

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

Quality and Outcomes Framework Programme

QOF topic: Diabetes

Potential Output: Recommendations for NICE menu

Introduction

As outlined in the Indicators process guide 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 indicator 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
- ensure that the indicator statements do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where indicator statements may advance equality of opportunity

This form is completed by the NICE Health and Social Care Quality Programme team and will be completed at each stage within the development process:

- Prioritisation of areas for new indicator development
- Piloting of indicators
- Public consultation on piloted indicators
- Review of existing indicators in the clinical domains

The initial prioritisation may identify equalities associated with a topic area whereas piloting and consultation will assess equalities against specific indicators. For further information on the development of specific indicators please refer to the [committee outputs](#) page and the [NICE menu of indicators](#).

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.

QOF equality analysis form

Development stage: NCCID pilot reports

Indicator title: Diabetes

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
Statin use is associated with potential teratogenic risks. NICE guidance (CG181) recommends that women of childbearing potential should be advised of these risks and to stop taking statins during pregnancy, three months before they attempt to conceive, and should not restart them until breastfeeding is finished. These people can be exception reported as having a contraindication to statins. In view of these potential risks during pregnancy, statin use may be a concern for women of child bearing age who choose not to use contraception due to their religious beliefs. Due to the greater potential for adverse effects of lowering HbA1c in the elderly, this may be a barrier to implementing HbA1c targets in this population.
2. Have relevant bodies and stakeholders with an interest in equality been consulted
• 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?
No. Practices were asked to apply these indicators to all eligible patients.
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.