

## NATIONAL INSTITUTE FOR HEALTH AND CARE 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)
- Confirm that equality issues identified in the topic suggestion and scoping stages have been considered in the prioritisation, development stages including consultation and piloting
- Ensure that the recommendations do not discriminate against any of the equality groups
- Highlight planned action relevant to equality
- Highlight areas where recommendations may promote equality

This form is completed by the NICE QOF internal team and the NICE external contractor (NEC) **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.

**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>
<b>Other categories</b> 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: <ul style="list-style-type: none"><li>• Refugees and asylum seekers</li><li>• Migrant workers</li><li>• Looked after children</li><li>• Homeless people.</li></ul>

# QOF equality analysis form

## Development stage: Indicator Development

### Topic title: Dementia care plans (NM64)

<p><b>1. Have relevant equality issues been identified during this stage of development?</b></p> <ul style="list-style-type: none"><li>• Please state briefly any relevant issues identified and the plans to tackle them during development</li></ul>
<p>There is evidence that dementia is more prevalent in the older age groups.</p> <p>Evidence of variations in prevalence (either geographical, or in terms of the characteristics of people who have a condition) does not necessarily mean there are inequalities in access to appropriate healthcare.</p> <p>However, evidence of variations in dementia prevalence will be taken into consideration in developing any QOF indicators on dementia care plans. The aim of any QOF indicator is to incentivise appropriate care for people who have the relevant conditions, and to ensure equal access to that care.</p>
<p><b>2. Have relevant bodies and stakeholders with an interest in equality been consulted</b></p> <ul style="list-style-type: none"><li>• Have comments highlighting potential for discrimination or advancing equality been considered?</li></ul>
<p>Not applicable at this stage.</p>
<p><b>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</b></p> <ul style="list-style-type: none"><li>• Are the reasons for justifying any exclusion legitimate?</li></ul>
<p>The proposed indicators cover only people with dementia.</p> <p>This reflects the condition-specific nature of most QOF indicators.</p>
<p><b>4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</b></p> <ul style="list-style-type: none"><li>• Does access to the intervention depend on membership of a specific group?</li><li>• Does a test discriminate unlawfully against a group?</li><li>• Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?</li></ul>
<p>No.</p>
<p><b>5. Do the indicators advance equality?</b></p> <ul style="list-style-type: none"><li>• 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?</li></ul>
<p>The aim of any QOF indicator is to incentivise appropriate care for people who have the relevant conditions, and to ensure equal access to that care.</p>

# QOF equality analysis form

## Development stage: Piloting of indicators

### Topic title: Dementia (NM64)

<p><b>1. Have relevant equality issues been identified during this stage of development?</b></p> <ul style="list-style-type: none"><li>• Please state briefly any relevant issues identified and the plans to tackle them during development</li></ul>
<p>Yes. Carers of people with dementia are more likely to be female and older than the general population.</p>
<p><b>2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?</b></p> <ul style="list-style-type: none"><li>• Have comments highlighting potential for discrimination or advancing equality been considered?</li></ul>
<p>These bodies had an opportunity to share their views pre and post piloting.</p>
<p><b>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</b></p> <ul style="list-style-type: none"><li>• Are the reasons for justifying any exclusion legitimate?</li></ul>
<p>No. Lay carers of people in residential care were deliberately included in these indicators.</p>
<p><b>4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</b></p> <ul style="list-style-type: none"><li>• Does access to the intervention depend on membership of a specific group?</li><li>• Does a test discriminate unlawfully against a group?</li><li>• Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?</li></ul>
<p>No. Practices were aware that working carers found attendance at an assessment more problematic but practices tried to work around this in imaginative ways e.g. structured questionnaires.</p>
<p><b>5. Do the indicators advance equality?</b></p> <ul style="list-style-type: none"><li>• 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?</li></ul>
<p>Yes. Please see answer above.</p>

# QOF equality analysis form

## Development stage: Consultation on indicators

### Topic title: Dementia – Support for Carers (NM64)

<p><b>1. Have relevant equality issues been identified during this stage of development?</b></p> <ul style="list-style-type: none"><li>• Please state briefly any relevant issues identified and the plans to tackle them during development</li></ul>
<p>A number of stakeholders commented during consultation that this indicator should include all carers and should not be limited to carers of people with dementia.</p> <p>The issue highlighted will be considered by the QOF Advisory Committee when it considers its recommendations around this indicator.</p>
<p><b>2. Have relevant bodies and stakeholders with an interest in equality been consulted</b></p> <ul style="list-style-type: none"><li>• Have comments highlighting potential for discrimination or advancing equality been considered?</li></ul>
<p>Yes – stakeholders from all UK 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.</p>
<p><b>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</b></p> <ul style="list-style-type: none"><li>• Are the reasons for justifying any exclusion legitimate?</li></ul>
<p>The proposed indicators cover only carers of people with dementia. Carers who care for people with other conditions are not included.</p> <p>This reflects the condition-specific nature of most QOF indicators.</p>
<p><b>4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</b></p> <ul style="list-style-type: none"><li>• Does access to the intervention depend on membership of a specific group?</li><li>• Does a test discriminate unlawfully against a group?</li><li>• Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?</li></ul>
<p>No – comments from the consultation exercise do not suggest that the indicators will make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention.</p>
<p><b>5. Do the indicators advance equality?</b></p> <ul style="list-style-type: none"><li>• 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?</li></ul>

It was commented that there is long standing evidence that carers of people with dementia have worse physical and mental health than other carers. It was felt that this indicator would help tackle this.

However there were no consultation comments to suggest that the indicators would necessarily advance equalities in terms of people with protected characteristics or other relevant characteristics.