

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic: Dyspepsia and gastro-oesophageal reflux disease**

**Output: Equality analysis form – Meeting 1**

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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).
<b>Marital status (including civil partnership)</b>

**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 1

### Topic: Dyspepsia and gastro-oesophageal reflux disease

#### 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 some 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 and that prevalence increases with age.

Social disadvantage has been addressed in draft statement 1 by ensuring prescriptions are available for 'over the counter' medication for adults that cannot afford to buy this themselves.

Age has been addressed in draft statement 3 by specifying that serological tests are less reliable for older people and therefore should be carefully considered for people over 65 years.

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

Healthcare professionals should take into account the cultural and communication needs of adults when providing information and support for adults 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?

This is the first stage of the process which will look to elicit comments from stakeholders.

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 will be 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 the [clinical guideline](#).

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

Draft statement 2 covers 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 of access to appropriate tests for H pylori by ensuring that the specific needs of older people and those from ethnic minority groups are recognised.