



Air pollution: outdoor air quality and health

Quality standard

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This standard is based on NG70, NG90, NG115, NG106, NG80, CG126, NG136 and NG236.

This standard should be read in conjunction with QS148, QS84 and QS183.

Quality statements

Statement 1 Local authorities identify in the Local Plan, local transport plan and other key strategies how they will address air pollution, including enabling zero- and low-emission travel and developing buildings and spaces to reduce exposure to air pollution.

Statement 2 Local planning authorities assess proposals to minimise and mitigate road-traffic-related air pollution in planning applications for major developments.

Statement 3 Public sector organisations reduce emissions from their vehicle fleets to address air pollution.

Statement 4 Children, young people and adults with chronic respiratory or cardiovascular conditions are given advice at routine health appointments on what to do when outdoor air quality is poor.

Quality statement 1: Strategic plans

Quality statement

Local authorities identify in the Local Plan, local transport plan and other key strategies how they will address air pollution, including enabling zero- and low-emission travel and developing buildings and spaces to reduce exposure to air pollution.

Rationale

Local authorities should be strategic leaders of local initiatives to address air pollution, working in a coordinated way with key partners to ensure a consistent and planned approach. Identifying their approach to air pollution in the Local Plan, local transport plan and other key strategies will provide a clear framework for joined-up local action. The key components of their approach should include enabling zero- and low-emission travel (including active travel such as cycling or walking) and developing buildings and spaces to reduce exposure to air pollution.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence that local authorities identify in the Local Plan, local transport plan and other key strategies how they will address air pollution, including who is responsible for delivering key actions.

Data source:Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, actions to improve air quality are included in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#).

b) Evidence that local authorities identify in the Local Plan, local transport plan and other key strategies how they will encourage and enable active travel.

Data source:Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, actions to improve air quality are included in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#).

c) Evidence that local authorities identify in the Local Plan, local transport plan and other key strategies how they will encourage and enable travel by zero- and low-emission vehicles.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, actions to improve air quality are included in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#).

d) Evidence that local authorities identify in the Local Plan, local transport plan and other key strategies how they will develop buildings and spaces to reduce exposure to air pollution.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, actions to improve air quality are included in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#).

e) Evidence that local authorities identify key actions to address air pollution and monitor progress against them.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, actions to improve air quality are included in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#).

Outcome

a) Proportion of journeys made by local residents that are by walking, cycling, public transport or zero- or low-emission vehicles.

Data source:Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, surveys of residents. Data for local authorities from the [Department for Transport's National Travel Survey](#) are available under special licence.

b) Annual and hourly mean concentrations for nitrogen dioxide (NO₂).

Data source:Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local results recorded in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#). Modelled data from the Automatic Urban and Rural Network are available from the [Department of Environment Food and Rural Affairs' UK Air Information Resource](#).

c) Annual and daily mean concentrations for particulate matter of 10 micrometres or less in diameter (PM₁₀).

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local results recorded in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#). Modelled data from the Automatic Urban and Rural Network are available from the [Department of Environment Food and Rural Affairs' UK Air Information Resource](#).

d) Annual mean concentration for fine particulate matter of 2.5 micrometres or less in diameter (PM_{2.5}).

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local results recorded in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#). Modelled data from the Automatic Urban and Rural Network are available from the [Department of Environment Food and Rural Affairs' UK Air Information Resource](#).

What the quality statement means for different audiences

Local authorities work with partners to ensure the Local Plan, local transport plan, and other key strategies identify the approach to addressing air pollution, including enabling zero- and low-emission travel and developing buildings and spaces to reduce exposure to air pollution. Local authorities work together to prevent migration of traffic and emissions to other communities, which may result in areas of poor air quality.

People in the community know that their local authority and other local organisations are working together to protect them from the effects of air pollution.

