

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Multimorbidity

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?

People with dementia, cognitive impairment and sensory impairment were all considered as equality groups that required consideration within this quality standard as they may need additional support to ensure they can participate fully in their care for multimorbidity which requires considerable input from the patient on their goals, values and priorities to ensure their care is appropriate. These are also conditions which may be overlooked when considering people with multimorbidity.

People from lower socioeconomic groups may develop multimorbidity at a younger age because they are more likely to develop those conditions accounted for in the definition of multimorbidity.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The quality standard will not cover children and young people as they have distinct problems that would be addressed through the care provided by children's healthcare teams. The conditions associated with multimorbidity are more common as people age for example hypertension.

The quality standard will not cover people with multiple mental health problems and no physical health condition as they do not meet the definition of multimorbidity agreed by the guideline development group. The definition agreed is 2 or more, long term conditions where at least 1 of these conditions is a physical health condition.

The quality standard will not cover social care needs. For older people with multiple long-term conditions these are addressed in QS133 older people with social care needs and multiple long-term conditions.

EIA

Completed by lead technical analyst Nicola Greenway

Date 13th September 2016

Approved by NICE quality assurance lead Mark Minchin

Date 13th September 2016

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2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The equality groups of people with dementia and sensory or cognitive impairment identified at the topic engagement stage were seen to be important and should be recognised as possible conditions that would contribute to someone having multimorbidity. The introduction to the quality standard therefore contains a list of example of conditions including people with learning disabilities and people with sensory impairment such as sight or hearing loss. Specific consideration was also included for these groups in draft statement 3 (statement 2 in the final version) on goals, values and priorities.

The QSAC raised concerns that young people are often not considered as a population who would have multimorbidity regardless of their socioeconomic status and are therefore not provided with an appropriate approach to care. The introduction to the quality standard has been amended to include an age range of adults aged 18 years and over to make clear that this includes younger adults.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Adults with for example learning disabilities or cognitive impairment may be less able to understand and express their goals, values and priorities that is a key aspect of an approach to care that takes account of multimorbidity.

2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

The QSAC highlighted this as a specific equality and diversity consideration in statement 3 which requires reasonable adjustments for these adults.

Completed by lead technical analyst Nicola Greenway

Date 18 January 2017

Approved by NICE quality assurance lead Mark Minchin

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Date 18 January 2017

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Post-consultation stage

3. Final quality standard

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders highlighted the importance of advocacy for some sub-groups of the population to actively participate in discussions referred to in draft statements 3 and 5. These groups included people with communication difficulties as a result of their language or condition, and people with low confidence, knowledge and skills in relation to managing their health and care. Stakeholders also identified a wide range of factors that might influence a person's goals, values and priorities captured in draft statement 3 (such as culture, religious beliefs etc.).

Note that draft statement 3 became final statement 2, and draft statement 5 became final statement 4, in the final version of the quality standard.

Statements 2 and 4 (final version) ensure that healthcare professionals consider these potential issues and make appropriate adjustments (such as involving family members, providing access to interpreters or advocates).

Statement 2 (final version) recognises that a person's values, priorities and goals can affect their experience, expectations and need for care and support. By discussing and exploring what is important to each individual, the statement aims to ensure that the planning and delivery of care reflects personal preferences.

3.2 If the quality statements have changed after the consultation stage, are there any that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

See 3.1 above.

Completed by lead technical analyst Paul Daly

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Date 17 May 2017

Approved by NICE quality assurance lead Nick Baillie

Date 24 May 2017

EIA

4. After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

Not applicable. Guidance Executive did not require any changes.

Completed by lead technical analyst Paul Daly

Date 14 June 2017

Approved by NICE quality assurance lead Nick Baillie

Date 14 June 2017