NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Obesity: clinical assessment and management

Output: Equality analysis form – Meeting 1

Introduction

As outlined in the Quality Standards process guide (available from 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

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:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 1

Topic: Obesity: clinical assessment and management

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.

Several equalities related issues contribute to obesity; including gender, age, ethnicity and socio-economic status.

There are particular differences in the prevalence of obesity by ethnicity. For example, as reported in the National Obesity Observatory publication in 2011, compared to the general population the prevalence of obesity is lower among men from Bangladeshi and Chinese communities in particular. Among women, obesity prevalence is higher for those from Black African, Black Caribbean and Pakistani communities.

The prevalence of obesity is also linked to socioeconomic status. For example, a strong positive relationship exists between deprivation (as measured by the 2010 IMD score) and obesity prevalence for children. Among Reception children attending schools in areas in the least deprived decile the obesity prevalence was 6.4% compared with 12.1% among those attending schools in the most deprived decile. Similarly, obesity prevalence among Year 6 children attending schools in the least deprived decile was 13.0% compared with 24.2% among those attending schools in the most deprived decile. (National Child Measurement Programme, Health and Social Care Information Centre 2013).

In addition, people with learning difficulties are also at more risk of being obese.

These population groups have been taken into consideration during the production of this quality standard.

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 this topic were recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

This is the second stage of the process which will look to elicit comments from stakeholders on the draft quality standard at consultation.

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?

There are no exclusions.

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?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Statements 2, 3 and 5 highlight that some population groups, such as people of Asian family origin and older people, have health risks at different BMI values to the general public, and that clinical judgement should be used when considering risk factors in these groups.

Statement 5 highlights that bariatric surgical intervention is not generally recommended in children and young people; bariatric surgery may be considered for young people only in exceptional circumstances, and if they have achieved or nearly achieved physiological maturity

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?

Several statements (statements 2, 3 and 5) note that for some population groups (for example, people of Asian family origin and older people) health risks occur at different BMI thresholds than the general population. These statements highlight that clinical judgement should be used when considering risk factors in these groups, even in people not classified as overweight or obese.