

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

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

QOF equality analysis form

Development stage: Piloting of indicators

Topic title: Hypertension (NM66)

<p>1. Have relevant equality issues been identified during this stage of development?</p> <ul style="list-style-type: none">• Please state briefly any relevant issues identified and the plans to tackle them during development
<p>As hypertension increases with age, age was considered as a potential barrier to ABPM during the pilot, but did not appear to be an issue in practice.</p>
<p>2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?
<p>These bodies had an opportunity to share their views pre and post piloting.</p>
<p>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</p> <ul style="list-style-type: none">• Are the reasons for justifying any exclusion legitimate?
<p>No.</p>
<p>4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</p> <ul style="list-style-type: none">• 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?
<p>No.</p>
<p>5. Do the indicators advance equality?</p> <ul style="list-style-type: none">• 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?
<p>Possibly as there is no upper age cut off to this indicator.</p>

QOF equality analysis form

Development stage: Consultation on indicators

Topic title: Hypertension – Ambulatory Blood Pressure Monitoring (NM66)

<p>1. Have relevant equality issues been identified during this stage of development?</p> <ul style="list-style-type: none">• Please state briefly any relevant issues identified and the plans to tackle them during development
<p>In consultation, stakeholders highlighted that currently there is a variation in the availability of ABPM machines which are not routinely available in all practices.</p> <p>Stakeholders also noted that using ABPM requires compliance by people fitted with the device and potentially practices serving deprived populations may be disadvantaged.</p> <p>The issues highlighted will be considered by the QOF Advisory Committee when it considers its recommendations around this indicator.</p>
<p>2. Have relevant bodies and stakeholders with an interest in equality been consulted</p> <ul style="list-style-type: none">• Have comments highlighting potential for discrimination or advancing equality been considered?
<p>Yes – stakeholders from all 4 UK 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>3. Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?</p> <ul style="list-style-type: none">• Are the reasons for justifying any exclusion legitimate?
<p>People with atrial fibrillation are excluded from these indicators because ABPM does not provide accurate readings in this population. This is in line with recommendations from the NICE guidance on hypertension¹.</p> <p>The proposed indicator covers only people with hypertension. People with other conditions are not included.</p> <p>This reflects the condition-specific nature of most QOF indicators, and reflects the specific nature of the diagnostic method.</p>
<p>4. Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?</p> <ul style="list-style-type: none">• 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?

¹ 1.1.2 Because automated devices may not measure blood pressure accurately if there is pulse irregularity (for example, due to atrial fibrillation), palpate the radial or brachial pulse before measuring blood pressure. If pulse irregularity is present, measure blood pressure manually using direct auscultation over the brachial artery.

ABPM may not be suitable for everyone, for example people with particular learning or physical disabilities. Some people may be unable to tolerate ABPM and some people may decline it. Where ABPM is not suitable, guidelines recommend alternatives, for example the use of HBPM.

If confirmation by ABPM can only be achieved by some practices by referral to secondary care services, this may impact some groups unevenly, for example, people on low incomes or people with learning disabilities who may be more reliant on public transport.

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?

Stakeholders highlighted that currently there is a variation in the availability of ABPM machines which are not routinely available in all practices. This indicator has the possible potential to advance equality by increasing availability of ABPM.