# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# HEALTH AND SOCIAL CARE DIRECTORATE

# QUALITY STANDARDS

**Quality standard topic:** Acute coronary syndromes (including myocardial infarction)

**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**<br>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 coronary syndromes (including myocardial infarction)

**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.

Risk factors for acute coronary syndromes include: increasing age, sex (one in five men and one in six women die from the disease), family history of premature coronary heart disease, ethnicity (in the UK, the highest recorded rates of coronary heart disease mortality are in people born in India, Pakistan and Bangladesh) and the modifiable risk factors relating to lifestyle and comorbidities.

The scope of the clinical guidelines identified the following subgroups as requiring specific considerations. Recommendations were made, as appropriate and based on the evidence, for specific groups:

- minority ethnic groups
- older people
- socio-economic groups
- women
- people with disabilities

Clinical guideline 95 specifically includes recommendations to not assess symptoms of acute chest pain differently because of gender or ethnicity.

The guidelines considered all people who received healthcare in primary, secondary or tertiary care, including those who received care from ambulance teams and other paramedical staff before admission to hospital. It was noted in clinical guideline 167 the in some rural areas, treatment with thrombolysis may be preferable to PPCI due to the time delay associated with accessing services. These points were considered when developing the recommendations.

All equalities issues identified above at the topic overview stage were considered by the committee. The committee agreed that assessment of symptoms should be done in the same way in men and women and among people from different ethnic groups. This is of particular importance for statement 1 and therefore this has been referenced.

No further equalities issues have been identified at this stage.

**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, specialist committee members from a range of professional and lay backgrounds relevant to acute coronary syndrome are being recruited.

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).

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. 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 will cover the diagnosis and management of acute coronary syndromes including myocardial infarction in adults aged 18 years and older. It will not cover secondary prevention of myocardial infarction including rehabilitation, because this will be covered by a separate quality standard.

**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?

Statement 1 highlights that the symptoms of acute coronary syndromes should be assessed in the same way in men and women and among people from different ethnic groups.

We believe these statements promote equality.