

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Physical health of people in Prison

#### 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?

The GDG reviewed the consultation comments for any issues raised regarding equivalence of health care within the prison estate with that of the general population. The GDG discussed equity of health care services and treatments available to prisoners and in particular the following groups whose needs were commented on by Stakeholders.

1. Impact of recommendations on people who are transgender

We have added to the Linking Evidence to Recommendations section: 5.8.2 “The GDG discussed issues around people who identify as transgender. The GDG agreed that health professionals would ensure that health checks are appropriate to people’s bodies. For example, questions ‘for women’, such as whether they have ever had a cervical screening test or mammogram, might be appropriate to ask transgender men to ensure they are appropriately screened.”

2. HIV testing to all prisoners

Stakeholders raised that HIV testing on entry to prison was limited to men who have sex with men only, when there is a high prevalence in the general population entering prison. The GC agreed and this recommendation has been broadened to cover all people entering prison.

3. Literacy levels

Stakeholders highlighted that communication needs or difficulties did not just apply to those with learning disabilities as the average literacy age in the prison population

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

is 11 and the average IQ is 85.

The GDG acknowledged that this concerned a large population within prisons and was an equality issue, as often this group's information needs were not identified or provided for and resulted in inequalities in access to care. The recommendation on assessing communication needs when the person enters prison was amended to include consideration of ability to read and write. In addition, the guideline recommends providing health information in a variety of formats to address language and literacy needs.

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**

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**

4.4 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?

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

The GDG's consideration of equality issues are described in detail within the Linking Evidence To Recommendations section of each chapter.

Updated by Developer \_\_\_\_\_ Gill Ritchie\_\_\_\_\_

Date\_\_\_\_\_10/8/16\_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_Christine Carson\_\_

Date\_\_\_\_\_18/10/16\_\_\_\_\_