

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Oral health in care homes and hospitals

Output: Equality analysis form – meeting 1

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (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: <ul style="list-style-type: none">• Refugees and asylum seekers• Migrant workers• Looked after children• Homeless people.

Quality standards equality analysis

Stage: Meeting 1

Topic: Oral health in care homes and hospitals

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.

People with dementia or other cognitive difficulties may experience poorer mouth care, either because of uncertainty or anxiety of care staff about how to provide their daily mouth care, or because the person finds it difficult to cope with other people cleaning their mouth for them. Statement 1 includes the consideration that it may help staff to understand the resident's usual oral hygiene routine if their family and carers are involved in the initial oral health assessment. Statement 3 highlights that care home managers should ensure their staff understand the needs of people with cognitive difficulties and how to respond if a resident does not want daily mouth care or to have their dentures removed.

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) 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 oral health in care homes and hospitals were recruited.

The topic overview and request for areas of quality improvement have been published and wider stakeholder comment invited, including from those with a specific interest in equalities.

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 focuses on adults in care homes and children, young people and adults in hospitals. Children and young people below the age of 18 in care homes are not included in this quality standard, in line with the source guideline (NG48).

There is a separate published quality standard that covers oral health in the community (QS139).

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?

Statements 1 and 3 include considerations that will help to ensure adults with cognitive difficulties are able to have their oral health needs assessed and their daily mouth care supported and are not discriminated against.

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?

The oral health of older people in care homes is generally worse than of people of a similar age who do not live in a care home.

Implementing this quality standard and improving oral health for people living in care homes will therefore advance equality.