

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Endometriosis – diagnosis

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 diagnosis, but no evidence of diagnostic 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 diagnosis 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: 28 February 2024

Approved by NICE quality assurance lead: Clifford Middleton

Date: 6 March 2024