NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

Quality and Outcomes Framework Programme

QOF topic: CHD: Dual antiplatelet therapy

Potential Output: Recommendations for NICE menu

Introduction

As outlined in the Indicator process guide 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 indicator 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
- ensure that the indicator statements do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where indicator statements may advance equality of opportunity

This form is completed by the NICE Health and Social Care Quality Programme team and will be completed at each stage within the development process:

- Prioritisation of areas for new indicator development
- Piloting of indicators
- Public consultation on piloted indicators
- Review of existing indicators in the clinical domains

The initial prioritisation may identify equalities associated with a topic area whereas piloting and consultation will assess equalities against specific indicators. For further information on the development of specific indicators please refer to the committee outputs page and the NICE menu of indicators.

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.

QOF equality analysis form

Development stage: Indicator development

Indicator title: Myocardial infarction (MI): secondary prevention

1. Have relevant equality issues been identified during this stage of development? • Please state briefly any relevant issues identified and the plans to tackle them during development
Evidence shows that twice as many men have MIs compared to women. Mortality from CHD (of which MI is a preventable complication) varies with age, gender, socio-economic status, ethnicity and UK geographic location. Death rates in men aged less than 75 years are three times as high as those in women, and death rates in affluent areas in the UK are half of those in deprived areas. People of South Asian origin have almost a 50% higher death rate compared with the general population. There is no evidence that these recommendations can directly impact health inequalities
2. Have relevant bodies and stakeholders with an interest in equality been consulted • Have comments highlighting potential for discrimination or advancing equality been considered?
Not applicable at this stage.
3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified? • Are the reasons for justifying any exclusion legitimate?
The proposal is for the development of indicators focusing on those people with Myocardial infarction This reflects the condition-specific nature of most QOF indicators.
4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention? • Does access to the intervention depend on membership of a specific group? • Does a test discriminate unlawfully against a group? • Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?
No
5. Do the indicators advance equality? • Please state if the indicator as described will advance equalities 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 aim of any QOF indicator is to incentivise appropriate care for people who have the relevant conditions, and to ensure equal access to that care.