

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Falls in older people (update)

Output: Equality analysis form – Meeting 2

Introduction

This equality analysis form only covers the development of the 3 quality statements published for the first time in 2017 (statements 1, 2 and 3). The falls in older people quality standard was first published in 2015 and contained 6 statements. These 6 statements (statements 4 to 9) have been retained and are covered by a separate equality analysis form.

As outlined in the [Quality Standards 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 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

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: Meeting 2

Topic: Falls in older people (update)

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.

At topic overview stage, no specific equality issues were identified. It was recognised, though, that older people have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. Older people also have a high susceptibility to injury as a result of falling. Specific conditions or pathologies can also affect the risk of falling.

During the update of the quality standard, the following potential equality issues were identified:

- People not registered with GP practices, members of traveller communities, or people who are homeless may not be in regular contact with healthcare professionals and may miss out on routine checks / screening for falls risk.
- Older people at risk of falling may have communication needs associated with physical, sensory or learning disabilities, or being unable to speak or read English.

Statement 1 requires health and social care practitioners in contact with older people to ask them about falls during routine reviews and assessments. The statement would not result in new contacts with older people. However, it seeks to ensure that practitioners recognise that some groups of people will not be in regular contact and take the opportunity to ask about falls history when they do present, and thereby make every contact count.

Statements 1, 2 and 3 involve communication between a practitioner and the person they see. The statements require health and social care practitioners to identify and meet any communication needs through the provision of accessible information and communication support.

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?

This is the final stage of the process to refine the quality standard and statements following comments from stakeholders and discussion at the second quality standards advisory committee (QSAC) meeting.

The first stage of the process saw a topic overview on falls prevention and a request for suggested areas for quality improvement published. Stakeholder comments were invited, including from those with a specific interest in equalities.

Standing members for QSACs were 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 the prevention of falls in older people were recruited and attended the first quality standards advisory committee to discuss this topic.

A draft quality standard on falls: prevention was subsequently published and stakeholder comment invited, including from those with a specific interest in equalities. A wide range of stakeholder comments were received and provided to committee members. The comments, and the need to amend the standard in light of the responses, were considered at QSAC meeting 2.

Following QSAC meeting 2, the statements developed in relation to falls: prevention were combined with 6 statements from the falls in older people quality standard published in 2015.

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 update of the quality standard added statements on the prevention of falls in people aged 65 years and over. This age group is consistent with the clinical guideline used as the primary evidence source. The epidemiology data presented in the guideline scope suggests that using the age of 65 as a cut off is a proportionate means of directing resources for falls prevention, because this is the group most at risk.

The update of the quality standard did not cover assessment and management after a fall. These areas are already covered by statements in the falls in older people quality standard published in 2015. All 6 statements published in 2015 have been retained in the updated quality standard. Adding the new statements on falls prevention resulted in one quality standard covering the prevention of falls, and assessment and management after a fall.

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 quality statements do not make it impossible or unreasonably difficult for a specific group to access a service or element of a service.

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?

The quality standard update is expected to advance equality of access. Statement 1 will help ensure that people at risk of falling are identified through routine reviews and assessments by practitioners. This will capture people who may not be aware of their falls risk, and who would otherwise not access falls prevention services.

The risk factors for falling, and the most effective interventions to address the risk factors, will vary between individuals. Statement actions are therefore tailored to the individual, and this promotes equality of opportunity. Statement 2 ensures that a person's individual risk factors are identified, and statement 3 provides interventions tailored to meet the specific falls risk of an individual taking account of any particular needs they may have.