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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Endometriosis

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?
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No equality issues have been identified at this stage, however it is noted that the condition is under-recognised in young women aged 17 and under.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
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Endometriosis is a condition which only affects women, including young women aged 17 and under, therefore men are not covered by the quality standard. No treatments or settings have been excluded at this stage.
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Completed by lead technical analyst: Eileen Taylor

Date: 22.09.2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 10.10.2017

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2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Stakeholders noted that some transgender men may have endometriosis and that this should be considered as a diagnosis. This has therefore been highlighted under the equality and diversity considerations of statement 1 of the quality standard.

The QSAC noted that some women may feel particularly anxious about having an abdominal and pelvic examination. This could be due to a number of reasons, for example their culture, age, or a learning disability. In these cases, practitioners could suggest they have a friend or relative as a chaperone and a female practitioner carrying out the examination may be helpful.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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?

None of the statements will make it more difficult for a specific group to access services. The statements should all enhance equality.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No adverse impact on people with disabilities has been identified.

2.5 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 questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

The equalities sections of all statements highlight ways in which barriers can be removed or alleviated.

Completed by lead technical analyst: Eileen Taylor

Date: 27/12/2017

Approved by NICE quality assurance lead: Mark Minchin

Date: 13/02/2018

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3. POST CONSULTATION STAGE

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Statement 1 has been updated to make it clear that a pelvic examination is not appropriate for all women. This could be due to a number of reasons, for example their culture, age, or a learning disability. Consideration should therefore be given to an abdominal examination only for these groups.

All statements note that the needs of transgender men need to be considered. It may be distressing to transgender men to attend appointments in a women's hospital or dedicated women's unit and they may need to be seen in another clinic or setting. Statement 2 notes that initial hormonal treatment for endometriosis may be contraindicated in transgender men and they should be referred to gynaecology services if endometriosis is suspected.

All statements note that some services, such as paediatric and adolescent gynaecology services and specialist endometriosis services, may not be available in all local areas but this should not prevent access to the appropriate care.

3.2 If the quality statements have changed after the consultation stage, are there any that 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?

No statements make it more difficult for any group to access services.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.4 If the quality statements have changed after consultation, 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 questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

The equalities sections of all statements highlight ways in which barriers can be removed or alleviated.

Completed by lead technical analyst: Eileen Taylor

Date: 05/07/18

Approved by NICE quality assurance lead: Mark Minchin

Date: 05/07/18

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4. After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

N/A

Completed by lead technical analyst: Eileen Taylor

Date: 12/07/18

Approved by NICE quality assurance lead: Mark Minchin

Date: 12/07/18

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