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EQUALITY IMPACT ASSESSMENT

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NICE quality standards

Equality impact assessment

HIV Testing

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

1. TOPIC ENGAGEMENT STAGE (to be completed by the lead technical analyst before topic engagement)

1.1 Have any potential equality issues been identified during this stage of the development process?

During development of the guideline it was highlighted that:

- it will be necessary to consider the needs of people with visual impairments and people for whom English is not their first language when raising awareness of HIV testing.
- access to HIV testing may be more difficult for transient communities including homeless people and Gypsies and Travellers.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The quality standard will not cover HIV testing in antenatal services as a universal antenatal screening programme is currently offered in England.

Updated by Developer __Melanie Carr_____

Date_10/11/2016_____

Approved by NICE quality assurance lead ____Mark Minchin_____

Date_____14/11/2016_____

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2. PRE-CONSULTATION STAGE (to be completed by the lead technical analyst before consultation on draft quality standard)

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The needs of people with visual impairments and people for whom English is not their first language were considered for statement 4 which focuses on providing information about HIV testing services. The committee agreed that a specific equality consideration was not needed as information should be provided in line with NHS England's [Accessible Information Standard](#).

Homeless people and Gypsies and Travellers will be included in the quality statements on HIV testing in specific healthcare settings. Statement 4 aims to improve access to HIV testing for all people who may not routinely access healthcare services.

The QSAC identified that some groups with high HIV prevalence including men who have sex with men, black Africans, transgender women and people who inject drugs may be reluctant to use mainstream healthcare – based HIV testing services.

- Statements 1, 2 and 3 identify that if people decline an HIV test, healthcare professionals should provide information on how to access other local HIV testing services.
- Statement 5 identifies that if people are reluctant to have an HIV test at least annually, healthcare professionals should provide information on how to access other local HIV testing services, including those that offer less invasive forms of specimen collection and self-sampling.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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 draft quality statements do not make it more difficult in practice for any specific groups to access services.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The draft quality statements do not have an adverse impact on people with disabilities.

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2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

No further recommendations can be made at this stage.

Updated by Developer _____Melanie Carr_____

Date ___ 10/3/17 _____

Approved by NICE quality assurance lead ___Nick Baillie_____

Date__ 21/3/17 _____

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Post-consultation stage

3. Final quality standard

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

Stakeholders suggested that trans men should be included as a high risk group. The committee indicated that they have not been included as they are already included within existing categories in statement 4.

Stakeholders were concerned that people living in low HIV prevalence areas may be disadvantaged by the focus on high and extremely high prevalence areas. The committee clarified that in line with the guideline the scope of the quality standard 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. Based on the review of evidence the guideline concluded that the most effective approach was to increase HIV testing in hospitals and GP practices in areas of high and extremely high HIV prevalence. This is reflected in statements 1 and 2 of the quality standard. Statements 3, 4 and 5 are not based on specific geographical areas and therefore include people who may be at risk who are living in low prevalence areas.

3.2 If the quality statements have changed after the consultation stage, are there any 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 updated quality statements do not make it more difficult in practice for any specific groups to access services.

Statement 4 in the draft quality standard has been removed following prioritisation by the committee.

3.3 If the quality statements 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 updated quality statements do not have an adverse impact on people with disabilities.

3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

The committee did not feel further recommendations were required.

Completed by lead technical analyst: Melanie Carr _____

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Date 12/7/17 _____

Approved by NICE quality assurance lead: Mark Minchin _____

Date 24/7/17 _____

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4. After Guidance Executive amendments – if applicable

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments to the EIA.

Completed by lead technical analyst

Melanie Carr _____

Date __4/8/17_____

Approved by NICE quality assurance lead __Mark Minchin_____

Date_____14/8/17_____