NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

HIV testing: encouraging uptake among at risk groups

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

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they? (Please specify if the issue has been highlighted by a stakeholder)
1. The scope focuses on populations at higher risk of HIV and this guidance seeks to replace PH33 and PH34 on HIV testing in black Africans and HIV testing in men who have sex with men (MSM) respectively. 2. The groups specifically covered are people who have not been diagnosed with HIV and: • who live in areas or communities with a high prevalence of HIV • whose lifestyle or sexual behaviour puts them at risk • who have an illness that may be indicative of HIV infection. • This includes under-16s who can provide informed consent to an HIV test. 3. It will not cover: • All antenatal services so will not cover for example vertical transmission from an HIV-positive mother to her child. • People at risk because they inject drugs. • People who cannot provide informed consent to an HIV test.

4. A focus on 'those at higher risk' potentially means that those at lower risk may not be considered fully in the guidance. This does potentially raise a number of equality issues in groups considered not at higher risk across the protected characteristics. The focus of the guidance is on settings and communities and thus does not set out to 'discriminate' on the basis of the protected characteristics. The scope is not suggesting that HIV is not present in these communities/populations (lower risk). The scope has focused on those at higher risk based on the epidemiological data – and specifically focuses on increasing testing to reduce undiagnosed infection in those at increased risk of exposure as well as the barriers and facilitators to the uptake of HIV testing in these groups. Additionally because HIV is an infectious disease, reducing the levels of HIV in high risk groups may lower the risk of infection in other populations so potentially may benefit the lower risk groups.

5. Higher risk groups are specifically defined in the scope. They will consist of and represent a cross section of the protected characteristics (race, disability, marital/civil partnership status, religion and belief, age, socioeconomic status). Exploration of barriers and facilitators to testing uptake, and effectiveness and cost effective way to increase uptake of testing among specific sub-groups taking into account these characteristics may be beneficial. .

6. The key activities outlined in the scope include increasing awareness. Within the population categorised as high risk there may be potential equality issues regarding the way in which this is done. Consideration needs to be given to the format of information delivery for example, for those with visual impairments or those for whom English is not their first language. This should be considered in the guidance development process

7. There is also a potential equality issue regarding access to testing and services and transient communities such as homeless people and Gypsy, Roma and Traveller communities. The scope and subsequent guidance development process should be aware of this and make provision to consider this in the guidance development process

8. Age – treatment advances mean that people are living longer with HIV and so older people living with HIV have been identified as a subgroup that may need potential consideration during guidance development.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
The committee will need to consider the above issues particularly in terms of the evidence base and thinking about settings for the delivery of interventions to reflect some protected characteristics. The focus of the scope on higher risk populations is justified. The exclusion of antenatal services is justified given the existing antenatal screening programme currently universally offered in England.

Completed by Developer - James Jagroo

Date – 8th January 2015

Approved by NICE quality assurance lead - Kay Nolan

Date 8th January 2015

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
A number of points of clarification were raised by stakeholders that related to protected characteristics. These included: • the perception that some 'at risk populations' such as people who inject drugs (PWID) are excluded from the scope. • populations living in areas of 'high risk' are potentially at risk and that the scope should consider this. • the specific inclusion of prisons and other places of detention such as immigration

removal centres and initial accommodation centres

- consent to testing in those with limited capacity for example those who are critically ill.
- the consideration of specific combinations of protected characteristics for example men who have sex with men (MSM) with learning difficulties

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

The stakeholder comments have been responded to and the scope has been changed to clarify points related to what the guideline will cover, inclusion and exclusion, and settings. The language of the scope has also been changed to reflect a move away from the language of risk so that the scope focuses on people who may have undiagnosed HIV. Specific changes to the scope in response to stakeholder comments about equality are:

