

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CENTRE FOR CLINICAL PRACTICE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Stable angina

Output: Equality impact assessment form – Topic Expert Group selection

Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from www.nice.org.uk), NICE has a duty to take reasonable action to avoid unlawful discrimination and advance equality of opportunity. 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 assessment is also designed to achieve compliance with NICE's obligations under the Human Rights Act 1998.

Taking into account each of the equality characteristics in table 1, the form should be used to:

- confirm that equality issues have been considered
- 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:

- Selection of Topic Expert Group and Chair
- Topic Expert Group meeting one – creation of draft quality standard
- Topic Expert Group meeting two – creation of final quality standard.

Table 1

Equality characteristics^a
Sex/gender <ul style="list-style-type: none">• Women• Men
Ethnicity <ul style="list-style-type: none">• Asian or Asian British• Black or Black British• Mixed/multiple ethnic groups• Irish• White British• Chinese• Other minority ethnic groups not listed• Gypsy or Irish Travellers
Disability <ul style="list-style-type: none">• Sensory• Learning• Mental health• Cognitive• Mobility• Other impairment
Age^b <ul style="list-style-type: none">• Children and young people• Young adults• Older people
Sexual orientation <ul style="list-style-type: none">• Lesbians• Gay men• Bisexual people
Gender reassignment
Religion and belief
Marriage and civil partnership
Pregnancy and maternity

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

Other categories

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

^a This list is illustrative rather than comprehensive

^b Definitions of age groups may vary according to policy or other context

Quality standards equality impact assessment

Stage: Topic Expert Group selection

Topic: Stable angina

1. Have any equality issues impacting upon equality target groups been identified during this stage of the development process?

- Please state briefly any relevant issues identified and the plans to tackle them during development

Clinical guideline 95 specifically includes recommendations to not assess symptoms of ACS differently because of gender or ethnicity.

The scope of clinical guideline 126 identified the following subgroups as required specific consideration:

- People of South Asian origin
- People older than 85 years
- People with diabetes
- Women.

There was no evidence found by the review protocols that investigation or treatment should differ for women or for people of South Asian ethnic groups.

There was evidence that choice of revascularization strategy differs between people younger than 65 and those older than 65 and people with and without diabetes.

People ≥ 80 years are not commonly included in trials. The GDG made consensus recommendations for people >85 and considered there was no clear evidence of different response to treatment although greater age can be associated with frailty and co-morbidity. The absolute risk however will be greater. The GDG agreed that age should not preclude consideration for medical or revascularization treatment.

The above were carefully considered in the development of the guideline and reflected in recommendations 1.3.1, 1.3.2 and 1.5.6.

Action: If quality statements address medical and revascularization treatments then the recommendations listed will be used to reflect these equality considerations.

2. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages of stable angina, representation within the Topic Expert Group was sought from a variety of audiences including GPs, cardiologists, cardiac surgeons, specialist nurses, commissioners and pharmacists.

At the scoping meeting the group felt there should be more representation from experts involved in the development of CG95 since the quality standard will cover both diagnosis and management.

Action: Two experts from the GDG for CG95 have been added to the TEG.

3. If exclusions exist at this stage in the process (for example, populations, treatments or settings) are these legal and justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

No exclusions exist at this stage.

Approved and signed off:

Lorraine Taylor, Associate Director – Quality Systems

NICE

Date:

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NICE

Date: