NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Hepatitis B

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: Hepatitis B

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 UK is a very low-prevalence country for chronic carriage of hepatitis B virus, however prevalence does vary across the country. This is reflected in the prevalence rates found in antenatal women, which vary from 0.05 to 0.8% in some rural areas but rise to 1% or more in certain inner city areas. Access to services potentially may be an issue in rural areas.

Migrant populations are the main focus for identifying and testing for hepatitis B in the UK. It is estimated that 95% of people with newly diagnosed chronic hepatitis B are immigrants, who predominantly acquire the infection in early childhood in the country of their birth. Most of the remaining 5% of people with UK acquired chronic hepatitis B infection is mainly through sexual transmission between adults. Several groups were identified who have specific treatment requirements:

- Groups at increased risk of hepatitis B compared with the general UK population include people born or brought up in a country with an intermediate or high prevalence (2% or greater) of chronic hepatitis B. This includes all countries in Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands- Communication issues may arise if the patient and/or their parent/carer have difficulty or understanding English.
- Prison population – may be less likely to receive appropriate treatment than people in the community.
- Pregnant women – specific treatment needs requiring integrated working between services.
- Homeless injecting drug users – without a permanent address are not able to access primary care services.

The offer of hepatitis B testing and vaccination in a range of settings should take into account the age and culture of groups at increased risk, and their needs in relation to the format of the information and the language used. Services should be responsive to social and cultural barriers to testing, vaccination and treatment (for example, stigma). Good communication between healthcare professionals, public health practitioners and the people with and at increased risk of hepatitis B infection is essential.

These issues were considered by the QSAC during development of the quality standard. Where it is considered that a particular adjustment should be made this will be detailed in the equality and diversity considerations section of individual statements.

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?

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 virologist and hepatologist specialists, and academic and lay representation.

The topic overview and request for areas of quality improvement will be published and wide stakeholder comment invited, including from those with a specific interest in equalities. These suggested areas of quality improvement were then considered at the QSAC meeting attended by standing committee and specialist committee members.

The draft quality standard was published for a 4 week stakeholder consultation period between March 2014 and April 2014. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

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 has considered testing, vaccination, diagnosis and management of hepatitis B in primary, secondary and community care.

No exclusions have been identified at this stage of the process.

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?

In statement 1, the offer of hepatitis B testing and vaccination in a range of settings should take into account the age and culture of groups at increased risk, and their needs in relation to the format of the information and the language used. Services should be responsive to social and cultural barriers to testing, vaccination and treatment (for example, stigma). Good communication between healthcare professionals, public health practitioners and the people at increased risk of hepatitis B infection is essential.

In statement 3, pregnant women with complex social needs may be less likely to access or maintain contact with antenatal care services. Examples of women with complex social needs include, but are not limited to, women who:

- have a history of substance misuse (alcohol and/or drugs)
- have recently arrived as a migrant, asylum seeker or refugee
- have difficulty speaking or understanding English
- are aged under 20 years
- have experienced domestic abuse
- are living in poverty
- are homeless.

It is therefore appropriate that special consideration is given to these groups of women

In statement 4, the implications of hepatitis B neonatal vaccination should be understood by all women to enable them to make informed decisions. Information should be provided in an accessible format (particularly for women with physical, sensory or learning disabilities and women who do not speak or read English).

In statement 5, a personalised care plan should be tailored to the person with chronic hepatitis B infection. For some people with hepatitis B (for example, children, older people and people with learning disabilities), it may be appropriate for a family member or carer to be involved in the review of the personalised care plan.

In statement 6, the information on monitoring people (including children, young people and adults) with chronic hepatitis B infection who do not meet the criteria for antiviral treatment should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults receiving information should have access to an interpreter or advocate if needed. The information should be tailored to the age of the person.

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?

It is expected that this quality standard will promote equality of access for all relevant groups.