

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### **Endometriosis – treatment when fertility is a priority**

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

**1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

No scoping phase was carried out for this update.

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

No scope consultation was carried out for this update.

### 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?

No scoping phase was carried out for this update. The following equality issues were identified in the surveillance report:

#### **Age**

There are difficulties in diagnosing endometriosis in adolescents and there is a lack of suitable services to refer adolescents with suspected or confirmed endometriosis.

#### **Ethnicity**

The 2020 All-Party Parliamentary Group (APPG) enquiry on endometriosis found Black women with endometriosis were often being misdiagnosed with fibroids. The APPG also recognised the additional complexities and barriers that those from Black, Asian and minority ethnic communities may face in talking about menstrual health and accessing support.

#### **Sexual orientation and gender identity**

There are assumptions made about fertility and same sex couples, and people with endometriosis who do not identify themselves as women.

The equality issues identified above (age-adolescents, ethnicity, sexual orientation, gender identity) were included within the population covered by the reviews, and where appropriate were considered as subgroups by the committee in the case of heterogeneity in the evidence.

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?

No other additional equality issues were identified by the committee.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

**Age**

The committee agreed that age was not a relevant factor to take into consideration for the diagnosis of endometriosis as the use of diagnostic tools would be the same for younger and older people, so age was not included as a sub-group or discussed in the evidence reviews.

**Ethnicity**

Ethnicity was included as a sub-group in the event of heterogeneity for the reviews on treatment of endometriosis where fertility is a priority, but no evidence of treatment differences by ethnicity were available in the evidence, so ethnicity was not included as a sub-group or discussed in the evidence reviews, and it was not possible to make separate recommendations for this group.

**Sexual orientation and gender identity**

The committee did not consider that sexual orientation would have an impact on the treatment of endometriosis where fertility is a priority, as the treatment of endometriosis to improve fertility would be the same in people of any sexual orientation. The language in the new and amended recommendations was updated to be more inclusive of people who do not identify as women but who may have endometriosis.

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, the preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups.

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, there is not the potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No barriers identified in box 3.4.

Completed by Developer: Hilary Eadon

Date: 19 January 2024

Approved by NICE quality assurance lead:

Date: 06 March 2024

#### 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?

- Disability: Stakeholders commented that people with a learning disability or autism may need special consideration when discussing different treatment choices or options with them. Making reasonable adjustments to communication and services for people with a learning disability or autism is required by the Equality Act and is a statutory requirement and so this requirement would not be repeated in each individual NICE guideline.
- Religion or belief: Stakeholders commented that some religious/belief systems may have an impact on women coming forward to discuss menstrual or fertility issues or may affect their choice of hormonal treatment. The committee noted that the section of the guideline on information and support already includes recommendations on taking into account cultural needs and so did not make any additional recommendations in the section of the guideline on treatment when fertility is a priority.
- Geographical barriers: Stakeholders commented that people from some parts of the UK may have more difficulty accessing specialist endometriosis and associated fertility services due to their location. This may well impact on the type of treatment offered and timescales for accessing it. The committee noted that the section of the guideline on organisation of care already includes recommendations on the community, gynaecology and specialist endometriosis services that should be commissioned and provided for women with suspected or confirmed endometriosis. However, NICE guidelines cover health and care in England, Decisions on how they may apply in other UK countries are made by ministers in the Welsh Government, Scottish Government and Northern Ireland Executive. The committee therefore did not make any additional recommendations in the section of the guideline on treatment when fertility is a priority.

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 recommendations that have changed after consultation have not made it more difficult in practice for a specific group to access services compared with other groups.

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?

The recommendations that have changed after consultation do not have the potential to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

No barriers or difficulties were identified in section 4.2

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

- Disability – as there are no separate recommendations for people with a learning disability or autism this has not been discussed in the guideline documents.
- Religion or belief – as no new recommendations in the updated section have been made this has not been discussed in the guideline documents.
- Geographical barriers - as no new recommendations in the updated section have been made this has not been discussed in the guideline documents.

Updated by Developer: Hilary Eadon

Date: 25 March 2024

Approved by NICE quality assurance lead: Clifford Middleton

Date: 12 April 2024