

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS AND INDICATORS PROGRAMME

Quality standard topic: Headache in young people and adults

Output: Equality analysis form – Draft quality standard

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)
- Draft quality standard
- Final quality standard

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).
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: Draft quality standard

Topic: Headache in young people and adults

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.

No equality issues have been identified during this stage of the development process.

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?

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the Quality Standards Advisory Committees (QSACs).

The QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSACs include representation from a number of people in order to gain a range of perspectives from those involved in diagnosing and managing young people and adults with headache. Representation was sought from a variety of specialist committee members including a GP, Consultant Paediatric Neurologist, Consultation Neurologist, Pharmacist 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 does not cover children younger than 12 years. It also excludes primary causes of headache except for tension-type headaches, cluster headaches and migraine and secondary causes of headache except medication overuse headaches in line with the exclusions within the primary source guidance ([NICE clinical guideline 150](#)).

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.

The quality standard will clearly state that good communication between healthcare professionals and people with headache is essential. Treatment and care, and the information given about it, should be 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. People with headache should have access to an interpreter or advocate if needed. This information is reiterated in statement 1 as primary headache disorders are usually diagnosed on the basis of subjective symptoms which need to be accurately described. Some individuals may need tailored support to ensure this information is reported correctly.

In statement 2 all advice given should be tailored to the individual and it may be appropriate in some cases, particularly with young people, to provide information to parents and carers as well as the person with the headache disorder.

Statement 3 states some people may be anxious about not being referred for imaging and may need reassurance. Reassurance should take into account the needs of the individual particularly any cultural needs, physical, sensory or learning disabilities, and to people who do not speak or read English. People should have access to an interpreter or advocate if needed.

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 quality statements promote equality.