NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Sexually transmitted infections: condom distribution schemes

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

1.0 Scope: before 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?
Potential equality issues identified in the scope include that the understanding of sexually transmitted infection (STI p)revention and condom use may vary according to characteristics protected by the Equality Act 2010: age, disability, sexual orientation, race, religion and belief, looked after children and socio-economic status. The effectiveness of interventions may also vary with these characteristics. Age: The draft scope covers all age groups but does focus on those at highest risk of an STI. Epidemiological data of STIs generally indicates that those at greatest risk are younger adults. Disability: Some people with disabilities may have difficulty in accessing condoms. Sex and sexual orientation: Condom distribution schemes often target specific populations, such as men who have sex with men. Religion or belief: The use of condoms may not be acceptable for some religions or beliefs and as such some populations may have reduced access to condoms. Race: The use of condoms may not be culturally acceptable for people from some ethnicities and as such some populations may have reduced access to condoms. Likewise, some ethnicities may have a higher risk of STIs. Socioeconomic status: People from deprived areas may be at greater risk of an STI and may find the cost of condoms disproportionality high.

Other: There is the potential for equality issues to be important with respect to particular groups, such as refugees and asylum seekers, migrants, looked-after children and people without stable accommodation. Fluency in English is likely to be a factor in accessing some condom distribution schemes and will need to be considered.

Scope exclusions: Prisons are excluded from the draft scope as condom distribution schemes in this setting will be covered by the NICE clinical guideline on the physical health of people in prisons which is due to publish in November 2016.

Equality issues will be considered for all of these factors, including making sure that due consideration is given to equality issues when searching the evidence base.

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.

Completed by Developer: Claire McLeod

Date: 26/05/2015

Approved by NICE quality assurance lead: Kay Nolan

Date: 26/05/2015

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?
Stakeholders raised the same issues as those identified by the NICE project team during scope drafting (see 1.0 above), and which were carefully considered during the construction of the key questions. No additional or new equality issues were raised by stakeholders. Responses to stakeholder comments by the NICE project team included clarifications of the purpose and focus of the scope, and directed stakeholders to existing NICE guidance or further information about NICE methods and processes where appropriate. The NICE project team will continue to be mindful that the evidence and committee work reflect any existing or potential health inequalities during the next stages of guideline development.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
No, none needed.

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.

Updated by Developer	Linda Shepherd
Date	24/07/2015
Approved by NICE quality assurance lead:	Simon Ellis
Date	27/07/2015

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?
The committee noted the potential equality issues raised during the scope consultation, and agreed that it was reasonable for the main focus of the guideline to be on men who have sex with men and young people aged 16-24 as these are the highest risk groups for STIs. They noted that there were, however other risk groups who should not be excluded so they attempted to keep the wording of draft recommendations broad, to be as inclusive as possible.

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 discussed the following equality issues. In relation to young people and vulnerable people they considered the possibility that those living in rural areas might not be able to access multi-component and C-Card type schemes as easily as young people living in urban areas. They discussed that this could disadvantage this group in terms of both access to condoms, and access to education and advice about their sexual health, that reflects the appropriate duty of care for these groups. The committee discussed the needs of young people and vulnerable groups. They noted that there was a duty of care for these groups and that schemes that did not provide education and support would be inappropriate for these groups. The committee also discussed the need for schemes to adhere to best practice in terms of assessing the competence of young people (especially those under 16) to consent to sex.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?
The committee discussion section of the guideline for consultation contains details of discussions the committee had about equality issues.

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?

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To mitigate any barriers, the committee recommended ensuring that: "'the supporting information is sensitive to the environment in which it is displayed, for example in terms of language and images that are used".

Completed by Developer: Chris Carmona

Date: 20/09/2016

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 03/02/2017

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?
One stakeholder noted that 'We are concerned that by excluding to mention by name any other high-risk groups at risk of getting an STI, including HIV, beyond Men who have Sex with Men (MSM) and black African communities, commissioners and service providers won't consider the needs of other groups when commissioning or delivering condom distribution schemes. This includes: - trans women (who were found to be at equal highest risk of HIV acquisition in the UK by PHE) - trans men (who may or not also be MSM) and non-binary people. It is expected that trans people are up to four times more likely to be HIV positive than the national average, as based on research in the USA (Grant, Mottet et al, 'National Transgender Discrimination Survey Report on Health and Health Care', 2010). No substantial data has been collected regarding the sexual health of trans people in the UK, but comparable data from the USA evidenced that 14.3% of trans young people are thought to be HIV positive, which is the highest rate of any youth group in the USA. - lesbian and bisexual women. The vast majority of women who have sex with women (WSW) engage in sexual practices which could result in the transmission of STIs and very few of these women use barrier protection (LGBT Foundation, Beyond Babies and Breast Cancer, 2013). - black & minority ethnic (BME) MSM. Evidence suggests that this group are an even higher risk group than either MSM or black Africans, and should be a target population in their own right. There has been an increase of new HIV diagnoses in those who are among Other and mixed heritage MSM, a 100% increase in black Caribbean MSM from 2005-2014 and a 126% increase in black African MSM in the same period (PHE, Black and Minority Ethnic Men who have Sex with Men, 2016).' 'It's also worth stating that trans women, alongside MSM, are at the highest risk of acquiring HIV in the UK (PHE, 2014)….. Unless commissioners and service providers are made aware that trans communities are a group at high risk, it is unlikely that they will consider how best to be inclusive of these groups'. It was requested that they be added as an at risk group.

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
These issued were discussed by the Public Health Advisory Committee (PHAC). The committee agreed that it would be more helpful to move away from talking about 'at risk groups' to talking about 'those at most risk'. This is consistent with current practice at Public Health England (PHE) and is intended to avoid implying that membership of a group or community automatically places each individual at high risk within that group. This is reflected within the committee discussion: "The committee agreed that people are most at risk of STIs if they are involved in higher rates of risky sex (for example, they may have multiple partners or frequently change partners). There may be more people involved in such activities in some groups than others, but this does not mean that everyone in the group is necessarily at high risk. For example, men who have sex with men are the highest risk group for STIs and HIV, but this does not mean that every person in that group is at high risk." One stakeholder noted: 'Concern over inequalities and differences between urban and rural communities is a very significant factor.' The PHAC considered this point and shared this concern. The committee have prioritised a research recommendation on digital technologies to increase access to and uptake of schemes. One stakeholder noted: 'General practice has unequalled geographical coverage. Practice teams know and work with – and are often involved in ongoing and support of – its patients with learning disabilities.' The PHAC discussed this point and included a reference to general practice in recommendation 1.1.2. The updated guideline also includes a research recommendation on whether GP practices can deliver effective and cost effective schemes.

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

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

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?
Yes, within the committee discussion section of the guideline.

Updated by Developer: Chris Carmona and Adrienne Cullum

Date 16/11/2016

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 03/02/2017

5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:
No amendments were requested following Guidance Executive.

Approved by Developer: Chris Carmona

Date: 02/02/2017

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 03/02/3017