NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATORS EQUALITY IMPACT ASSESSMENT FORM- TOPIC SUGGESTION, PRIORITISATION, DEVELOPMENT STAGES

As outlined in the QOF process manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunity. The purpose of this form is to document that equality issues have been considered in each stage of indicator development prior to reaching the final output which will be approved by Guidance Executive.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the process (from topic suggestion and scoping, prioritisation, development including consultation and piloting)
- To confirm that equality issues identified in the topic suggestion and scoping stages have been considered in the prioritisation, development stages including consultation and piloting
- To ensure that the output indicators do not discriminate against any of the equality groups
- To highlight planned action relevant to equality
  To highlight areas where indicators may promote equality

This form is completed by the NICE QOF internal team and the external contractor **for each new indicator that is developed at each of the stages (from topic selection and scoping, prioritisation, development including consultation and piloting, and also in the future for sets of indicators in clinical domains.** The form will be submitted with the final outputs to the Primary Care QOF Indicator Advisory Committee for validation, prior to sign off by NICE Guidance Executive.

EQUALITY CHARACTERISTICS
Sex/gender • Women • Men
Ethnicity • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority ethnic groups not listed • Travellers
Disability • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment
Age[1] • Older people • Children and young people • Young adults 1. Definitions of age groups may vary according to policy or other context.
Sexual orientation & gender identity • Lesbians • Gay men • Bisexual people • Transgender people
Religion and belief
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Other categories[2] • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people 2. This list is illustrative rather than comprehensive.

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Topic title: Heart failure (IND102)
Development stage: Prioritisation for indicator development

1. Have relevant equality issues been identified during this stage of development?

- Please state briefly any relevant issues identified and the plans to tackle them during development

It is noted that the prevalence of CHD is higher in older people (aged 75+) and those of a lower socio-economic status. Prevalence of CHD, angina and MI is higher in men. People of Asian origin have a greater risk of developing heart failure due to coronary artery disease. There are greater health inequalities in older women in relation to the uptake of cardiac rehabilitation

2. If there are exclusions listed in the indicator clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

N/A

3. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

- Does access to the intervention depend on membership of a specific group?
- Does a test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Not applicable at this stage

5. Do the indicators promote equality?

Please state if the indicator as described will promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

QOF incentivisation of cardiac rehabilitation has the potential to have a positive impact in all people with MI, heart failure and angina. However there is no evidence to suggest that recommendations presented in this briefing paper can reduce health inequalities in specific populations.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 2nd December 2010

Approved and signed off:

Fergus Macbeth

Fergus Macbeth, Director, Centre for Clinical Practice

National Institute for Health and Clinical Excellence

Date: 2nd December 2010

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: <u>EACH STAGE OF DEVELOPMENT PROCESS</u>

Topic title: Heart failure (IND102)
Development stage: Piloting of indicators

1. Have relevant equality issues been identified during this stage of development?

- Please state briefly any relevant issues identified and the plans to tackle them during development

None identified

2. If there are exclusions listed in the clinical or health improvement indicator areas (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

None identified.

3. Do any of the recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

- Does access to the intervention depend on membership of a specific group?
- Does a test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No

4. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Yes by NICE

5. Do the indicators promote equality?

Please state if the indicator as described will promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

Not applicable to this indicator.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 14th June 2012

Helen Lester

Helen Lester, Lead – NICE External Contractor

Date: 14th June 2012

Approved and signed off:

Nicola Bent

Nicola Bent, Programme Director, Quality Standards and Indicators

National Institute for Health and Clinical Excellence

Date: 14th June 2012

QOF INDICATORS EQUALITY IMPACT ASSESSMENT FORM: EACH STAGE OF DEVELOPMENT PROCESS

Indicator title: Heart failure (IND102)
Development stage: Consultation of indicators

1. Have relevant equality issues been identified during this stage of development? • Please state briefly any relevant issues identified and the plans to tackle them during development
Stakeholders commented that there is wide variation in the availability of services for cardiac rehabilitation disadvantaging some practices. Stakeholders highlighted the need to consider certain groups such as the hearing impaired and people whose first language is not English when commissioning cardiac rehabilitation services as these people may be less likely to take up an offer of cardiac rehabilitation due to difficulties in understanding information when attending sessions. It was highlighted that exercise based rehabilitation may not be appropriate for some groups of people such as the frail and elderly and some stakeholders suggested an age limit be applied to this indicator as exercise programme may be unsuitable for some older people.
2. Have relevant bodies and stakeholders with an interest in equality been consulted • Have comments highlighting potential for discrimination or advancing equality been considered?
Yes – stakeholders from all 4 countries were encouraged to comment on the potential new indicators as part of the NICE consultation and a wide group of relevant groups and organisations were contacted. Please refer to appendix A of the 'process report for indicators in development' for a full list of stakeholders consulted directly via email.
3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified? • Are the reasons for justifying any exclusion legitimate?
No
4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention? • Does access to the intervention depend on membership of a specific group? • Does a test discriminate unlawfully against a group? • Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?
No
5. Do the indicators advance equality? • Please state if the indicator as described will advance equalities 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?
No evidence has been identified from the consultation to suggest that the indicators, in themselves, promote equalities.

Signed:

Colin Hunter

Colin Hunter, Chair of NICE QOF Advisory Committee

Date: 14th June 2012

Approved and signed off:

Nicola Bent

Nicola Bent, Programme Director, Quality Standards and Indicators

National Institute for Health and Clinical Excellence

Date: 14th June 2012