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# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

#### Fertility problems: assessment and treatment

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 draft guideline consultation)**

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

Not applicable (Clinical Guideline Updates do not include a scoping phase).

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 identified that with the current fertility recommendations on IVF; women aged between 40 – 42 years have limited access to fertility treatment and may not be provided with intrauterine insemination as a treatment option. The committee noted that access to fertility services and couples can be limited and may vary by geographical location. The committee raised that single women may have limited access to fertility services compared to couples. The committee noted that there are geographical variances in service provision and availability of treatments in different commissioning centres. It was noted that some commissioning centres do not recognise same-sex couples for fertility treatment. It was also noted that same

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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?

sex female couples find it more difficult in practice to access treatment because they cannot demonstrate having 'tried' to get pregnant for a certain amount of time, unless they have already paid for IUI privately.

It was noted that there are different types and levels of information regarding fertility treatment available to women and couples across the UK. The committee noted that income and ability to pay for treatment may provide a limitation for women and couples who seek self-funded treatment when NHS treatment is not available at the level that NICE recommends.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes – these are contained in the 'Other considerations' section of the Linking Evidence To Recommendations table in the guideline. Relevant subgroups have also been specified in the review protocol however limited subgroup evidence was found for IUI compared to expectant management and no evidence was identified for remaining comparisons to enable subgroup analysis to be undertaken.

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?

No

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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?

See section 3.3

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No, no additional evidence was available to enable a change to the original guideline recommendation.

Completed by Developer \_Lorraine Taylor, Associate Director Clinical Guidelines Update Team

Date\_4<sup>th</sup> April 2016

Approved by NICE quality assurance lead Christine Carson  
Date 27 May 2016

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