

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Oral health promotion in the community

Output: Equality analysis form – Meeting 1

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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

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|---|
| 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: Oral health promotion in the community

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 following equality issues relating to the protected characteristics were identified during development of the scope for source guideline [NG30](#):

Sex/Age: Men and older people are less likely to try to make a dental appointment

Race: Belonging to a family of Asian origin and living with a Muslim family in which the mother speaks little English are factors associated with severe tooth decay.

Pregnancy and maternity: Pregnant and breastfeeding women are at increased risk of gum disease.

Additional factors associated with severe tooth decay include education level, fluency in English, living in a deprived area; being from a lower socioeconomic group or living with a family in receipt of income support.

One of the source guidelines (PH55) has a particular focus on those whose social circumstances or lifestyle place them at greater risk of poor oral health or make it difficult for them to access dental services.

Potential equality issues will be considered with the Quality Standards Advisory Committee as the quality standard is developed.

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 oral health in the community are being recruited.

The draft quality standard will be published and wider 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?

Oral health promotion in care homes and hospitals will be excluded as these groups will

be covered by an upcoming quality standard.

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 4 and 5 focus on the provision of information to help people to access dental services. Some groups may find it more difficult to access written information, such as those with sensory or learning impairments. Therefore the statements include the requirement that information should be provided in an accessible format.

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?

Statement 1 focuses on identifying groups at risk of poor oral health through needs assessments. Statements 2 and 3 focus on improving oral health particularly for these higher risk groups, with an aim to reduce inequalities in oral health. Therefore this quality standard should advance equality.