

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

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| 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: Indicator development

Topic title: Diabetes – pregnancy, conception and contraception care and advice (NM70)

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

Type 2 diabetes is more common in , in ethnic minorities and in people aged 65 and above. It is also associated with deprivation.

The NICE full clinical guideline reports that maternal social deprivation is associated with poor pregnancy outcome for women with type 1 or type 2 diabetes. Ethnicity is not associated with poor pregnancy outcomes but women from ethnic minority groups are more likely to have unplanned pregnancies and less likely to have a measure of long-term glycaemic control in the 6 months before pregnancy.

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.

However, evidence of variations in diabetes prevalence and evidence of variations in condition management will be taken into consideration in developing any QOF indicators on pregnancy and conception advice for women with diabetes. 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.

2. Have relevant bodies and stakeholders with an interest in equality been consulted

- Have comments highlighting potential for discrimination or advancing equality been considered?

Not applicable at this stage.

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?

The proposed indicators cover only women with diabetes. This reflects the condition-specific nature of most QOF indicators.

Only women are included due to the nature of the indicator which is fully justified

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?

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.

QOF equality analysis form

Development stage: Piloting of indicators

Topic title: Diabetes (NM70)

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| <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>Yes. These indicators apply onto women aged between 17 and 54 years.</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>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. Practices were asked to apply these indicators to all women with diabetes who met the age criteria.</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>Yes. These indicators highlighted the specific needs of younger women with Type 2 diabetes.</p> |

QOF equality analysis form

Development stage: Consultation on indicators

Topic title: Diabetes Preconception Care (NM70)

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| <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 it was suggested that the age limit of 55 years was perhaps too high, and that asking inappropriate questions could make women less willing to attend appointments for their care.</p> <p>It was also suggested that the most difficult to target group is teenagers with type 1 diabetes. This group has high incidence of unplanned pregnancy, but often does not engaging with diabetes care. Therefore it is important that the information incentivised by this indicator reaches this group. However it was felt that an age bracket of 'up to 55' will mean that women from the older age groups would be more likely to be targeted with this indicator.</p> <p>The issues highlighted will be considered by the QOF Advisory Committee when it considers its recommendations around these indicators.</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>Women over the age of 55 are excluded. This is justified by the supporting evidence for the indicator.</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? |
| <ul style="list-style-type: none">• 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>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?

It was suggested in consultation that the inclusion of this indicator as it would ensure consistent application of the current guidance in diabetes and pregnancy across all localities to improve outcomes.