Source guidance

[Air pollution: outdoor air quality and health. NICE guideline NG70 \(2017\), recommendations 1.1.1 to 1.1.3](#)

Definitions of terms used in this quality statement

Local authorities

All tiers of local government including county, district and unitary authorities, as well as regional bodies and transport authorities. [[NICE's guideline on air pollution: outdoor air quality and health](#), recommendation 1.1.1]

Other key strategies

Relevant local strategies, such as the air quality action plan, commissioning and procurement strategy, core strategy, environment strategy, and health and wellbeing strategy. [[NICE's guideline on air pollution: outdoor air quality and health](#), recommendation 1.1.1 and expert opinion]

Zero- and low-emission travel

Includes cycling and walking; travel by zero- and low-emission vehicles such as electric cars, buses, bikes and pedal cycles; and car sharing schemes or clubs. [Adapted from

NICE's guideline on air pollution: outdoor air quality and health, recommendation 1.1.1 and terms used in this guideline]

Developing buildings and spaces to reduce exposure to air pollution

This could include:

- siting and designing new buildings, facilities and estates to reduce the need for motorised travel
- minimising the exposure of vulnerable groups to air pollution by not siting buildings (such as schools, nurseries and care homes) in areas where pollution levels will be high
- siting living accommodation away from roadsides
- avoiding the creation of street and building configurations (such as deep street canyons) that encourage pollution to build up where people spend time
- including landscape features such as appropriate species of trees and vegetation in open spaces or as 'green' walls or roofs where this does not restrict ventilation
- considering how structures such as buildings and other physical barriers will affect the distribution of air pollutants.

[NICE's guideline on air pollution: outdoor air quality and health, recommendation 1.1.2]

Equality and diversity considerations

Local authorities should ensure that strategic plans identify areas where air pollution is highest and, in particular, locations where people who are vulnerable to air pollution may be exposed to high levels of air pollution, such as schools, nurseries, hospitals and care homes, so that targeted approaches can be put in place.

Local authorities should ensure that they assess the impact on vulnerable groups if local charges on certain classes of vehicle in clean air zones are proposed. If necessary, actions to mitigate the impact of charges on specific groups should be identified.

Quality statement 2: Planning applications

Quality statement

Local planning authorities assess proposals to minimise and mitigate road-traffic-related air pollution in planning applications for major developments.

Rationale

The built environment can affect the emission of road-traffic-related air pollutants by influencing how and how much people travel, for example, by ensuring good connections to walking and cycling networks. Buildings can affect the way air pollutants are dispersed through street design and the resulting impact on air flow. Addressing air pollution at the planning stage for major developments may reduce the need for more expensive remedial action at a later stage. It can also help to maintain people's health and wellbeing during and after construction. Assessing proposals to minimise and mitigate road-traffic-related air pollution will help to ensure they are robust and evidence based.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local processes and guidance that ensure planning applications for major developments include proposals to minimise and mitigate road-traffic-related air pollution.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example review of supplementary planning guidance.

b) Evidence of a local framework for assessing proposals to minimise and mitigate road-traffic-related air pollution in planning applications for major developments.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example review of supplementary planning guidance.

Process

Proportion of planning applications for major developments granted permission with conditions or obligations to minimise and mitigate road-traffic-related air pollution.

Numerator – the number in the denominator with conditions or obligations to minimise and mitigate road-traffic-related air pollution.

Denominator – the number of planning applications for major developments granted permission.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example local planning application system.

Outcome

a) Proportion of journeys made by local residents that are by walking, cycling, public transport or zero- or low-emission vehicles.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, surveys of residents. Data for local authorities from the [Department for Transport's National Travel Survey](#) are available under special licence.

b) Annual and hourly mean concentrations for nitrogen dioxide (NO₂).

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local results recorded in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#). Modelled data from the Automatic Urban and Rural Network are available from the [Department of Environment Food and Rural Affairs' UK Air Information Resource](#).

c) Annual and daily mean concentrations for particulate matter of 10 micrometres or less in

diameter (PM₁₀).

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local results recorded in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#). Modelled data from the Automatic Urban and Rural Network are available from the [Department of Environment Food and Rural Affairs' UK Air Information Resource](#).

d) Annual mean concentration for fine particulate matter of 2.5 micrometres or less in diameter (PM_{2.5}).