- People who inject drugs are now included within the scope
- Populations living in high risk areas are not excluded from this piece of work (see section 1.1 of the scope) so no change is required
- This guideline focuses on encouraging uptake of HIV testing among people who may have undiagnosed infection. In its development the wider implementation aspects and where testing sits in the wider HIV context may be considered by the public health advisory committee (PHAC) – in the scope, section 1.6, bullet 12 (p.5) makes reference to "*links to services following a test*" as a possible main outcome; and bullet 13 makes reference to the wider planning and delivery barriers and facilitators as possible main outcomes.
- Prisons and other places of detention are not excluded from this guideline. Section 1.2 (p.2) outlines that the *settings that will be covered* are – "wherever HIV testing is, or could be, delivered and promoted. The scope has been changed to make this more explicit with specific reference to 'custodial settings – prisons, initial accommodation centres and immigration removal centres' – see section 1.3, bullet 2 (p.3).
- The issue of consent to testing in those with limited capacity is still excluded in this piece of work as it is seen to be a wider and more complex issue that is broader than 'HIV testing' alone – the issue of opt out testing is potentially part of this work and this will be raised with PHAC going forward – the scope section 1.6, bullet 13 makes reference to the wider planning and delivery barriers and facilitators as possible main outcomes
- The specific issue of MSM with learning difficulties and other combinations of protected characteristics that may impact testing are not excluded from this piece of work and although not explicitly mentioned, they are implicitly included.

The issues outlined above were not viewed to discriminate on the basis of the protected characteristics.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need? If so, is an alternative version of the 'Information for the Public' document recommended? If so, which alternative version is recommended? The alternative versions available are: • large font or audio versions for a population with sight loss; • British Sign Language videos for a population who are deaf from birth; • 'Easy read' versions for people with learning disabilities or cognitive impairment.
No but as outlined in section 2.2, particular groups such as MSM with learning difficulties (raised by stakeholders) as well as other groups may require specific consideration in terms of the format of guideline documentation

Updated by Developer:	James Jagroo
Date:	27 April 2015
Approved by NICE quality assurance lead:	Kay Nolan
Date:	27 April 2015

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?
The committee discussed the key groups at risk of HIV and agreed that the guideline should continue to focus primarily on MSM and black Africans living in the UK as these continue to be by far the biggest risk groups for HIV. Broadening the offer of an HIV test will increase the number of people at risk who have a test, whether they are part of a high risk group or not.

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?
None identified.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
Detail on equality issues have been included in the committee discussion section of the guideline.

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?

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.

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
No.

Completed by Developer ___Chris Carmona_____

Date_____22 Feb 2016_____

Approved by NICE quality assurance lead __Stephanie Fernley

Date____23 Feb 2016

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?

The following issues were raised during the stakeholder consultation (some direct stakeholder quotes are given):

- trans women and about the exclusion of female sexual contacts of MSM (who are included in the BHIVA National guidelines).[various] – these have both been included in the final guideline.

- "Routine HIV testing in pregnancy needs consideration". [132] – this has not been included in the guideline as it is excluded in the scope.

- "Although the guidance makes other references to the two high risk groups of MSM and Black African communities, the term 'Black African Communities' is not explicitly referenced within this list". [165] – black African communities are referenced in the guideline as being one of the highest risk groups.

- "The Equality Impact Assessment discusses that '…combinations of protected characteristics that may impact on the uptake of HIV testing are excluded from this piece of work'. However, minorities within the high-risk groups – such as BME LGBT people, or trans people with disabilities – face additional barriers to accessing HIV testing services, and as such the needs of people who fall under multiple protected characteristics need to be addressed in this section. Services should ensure they are visibly and genuinely inclusive, and staff should be trained to be proficient and confident in working with a wide range of service users. This is already partly covered in lines 12-17 on page 11 by discussing that there are cultural issues facing different groups and that staff must be sensitive to people's individual needs. For example, in order to be fully trans inclusive, when talking about gender and bodies we must acknowledge that not all people who identify as women will have been born with a vagina, womb and ovaries, and not all those who identify as men have a penis and testicles. Not all MSM will have a penis, and if practitioners talk exclusively in those terms it will act as an additional barrier to trans people accessing HIV and wider sexual health services." [175] – the equality impact assessment has been amended to say that combinations of protected characteristics are included and trans people have been added to the guideline

- "In relation to recommendation 1.3.2 and the needs of non-English-speaking communities, we would make the case that the needs of first generation African migrants go beyond the translation of promotional material into different languages". [183] – translation was used as an example. Other examples have been added.

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?
No, the guideline is more inclusive following changes by the guideline committee.

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?
No.

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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?
No. Changes to recommendations will improve access to services, for example by the inclusion of prisons.

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?
In the committee discussion section of the guideline, especially in relation to the section on custodial settings.

Updated by Developer : Chris Carmona

Date: 31 August 2016

Updated by Committee Chair_____

Date_____

Approved by NICE quality assurance lead ____Stephanie Fernley_____

Date_7th September 2016_____