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)
- To confirm that equality issues identified in the topic suggestion and scoping stages have been considered in the prioritisation, development stages including consultation and piloting
- To ensure that the output indicators do not discriminate against any of the equality groups
- To highlight planned action relevant to equality
  To highlight areas where indicators 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
Sex/gender • Women • Men
Ethnicity • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed • Travellers
Disability • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
Age[1] • Older people • Children and young people • Young adults [1] Definitions of age groups may vary according to policy or other context.
Sexual orientation & gender identity • Lesbians • Gay men • Bisexual people • Transgender people
Religion and belief
Socio-economic status 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).
Other categories[2] • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people [2] This list is illustrative rather than comprehensive.

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

Topic title: Rheumatoid arthritis (NM55-58)
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

Prevalence of rheumatoid arthritis (RA) is two to four times greater in women than men. The peak age of incidence in the UK for both genders is the 70s, but people of all ages can develop the disease.

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?

N/A

3. 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

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 applicable 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 monitoring RA has the potential to have a positive impact in people diagnosed with RA. However there is no evidence to suggest that recommendations presented in this briefing paper can, in themselves, reduce health inequalities in specific populations.

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 equality analysis form

Development stage: Piloting of indicators
Indicator title: Rheumatoid arthritis (NM55-58)

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?

The register excludes people aged less than 16 years because RA is rare under this age and is then largely treated by specialists rather than in primary care.
The CRP/ESR indicator, as piloted also excludes people younger than 16 years for the same reasons as above.
The RA CVD risk assessment indicator, as piloted, focuses on people aged 30-84 years (in line with the evidence base).
The RA fracture risk assessment indicator excludes patients on the RA register aged under 30 years and over 90 years (in line with the evidence base).

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?

RA affects three times as many women as men and has a peak age of onset of 40-70 years. They also have reduced life expectancy. The RA CVD indicator promotes the use of risk assessment tools which appropriately adjust the resulting risk score for people with RA.
Osteoporosis is more common in people with RA. The fracture risk assessment indicator promotes the use of fracture risk assessment tools which appropriately adjust the resulting risk score for people with RA.

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

Development stage: Consultation of indicators

Indicator title: Rheumatoid arthritis (NM55-58)

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

Some stakeholders suggested these indicators should target people aged 18 and over whilst others considered that management would also be beneficial in juvenile and paediatric RA .

Some stakeholders thought the age range for CVD risk assessment should be based on need rather than the assessment tool and highlighted that current QOF indicator CVD-PP1 applies to people age 30-74 years. Stakeholders considered that the upper age of 84 should be lower and that the lower age of 30 may be too young given risk in this population is less than 1% and unlikely to change an annual basis.

There were comments on the use of an appropriate age range for fracture risk assessment and that this should reflect that covered by the FRAX tool, i.e. people over 40. It was also suggested that people with osteoporosis or on the palliative care register should be excluded.

A number of stakeholders supported the inclusion of people aged 16 years while others suggested 18 and over would be more appropriate

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?

The register Indicator for RA includes people under 16 years of age.
The indicator around CVD risk assessment includes people aged 30 to 84. This was considered an appropriate age range and in line with appropriate cardiovascular risk assessment tools.
The RA fracture risk assessment indicator excludes patients on the RA register aged under 30 years and over 90 years (in line with the evidence base).

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?

Stakeholders considered that establishing a disease register for RA is an important first step in identifying a target population and moving towards more structured approach to care for this long-term condition. Stakeholders considered that inclusion of RA as a new clinical area in the QOF would help to raise the profile of this disease in primary care, support equal access to appropriate treatment and lead to timely referral to specialist care.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 14^t 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