NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequalities assessment (EHIA)

NICE guidelines

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Polycystic ovary syndrome: assessment and management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to: Polycystic ovary syndrome: assessment and management

STAGE 2. Informing the scope

Date of completion: 11th April 2025

Focus of guideline or update: Polycystic ovary syndrome: assessment and management

2.1	What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

We consulted the topic advisor and reviewed the published evidence within the technical report from the International evidence-based guideline for the assessment and management of polycystic ovary syndrome (2023). We also conducted non-systematic searches of the internet.

2.2	What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

1. Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) were considered:

Age and Sex

The Women's Health Strategy for England published in 2022 reported that more than 4 in 5 (84%) women responding to their survey had at times felt that their healthcare professionals were not listening to them. An NIHR sponsored focus study group run by the King's Fund and University of York provides a more detailed analysis of this. Anecdotal reports also frequently reference women not being listened to by healthcare providers, particularly younger women, to the extent that they take male

partners or friends with them as they feel they will be listened to in their presence. Those under the age of 18 may find it more difficult to make themselves heard.

Disability

No issues were identified.

Gender reassignment

The Kings Fund reports that trans people in general suffer poorer outcomes and poorer access to services and that they also experience problems with their mental health. This is likely to be an issue for people with PCOS as well.

The equality impact assessment for the fertility guidline that is currently being updated also highlights issues trans and non-binary people may face when trying to access fertility services and get appropriate support according to their needs.

Marriage and civil partnership

No issues were identified.

Pregnancy and maternity

No issues were identified.

Race

The International evidence-based guideline for the assessment and management of polycystic ovary syndrome (2023) found a high prevalence of PCOS in all ethnicities and across world regions, ranging from 10-13% globally using the Rotterdam criteria although there was some evidence of a higher prevalence in Southeast Asian and Eastern Mediterranean regions.

There is evidence to suggest that the prevalence and incidence of PCOS in the UK is greater among people with PCOS of Asian ethnicity.

The risk of some long-term health conditions associated with PCOS, such as diabetes and cardiovascular disease, may also be higher among people living with PCOS from Asian (and potentially other) ethnicity and lower socioeconomic backgrounds.

The evidence for a benefit of laser therapy on hirsutism in people living with PCOS according to ethnicity is unclear. Wavelength and delivery of laser needs to take into consideration hair and skin colour; this may present additional difficulties for people from minority ethnic background if lasers of the correct wavelength are unavailable or if laser is declined on the basis of skin colour.

A report on Ethnic diversity in fertility treatment by the Human Fertilisation and Embryology Authority suggest that women from minority ethnic populations in the UK face considerable challenges when seeking options for fertility treatment compared with their White counterparts. Further detail is highlighted in the fertility guideline equality impact assessment.

Religion or belief

No issues were identified.

Sexual orientation

The equality impact assessment for the fertility guideline that is currently being updated reports that same sex couples may face more challenges compared to heterosexual couples in terms of accessing NHS-funded fertility investigations and treatments.

2. ***Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)***

Evidence suggests the prevalence and incidence of PCOS in the UK is greatest among people in the highest index of multiple deprivation group.

Access to laser therapy for the treatment of hirsutism, is restricted almost universally in the UK to the private sector, since the deregulation of laser therapy over 10 years ago. This creates a significant divide in access to this treatment among people from wealthy, compared to deprived, backgrounds.

Weight loss drugs are emerging as an important potential treatment for people living with PCOS (both for symptoms and prevention of metabolic comorbidities), albeit that the current level of evidence is low-moderate. More than 90% of prescriptions for semaglutide and tirzepatide occur in the private sector, creating a significant health divide.

People from lower socioeconomic background may find access to fertility treatment harder due to a higher prevalence of obesity, and restrictions in NHS services on accessing treatments in those with a higher BMI. PCOS is characterised by a high prevalence of overweight/obesity, and there is a strong sense of injustice in the PCOS community on this issue.

3. ***Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)***

Many geographical areas are reviewing their specialist weight management provision, such as Greater Manchester, particularly in terms of access to newer obesity medications, creating a postcode lottery for access. Similarly access to weight management services vary wildly on a national level. A recent article suggests one in six integrated care boards have stopped accepting new patients for specialist weight management services with no date set for these to resume.

Fertility Access UK highlights issues with cycle numbers, age brackets, BMI limits, and in general equal access across the UK given how widely it varies by ICB. They are campaigning for equal access regardless of location.

4. ***Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)***

England's most disadvantaged groups: Migrants, refugees and asylum seekers 2016 report highlights these groups as more likely to encounter health inequalities.

2.3	How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

The aim is that the membership of the committee will represent various perspectives and expertise so that equalities considerations are adequately considered throughout the development of the guideline. Scope consultation is likely to provide further information on equality and health inequalities.

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
We will work with the NICE People and Communities Team (PACT) to encourage representation from stakeholder groups that can help to explore equality and health inequalities issues. We have already identified some stakeholders to include. We will also have representation from people with PCOS on the committee who may be able to explore these issues.

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?
We will look to include different viewpoints by appointing lay members with different perspectives and expertise and experience. In addition to the 2 lay members recruited to a guideline we are also aiming to recruit an additional lay member with recent experience of being under the age of 18 and having PCOS. We will discuss potential health equality issues with the committee during guideline development. Cross references to relevant other guidelines that may cover issues specific to the groups identified in box 2.2 may be made.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
No specific questions are planned about equality and health inequalities issues, but stakeholders will be invited to comment on the subgroups within the draft EHIA.

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
No specific population groups are planned to be excluded from the guideline.

Completed by developer _____Carlos Sharpin_____

Date_____22nd April 2025_____

Approved by committee chair _____Rebecca Payne_____

Date_____22nd April 2025_____

Approved by NICE quality assurance lead _____Sara Buckner_____

Date_____22nd April 2025_____