NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Chronic obstructive pulmonary disease (COPD)

Output: Equality analysis form –Meeting 2

Introduction

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: QSAC meeting 2

Topic: COPD

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.

Statement 2: Inhaler technique – elderly people, those with learning disabilities, physical disabilities and those with cognitive impairment may experience difficulties learning and retaining the adequate inhaler technique to ensure treatment dose is optimised. An individual patient assessment should be carried out prior to choosing the most appropriate device for delivery of inhaled therapy. The source guidance NICE CG101 recommends that if patients are unable to use a device satisfactorily an alternative should be found.

Statement 4: Pulmonary rehabilitation for stable COPD, pulmonary rehabilitation is not suitable for people with unstable cardiac disease, locomotor or neurological difficulties precluding exercise such as severe arthritis or peripheral vascular disease, and people in a terminal phase of an illness or with significant cognitive or psychiatric impairment

Statement 5: Pulmonary rehabilitation for acute exacerbation, some people may not be well enough to attend pulmonary rehabilitation within 4 weeks of hospital discharge following an acute exacerbation. Clinical judgement should be used to assess a person's suitability for referral in these cases.

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).

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 COPD were recruited. The draft quality standard was published and a wide range stakeholder comments were received, including from those with a specific interest in equalities. Comments from stakeholders were discussed and taken on board and considered for amendments to the standard at QSAC 2.

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 quality standard covers the assessment, diagnosis and management of COPD in adults in line with the underpinning NICE guideline CG101, chronic obstructive pulmonary disease. In line with the guidance it does not include prevention, screening or case finding.

It has statements that apply to primary, community and secondary care settings. The statements apply to a wide variety of groups of people with suspected COPD, those with stable COPD and those suffering from an exacerbation of their COPD.

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?

None of the statements will make it impossible or unreasonably difficult for any specific groups to access the service that are covered by the quality standard statements and act to ensure access to services is provided for all.

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?

A positive impact is expected. The provision of training and annual assessment of inhaler technique should ensure elderly people and those with disability or impairment are trained and have this training reinforced to ensure they receive optimal inhaler doses.