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local results recorded in the [Department for Environment, Food and Rural Affairs' Local Air Quality Management annual status report template](#). Modelled data from the Automatic Urban and Rural Network are available from the [Department of Environment Food and Rural Affairs' UK Air Information Resource](#).

What the quality statement means for different audiences

Local planning authorities ensure that planning applications for major developments include proposals to minimise and mitigate road-traffic-related air pollution during and after construction. Local planning authorities provide guidance for applicants and have a clear framework for assessing proposals in line with the Local Plan, local transport plan and other key strategies. Local guidance should make it clear that proposals to minimise or mitigate road-traffic-related air pollution must be evidence based. Local planning authorities monitor compliance with planning conditions or obligations to minimise and mitigate road-traffic-related air pollution.

Local authority planning officers assess proposals to minimise and mitigate road-traffic-related air pollution in planning applications for major developments using an agreed local framework to ensure they are evidence based. Local authority planning officers encourage applicants to modify their planning applications if necessary, to include evidence-based approaches to minimise or mitigate road-traffic-related air pollution.

Planning applicants for major developments know that the local planning authority will assess proposals to minimise and mitigate road-traffic-related air pollution in planning applications to ensure they are evidence based. Planning applicants can get information on what the local planning authority is looking for and how the proposals will be assessed. Planning applicants for major developments modify their application to improve the approach to minimising or mitigating road-traffic-related air pollution if required by the local authority.

People in the community know that their local planning authorities require developers to show how they will minimise road-traffic-related air pollution and improve local air quality around big building projects when they apply for planning permission. This is to help protect local people from the effects of air pollution on their health.

Source guidance

- [Physical activity and the environment. NICE guideline NG90 \(2018\)](#), recommendation 1.1.4
- [Air pollution: outdoor air quality and health. NICE guideline NG70 \(2017\)](#), recommendations 1.1.2 and 1.2.1

Definitions of terms used in this quality statement

Major developments

Development involving any one or more of the following:

- the winning and working of minerals or the use of land for mineral-working deposits
- waste development
- the provision of dwelling houses where:
 - the number of dwelling houses to be provided is 10 or more or
 - the development is to be carried out on a site having an area of 0.5 hectares or more and the number of dwelling houses is not known

- the provision of a building or buildings where the floor space to be created by the development is 1,000 square metres or more or
- development carried out on a site having an area of 1 hectare or more.

[Town and Country Planning (Development Management Procedure; England) Order 2015, Section 2]

Equality and diversity considerations

Local planning authorities should ensure that proposals to encourage active travel in planning applications for major developments are accessible to people with limited mobility or disabilities.

Quality statement 3: Reducing emissions from public sector vehicle fleets

Quality statement

Public sector organisations reduce emissions from their vehicle fleets to address air pollution.

Rationale

The public sector fleet is substantial and includes various vehicle types, some of which are highly polluting. Reducing emissions from public sector vehicle fleets will help to reduce road-traffic-related air pollution. Public sector organisations can extend their impact by commissioning transport or fleet services from organisations that reduce emissions from their vehicle fleets to address air pollution. By publicising their approach, public sector organisations can encourage organisations in other sectors to take action to reduce emissions from their vehicle fleets.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence that public sector organisations identify how they will reduce emissions from their vehicle fleets to address air pollution.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, a plan to reduce fleet emissions. Organisations could use the [Greener NHS guidance on how to produce a Green Plan](#) to develop a plan.

b) Evidence that public sector organisations require commissioned transport or fleet services to reduce emissions from their vehicle fleets to address air pollution.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example commissioning specifications. Commissioning specifications could require adherence to the [Department for Environment, Food and Rural Affairs' Government Buying Standards for transport](#).

Outcome

a) Proportion of zero- or ultra-low-emission vehicles in public sector vehicle fleets.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example fleet statistics.

b) Overall fuel consumption for public sector vehicle fleets.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example fleet statistics.

