

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Osteoarthritis

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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: Consultation

Topic: Osteoarthritis

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.

People with osteoarthritis in whom it has led to a substantial adverse effect on their ability to carry out normal day to day activities for at least 12 months, are likely to be considered disabled under the Equality Act 2010. This has been acknowledged in the quality standard which seeks to improve outcomes for people with osteoarthritis so that they are better able to manage their day to day lives.

Osteoarthritis is more common in women and people in older age groups - 20% of people aged between 50 and 59 have symptomatic osteoarthritis whereas 50% of people aged over 80 years have the condition. Obesity is another common risk factor. Specific issues relating to these groups have been considered during development of the quality standard as detailed below.

Statements 3, 5 and 7 identify the need to provide support to help people to lose weight if they are obese or overweight.

Statements 2, 3, 4, 5, and 6 highlight the need for healthcare professionals to take into account the cultural and communication needs of adults when carrying out assessments and reviews, and providing information and support for adults with osteoarthritis. This includes providing printed information for people who may not be able to access the internet and providing large print information to those with a visual impairment.

Stakeholders have also highlighted that the specific needs of people with learning disabilities should be addressed in the quality standard as this group is more likely to experience osteoarthritis now due to longer life expectancy. This has been addressed by ensuring that easy read information is available when required.

It was highlighted that when referring adults to weight loss services it is important to ensure that these services are accessible. This has been added to the quality standard.

The [NICE clinical guideline \(CG177\)](#) indicates that patient specific factors such as age, sex, smoking, obesity and other comorbidities should not be barriers to referral for joint surgery. The quality standard has been developed on the basis of recommendations in the guideline and promotes equitable access to joint surgery.

The provision of alternative formats of the 'Information for the public' (IFP) is not required for this topic.

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?

Standing members for Quality Standards Advisory Committees (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 osteoarthritis were recruited. The draft quality standard was published and wide stakeholder comment invited, including from those with a specific interest in equalities.

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?

This quality standard will cover osteoarthritis in adults over 18 years. Osteoarthritis is an age-related condition and is uncommon in those under 40 years and therefore statement 1 applies only to those aged 45 or more. Children and young people with arthritis are likely to have an alternative arthritic condition. The age range for the quality standard matches the age range for the [clinical guideline](#).

October 2022: This quality standard will cover osteoarthritis in people aged over 16. To match the age range in the updated [NICE guideline](#) on osteoarthritis and its management.

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?

Adults under 45 years may need further investigations to confirm a diagnosis of osteoarthritis and are excluded from statement 1.

Although treatment for osteoarthritis is based on self-management it is acknowledged that not all people will wish to self-manage or be able to achieve effective strategies and therefore the quality standard indicates that health professionals should identify those vulnerable people who may require additional support.

All adults with osteoarthritis should be advised to exercise irrespective of age, comorbidity, pain severity or disability. As such, the quality standard indicates that healthcare professionals will need to take a person-centered approach to ensure all people are able to access this treatment.

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 is expected to advance equality of access to referral for joint surgery by reinforcing that patient scoring tools should not be used to limit access as this is contrary to NICE guidance.