

NATIONAL INSTITUTE FOR HEALTH AND CARE 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)
- 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.

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: <ul style="list-style-type: none">• Refugees and asylum seekers• Migrant workers• Looked after children• Homeless people.

QOF equality analysis form

Development stage: Indicator development

Topic title: Staged Blood pressure: Stroke and Transient Ischaemic Attack, Peripheral Arterial Disease and Coronary Heart Disease (NM68)

<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 NICE clinical guideline CG127 recommends that for people over the age of 80, and starting treatment, blood pressure should be targeted to 150/90 mmHg or less, for people under the age of 80 blood pressure should be targeted to 140/90 mmHg or less. The prevalence of hypertension increases with age and is higher in ethnic minority groups in the UK.</p>
<p>2. Have relevant bodies and stakeholders with an interest in equality been consulted</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?
<p>Not applicable at this stage of development</p>
<p>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</p> <ul style="list-style-type: none">• Are the reasons for justifying any exclusion legitimate?
<p>The indicators are staged according to age, reflecting the differential evidence base for these groups.</p>
<p>4. 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>The proposed indicators cover people with stroke, peripheral arterial disease, and coronary heart disease. Other indicators in the QOF address blood pressure relevant to those conditions. This reflects the condition specific nature of most QOF indicators.</p>
<p>5. Do the indicators advance equality?</p> <ul style="list-style-type: none">• 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?
<p>The aim of any QOF indicator is to incentivise appropriate care for people who have the relevant conditions, and to ensure equal access to that care.</p>

QOF equality analysis form

Development stage: Piloting of indicators

Topic title: Coronary heart disease – BP control (NM68)

<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
None identified at this stage.
<p>2. Have relevant bodies and stakeholders with an interest in equality been consulted</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?
Not relevant at this stage.
<p>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</p> <ul style="list-style-type: none">• Are the reasons for justifying any exclusion legitimate?
<p>The BP target of 150/90 in over 80 year olds indicator excludes patients aged less than 80 years old. A target blood pressure for this younger age group is the subject of a different indicator.</p> <p>The BP target of 140/90 in under 80 year olds indicator excludes patients aged more than 80 years old. A target blood pressure for this age group is the subject of a different indicator.</p>
<p>4. 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?
None identified at this stage.
<p>5. Do the indicators advance equality?</p> <ul style="list-style-type: none">• 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.

QOF equality analysis form

Development stage: Consultation on indicators

Topic title: Chronic heart disease – staged blood pressure targets (NM68)

<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>Although the two indicators are based on different blood pressure targets for people over and under 80 years of age, this is based on NICE guidelines. In consultation some stakeholders considered that specifying different blood pressure targets according to age group was appropriate because there can be considerable difficulties, and risks, in treating people aged 80 years and over to a lower blood pressure target. On the other hand, it may be appropriate for some people over 80 to be treated to a lower blood pressure target.</p> <p>The issues highlighted will be considered by the QOF Advisory Committee when it considers its recommendations around this indicator.</p>
<p>2. Have relevant bodies and stakeholders with an interest in equality been consulted</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?
<p>Yes – stakeholders from all 4 UK 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.</p>
<p>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</p> <ul style="list-style-type: none">• Are the reasons for justifying any exclusion legitimate?
<p>The proposed indicators cover only people with CHD. People with other conditions are not included.</p> <p>This reflects the condition-specific nature of most QOF indicators.</p>
<p>4. 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 – comments from the consultation exercise do not suggest that the indicators will make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention.</p>
<p>5. Do the indicators advance equality?</p> <ul style="list-style-type: none">• 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?

These indicators would introduce staged blood pressure management into QOF for people with CHD, aligning care with NICE guidance on hypertension (CG127) and increasing consistency across QOF indicators relating to blood pressure management.

In consultation, some stakeholders commented that older people may be most likely to benefit from intensive blood pressure reduction, as this is a group where absolute risk is highest.

However there were no consultation comments to suggest that the indicators would necessarily advance equalities in terms of people with protected characteristics or other relevant characteristics.