

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS

**Quality standard topic:** Smoking: reducing tobacco use in the community

**Output:** Equality analysis form – Meeting 2

#### Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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).
<b>Marital status (including civil partnership)</b>

**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: Smoking: reducing tobacco use in the community

**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.

Smoking rates and related morbidity and mortality are much higher among the routine and manual group, lesbian, gay, bisexual, and transgender ( LGBT) community and people with mental health problems. These differences in smoking rates are a major contributor to inequalities in health status and outcomes. Smoking also exacerbates poverty. Reducing and preventing tobacco use in the community can help reduce these effects.

Equality issues have been considered during both committee meetings and development of the quality standard.

**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 the topic have been recruited. The topic overview and request for areas of quality improvement were 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 in September 2014 and comments were invited from stakeholders.

**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 covers reducing tobacco use in the community. It does not cover referral to and delivery of smoking interventions provided by the NHS as these are already covered by [NICE quality standard 43 - Smoking cessation: supporting people to stop smoking](#). Also, this quality standard does not cover harm reduction approaches as separate quality standard will address these.

The quality standard covers adults, young people and children.

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**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?

Statements 1 and 2 focus on educational establishments for young people under the age of 19 as per NICE PH23 [School-based interventions to prevent smoking](#) (2010). Implementing these statements will not directly benefit young people who are not in education however smoking cessation services and media campaigns (statement 8) can reach this audience

Statement 3 focuses on people under 18 as per NICE PH14 [Preventing the uptake of smoking by children and young people](#) (2008).

Statement 4 focuses on people who are currently employed as per NICE PH5 [Workplace interventions to promote smoking cessation](#) (2007). Implementing this statement will not directly benefit people who are unemployed however we recognized within the equality and diversity considerations, the need for Job center plus and other organizations working with people who are unemployed to take on this role. Moreover, media campaigns (statement 8) will be able to reach this audience.

Statement 7 is only applicable to secondary care health services covered by NICE PH48 [Smoking cessation in secondary care: acute, maternity and mental health services](#) (2013).

**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?

By covering a range of approaches to reducing tobacco use in the community the quality standard will advance equality of opportunity for all groups, including groups with protected characteristics.

Statement 4 addresses accessing smoking cessation support during working hours without loss of pay to ensure that people on low incomes don't lose income by accessing the services.

Statement 8 targets media campaigns at all smokers within the community.

**6. Is an alternative format of the Information for the Public needed e.g. large font, easy read?**

No requirement identified.