

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Tuberculosis (TB)

Output: Equality analysis form – meeting 2

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

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 2

Topic: Tuberculosis (TB)

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 standards advisory committee (QSAC) discussed the issue that TB incidence is higher among certain demographic groups including people from countries with a high incidence of TB and people with social risk factors for TB, including a history of substance misuse, homelessness and a history of imprisonment. Members of these groups often experience social and cultural barriers to accessing health services (for example, fear of stigma and staff attitudes) and can have a high risk of non-adherence to treatment.

Statements 1, 2, 4, 5 and 6 have equality and diversity considerations detailed in order to ensure that reasonable adjustments are made when care is delivered to the highlighted equality groups.

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 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 TB were recruited.

The first stage of the process gained comments from stakeholders, including those with a specific interest in equalities, on the key quality improvement areas which were considered by the QSAC.

The second stage of the process looked to elicit comments from stakeholders, including those with a specific interest in equalities, 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?

No population groups, treatments or settings have been excluded. This quality standard will cover preventing, identifying and managing latent and active TB in children, young people and 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?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Statement 1 – the population for this statement is people aged 16 to 35 years who have arrived in the country within the past 5 years from countries with a high incidence of TB. The rationale for limiting the statement to this population is that nearly three quarters of all TB cases in England occur in those born abroad, mainly in high TB burden countries. An age range has been specified because the highest burden of TB disease and the largest proportion of new entrants from high incidence countries are aged between 16 and 35 years¹. Therefore, targeted TB testing amongst this group is more beneficial and cost effective than testing the general population.

Statement 2 – adults with HIV, aged younger than 65 years, are the population for this statement. The rationale for limiting the population is that people with HIV have high risk of progression to active TB as they are severely immunocompromised and treatment for latent TB is not recommended for people aged over 65 years.

Statement 5 – the population for this statement is under-served groups as they were highlighted by the committee as the group that would gain most benefit from having directly observed therapy. This is because they are most at risk of non-adherence to treatment.

Statement 6 – the population for this statement is limited to people who are homeless. Rates of TB are high amongst this group and they have a high risk of non-adherence to treatment and onward transmission. Providing accommodation for this group will help ensure they complete treatment and reduce the spread of infection.

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?

¹ Public Health England and NHS England (2015) [Latent TB Testing and Treatment for Migrants: A practical guide for commissioners and practitioners](#)

The quality standard is expected to advance equality in the following ways:

- Improving access to testing and treatment for people from countries with high incidence of TB.
- Improving access to testing and treatment for adults with HIV.
- Improving access to treatment and support for underserved groups such as people who are homeless; people who misuse substances; prisoners and vulnerable migrants.