

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

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.

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

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

Stakeholders suggested that there was a missed opportunity to support people with learning disabilities by offering sexual health interventions as part of the annual health check, however committee members who also delivered annual health checks did not agree that this was something that could be done routinely, partly because the annual health check was already a very busy time, and partly because people undertaking the health check would not necessarily have the skills to offer sexual health interventions. They pointed out that many of the recommendations are aimed at people with greater access needs and this would include people with learning disabilities. Other stakeholders highlighted the importance of easy access to information. The committee agreed that this was vital but pointed out that it was enshrined in legislation in the NHS accessible information standard and this applied to sexual health services as with any other service.

Several stakeholders commented on the digital divide, some saying that more online options should be provided to encourage access by young people, and some noting that online options could potentially exclude certain people, for example homeless people. The committee discussed this and reviewed the guideline to ensure that online options were mentioned where appropriate and that it was clear that online options were only one of a range of options, including face to face and telephone.

One stakeholder commented that most of PrEP uptake in the UK is amongst white gay and bisexual men. Other eligible groups are often unaware of their eligibility. The stakeholder commented that the wording used in recommendation 1.5.1 "Pay

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particular attention...” was not strong enough. The committee considered this, and while they agreed with the stakeholder and that uptake of PrEP and awareness of PrEP were currently inequitable, the recommendations they had made were specifically trying to address this, and that the wording was appropriate.

Entitlement to services by refugees and immigrants and those who live out of area was mentioned by stakeholders. The committee were clear that sexual health services are free and open access regardless of residency or nationality. This is reflected in 1.1.3. They agreed that many people may not be aware of this and added to the list of components of interventions in recommendation 1.1.8 that people should be provided with information about sexual health services, including that they are free and open access.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

The changes to the recommendations have been slight and no recommendation has changed in its fundamental meaning or intention, therefore the committee do not think any new difficulties have been caused for any groups.

The committee revisited the term “those with greater sexual health needs” which they had defined as those who have higher rates of sex partner change or less contact with the healthcare system than average. They amended this phrase to “those with greater sexual health or access needs” in response to stakeholder concerns. They agreed this better reflects the inequalities in access to sexual health services.

4.3 If the recommendations 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?

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4.4 If the recommendations 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

The changes made to recommendations after consultation are intended to remove or alleviate barriers to access to sexual health services.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The changes to the recommendations to alleviate inequalities are described in the rationale and impact sections on: meeting the needs of groups with greater sexual health or access needs; co-producing interventions to reduce STI transmission; self-sampling to improve the uptake and increase the frequency of STI testing; tailoring interventions to improve the uptake and increase the frequency of STI testing; HPV and hepatitis A and B vaccination in gay, bisexual and other men who have sex with men; Raising awareness of pre-exposure prophylaxis for HIV; and service design for PrEP services.

The committees understanding of groups with greater sexual health or access needs is described in the definition of that phrase included in the Terms used in this guideline section.

Updated by Developer Chris Carmona (on behalf of Kate Kelley)

Date: 01 April 2022

Approved by NICE quality assurance lead: Nichole Taske

Date: 15 June 2022