

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Fertility

Output: Equality analysis form – meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act, but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: QSAC Meeting 2

Topic: Fertility

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

This quality standard covers the assessment and treatment of fertility problems. The underpinning guidance (NICE clinical guideline 156 Fertility: assessment and treatment for people with fertility problems) includes consideration of specific populations. These populations were considered in the development of this NICE quality standard. The populations for which potential equality issues have been identified include:

Age

The statements include reference to specific age groups. This is to promote effective care because age was found to be the only robust factor in determining IVF success.

Same-sex relationships

The statement focusses on people who have a possible pathological problem to explain their infertility. It includes women in same sex relationships and single women having artificial insemination. Men in same sex relationships can also be eligible for assessment and treatment if using some form of surrogacy with the sperm of one partner and pregnancy does not occur after an equivalent amount of time.

People with cancer and other diseases

CG156 includes specific recommendations in relation to preservation of fertility for people with cancer who may at a later stage of life wish to have a baby.

CG156 includes recommendations for people who cannot or are unable to have sexual intercourse. People with sexually transmitted diseases (such as HIV).

People with additional needs

Good communication between healthcare professionals and people with fertility problems is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. The draft QS states that people with fertility problems should have access to an interpreter or advocate if needed.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

The Quality Standards Advisory Committees (QSACs) were recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. To gain a range of perspectives, representation was sought from a variety of specialist committee members.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the Quality Standards Advisory Committee (QSAC).

The draft quality standard was published for a 4 week stakeholder consultation period between May 2014 and June 2014. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

Surrogacy

The statement focusses on people who have a possible pathological problem to explain their infertility. It includes women in same sex relationships and single women having artificial insemination. Men in same sex relationships can also be eligible for assessment and treatment if using some form of surrogacy with the sperm of one partner and pregnancy does not occur after an equivalent amount of time.

Pregnancy and maternity

The [Ectopic Pregnancy and miscarriage](#) quality standard addresses pregnancy and maternity.

Age

The statements include reference to specific age groups. This is to promote effective care because in guideline development age was found to be the only robust factor in determining IVF success.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Statements on access to cycles of IVF according to age conform to the recommendations in CG156.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

We believe the quality standard will advance equality. Statements 5, 6, 8 and 9 specifically highlight that the guideline does not use the presence of existing children as a preclusion of access to IVF. Statements 4, 5 and 8 aim to improve access to IVF for certain age groups and reduce variation in practice by detailing the appropriate number of cycles and embryo transfers that will support the efficient and equitable use of healthcare resources. Statements 4 and 5 aim to advance equality of opportunity by highlighting the inclusion of single women and same sex couples.