

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Fertility problems

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

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- Age (young) – the stakeholders commented that fertility preservation and long-term storage of gametes is important for children and young people, and that separate recommendations may be needed for these groups.
- Age (older) – the stakeholders mentioned the impact of age-related fertility decline. This had already been included in section 1 of the EIA and it had been noted that where necessary separate recommendations may be required to meet the needs of varied groups, including whether different treatments are required based on age.
- Geographical location – the stakeholders commented that there was a ‘postcode lottery’ for fertility treatment, with different organisations in the NHS providing different levels of fertility treatment and using additional non-clinical criteria to control access to treatment.
- Socioeconomic / financial: the stakeholders noted that people in higher income groups may be able to pay for some or all of their fertility treatment privately and this may increase inequalities in treatment availability.
- Race – stakeholders mentioned that prevalence of certain conditions such as fibroids may be more prevalent in Black women and PCOS was more prevalent in Asian women. These groups had already been included in section 1 of the EIA and it had been noted that evidence for minority ethnic groups may need to be analysed separately, to allow recommendations for these groups to be tailored to their needs.
- Gender reassignment, sex, sexual orientation – groups such as single people, same sex couples, non-binary people, people using surrogates or people undergoing or having undergone gender reassignment were not excluded from the scope if they have a health-related fertility problem, but the stakeholders commented that they were not listed in the scope so the perception was they were not included, and that the

scope only applied to heterosexual couples.

- HIV – stakeholders commented that people with HIV may be subject to stigma and unnecessary restrictions when accessing fertility treatment, and that the current guideline recommendations may be out of step with current understanding of the transmissibility of HIV.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

- Age (young) - the scope already includes children (and adults) in the draft review question on the preservation of fertility so no change to the scope was required in light of the stakeholder comments relating to this, but the committee will need to consider whether separate recommendations are required for children and young people who may need different techniques and longer storage to preserve fertility.
- Age (older) - age-related fertility decline had already been included in section 1 of the EIA and it had been noted that where necessary separate recommendations may be required to meet the needs of varied groups, including whether different treatments are required based on age.
- Geographical location, socioeconomic and financial – the intention is that the updated guideline will provide clear advice to NHS organisations on the NICE-recommended investigations and treatments for health-related fertility problems. Thus it is hoped that the implementation of the guideline will reduce the variations in the provision of fertility treatment.
- Race – minority ethnic groups had already been included in section 1 of the EIA and it had been noted that evidence for minority ethnic groups may need to be analysed separately, to allow recommendations for these groups to be tailored to their needs.
- Gender reassignment, sex, sexual orientation - to clarify that all people with a health-related fertility problem are included in the scope, examples of the groups that are included have been added to the scope.
- HIV – the scope has been amended to clarify that the recommendations on viral transmission will be reviewed, and consideration given to updating them by referencing to the British HIV Association guidelines on reproductive and sexual health.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of

consultation)

None of the changes made have led to a change in the primary focus of the guideline.

Updated by Developer: Hilary Eadon

Date: 4 November 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 18 November 2022