

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS AND INDICATORS PROGRAMME

**Quality standard topic:** Smoking cessation: supporting people to stop smoking

**Output:** Equality analysis form – Post-consultation meeting

#### Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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 – Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – Prioritisation meeting
- Quality Standards Advisory Committee – Post-consultation meeting

**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><br>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>Marital status (including civil partnership)</b>   |

**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: Post-consultation

### Topic: Smoking cessation

#### 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.

Equality issues have been noted, for lesbian, gay, bisexual and transgender (LGBT) groups, and for children and young people and for pregnant women.

For LGBT groups it was noted that smoking prevalence is higher than the general population, however LGBT groups may experience discrimination when trying to access services, leading to health inequalities. This will be recognised within the statement-specific equality and diversity consideration in the quality standard.

For children and young people, it was noted that they are part of the scope however it may not always be appropriate to offer equal services e.g. offering pharmacotherapy to children. The group decided that it may be of value to recognise this within the quality standard, either within the definitions or within the equality and diversity considerations within the relevant statements, however it was noted that the QS is clear that all statements should take account safety, effectiveness and professional judgement.

For pregnant women it is noted that this group often find it difficult to say they smoke as they feel under intense pressure not to smoke during pregnancy.

#### 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?

To gain multiple perspectives from all stages of smoking cessation, representation within the QSAC was sought from a variety of audiences including academic, lay, smoking cessation service management, pharmacy and midwifery.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the developers and the QSAC and will be responded to on a line by line basis (see NICE website).

#### 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 populations have been excluded.

**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). The statements are intended to emphasise the need for access to services for all people who need them.

**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.

We believe these quality statements promote equality. The quality standard will be inclusive and ensure statements are relevant for all groups within the scope of the quality standard.