What the quality statement means for different audiences

Service providers (such as local authorities, NHS trusts, police and fire and rescue services) develop a plan for how they will reduce emissions from their vehicle fleet to address air pollution and monitor the impact of the plan on vehicle type and total fleet CO₂ emissions. Providers consider a range of approaches including:

- replacing vehicles with zero- or ultra-low-emission vehicles over time
- incentives to lease zero- or ultra-low-emission vehicles
- training drivers to change their driving style
- consolidating and sharing vehicles to ensure efficient use
- action to minimise congestion caused by delivery schedules
- specifying emission standards for private hire and other licensed vehicles.

Public sector fleet managers support the development and monitoring of a plan to reduce emissions from the vehicle fleet to address air pollution. Public sector fleet managers ensure that staff are aware of the plan and take action in line with the priorities identified.

Commissioners (such as local authorities, clinical commissioning groups, NHS England, and police and crime commissioners) ensure that commissioned transport or fleet services have a plan for how they will reduce emissions from their vehicle fleet to address air pollution and ensure providers monitor the impact of their plan on vehicle type and total fleet CO₂ emissions.

People in the community know that public sector organisations are working to reduce pollution from their vehicles. This will help to reduce local air pollution and protect people from the effects on their health.

Source guidance

Air pollution: outdoor air quality and health. NICE guideline NG70 (2017), recommendations 1.4.1 to 1.4.3 and 1.4.6

Quality statement 4: Advice for people with chronic respiratory or cardiovascular conditions

Quality statement

Children, young people and adults with chronic respiratory or cardiovascular conditions are given advice at routine health appointments on what to do when outdoor air quality is poor.

Rationale

Periods of poor air quality are associated with adverse health effects, including asthma attacks, reduced lung function, and increased mortality and admissions to hospital. Providing advice to children, young people and adults with chronic respiratory or cardiovascular conditions (and their families or carers, if appropriate) at routine health appointments will support self-management, improve their awareness of how to protect themselves when outdoor air quality is poor and prevent their condition escalating.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence that healthcare professionals carrying out routine health appointments with children, young people and adults with chronic respiratory or cardiovascular conditions are aware of the advice they should provide on what to do when outdoor air quality is poor.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, training records.

b) Evidence of local processes to ensure that children, young people and adults with chronic respiratory or cardiovascular conditions attending routine health appointments are given advice on what to do when outdoor air quality is poor.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, service protocols.

Process

Proportion of children, young people and adults with chronic respiratory or cardiovascular conditions attending a routine health appointment that were given advice on what to do when outdoor air quality is poor.

Numerator – the number in the denominator that were given advice on what to do when outdoor air quality is poor.

Denominator – the number of children, young people and adults with chronic respiratory or cardiovascular conditions attending a routine health appointment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, audit of patient records.

Outcome

a) Level of awareness among children, young people and adults with chronic respiratory or cardiovascular conditions on what to do when outdoor air quality is poor.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, surveys of children, young people and adults with chronic respiratory or cardiovascular conditions.

b) Rate of hospital attendance or admission for respiratory or cardiovascular exacerbations.

Data source: NHS Digital's Hospital Episode Statistics includes data on admissions and A&E attendances for asthma attacks, acute chronic obstructive pulmonary disease exacerbations, heart attacks, strokes, heart failure and angina attacks.

What the quality statement means for different audiences

Service providers (such as general practices, community health services, hospitals and community pharmacies) ensure that healthcare professionals are aware that information on air quality is available, what it means and what actions are recommended. Service providers ensure that processes are in place to provide advice on what to do when outdoor air quality is poor to children, young people and adults with chronic respiratory or cardiovascular conditions (and their families or carers, if appropriate) at routine health appointments. Providers ensure that advice includes how to find out when outdoor air quality is expected to be poor such as from the [Department for Environment, Food and Rural Affairs' Daily Air Quality Index](#).

