NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Atrial Fibrillation

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: Atrial fibrillation

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.

Atrial fibrillation is the most common sustained cardiac arrhythmia. No equality issues impacting upon equality groups have been identified, although atrial fibrillation is more common in men than women, and the prevalence increases with age.

Any equality issues identified will have been considered during the development of the quality standard and where relevant to quality statements are addressed in question 4.

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, representation was sought from a variety of specialist committee members including cardiologists, nurses, GPs, haematologists and lay representation. The topic overview and request for areas of quality improvement have been published and wide stakeholder comment received, 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 February 2015. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may have resulted in changes to the quality standard (see NICE website).This was the second stage of the process which looked to elicit comments 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 will not cover atrial fibrillation in children and young people (younger than 18 years) and will not apply to people with congenital heart disease precipitating atrial fibrillation. Atrial fibrillation in children and young people is rare without an underlying heart condition, and it would be this primary diagnosis that would be treated, rather than the atrial fibrillation. Congenital heart disease may be one of these causes and this would be treated rather than the atrial fibrillation, therefore these are excluded.

There are no other exclusions at this stage.

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, 2, 4 and 5 are not expected to make it impossible or unreasonably difficult for a specific group to access a service or element of a service.

Statement 3 refers to a discussion about anticoagulation options. Any discussion about atrial fibrillation should take into account any additional needs such as physical, sensory or learning disabilities, and adults who do not speak. Adults should have access to an interpreter or advocate if needed

Statement 6 which is a developmental statement focuses on the provision of self-monitoring coagulometers. For adults with atrial fibrillation who may have difficulty with or who are unable to self-monitor, such as people with disabilities, the possibility of their carers helping with self-monitoring should be considered. Coagulometers currently come at a cost to the person with atrial fibrillation, so reasonable adjustments should be made for the socioeconomic status 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?

A positive impact is expected. We believe these statements promote equality by taking into consideration adults with atrial fibrillations needs and where necessary tailoring services appropriately.