

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 two

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 (meeting one)
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

The forms will be submitted with the final outputs to the quality standards Programme Board, before sign off by the NICE Guidance Executive.

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 two

Topic: Stable angina

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| <p>1. Have any equality issues impacting upon equality target groups been identified during this stage of the development process?</p> <p>Please state briefly any relevant issues identified and the plans to tackle them during development.</p> |
| <p>NICE clinical guideline 126 contains general principles for treating people with stable angina:</p> <p>1.3.1 Do not exclude people with stable angina from treatment based on their age alone.</p> <p>1.3.2 Do not investigate or treat symptoms of stable angina differently in men and women or in different ethnic groups.</p> <p>Action: These general principles have been included in the quality standard for stable angina to highlight the importance of these equality issues.</p> |

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| <p>2. Have relevant bodies and stakeholders been consulted?</p> <ul style="list-style-type: none">• Have relevant bodies been consulted?• Have comments from stakeholders that highlight potential for discrimination or advancing equality been considered? |
| <p>To gain multiple perspectives from all stages in the treatment of chronic heart failure, representation on the Topic Expert Group was sought from a variety of audiences including general practice, secondary care, specialist heart failure services and commissioners.</p> <p>Action: At the previous expert group meeting, the group requested more representation from the GDG for CG95. Two additional members were invited and attended TEG two.</p> |

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| <p>3. If exclusions exist at this stage in the process (for example, populations, treatments or settings) are these legal and justified?</p> <ul style="list-style-type: none">• Are the reasons legitimate? (they do not discriminate against a particular group)• Is the exclusion proportionate or is there another approach? |
| <p>Draft statement 11 on the treatment of hypertension contains two outcome measures that assess blood pressure readings differently by age group. This distinction is clinically justified and follows NICE clinical guideline 127 recommendations on target blood pressure.</p> <p>Action: None.</p> |

4. Do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

- Does access to the intervention depend on membership of a specific group?
- Does a test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

Draft statement 2 states that people with non-anginal chest pain or typical stable angina and an estimated likelihood of CAD >90%, do not have diagnostic investigation for stable angina. This is in line with NICE clinical guideline 95 and the aim is to avoid unnecessary diagnostic investigation in those people for whom it is not necessary.

Action: None.

5. Does the quality standard advance equality?

- Please state if the indicator as described will advance equalities of opportunity, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

A positive impact on equality is expected in the care of people with chronic heart failure.

The quality standard promotes good communication between health care professionals and patients by advising that treatment and care should be culturally appropriate. It should also be accessible to those with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with stable angina should have access to an interpreter or advocate if needed.

Approved and signed off:

Adam Timmis, Topic Expert Group Chair

Date:

Lorraine Taylor, Associate Director – Quality Systems

NICE

Date:

Tim Stokes, Consultant Clinical Adviser – Quality Systems

NICE

Date: