

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## QUALITY STANDARDS PROGRAMME

**Quality standard topic:** Hypertension

**Output:** Equality analysis form – Topic Expert Group three (creation of final quality standard)

### Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from [www.nice.org.uk](http://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**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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).
<b>Other categories</b> 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"><li>• Refugees and asylum seekers</li><li>• Migrant workers</li><li>• Looked after children</li><li>• Homeless people.</li></ul>

## Quality standards equality analysis

### Stage: Topic Expert Group (TEG) three

#### Topic: Hypertension

**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.

No additional issues were identified at the TEG 3 meeting.

The TEG recognise that patient choice is central to the quality standard. It should be used in the context of other relevant quality standards, including the patient experience quality standard.

Draft statement 1 covers ambulatory blood pressure monitoring (ABPM). The TEG recognised that ABPM would not be suitable for everyone, e.g. people with certain physical and learning disabilities. This has been addressed in the equalities considerations section of the quality statement, along with the issue of choice and tolerance of ABPM. HBPM should be offered as an alternative where people are unable to have or tolerate ABPM, or choose not to have it.

Draft statement 3 covers statin prescribing for people with newly diagnosed hypertension and a 10-year cardiovascular disease risk of 20% or higher. The equality and diversity considerations highlight that a clinical assessment should be carried out for people for whom an appropriate risk calculator is not available or appropriate (for example, some groups of older people and some younger people) to determine their level of risk. The TEG also recognised that younger people are unlikely to have a 10-year cardiovascular disease risk of 20% or higher because risk is strongly influenced by age but may still benefit from a statin. This group would still receive statin therapy if they have a specific indication for statin therapy, i.e. an unequivocally elevated LDL-cholesterol level, e.g. due to familial hypercholesterolemia, or if they have clinical evidence of cardiovascular disease. Statement 5 considers a review of cardiovascular disease risk factors annually.

Draft statement 4 covers blood pressure management; this includes a target blood pressure of below 150/90 for people aged 80 years and over. The TEG recognised that a person aged 80 years or over would not be targeted to a clinic blood pressure of 150/90 if they were already achieving a blood pressure below this threshold i.e. they would not be back titrated. This has been addressed in the equalities section of the statement.

**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?

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 general practitioners, a clinician, a clinical pharmacologist, a nurse specialist, a primary care nurse and lay membership

The draft quality standard was published for consultation from 5 October 2012 until 2 November 2012. Consultation included a wide range of registered stakeholders.

**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?

To ensure consistency with the key development source underpinning this quality standard, the quality standard does not cover management of hypertension in 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.

The TEG considered that hypertension in pregnancy will be addressed separately because a quality standard is being developed on this area as one of a suite of maternity topics.

**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?

The statements do not prevent any specific groups from accessing services (including tests and other interventions which are part of services).

**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 the quality statements will promote equality in all populations.