NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS EQUALITY IMPACT ASSESSMENT FORM- PRIORITISATION AND DEVELOPMENT STAGES (PILOT AND CONSULTATION) AND REVIEW OF EXISTING INDICATORS

As outlined in the QOF process manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunity. The purpose of this form is to document that equality issues have been considered in **each stage** of indicator development prior to reaching the final output.

The key stages in the process for developing clinical and health improvement indicators for the QOF include:

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

Taking into account **each** of the equality characteristics below the form needs to:

- Ensure that the output indicators do not discriminate against any of the equality groups
- Highlight planned action relevant to equality
- Highlight areas where indicators may promote equality

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.

EQUALITY CHARACTERISTICS
Sex/gender • Women • Men
Ethnicity • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed • Travellers
Disability • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
Age[1] • Older people • Children and young people • Young adults [1.] Definitions of age groups may vary according to policy or other context.
Sexual orientation & gender identity • Lesbians • Gay men • Bisexual people • Transgender people
Religion and belief
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Other categories[2] • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people [2.] This list is illustrative rather than comprehensive.

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Indicator title: Diabetes - Structured Education (IND88)
Development stage: Prioritisation

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

Diabetes is significantly more prevalent within certain minority ethnic groups.
It was noted that structured education programmes have been adapted, as recommended by NICE, for differing minority ethnic groups including people from the South Asian community. The programme DESMOND BME has been developed through work with black and minority ethnic groups with diabetes. Participants in the development work have come from communities in Peterborough (Muslim and Urdu-speaking) and Leicester (mainly, but not exclusively, Gujarati-speaking), and the West African and African–Caribbean communities of Southwark. The adapted version of DESMOND has been rolled out to a number of primary care organisations.

2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

None

3. 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?

None identified at this stage

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Not relevant at this stage

5. Do the indicators promote equality?

Please state if the indicator as described will promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

Type 2 diabetes is more common in people of low socioeconomic status, in ethnic minorities and in people aged 65 and above. However, there is no evidence that these recommendations can directly impact health inequalities.

Signed:

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9 June 2011

Fergus Macbeth, Director - Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Approved and signed off:

Nick Baillie, Associate Director - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Tim Stokes, Consultant Clinical Advisor - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Indicator title: Diabetes - Structured Education (IND88)
Development stage: Pilot

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

None identified

2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

None

3. 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

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Not relevant at this stage

5. Do the indicators promote equality?

Please state if the indicator as described will promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

NICE guidance suggests that structured education programmes are suitable for BME groups

Signed:

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9 June 2011

Helen Lester, Lead – NICE External Contractor

Date: 9 June 2011

Fergus Macbeth, Director - Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Approved and signed off:

Nick Baillie, Associate Director - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Tim Stokes, Consultant Clinical Advisor - Quality Systems

National Institute for Health and Clinical Excellence

Date: 9 June 2011

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Indicator title: Diabetes – Structured Education (IND88)
Development stage: Consultation

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

There have been no equality issues identified during this stage of development.

2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

None

3. 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

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Yes – stakeholders from all 4 countries were encouraged to comment on the 13 potential new indicators as part of the NICE consultation and a wide group of relevant groups and organisations were contacted.

5. Do the indicators promote equality?

Please state if the indicator as described will promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

No evidence has been identified, from the consultation, to suggest that the indicator, in itself, promotes equalities.

Signed:

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 9 June 2011

Fergus Macbeth, Director - Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 9 June 2011

Approved and signed off:

Nick Baillie, Associate Director - Quality Systems

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