NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Secondary prevention after a 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 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: Secondary prevention after a 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.

This quality standard covers the secondary prevention of myocardial infarction including cardiac rehabilitation. The topic overview has been developed to reflect the populations listed in the scope of the underpinning guidance (NICE guideline 172 MI-secondary prevention). These guidelines include consideration of specific populations and consequently these populations will be considered in the development of these NICE quality standards. The populations for which potential equality issues have been identified include:

- black and minority ethnic groups
- people with a family history of CVD
- low socio-economic groups
- people aged over 75 years
- women
- people with auto-immune disease
- people with mental illness.

All of these groups are associated with an increased risk of cardiovascular disease. The following groups present non-modifiable risk factors for CVD:

- people aged over 75 years
- people with a family history of CVD
- black and minority ethnic groups.

CG172 identifies all of these groups as having reduced adherence to cardiac rehabilitation programmes.

At meetings 1 and 2, no further equalities issues were identified.

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 secondary prevention of myocardial infarction have been recruited. 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.

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

The second stage of the process included a 4-week consultation exercise to elicit comments on the draft quality standard from registered stakeholders.

This is the third stage of the process, where the QSAC considered the comments on the draft statements and finalised the quality standard.

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 secondary prevention in adults aged 18 and over. The related areas of cardiovascular risk assessment and lipid modification are covered by separate quality statements.

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?

Good communication between health and social care professionals for people with MI is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with MI should have access to an interpreter or advocate if needed.

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 the quality standard will advance equality. The quality standard aims to improve access to cardiac rehabilitation for those groups identified as having increased risk of CVD and reduced adherence to programmes. Statements 4 and 5 specifically promote equality of access by stating that programmes should be available outside working hours and at a choice of venues, including at the person's own home, in hospital and in the community and people should wait a maximum of 10 days for a cardiac rehabilitation assessment appointment, which can be an outpatient appointment, home visit or telephone interview, depending on patient preference.