

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequality impact assessment

Technologies for diagnosing endometriosis in primary care: early-use assessment

Scoping

1 Have any potential equality issues been identified during the scoping process? If so, what are they?

Age: adolescents and young people often face difficulties accessing diagnosis, as symptoms may not be taken seriously and there are limited age-appropriate referral pathways. This can result in significant delays in diagnosis at an early stage of disease ([NG73, 2024](#)).

Sex and gender identity: people who do not identify as female, including trans men and non-binary people, may experience distress or exclusion when accessing care through specialist women's health services, potentially delaying diagnosis and treatment ([Endometriosis UK, 2024](#))

Ethnicity: NICE Clinical Knowledge Summaries identify people with white ethnicity as presenting with a higher prevalence of endometriosis ([NICE, CKS, 2025](#)). However, evidence from the Royal College of Obstetricians and Gynaecologists suggests this may reflect research and diagnostic bias rather than true biological differences. People from ethnic minority backgrounds report additional barriers, including:

- misdiagnosis (for example, black women being more frequently diagnosed with fibroids)
- cultural barriers to discussing menstrual health
- pain symptoms being more likely to be dismissed or minimised.

These factors contribute to poorer experiences and outcomes for some ethnic minority groups ([RCOG, 2024](#)).

People with a learning disability or who are neurodivergent may have difficulties in communicating their symptoms and may find transvaginal ultrasound unacceptable, potentially delaying diagnosis and treatment

2 **Have any potential health inequality issues been identified during the scoping process? If so, what are they?**

Socioeconomic status: Two of the technologies (Endosure and Endotest) for rapid diagnosis of endometriosis are currently available only in the private healthcare sector.

Specialist centre locations: the limited number of specialist endometriosis services may mean that some people may need to travel long distances to access specialist management which may be particularly challenging for, disabled people, people living in rural areas, people experiencing homelessness, people with financial constraints, caring responsibilities, or inflexible work commitments may struggle to attend multiple appointments or specialist clinics, leading to delayed diagnosis. Local variation in service provision may also result in longer delays to diagnosis in some areas.

Some individuals may feel uncomfortable with invasive diagnostic testing including transvaginal examination or transvaginal ultrasound testing. This may be for a range of reasons and is likely to affect some groups more, including young people, survivors of abuse, people from certain faith groups or ethnic background, trans men and non-binary people.

Women who have decided not to have children are reported to feel their symptoms, concerns and management may be taken less seriously ([Endometriosis UK, 2024](#)).

3 What is the preliminary view as to what extent the committee needs to address the potential issues set out in questions 1 and 2?

Some groups may benefit by the introduction of technologies included in the scope of this assessment.

Some technologies have restrictions to some groups in their indications for use, including:

- Endotest (Ziwig) is not approved for people under 18 or over 43 years of age.
- Endotest (Ziwig) has not been approved for people who are pregnant
- Endotest (Ziwig) has not been approved for people with a history of cancer or HIV.
- DotEndo (DotLab) is not approved for people under 18 or over 49 years of age

4 Has any change to the draft scope been agreed to highlight the potential equality or health inequality issues set out in questions 1 and 2 following the scoping workshop and/or scope consultation?

Yes. Changes have been made to the draft scope following the scoping workshop to highlight potential issues for people with a learning disability or who are neurodivergent. Survivors of abuse have also been included as a group who may feel uncomfortable with transvaginal examinations.

5 Has the stakeholder list been updated as a result of additional equality or health inequality issues identified during the scoping process?

No

Approved by senior responsible officer: Janet Robertson

Date: 18/02/2026

Draft guidance

6 Have the potential equality issues identified during the scoping process been addressed by the committee? If so, how?

The committee acknowledged that, of the 16 diagnostic accuracy studies identified by the EAG, only 1 included young people, and this study is unpublished. All other studies included adults only. None of the key studies reported subgroup analyses by ethnicity or gender identity.

7 Have the potential health inequality issues identified during the scoping process been addressed by the committee? If so, how?

The committee heard that there is variation in operator expertise for transvaginal ultrasound in primary care across different areas. Some people may particularly benefit from these technologies, including those who find transvaginal ultrasound unacceptable and those living in areas with lower levels of expertise. Differences in operator experience can lead to missed or delayed diagnoses of endometriosis. Because the technologies are not operator dependent, they could help reduce this variation.

The committee was aware that there is variation in service provision and access to treatment. This may disproportionately impact some groups.

8 Have any other potential equality or health inequality issues been raised in information submitted by stakeholders or in the external assessment report? If so, how has the committee addressed these?

No

- 9 Have any other potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

No

- 10 Do the preliminary recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

Endotest (Ziwig) is not approved for people under 18 or over 43 years of age. It is also not approved for people who are pregnant and who have a history of cancer or HIV infection.

- 11 Has the committee made any reasonable adjustments within its recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the technology needed to fulfil NICE's obligations to promote equality.**

No. The restrictions are specified by the technology's regulatory approval or instructions for use.

- 12 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?**

No

- 13 Have the committee's considerations of equality and health inequality issues been described in the draft guidance? If so, where?**

The committee's considerations of equality and health inequality issues are described in section 3.26 to 3.28 of the draft guidance.

Approved by senior responsible officer: Emily Eaton Turner

Date: 29/06/2026

Final draft guidance (when issued)

- 14 Have any additional potential equality or health inequality issues been raised during consultation on the draft guidance? If so, how has the committee addressed these?**

[add answer]

- 15 Have any additional potential equality or health inequality issues been identified by the committee? If so, how has the committee addressed these?**

[add answer]

- 16 If the recommendations have changed after consultation, do the updated recommendations make it more difficult for a specific group to access the technology than other groups? If so, what are the barriers to, or difficulties with, access for this group?**

[add answer]

- 17 If the recommendations have changed after consultation, has the committee made any other reasonable adjustments in the recommendations for the equality issues identified? That is, have any adjustments to the recommendations been made to remove or alleviate barriers to, or difficulties with, access to the**

technology needed to fulfil NICE’s obligations to promote equality.

[add answer]

18 Has the committee taken into consideration the health inequality issues in its decision-making? If so, how was this done?

[add answer]

19 Have the committee’s considerations of equality and health inequality issues been described in the final draft guidance? If so, where?

[add answer]

Approved by senior responsible officer: [name]

Date: XX/XX/20XX