

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers)

Output: Equality analysis form – Meeting 1

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)
- 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 1

Topic: Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers)

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 quality standards advisory committee discussed all of the equalities issues identified at the topic overview stage and agreed that there are significant health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability (both physical and learning disabilities). They also highlighted people with mental health conditions and travellers as relevant equalities groups.

All statements in the draft quality standard consider these groups and where individual statements are particularly relevant to these groups they are highlighted in the equality and diversity considerations sections.

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 Quality Standards Advisory Committee (QSAC) was 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 physical activity have been recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

This is the second stage of the process which will look to elicit comments from stakeholders on the draft quality standard at consultation.

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 encouraging physical activity in all people who are in contact with the NHS including staff, patients and carers. The quality standard will cover both children and adults.

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?

Statement 1 covers adults only. This is in line with the source guidance the statement is based on ([Physical activity: brief advice for adults in primary care](#) NICE public health guidance 44).

Statement 2 is for parents and carers of children and young people with an overall aim of on encouraging physical activity in children and young people. Promoting good exercise habits from a young age was suggested by stakeholders during the engagement exercise and the QSAC agreed that a separate statement was needed for this population. It was agreed that providing specific information and advice for parents and carers is an effective way to reach this population.

Statement 3 focuses on healthcare practitioners involved in changing people's health-related behavior. The QSAC agreed that it was important to develop a statement on training healthcare practitioners in the area of physical activity. It is expected that this statement will lead to benefits for people in contact with the NHS by improving the quality of the actions and interventions delivered by healthcare professionals who are encouraging people to be more physically active.

Statements 5, 6 & 7 focus on NHS organisations and employees only. These statements were developed as the areas, and their relevant populations, were suggested by stakeholders during the engagement exercise and were prioritised by the QSAC. It is possible that if there is a change in the modes of travel used by NHS employees, from using inactive modes such as driving to active modes such as walking and cycling, that this will have an indirect benefit on the surrounding area. For example, if traffic volume is reduced because fewer employees drive to work the area surrounding the site may be more amenable and attractive to walk and cycle in for local residents.

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 this quality standard will advance equality.