

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CENTRE FOR CLINICAL PRACTICE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Hypertension

Output: Equality analysis form – Topic Expert Group one

Introduction

As outlined in the [Quality Standards Programme interim 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 Expert Group meeting one - Scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

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).
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: <ul style="list-style-type: none">• Refugees and asylum seekers• Migrant workers• Looked after children• Homeless people.

Quality standards equality analysis

Stage: Topic Expert Group one

Topic: Hypertension

<p>1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?</p> <ul style="list-style-type: none">• Please state briefly any relevant equality issues identified and the plans to tackle them during development.
<p>No equality issues have been identified at this stage</p>
<p>2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?
<p>Yes – recruitment to the Topic Expert Group (TEG) includes seeking representation from a variety of clinical areas and other fields. The TEG for hypertension includes representation from clinicians, general practitioners, clinical pharmacologist, nurse specialist, primary care nurse, lay member and commissioning.</p>
<p>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?</p> <ul style="list-style-type: none">• Are the reasons for justifying any exclusion legitimate?
<p>To ensure consistency with the key development source underpinning this quality standard, the quality standard will not cover the following groups excluded in NICE CG127: Children and people younger than 18 years. Pregnant women. People with secondary hypertension. People with accelerated hypertension (severe acute hypertension associated grade III retinopathy and encephalopathy). People with acute hypertension or high blood pressure in emergency care settings.)</p> <p>The TEG consider that hypertension in pregnancy will be addressed separately because a quality standard is being developed on this area.</p>
<p>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?</p> <ul style="list-style-type: none">• 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?

The statements do not prevent any specific groups from accessing services (including tests and other interventions which are part of services). However, there may be issues for some groups accessing certain types of blood pressure monitoring, for example the TEG noted that ambulatory blood pressure monitoring would not be suitable for all groups and this will be accounted for in development of a statement on this area.

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?

A positive impact is expected. It is believed that statements developed around the draft areas of care will promote equality in all populations in addition to those specific groups outlined in CG127 (black people of African and Caribbean descent and other minority ethnic groups where these differ from the needs of the general population. People aged 80 years and over).