

Equality and health inequality assessment template for methods and process changes

# 1. Name of the policy, project, or programme

# Interim process statement for a more proportionate approach to quality standard development

# 2. Directorate or team

Centre for Guidelines

# 3. Details of the person responsible for the EHIA (EHIA Owner)

Mark Minchin, Associate Director, Centre for Guidelines

Victoria Fitton, Programme Manager, Centre for Guidelines

# 4. Aims, purpose and outcomes

## What are the main aims, objectives and intended outcomes?

The aim of the project is to develop an interim process statement for a more proportionate approach to quality standard development which can be used over the next 24 months to support proportionate approaches to the development and maintenance of NICE quality standards. It should be read alongside the relevant sections of the NICE quality standards process guide.

## How does this fit in with the objectives of NICE?

## This project supports delivery of NICE's 'Useful and usable' business plan objective to ensure that NICE guidance is as useful and usable as it can be and that it is easy for our stakeholders to access all the information they need as quickly and easily as possible.

## How does it relate to other NICE policies or activity?

This statement should be read alongside the relevant sections of the NICE quality standards process guide.

## Who will benefit from it?

Users of our quality standards will benefit from the introduction of the interim statement as it will ensure the timely and efficient development and update of existing quality standards.

## What are the main activities involved in implementation?

# Implementation steps will include engagement with stakeholders, developing an interim process guide, and piloting the approach on live NICE QS topics.

# 5. Engagement and involvement

This EHIA was initially developed by the team developing the interim statement for quality standards. It was consulted on as part of the consultation on the interim process for quality standards and updated to reflect the views received at consultation.

# 6. Other evidence and information considered

A public consultation on the approach was undertaken with all stakeholders to seek their views on the proposals. As part of this consultation process, we sought additional views on whether any of the proposals raise equalities or health inequality issues. The EHIA has been updated in response to the views received at consultation.

# 7. Impact and mitigation

Impact and mitigation for protected characteristics or wider determinants of health

| Protected characteristic or wider determinant of health | Impact | Mitigation |
| --- | --- | --- |
| Age | None identified | N/A |
| Disability  | Reducing the minimum topic engagement period to 5 days (from 10 days), and minimum consultation period to 15 days (from 20 days) could adversely affect meaningful contribution from stakeholder groups who involve people with a learning disability in the formulation of consultation responses. | All feedback from registered stakeholders will be recorded and presented to the QSAC or working group who could request additional engagement with stakeholders takes place. Any feedback raising concerns about the reduction of engagement or consultation periods will be presented to Guidance Executive prior to publication of a quality standard. Guidance Executive could request additional engagement with stakeholders takes place.Where topic engagement or consultation period is reduced, it will be a reflection of the reduced scope of the update.  |
| Race or ethnicity  | Reducing the minimum topic engagement period to 5 days, and minimum consultation period to 15 days could adversely affect meaningful contribution from stakeholder groups who involve people who do not read or speak English in the formulation of consultation responses. | All feedback from registered stakeholders will be recorded and presented to the QSAC or working group who could request additional engagement with stakeholders takes place. Any feedback raising concerns about the reduction of engagement or consultation periods will be presented to Guidance Executive prior to publication of a quality standard. Guidance Executive could request additional engagement with stakeholders takes place.  |
| Gender reassignment  | None identified | N/A |
| Marriage and civil partnership  | None identified | N/A |
| Pregnancy and maternity  | None identified | N/A |
| Religion and belief  | None identified | N/A |
| Sex | None identified | N/A |
| Sexual orientation  | None identified | N/A |
| Socioeconomic status | None identified | N/A |
| Inclusion health and vulnerable groups | Utilisation of working groups in place of topic engagement exercise could adversely affect meaningful contribution from patients and patient organisations. |  We continue to work closely with our Public involvement programme to seek the views and involvement of people who use services, carers, members of the public and organisations who represent their interests at multiple stages of quality standard development, including topic engagement. Patient experts and lay representation will be included as part of the membership of working groups.  |
| Comments across all equality strands  | Utilisation of the guideline committee members in place of a full Quality Standards Advisory Committee could perpetuate any existing under-representation.  | Guideline committee membership continues to be reported as part of equality monitoring. |

# 8. EHIA sign off

EHIA Owner: Mark Minchin, Associate Director, Centre for Guidelines

Date: July 2024