

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Physical activity: encouraging activity in all people in contact with the NHS

**Output:** Equality analysis form – Meeting 2

### **Introduction**

As outlined in the [Quality Standards 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 –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>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: meeting 2

#### Topic: Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers)

**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 standards advisory committee were happy that the equality issues previously identified were still relevant. They also highlighted mental health as an issue in terms of accessing services and opportunities to be physically active. The equality issues identified during the development of the quality standard have been highlighted in the equality and diversity considerations for each statement where they are relevant.

**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?

The Quality Standards Advisory Committee (QSAC) was recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to physical activity have been recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

**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?

This quality standard will cover encouraging physical activity in all people who are in contact with the NHS including staff, patients and carers. The quality standard will cover both children and adults.

**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?

Statement 1 covers adults only. This is in line with the source guidance the statement is based on ([Physical activity: brief advice for adults in primary care](#) NICE public health guidance 44). The statement is also limited to adults between the ages of 40 and 74 years. This is in line with the age range covered by the NHS Health Checks and was highlighted by the committee as an appropriate group to focus the statement on.

Statements 2 and 3 are for parents and carers of children with an overall aim of encouraging physical activity in children. Promoting good exercise habits from a young age was suggested by stakeholders during the engagement exercise. During the second meeting the QSAC agreed that separate statements were needed for specific age groups for this population in order to ensure that the statement was measurable. It follows that statement 2 focuses on children who are aged between 2 and 2.5 years. Statement 3 focuses on children aged 4–5 years and 10–11 years as this is in line with the National Child Measurement Programme. It was agreed that providing specific information and advice for parents and carers is an effective way to reach this population.

The equality and diversity considerations sections for statements 1, 2 and 3 highlight the importance of giving advice and information in an accessible format.

Statements 4 and 5 focus on NHS organisations and employees only. These statements were developed as the areas, and their relevant populations, were suggested by stakeholders during the engagement exercise and were prioritised by the QSAC. It is possible that if there is a change in the modes of travel used by NHS employees, from using inactive modes such as driving to active modes such as walking and cycling, that this will have an indirect benefit on the surrounding area. For example, if traffic volume is reduced because fewer employees drive to work the area surrounding the site may be more amenable and attractive to walk and cycle in for local residents.

**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 this quality standard will advance equality by improving accessibility for the groups highlighted in the introduction of the quality standard and the equality and diversity considerations sections that support the quality statements.