NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Brain tumours (primary) and brain metastases in adults

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 have been identified at this stage.

### 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?

The quality standard for brain tumours will not cover the care of children and young people (younger than 16 years) as management of brain tumours in this group would be different to management in adults.

There is already a published quality standard ([QS55](https://www.nice.org.uk/guidance/qs55)) on the care of children and young people with cancer.

Completed by lead technical analyst: STACY WILKINSON

Date: 06/03/2020

Approved by NICE quality assurance lead: NICK BAILLIE

Date: 09/03/2020

### 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 committee were concerned that adults with brain tumours are not always able to access neurorehabilitation services and even if they are there is variation in how long and how intensively they can use services. Some people may also have to travel a long way if they are only able to access specialist neurorehabilitation services. They therefore agreed to prioritise statement 5 to ensure that adults with brain tumours can access neurological rehabilitation assessment in the community.

The committee highlighted that it is important to ensure that adults with additional needs such as physical, sensory, learning disabilities or cognitive impairment, and those who do not speak or read English, or who have reduced literacy skills can access information in an accessible way. Statement 2 highlights that named healthcare professionals should ensure that adults are provided with information that they can easily read and understand themselves, or with support, so that they can communicate effectively with health and care services. Information should be in a format that suits their needs and preferences. Adults with cognitive impairment may need more time to process information. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard. Statements 4 and 5 also highlight that, providers should make reasonable adjustments to ensure that adults can have an assessment and discussion about potential late effects of treatment, and an assessment for neurological rehabilitation in the community, that is accessible and takes account of their needs. People should have access to an interpreter (including British Sign Language) or advocate if needed. Adults with cognitive impairment may need more time to process information.

### 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 quality statements do not make it more difficult in practice for a specific group to access services compared with other 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?

The draft quality statements do not have an adverse impact on people with disabilities.

### 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?

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst: Melanie Carr

Date:20/7/21

Approved by NICE quality assurance lead: Sarada Chunduri-Shoesmith

Date:21/7/21

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