NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Idiopathic pulmonary fibrosis

Output: Equality analysis form – Meeting 2 (post consultation)

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: Idiopathic pulmonary fibrosis

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.

This quality standard focuses on the diagnosis and management of idiopathic pulmonary fibrosis (IPF). This condition affects adults.

The Quality Standards Advisory Committee (QSAC) identified a specialist multidisciplinary team (MDT) as being vital in the diagnosis of idiopathic pulmonary fibrosis. However, it is recognised that specialists who are seeing people with suspected idiopathic pulmonary fibrosis may not be available in all local hospital settings and that larger specialist centres may contain the expertise. This could potentially mean more difficult access to the services provided by the multidisciplinary team for people who do not live near specialist centres, and/or people who do not have access to transport. To ensure equality of access to care, the equality consideration section for statement 1 states that steps need to be put in place to assist people to access specialist centres when necessary, such as providing transport for people to attend and holding appointments as close to the person's home as possible.

Access to an interstitial lung disease (ILD) specialist nurse was identified by the QSAC as important in the management of IPF. However, it is recognised that some local services may not have ILD specialist nurses available which could mean some people with IPF may have an ILD specialist nurse who is a considerable distance from them. To ensure equality of access to care, the equality consideration section for statement 2 states that measures should be put in place to help people with access to their ILD specialist nurse, for example by providing remote access (such as telephone and email contact details) and, where needed, transport and offering appointments in centres as near to the person's home as possible.

Pulmonary rehabilitation was considered to be important in the management of IPF by the QSAC. However, it is recognised this may not be available in all local areas which could potentially mean access to pulmonary rehabilitation would be more difficult for people who do not live close to a centre providing the service and/or who do not have access to transport. The equality consideration section for statement 4 states that to ensure equality of access steps need to be put in place to assist people in accessing pulmonary rehabilitation, such as providing transport and holding sessions in different centres. In addition, pulmonary rehabilitation sessions should be held in centres with good access for people with disabilities.

Healthcare professionals should take into consideration the communication needs of people with idiopathic pulmonary fibrosis when delivering pulmonary rehabilitation. All documentation should be provided in a format which the person receiving it can understand. Where the person's first language is not English, an interpreter should be available.

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. A variety of specialist committee members were also present at the committee meetings.

The draft quality standard was published for a 4 week consultation period for registered stakeholders to express their views on the proposed quality standard statements.

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 vast majority of presentations of this condition are in adults. The source guideline (NICE clinical guideline 163) focuses on adults. This quality standard is consistent with the scope of the guideline.

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?

People with disabilities should not find it impossible or unreasonably difficult to receive a service or element of a service highlighted in the quality standard.

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 that the quality standard will contribute to advancing equality by specifying the most important aspects of quality improvement in care that should be available to all people with IPF, and by highlighting specific considerations around access to services relating to diagnosis, specialist nurse support and pulmonary rehabilitation.