NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Cardiovascular risk assessment and lipid modification

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: Meeting 2

Topic: Cardiovascular risk assessment

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.

The populations for which potential equality issues have been identified include:

- black and minority ethnic groups
- people with a family history of CVD
- low socio-economic groups
- people aged over 75 years
- women
- people with auto-immune disease
- people with mental illness.

All of these groups are associated with an increased risk of CVD. The following groups present non-modifiable risk factors for CVD:

- people aged over 75 years
- people with a family history of CVD
- black and minority ethnic groups.

At meeting 2, additional equality issues specific to the statements were identified and these have been included under the relevant final statement.

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) have been 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 cardiovascular risk assessment were recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

The second stage of the process included a 4-week consultation exercise to elicit comments on the draft quality standard from registered stakeholders.

This is the third stage of the process, where the QSAC considered the comments on the draft statements and finalised the quality standard.

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 cardiovascular risk assessment and lipid modification in adults aged 18 years and older as the risk of CVD increases with age.

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?

Statement 1 only includes adults aged 85 years and younger as this is the population in which the QRISK2 assessment tool is valid. Adults aged 85 years and older should be considered to be at high risk based on age alone, particularly those who smoke or have high blood pressure.

Statements 3, 4 and 5 include adults with a 10-year risk of CVD exceeding 10%, as determined by their QRISK2 score if under 85, or all adults over 85 as they are considered at increased risk.

The quality standard recognises that QRISK2 may underestimate risk in younger people or women who have additional risk factors. It highlights that when using a QRISK2 risk score to inform drug treatment decisions, particularly if it is near to the threshold for treatment, other factors should be taken into account that may predispose the person to premature CVD that may not be included in calculated risk scores.

Statements 4 and 5 recognise that lifestyle advice and discussions regarding statins should be sensitive to people's culture and faith and tailored to their needs. Staff are directed to relevant specialists when communicating with people whose first language is not English or who have a learning disability.

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?

We believe these statements promote equality.