

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS EQUALITY IMPACT ASSESSMENT FORM- PRIORITISATION AND DEVELOPMENT STAGES (PILOT AND CONSULTATION) AND REVIEW OF EXISTING INDICATORS

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.

The key stages in the process for developing clinical and health improvement indicators for the QOF include:

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

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

- Ensure that the output indicators do not discriminate against any of the equality groups
- Highlight planned action relevant to equality
- Highlight areas where indicators may promote equality

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](#).

EQUALITY CHARACTERISTICS
Sex/gender <ul style="list-style-type: none"> • Women • Men
Ethnicity <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
Disability <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
Age¹ <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>
Sexual orientation & gender identity <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people
Religion and belief
Socio-economic status <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>
Other categories² <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

Indicator title: Osteoporosis (NM29-31)

Development stage: Prioritisation

<p>1. Have relevant equality issues been identified during this stage of development?</p> <ul style="list-style-type: none">• Please state briefly any relevant issues identified and the plans to tackle them during development <p>The condition is more prevalent in certain groups: older white women</p>
<p>2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?</p> <ul style="list-style-type: none">• Are the reasons legitimate? (they do not discriminate against a particular group)• Is the exclusion proportionate or is there another approach? <p>It is noted that osteoporosis is also prevalent in men but it is also know that women are at greater risk. The reviewed guideline relates only to treatments for the secondary prevention of fragility fractures in postmenopausal women as defined in the original scope of the guidance.</p>
<p>3. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</p> <ul style="list-style-type: none">• 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? <p>No</p>
<p>4. Have relevant bodies and stakeholders been consulted?</p> <ul style="list-style-type: none">• Have relevant bodies been consulted?• Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft? <p>Not applicable at this stage</p>
<p>5. Do the indicators promote equality?</p> <p>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?</p> <p>QOF incentivisation of osteoporosis has the potential to have a positive impact by reducing barriers that are known to exist in the care of the elderly.</p>

Signed:

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9 June 2011

Fergus Macbeth, Director - Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Approved and signed off:

Nick Baillie, Associate Director - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Tim Stokes, Consultant Clinical Advisor - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

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

Indicator title: Osteoporosis (NM29-31)

Development stage: Pilot

<p>1. Have relevant equality issues been identified during this stage of development?</p> <ul style="list-style-type: none"> Please state briefly any relevant issues identified and the plans to tackle them during development <p>None identified</p>
<p>2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?</p> <ul style="list-style-type: none"> Are the reasons legitimate? (they do not discriminate against a particular group) Is the exclusion proportionate or is there another approach? <p>None</p>
<p>3. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</p> <ul style="list-style-type: none"> 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? <p>No</p>
<p>4. Have relevant bodies and stakeholders been consulted?</p> <ul style="list-style-type: none"> Have relevant bodies been consulted? Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft? <p>Not relevant at this stage</p>
<p>5. Do the indicators promote equality?</p> <p>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?</p> <p>Yes- this indicator set includes both men and women and all ages above 50.</p>

Signed:

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9 June 2011

Helen Lester, Lead – NICE External Contractor

Date: 9 June 2011

Fergus Macbeth, Director - Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Approved and signed off:

Nick Baillie, Associate Director - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Tim Stokes, Consultant Clinical Advisor - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

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

Indicator title: Osteoporosis (NM29-31)

Development stage: Consultation

<p>1. Have relevant equality issues been identified during this stage of development?</p> <ul style="list-style-type: none"> Please state briefly any relevant issues identified and the plans to tackle them during development <p>Consultation comments questioned the inclusion of men in the indicator set, when the evidence base in the NICE Technology Appraisal 161 on Osteoporosis specifically relates to women. Other stakeholders offered support for the inclusion of men and women to avoid issues of gender discrimination and the health inequality that the exclusion of men could create.</p> <p>Consultation comments noted that the indicators do not offer calcium and vitamin D supplementation to people aged over 75.</p>
<p>2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?</p> <ul style="list-style-type: none"> Are the reasons legitimate? (they do not discriminate against a particular group) Is the exclusion proportionate or is there another approach? <p>None</p>
<p>3. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</p> <ul style="list-style-type: none"> 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? <p>None have been identified from consultation</p>
<p>4. Have relevant bodies and stakeholders been consulted?</p> <ul style="list-style-type: none"> Have relevant bodies been consulted? Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft? <p>Yes – stakeholders from all 4 countries were encouraged to comment on the 13 potential new indicators as part of the NICE consultation and a wide group of relevant groups and organisations were contacted.</p>
<p>5. Do the indicators promote equality?</p> <p>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?</p> <p>No evidence has been identified from the consultation to suggest that the indicators, in themselves, promote equalities. The indicators apply to men and women.</p>

Signed:

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9 June 2011

Fergus Macbeth, Director - Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Approved and signed off:

Nick Baillie, Associate Director - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Tim Stokes, Consultant Clinical Advisor - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011