

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Dyspepsia and gastro-oesophageal reflux disease (GORD)

Output: Equality analysis form – Meeting 2

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: Meeting 2

Topic: Dyspepsia and gastro-oesophageal reflux disease (GORD)

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.

There is evidence to suggest that gastro-oesophageal disease (GORD) and *H pylori* infection (strongly associated with gastric and duodenal ulcers) are more likely to occur in socially disadvantaged people. Social disadvantage has been addressed in statement 1 by ensuring prescriptions are available for 'over-the-counter' medication for adults that may need it. The prevalence of GORD increases with age. Age has been addressed in statements 2 and 4 by ensuring that healthcare professionals are aware that some adults may consider themselves to be too frail to have an endoscopy. It has also been addressed in statement 3 by specifying that serological tests are less reliable for older adults and therefore should be carefully considered for those over 65 years.

It has also been highlighted that *H pylori* resistance rates are higher among ethnic minority groups and statement 3 identifies that it is important to use more accurate tests to avoid adults having antibiotic treatment when it is not needed.

Statements 1, 2, 4 and 5 identify that healthcare professionals should take into account the cultural and communication needs of adults when providing information and support for those with dyspepsia or GORD.

The provision of alternative formats of the 'Information for the public' (IFP) will not be required for this topic.

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 dyspepsia and GORD have been recruited. The draft quality standard was published and wide stakeholder comment 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?

This quality standard will cover the investigation and management of dyspepsia and GORD in adults over 18 years. There is a separate guideline and quality standard for gastro-oesophageal reflux in children and dyspepsia is considered a rare clinical problem within this age group. The age range for the quality standard matches the age range for NICE [clinical guideline 184](#).

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?

Although some treatment for dyspepsia and GORD is based on self-management it is acknowledged that not all adults will wish to self-manage or be able to achieve effective strategies and therefore statement 1 indicates that healthcare professionals should identify those vulnerable adults who may require additional support.

Statements 2 & 4 cover referral for endoscopy, the Committee recognised that if someone is unable to give consent to this elective procedure it cannot be performed unless they have a Personal Welfare Lasting Power of Attorney.

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?

The quality standard is expected to advance equality in the following ways:

- Statement 1 ensures consistency of advice to adults with dyspepsia or reflux symptoms at an early stage which should ensure people are better informed about when they should see their GP for further investigation of their symptoms which in turn should improve detection of cancer at an earlier stage among higher risk groups including older adults and those who are socially disadvantaged.
- Statement 3 promotes equality of access to appropriate tests for *H pylori* by ensuring that the specific needs of older adults and those from ethnic minority groups are recognised.
- Statements 4 & 5 ensure further investigations are carried out for those adults whose symptoms do not respond to treatment or persist over a long period of time. This will improve quality of life and the prevention and detection of cancer among higher risk groups including older adults and those who are socially disadvantaged.