

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

**QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS
EQUALITY IMPACT ASSESSMENT FORM-
TOPIC SUGGESTION, PRIORITISATION, DEVELOPMENT
STAGES**

As outlined in the QOF process manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunity. The purpose of this form is to document that equality issues have been considered in each stage of indicator development prior to reaching the final output which will be approved by Guidance Executive.

Taking into account **each** of the equality characteristics below the form needs to:

- Confirm that equality issues have been considered at **every stage** of the process (from topic suggestion and scoping, prioritisation, development including consultation and piloting)
- Confirm that equality issues identified in the topic suggestion and scoping stages have been considered in the prioritisation, development stages including consultation and piloting
- Ensure that the recommendations do not discriminate against any of the equality groups
- Highlight planned action relevant to equality
- Highlight areas where recommendations may promote equality

This form is completed by the NICE QOF internal team and the external contractor **for each new indicator that is developed at each of the stages (from topic selection and scoping, prioritisation, development including consultation and piloting, and also in the future for sets of indicators in clinical domains.** The form will be submitted with the final outputs to the Primary Care QOF Indicator Advisory Committee for validation, prior to sign off by NICE Guidance Executive

| EQUALITY CHARACTERISTICS |
|---|
| <p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men |
| <p>Ethnicity</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed • Travellers |
| <p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment |
| <p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults <p>¹. Definitions of age groups may vary according to policy or other context.</p> |
| <p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people |
| <p>Religion and belief</p> |
| <p>Socio-economic status</p> <p>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 etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p> |
| <p>Other categories²</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people <p>². This list is illustrative rather than comprehensive.</p> |

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Topic title: COPD (NM63 and IND101)

Development stage: Prioritisation for indicator development

1. Have relevant equality issues been identified during this stage of development?

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

COPD is also a condition that particularly affects older people, and those in communities with higher levels of deprivation who are more likely to be smokers and less likely to gain access to healthcare services as people in more affluent areas.

No specific equality issues have been identified at this stage in the development process.

2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

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

It is noted that the recommendation relating to identification of early disease includes a population over 35, current or ex-smokers with a chronic cough. This is based on evidence in the original guidance that opportunistic case finding should be based on the presence of risk factors.

3. Do any of the recommendations 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?

No

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Not relevant at this stage

5. Do the recommendations promote equality?

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

QOF incentivisation of potential further indicators in the COPD register may have a positive impact by promoting the early detection and providing additional management of people with COPD.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9th June 2011

Approved and signed off:

Nick Baillie

Nick Baillie, Associate Director, Quality Standards and Indicators

National Institute for Health and Clinical Excellence

Date: 9th June 2011

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Topic title: COPD (NM63 and IND101)

Development stage: Piloting of indicators

1. Have relevant equality issues been identified during this stage of development?

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

None identified

2. If there are exclusions listed in the clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

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

Patients on the palliative care register are listed as an exclusion in COPD 2. 22 of 2532 people within the pilot practices were on both the COPD and palliative care registers. Practices felt this was an appropriate exclusion given the length of time it can take to access services and the nature of the intervention.

3. Do any of the recommendations 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?

No

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Yes by NICE

5. Do the indicators promote equality?

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

Not applicable to this indicator.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 14th June 2012

Helen Lester

Helen Lester, Lead – NICE External Contractor

Date: 14th June 2012

Approved and signed off:

Nicola Bent

Nicola Bent, Programme Director, Quality Standards and Indicators

National Institute for Health and Clinical Excellence

Date: 14th June 2012

QOF equality analysis form

Indicator title: COPD (NM63 and IND101)

Development stage: Consultation of indicators

1. Have relevant equality issues been identified during this stage of development?

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

A number of stakeholders reported local variation in the availability and accessibility of oxygen monitors and pulmonary rehabilitation services.

2. Have relevant bodies and stakeholders with an interest in equality been consulted

- Have comments highlighting potential for discrimination or advancing equality been considered?

Yes – stakeholders from all 4 countries were encouraged to comment on the potential new indicators as part of the NICE consultation and a wide group of relevant groups and organisations were contacted. Please refer to appendix A of the 'process report for indicators in development' for a full list of stakeholders consulted directly via email.

3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

Stakeholders noted that patients on the palliative care register are listed as an exclusion in the indicator around referral to pulmonary rehabilitation. Some stakeholders felt this was an appropriate exclusion however a number of stakeholders commented that people on the palliative care register could survive for a number of years and pulmonary rehabilitation may provide some benefit. Stakeholders suggested that this should not be a general rule. Clinicians should decide if people on the palliative care register would benefit from pulmonary rehabilitation and exception report if appropriate.

4. Do any of the indicators 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?

No

5. Do the indicators advance equality?

- Please state if the indicator as described will advance equalities 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?

No evidence has been identified from the consultation to suggest that the indicators, in themselves, promote equalities.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 14th June 2012

Approved and signed off:

Nicola Bent

Nicola Bent, Programme Director, Quality Standards and Indicators

National Institute for Health and Clinical Excellence

Date: 14th June 2012