

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Heavy menstrual bleeding (HMB)

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 draft guideline consultation)

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

n/a (no scoping process for clinical guideline updates)

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?

The committee identified race as a potential equalities issue, as fibroids are more common in women of African Caribbean descent than other women. However, although prevalence may be higher within this group, there is no difference in treatment options.

Fibroids are also more common in women who are overweight. Age was identified as another possible issue, as fibroids become more common with age, and the suitability of treatment may depend on the age of a woman and the proximity to menopause (as fibroids often reduce in size after menopause). Many of the treatments for fibroids (such as hysterectomy) affect fertility, and so a woman's wishes about fertility may influence her choice of treatment for fibroids. None of the currently recommended treatments are suitable for women who are currently trying to conceive. The committee also noted that treatment options which affect regular menstruation may not be favourably considered by some women as in some cultures

1.0.7 DOC EIA

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?

regular menstrual cycles are considered important.

Relevant subgroups were also specified in the review protocol, however, no evidence relating specifically to these subgroups were available in the evidence.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The 'other considerations' section of the Linking Evidence To Recommendations table in the guideline.

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?

Progesterone receptor modulators may interfere with regular menstruation, and so this may be a barrier to women for cultures for whom regular menstrual cycles are important.

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

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?

1.0.7 DOC EIA

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?

See section 3.3 and 3.4 above

Completed by Developer _Lorraine Taylor, Associate Director, Clinical Guidelines Update Team

Date _5th May 2016

Approved by NICE quality assurance lead - Christine Carson

Date 27 May 2016

1.0.7 DOC EIA

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

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

No equality issues were raised by stakeholders. The committee agreed to add an additional equality issues that was identified during the post-consultation meeting as follows;

The Summary of Product Characteristics for ulipristal acetate notes women should avoid conceiving whilst on treatment and that concomitant use of progestogen-only pills, a progestogen-releasing intrauterine device or combined oral contraceptive pills is not recommended and a non hormonal contraceptive method is recommended during treatment. This will have implications for women who have cultural reasons for not using any form of contraception.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

No

4.3 If the recommendations 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?

No

1.0.7 DOC EIA

4.4 If the recommendations 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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

The 'other considerations' section of the Linking Evidence To Recommendations table in the guideline.

Updated by Developer _Lorraine Taylor, Associate Director Clinical Guidelines Update Team, _____

Date__1st July 2016_____

Approved by NICE quality assurance lead _Christine Carson_____

Date__28th July 2016_____