NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Acute heart failure: diagnosis and management in adults

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: Acute heart failure: diagnosis and management in adults overview

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 following were identified by the QSAC as being relevant for this quality standard.

Communication- Issues may arise if the patient and/or their parent/ carer have difficulty speaking or understanding English. People being provided with information should have access to an interpreter or advocate if needed. The quality standard will be clear that people should not receive unequal access to care and support because of languages issues.

Disability- There are potential equality issues for people with cognitive impairment arising from an episode of acute heart failure in being able to give informed consent for treatment or understanding plans for their management and care.

Gender and age-The 2012-13 National Heart Failure Audit reported that men were more likely than women to be cared for on a cardiology ward (55% vs 44%). However this potential equality issue is partially explained by a strong age effect with men admitted to hospital with heart failure are (on average) younger than women (76 years vs 80 years). For those aged 16-74 65% of people are admitted to a cardiology ward, but in the 75 and above age group only 43% are. Also, the use of disease-modifying drugs such as ACE inhibitors, beta-blockers and aldosterone antagonists decrease steadily across the full age range as noted in the audit.

The quality standard will be inclusive of all people with confirmed or suspected acute heart failure.

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, representation was sought from a variety of specialist committee members including a professor of cardiology, consultant cardiologist, consultant in emergency medicine, lead heart failure specialist nurse and lay member.

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 will cover the care of adults (aged 18 years or older) who have a diagnosis of acute heart failure, have possible acute heart failure, or are being investigated for acute heart failure. The long-term management of chronic heart failure is not covered in the quality standard as it is covered by a separate clinical guideline and quality standard referral (QS9).

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?

The statements do not prevent any specific groups from accessing services.

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?

All statements state that care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

6. Is an alternative format of the Information for the Public needed e.g. large font, easy read?

Requirement was identified at this stage. A specific need for printed patient versions of this standard was also requested. This is because the majority of acute heart failure patients belong to an elderly population who may not have access to online versions of the quality standard.