

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Atopic eczema in children

Output: Equality analysis form – Topic Expert Group three

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).
Marital status (including civil partnership)

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: Topic Expert Group three

Topic: Atopic eczema in children

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 following were identified by the TEG as potentially relevant for this quality standard.

- Ethnic groups – Health professionals may have difficulties assessing severe eczema on some skin tones. This may lead to later referrals for some ethnic groups. The final quality standard will highlight this issue, and note the importance of ensuring that children with eczema do not receive later-than-necessary referral because of avoidable delays in identification of severe eczema.
- Communication – Issues may arise if the patient and/or their parent/ carer have difficulty speaking or understanding English. Health advocates for non-English speakers are not available in all locations. The quality standard will be clear that people should not receive unequal access to care and support because of languages issues.
- Referral access – Children from higher socioeconomic groups may have more access to referral because their parents are more able to articulate demand for specialist care. The quality standard will state that parental assessment should be considered a good indicator of need for referral for all children, and this must apply equally to parents from all socioeconomic groups.
- Transport access – Significant patient travel problems may arise when accessing a specialist paediatric trained and qualified dermatologist, on referral. The quality standard will specify person-centred care requirements based on need.

The quality standard will be inclusive and ensure statements are relevant for all 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 atopic eczema in children, representation within the Topic Expert Group was sought from a variety of audiences including secondary care services, primary care and community care.

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 TEG 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?

The quality standard will not cover people over the age of 12 years. This is due to the evidence base of children from birth up to the age of 12 years in CG57.

Statement 6 is specific to infants and young children in line with [NICE clinical guideline 57 Atopic eczema in children](#) recommendation 1.4.1.7; this refers to children aged up to 5 years.

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 group from accessing services. The quality standard will be inclusive and ensure statements are relevant for all groups within the scope of the quality standard.

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?

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.

In quality statement 2, children with atopic eczema (and their parents or carers) who have learning disabilities, or difficulties in communication or reading, should be offered a verbal and written care plan, including advice on how to use treatments, in a way that they can understand.

In quality statement 4, recommending skin treatments, healthcare professionals should be sensitive to the culture of families of children with atopic eczema.