

## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

### QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS EQUALITY IMPACT ASSESSMENT FORM

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 NICE external contractor (NEC) **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

<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>
<p><b>Socio-economic status</b></p> <p>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).</p>
<p><b>Other categories</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• Looked after children</li> <li>• Homeless people.</li> </ul>

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

**Indicator title: Depression (IND103 and IND104)**

**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. 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?

Not relevant at this stage.

**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?

These indicators, as piloted, exclude people younger than 18 years because the treatment protocols and recommendations are different for this younger age group.

**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?

None identified at this stage.

**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?

None identified at this stage.

## **Signed:**

Colin Hunter

***Colin Hunter, Chair of NICE QOF Advisory Committee***

*Date: 14<sup>th</sup> June 2012*

Helen Lester

***Helen Lester, Lead – NICE External Contractor***

*Date: 14<sup>th</sup> June 2012*

## **Approved and signed off:**

Nicola Bent

***Nicola Bent, Programme Director, Quality Standards and Indicators***

***National Institute for Health and Clinical Excellence***

*Date: 14<sup>th</sup> June 2012*

## QOF equality analysis form

**Indicator title: Depression (IND103 and IND104)**

**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

Stakeholders highlighted that bio-psychosocial assessments will rely on information and advice being shared accurately at the consultation which may disadvantage people who have difficulty completing verbal assessments, such as people whose first language is not English.

Some stakeholders considered that assessment would not be suitable for children and suggested an age limit should be applied to the indicator.

### **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?

No

### **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: 14<sup>th</sup> June 2012*

## **Approved and signed off:**

Nicola Bent

***Nicola Bent, Programme Director, Quality Standards and Indicators***

***National Institute for Health and Clinical Excellence***

*Date: 14<sup>th</sup> June 2012*