

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS PROGRAMME

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

**Output:** Equality analysis form – QSAC1

#### 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 - meeting 1
- Quality Standards Advisory Committee - meeting 2

**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 overview

### Topic: Smoking cessation – supporting people to stop smoking

**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 standard is intended to apply to all population groups equally, but it is acknowledged that some population groups may have a greater need for access to stop smoking services. NICE guidelines include recommendations about smoking cessation for pregnant women, and we have a draft quality statement to cover a quality improvement area for this group. Special consideration is given to women who are pregnant because of the impact of smoking on the health of both mother and baby (before and following birth).

Nicotine replacement therapy (NRT), varenicline or bupropion is recommended for the general population, however not all pharmacotherapy has been proven safe for pregnant or breastfeeding women. Therefore this has been highlighted within the equality and diversity consideration section for any statements which refer to pharmacotherapy.

Other population groups with a potential high need for access to stop smoking services were discussed by the QSAC, for example LGBT groups. It was argued that these groups could be stigmatised and be reluctant to seek support for stopping smoking. However the QSAC did not believe that there was sufficient evidence for a statement for this population to be the basis for a quality statement.

Draft statement 1 concerns brief advice. It was felt important to highlight that any advice should be accessible to all protected characteristic 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?

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.

**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?

The referral for the quality standard was for a public health quality standard that applied to the NHS. Hence it covers smoking cessation services provided or commissioned by the NHS. This exclusion is legitimate and justified.

No population groups are excluded from the quality standard. The quality standard statements are intended to apply equally to all population groups to improve the quality of care (except for one potential statement specifically about pregnant women).

**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 emphasize 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.