

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Termination of pregnancy

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Each review protocol for this guideline included a statement that equalities considerations in relation to complex pre-existing medical conditions would be considered systematically in relation to the available evidence and draft recommendations. Recommendations were made to ensure specialist centres are available for those with complex needs or significant comorbidities. Where these services are not available it is recommended that there are clear referral pathways (see recommendations 1.1.15 and 1.1.16).

The review protocols relating to the accessibility and sustainability of services considered equalities issues in relation to:

- **Women living in remote areas** - recommendations were made to ensure women living in remote areas can access consultation services via phone or video call and that termination of pregnancy services are in a range of settings (see recommendations 1.1.9 and 1.1.10).
- **Women with coexisting mental health problems** – no specific recommendations were made relating to this sub-group of women. However the recommendations could have the potential to reduce current inequalities in

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accessing termination of pregnancy services by improving referral pathways, minimising travel and decreasing the number of appointments that women need to attend in person as women with coexisting mental health problems may find it difficult to travel to and attend multiple appointments (see recommendations 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.9 and 1.1.10).

- **Women with learning disabilities** - recommendations were made to ensure women with learning disabilities are provided with information in a range of formats (see recommendation 1.2.4).
- **Vulnerable women (including sex workers and women who are homeless)** – no specific recommendations were made relating to this sub-group of women. However the recommendations could have the potential to reduce current inequalities in accessing termination of pregnancy services by improving referral pathways, minimising travel and decreasing the number of appointments that women need to attend in person as vulnerable women may find it difficult to travel to and attend multiple appointments, and may find self-referral easier if they are not registered with a GP (see recommendations 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.9 and 1.1.10).
- **Young women** – no specific recommendations were made relating to this sub-group of women. However the recommendations could have the potential to reduce current inequalities in accessing termination of pregnancy services by improving referral pathways, minimising travel and decreasing the number of appointments that women need to attend in person as young women may find it difficult to travel to and attend multiple appointments, and may find self-referral easier if they are not registered with a GP if they are living away from their family home (see recommendations 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.9 and 1.1.10).
- **Women who have communication difficulties, because of vision or hearing problems or because they have difficulty understanding English** - recommendations were made to ensure women with communication difficulties are provided with information in a range of formats (see recommendation 1.2.4).
- **Women suffering domestic violence, abuse or coercion from their partner or**

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family – no specific recommendations were made relating to this sub-group of women. However the recommendations that remote access to consultation services is available via phone or video call, and that termination of pregnancy services are in a range of settings, could help to improve access for women who have difficulty leaving the house or are worried about the consequences if people knew they were having a termination of pregnancy due to the threat of violence or controlling circumstances (see recommendations 1.1.9 and 1.1.10).

- **Women who are socially disadvantaged** - a recommendation was made for commissioners to consider providing upfront funding for necessary travel to women who are eligible for the NHS Healthcare Travel Costs Scheme, or who have to travel to reach a provider that is not locally commissioned to ensure they are able to access services and that the termination is not delayed due to issues with travelling (see recommendation 1.1.4).
- **Women experiencing cultural barriers to accessing services** – no specific recommendations were made relating to this sub-group of women. However the recommendations that remote access to consultation services is available via phone or video call, and that termination of pregnancy services are in a range of settings, could help to improve access for women experiencing cultural barriers to accessing services and who may be worried about the consequences if people knew they were having a termination of pregnancy (see recommendations 1.1.9 and 1.1.10).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No other equality issues were identified during the guideline development phase.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Further information on the committee's deliberations and equality considerations regarding these recommendations can be found in evidence report A and B.

3.4 Do the preliminary recommendations 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?

No, the recommendations do not make it more difficult for any specific group to access services, compared to other groups.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the recommendations should not have an adverse impact on people with disabilities.

3.6 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 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The recommendations and explanations provided by the committee are aimed to alleviate barriers to access for the groups that were identified and therefore help to advance equality.

Completed by Developer: Katherine Andrea

Date: 06/02/19

Approved by NICE quality assurance lead: Christine Carson

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