

NICE guidelines

Equality impact assessment

Reducing Sexually transmitted infections

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Actions taken during the scoping of this guideline highlighted the groups at most risk of STI acquisition and transition. The committee agreed that these reflected their views and experience. As expected, the published evidence was poor for some groups (notably homeless people, migrants and trans people) and the committee asked for expert testimony from people who specialised in working with these groups to help them ensure the recommendations were inclusive and relevant.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

- The committee asked for expert testimony to address groups for whom there was no evidence. They also noted that membership of a particular group does not necessarily constitute, or reflect, individual risk and were careful to convey this in their recommendations and discussions. The committee used the expert testimony to underpin their discussions about inequalities in access to sexual health services, but did not want to further label members of particular excluded groups as being automatically at high risk of poor sexual health. Instead they agreed that it was important that local areas should work with local groups and communities to identify those with greater sexual health needs, and that they should co-produce interventions to meet them.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee discuss equality issues in the rationale and impact sections of the guideline for recommendations about

- Preventing the acquisition and transmission of STIs
- HPV, hepatitis A and hepatitis B vaccination
- Pre-exposure prophylaxis for HIV
- Improving uptake and increasing the frequency of STI testing
- Partner notification

These discussions are repeated in greater depth in the committee discussion of the evidence sections of each of the reviews.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The committee have kept discussions about accessibility at the centre of all of their recommendation making as they agree that the key to reducing STIs is to reduce barriers to access and the groups who are at the highest risk of acquiring and transmitting STIs are among groups who face barriers to accessing services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

The committee have ensured that their recommendations alleviate barriers to services as far as possible, and this is explained in the relevant rationale and impact sections in the guideline.

Completed by Developer: Chris Carmona, Technical Adviser on behalf of Sarah Willett, Associate Director

Date: 01 September 2021

Approved by NICE quality assurance lead: Nichole Taske, Guideline Lead

Date: 14 December 2021