

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Fertility problems

**Output:** Equality analysis form – Prioritisation meeting

### **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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**

|   |
|---|
| <b>Protected characteristics</b>  |
| <b>Age</b>  |
| <b>Disability</b>   |
| <b>Gender reassignment</b>  |
| <b>Pregnancy and maternity</b>  |
| <b>Race</b>   |
| <b>Religion or belief</b>   |
| <b>Sex</b>  |
| <b>Sexual orientation</b>   |
| <b>Other characteristics</b>  |
| <b>Socio-economic status</b><br>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). |
| <b>Marital status (including civil partnership)</b>   |

**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: Prioritisation meeting

### Topic: Fertility problems

#### 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 will cover the assessment and treatment of fertility problems. The topic overview has been developed to reflect the populations listed in the scope of the underpinning guidance (NICE clinical guideline 156 Fertility: assessment and treatment for people with fertility problems). This guideline includes consideration of specific populations and consequently these populations will be considered in the development of this NICE quality standard. The populations for which potential equality issues have been identified include:

#### Age

CG156 includes recommendations that relate to specific age-groups. The guideline development group found that age was the only robust factor in determining IVF success, and hence recommendations about access to IVF therapy have been made on the basis of age.

#### Same-sex relationships

CG156 (full guideline) highlights that the scope of the guideline is intended for people who have a possible pathological problem to explain their infertility. However women in same-sex relationships, having artificial insemination (AI) that is unsuccessful can be eligible to be referred for assessment and possible treatment for fertility problems in the NHS. Men in same-sex relationships can 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) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. To gain a range of perspectives, representation is also being sought from a variety of specialist committee members.

**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

CG156 did not include the issue of surrogacy and the NICE quality standard for fertility problems is not expected to cover this issue.

Pregnancy and maternity

CG156 did not include the issue of multiple or recurrent miscarriage and the NICE quality standard for fertility problems is not expected to cover this issue. The forthcoming NICE quality standard on [Pain and bleeding in early pregnancy](#) (publication expected July 2014) may cover this clinical issue.

Age

CG156 includes recommendations that relate to specific age-groups. The guideline development group found that age was the only robust factor in determining IVF success, and hence recommendations about access to IVF therapy have been made on the basis of age. In line with the guideline, women aged 43 and over are excluded.

**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.

Statement 2 focusses on people having unprotected vaginal intercourse. The scope of the quality standard and underlying guideline (CG156) is people who have a possible pathological problem to explain their infertility. For women in same-sex relationships, there should be some period of ideally clinically led artificial insemination (AI) that is unsuccessful before they would be considered to be at risk of having an underlying problem and be eligible to be referred for assessment and possible treatment for fertility problems in the NHS. The scope did not allow the guideline to make recommendations about this period of unsuccessful AI or surrogacy outside of clinical settings before referral for further assessment and possible treatment. CG156 recommendation 1.2.13.6 addresses when further assessment should be offered to people using artificial insemination that is unsuccessful.

**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 and 6 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 clinical and cost effective number of cycles and embryo transfers.