreter or advocate if needed.

The TEG identified that adults with learning disabilities or challenging behaviour may not currently have equality of access to particular tests and investigations, such as MRI scanning. The quality standard makes specific reference to the need for services to be able to provide additional support to people in these circumstances to ensure they have equal access to any investigative tests that they need.

#### **5. 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 from the development of this quality standard.

Statement 2 concerning adults having investigations for epilepsy notes that adults with learning disabilities or challenging behaviour may require particular care and attention to tolerate investigations, and confirms that the same services, investigations and therapies should be offered to all adults.

Statement 3 is about access to magnetic resonance imaging and notes that adults with learning disabilities or challenging behaviour may require particular care and attention to tolerate investigations. The quality standard aims to advance equality of opportunity by stating that reasonable adjustments should be made to ensure all people have access to MRI who require it, including open bed scanners, sedation and general anaesthetic where necessary. In addition, a measure on local arrangements for adults with learning disabilities, who meet the criteria to have neuroimaging, to have magnetic resonance imaging has been included to facilitate monitoring of this.

Statement 9 on transition from children's to adult's services notes that people with learning disabilities might need a longer transition period to accommodate the additional complexity of their clinical and psychological needs. In addition, people with learning disabilities might remain in paediatric services for longer than those without learning disabilities, depending on their personal preferences and clinical needs.