

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE QUALITY STANDARDS

**Quality standard topic:** Gastro-oesophageal reflux in children and young people.

**Output:** Equality analysis form – Meeting 1

### Introduction

As outlined in the [Quality Standards process guide](#) (available from [www.nice.org.uk](http://www.nice.org.uk)), 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 quality standard 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 and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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).
<b>Marital status (including civil partnership)</b>

### **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.

## Quality standards equality analysis

### Stage: Meeting 1

#### Topic: Gastro-oesophageal reflux disease in children and young people.

**1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

The quality standard aims to ensure that service provision and high quality care is provided to all groups of people. The quality standard and its component statements recognise higher prevalence, communication difficulties and additional needs of infants, children and young people with learning difficulties and neuro disabilities in relation to investigating and treating GORD.

**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?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to gastro-oesophageal reflux disease have been recruited. The topic overview and request for areas of quality improvement were published and wide stakeholder comment invited, including from those with a specific interest in equalities.

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

This quality standard covers recognition, diagnosis and management of gastro-oesophageal reflux disease in children and young people under the age of 18. Gastro-oesophageal reflux disease in adults age 18 and over is covered in a separate quality standard [Dyspepsia and gastro-oesophageal reflux disease in adults](#).

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?

- |  |
|--|
| <ul style="list-style-type: none"><li>• Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?</li></ul> |
| The statements do not prevent any specific groups from accessing services  |

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality 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?

By setting out groups who are more likely to need additional support and consideration the quality standard should advance equality.

Draft statement 1 recognises that healthcare practitioners may need to provide support for those who have difficulty with English or who have learning difficulties to understand the information given to them.

Draft statement 2 recognises that carrying out breastfeeding assessment needs to be carried out in culturally appropriate manner and any messages communicated in a sensitive way.