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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Sexual health

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

1. TOPIC ENGAGEMENT STAGE

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

Incidence of sexually transmitted infections (STIs) is higher among some groups. This includes younger adults, people from deprived areas and some ethnicities. The use of condoms to reduce STIs may not be acceptable in some religious or cultural beliefs and as such some populations may have reduced access. People from deprived areas may find the costs of condoms disproportionately high. People who do not speak English fluently and people without stable accommodation such as refugees and asylum seekers, migrants and looked-after children may have difficulty in accessing condom distribution schemes. Any specific issues relating to these groups will be addressed during development of the quality standard.

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?

No population groups, treatments or settings have been excluded from coverage at this stage.

Completed by lead technical analyst: Shaun Rowark

Date: 20.04.2018

Approved by NICE quality assurance lead: Nick Baillie

Date: 20.04.2018

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2. PRE-CONSULTATION STAGE

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 QSAC acknowledged that certain groups are more at risk of sexually transmitted infections (STIs) or are less likely to access services. However they did not feel that any statements needed to be changed.

The committee highlighted the importance of recognising that people with physical, sensory or learning disabilities and those who do not speak or read English or who have reduced literacy skills, may have additional needs. Equality and diversity considerations have been added to statements 1, 2, 3, and 5 which identify that people should have access to an interpreter or advocate if needed.

The committee identified that vulnerable young people and adults who engage in some sexual behaviours may be less likely to attend primary care or community health services on a regular basis. An equality and diversity consideration has been added to statements 1 and 2 to ensure less traditional settings are considered for the provision of sexual health services for these people and to highlight that education, training, employment and youth services have an important role in pointing young people to sexual health services.

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 are not expected to make it more difficult for a specific group 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?

It is not expected that the draft quality statements will 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?

The committee did not feel that any recommendation or explanations were needed to alleviate barriers.

Completed by lead technical analyst: Shaun Rowark

Date: 15.08.2018

Approved by NICE quality assurance lead: Nick Baillie

Date: 15.08.2018

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3. POST CONSULTATION STAGE

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

Stakeholders highlighted the importance of ensuring that the sexual health needs of older people are recognised. An equality and diversity consideration has been added to statement 1 to ensure healthcare professionals ask older people about their sexual history so that any needs can be identified.

Stakeholders also highlighted the importance of ensuring that the specific needs of lesbian, gay, bisexual and transgender people are recognised. An equality and diversity consideration has been added to statements 1 and 2 to ensure healthcare professionals are trained to identify and respond to their specific needs when asking about sexual history and providing advice about prevention and testing for sexually transmitted infections.

Stakeholders highlighted the need to ensure that safeguarding is in place in services that engage with young people and vulnerable adults about their sexual health. An equality and diversity consideration has been added to statements 1 and 3 to ensure services are clear what action should be taken if concerns are raised about child sexual exploitation or abuse, female genital mutilation, human trafficking or modern slavery.

Stakeholders highlighted the importance of ensuring sexual health services are accessible to young people. An equality and diversity consideration has been added to statements 3 and 4 to ensure condom schemes and sexual health services are accessible by public transport.

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?

An additional statement on condom distribution schemes has been added following consultation but this statement does not make it difficult in practice for a specific group to access services compared with other groups. The statement clearly identifies that service provision should be planned to meet the needs of the local population.

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 additional statement does not have an adverse impact on people with disabilities.

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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?

Equality and diversity considerations have been added for the additional statement.

Completed by lead technical analyst Melanie Carr _____

Date ___ 31/10/18 _____

Approved by NICE quality assurance lead ___ Nick Baillie _____

Date ___ 13/12/18 _____

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After Guidance Executive amendments – if applicable

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

No changes to the equality impact assessment were agreed.

Completed by lead technical analyst Melanie Carr _____

Date _____ 10/1/19 _____

Approved by NICE quality assurance lead _Nick Baillie _____

Date _16/1/19 _____

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