

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Care of dying adults in the last days of life

Output: Equality analysis form – Topic overview

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: Topic overview

Topic: Care of dying adults in the last days of life

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.

No specific equality issues have been identified at this stage of development of the quality standard.

It is noted, though, that the following potential equality issues were identified during the development of the primary source guidance:

- The care of people with dementia, cognitive impairments or learning disabilities who are in the last few days or hours of life may be especially challenging, particularly in terms of recognising dying and managing pain or other symptoms.
- There may be ethnic and cultural issues related to managing pain or other symptoms, and the undesirability of potential sedation in the last few days or hours of life.
- People important to those dying need to be engaged in any communication or information sharing as appropriate. National policy has clarified that these should include, (where possible, with consent) those important to the dying person and as such this has implications for, for example, LGBT relationships.
- People who are from traveller communities or who are homeless may have particular problems relating to accessing pharmacological management for symptom control, and anticipatory prescribing when secure storage of medication is needed.
- Access to services at end life for people in prison.
- Spiritual needs of those in the last few days are important to consider, including non-religion based needs.

Any equality issues that may arise from these factors, or that are identified during the production process, will be considered during the development of the quality standard.

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) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to the care of dying adults in the last days of life topic are being recruited.

The topic overview and request for areas of quality improvement will be published and wider stakeholder comments will be invited, including from those with a specific interest in equalities.

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?

The quality standard will cover the clinical care of adults aged 18 and over who are dying during the last 2 to 3 days of life. Exclusions are as follows:

Children and young people. The needs of children and young people in the last few days / hours of life are specific. The exclusion of this group from the quality standard is consistent with the scope of the clinical guideline that will be used as the primary evidence source. A NICE guideline on end of life care for infants, children and young people is in production (expected publication date December 2016).

Palliative care before the end of life: The focus of this quality standard is the last few days or hours of death. This reflects the focus of the clinical guideline which targeted this period following the Neuberger review of the Liverpool Care Pathway implementation. Care before this period, where different management may be required is not covered.

Service Delivery: This area is excluded from the quality standard. Service delivery was also excluded from the underpinning clinical guideline as it will be covered by a separate guideline that is in production.

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?

Not applicable at this stage.

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?

Not applicable at this stage.