

# 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](#).

<b>EQUALITY CHARACTERISTICS</b>
<p><b>Sex/gender</b></p> <ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>
<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• Asian or Asian British</li> <li>• Black or black British</li> <li>• People of mixed race</li> <li>• Irish</li> <li>• White British</li> <li>• Chinese</li> <li>• Other minority ethnic groups not listed</li> <li>• Travellers</li> </ul>
<p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Sensory</li> <li>• Learning disability</li> <li>• Mental health</li> <li>• Cognitive</li> <li>• Mobility</li> <li>• Other impairment</li> </ul>
<p><b>Age<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Children and young people</li> <li>• Young adults</li> </ul> <p><sup>1</sup> Definitions of age groups may vary according to policy or other context.</p>
<p><b>Sexual orientation &amp; gender identity</b></p> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> <li>• Transgender people</li> </ul>
<p><b>Religion and belief</b></p>
<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 (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><b>Other categories<sup>2</sup></b></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> <p><sup>2</sup> This list is illustrative rather than comprehensive.</p>

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

**Indicator title: Diabetes Register (NM41)**

**Development stage: Review 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

It is noted that currently people with a diagnosis of diabetes, other than that recorded using Read codes for type 1 and type 2 diabetes are excluded from the current diabetes register.

## **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?

Not applicable

## **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

## **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?

There is no evidence to suggest that amending the diabetes register to include other types of diabetes will reduce health inequalities.

**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:**

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