

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE quality standards

### Equality impact assessment

#### Osteoporosis

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

#### 1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process? How have they been addressed?
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No equality issues have been identified at this stage.
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We are aware that age and sex affect the risk of fragility fracture and that the prevalence of osteoporosis increases with age. Potential equality issues will be considered with the Quality Standards Advisory Committee as the quality standard is developed.
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1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
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This quality standard will cover management of osteoporosis in adults (aged 18 and over). It excludes children and young people under the age of 18 years. This exclusion is in line with NICE guideline CG146 and is due to fragility fractures being rare in children and associated with underlying disorders.
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Completed by lead technical analyst: Stacy Wilkinson

Date: 26.07.16

Approved by NICE quality assurance lead: Nick Bailie

Date: 26.07.16

## 2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

No specific equality issues or health inequalities were identified.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The draft statements do not prevent any specific groups from accessing services.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

None identified.

2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

None identified.

Completed by lead technical analyst: Stacy Wilkinson

Date: 22.11.16

Approved by NICE quality assurance lead: Nick Bailie

Date: 22.11.16

## **Post-consultation stage**

### **3. Final quality standard**

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders highlighted that males with low t-scores have a high risk of fracture but are often overlooked. The committee also raised the under-treatment of men with hip fractures. Statement 2 aims to improve access to treatment by detailing who can be offered treatment, including men assessed as at risk of fragility fracture.

3.2 If the quality statements have changed after the consultation stage, are there any that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The QSAC recognises that statement 1 has been updated to include reference to specific at-risk groups (people who have had a fragility fracture, who have a history of falls or who use glucocorticoids). This is to make the statement achievable, as previously there was a large at-risk population. The previous population included all women age 65 years and over and all men age 75 years and over. The QSAC felt that a history of falls and previous fragility fracture would still capture older people at risk of fragility fracture.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No potential impact has been identified.

3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

As stated above, including people with a history of falls and previous fragility fracture in statement 1 should still capture older people at risk of fragility fracture.

Completed by lead technical analyst: Stacy Wilkinson

Date: 28.03.17

Approved by NICE quality assurance lead: Mark Minchin

Date: 28.03.17

**4. After Guidance Executive amendments – if applicable**

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
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Not applicable
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Completed by lead technical analyst: Stacy Wilkinson

Date: 11.04.17

Approved by NICE quality assurance lead: Nick Bailie

Date: 11.04.17