Healthcare professionals (such as doctors, nurses, healthcare assistants and pharmacists) provide advice on what to do when outdoor air quality is poor to children, young people and adults with chronic respiratory or cardiovascular conditions who are attending a routine health appointment (and their families and carers, if appropriate). They also provide information on how to find out when outdoor air quality is expected to be poor, for example using the [Department for Environment, Food and Rural Affairs' Daily Air Quality Index](#).

Commissioners (such as clinical commissioning groups and NHS England) commission services that provide advice on what to do when outdoor air quality is poor to children, young people and adults (and their families and carers, if appropriate) at routine health appointments.

People with long-term breathing or heart conditions (and their family and carers, if appropriate) are given advice at routine health appointments on what to do when outdoor air quality is poor and how to find out when it is likely to be poor.

Source guidance

- [Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline NG115](#) (2018, updated 2019), recommendations 1.2.123 to 1.2.125
- [Chronic heart failure in adults: diagnosis and management. NICE guideline NG106](#) (2018), recommendations 1.1.8 and 1.1.9

- [Asthma: diagnosis, monitoring and chronic asthma management. NICE guideline NG80](#) (2017, updated 2021), recommendation 1.10.1, 1.10.3 and 1.10.4
- [Air pollution: outdoor air quality and health. NICE guideline NG70](#) (2017), recommendation 1.7.7
- [Stroke rehabilitation in adults. NICE guideline NG236](#) (2023), recommendation 1.4.3
- [Hypertension in adults: diagnosis and management. NICE guideline NG136](#) (2019, updated 2022), recommendation 1.4.24
- [Stable angina: management. NICE guideline CG126](#) (2011, updated 2016), recommendations 1.2.6 and 1.2.7

Definitions of terms used in this quality statement

Routine health appointments

Annual reviews and other appointments focused on supporting management of chronic respiratory or cardiovascular conditions. [Expert opinion]

Advice on what to do when outdoor air quality is poor

Advice should include how to minimise exposure to outdoor air pollution and manage any related symptoms such as:

- Avoiding or reducing strenuous activity outside, especially in highly polluted locations such as busy streets, and particularly if experiencing symptoms such as sore eyes, a cough or sore throat.
- Adults over 17 to use an asthma reliever inhaler more often, as needed.
- Children and young people aged 5 to 16 to contact a healthcare professional for a review if their asthma control deteriorates. If they have not been taking their inhaled corticosteroid consistently, explain that restarting regular use may help them to regain control of their asthma.
- Closing external doors and windows facing a busy street at times when traffic is heavy or congested to help stop highly polluted air getting in.

[[NICE's guideline on air pollution: outdoor air quality and health, recommendation 1.7.7](#), [NICE's guideline on asthma, recommendations 1.10.3 and 1.10.4](#) and the [Department for Environment, Food and Rural Affairs' Daily Air Quality Index](#)]

Poor outdoor air quality

The Daily Air Quality Index describes air pollution on a scale of 1 to 10 and is divided into 4 bands from low to very high. Health effects may occur when air pollution is moderate (4 to 6), high (7 to 9) or very high (10). [[The Department for Environment, Food and Rural Affairs' Daily Air Quality Index](#)]

Update information

Minor changes since publication

October 2023: The source guidance for statement 4 was updated to be consistent with the updated [NICE guideline on stroke rehabilitation in adults](#).

March 2022: Changes have been made to align this quality standard with the updated [NICE guideline on hypertension in adults](#). Source guidance references and data sources have been updated throughout.

February 2020: The definition of advice on what to do when outdoor air quality is poor in statement 4 was updated to be consistent with the updated [NICE guideline on asthma](#).

August 2019: The source guidance for statement 4 was updated to be consistent with the updated [NICE guidelines on chronic obstructive pulmonary disease in over 16s and hypertension in adults](#).

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by The Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Lung Foundation](#)
- [Public Health England](#)
- [Royal College of Physicians \(RCP\)](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Paediatrics and Child Health](#)
- [Living Streets](#)
- [Royal Town Planning Institute](#)
- [Transport Planning Society](#)
- [Town and Country Planning Association](#)