

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### HIV testing: encouraging uptake among at risk groups

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

##### **1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)**

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

1. The scope focuses on populations at higher risk of HIV and this guidance seeks to replace PH33 and PH34 on HIV testing in black Africans and HIV testing in men who have sex with men respectively.
2. The groups specifically covered are people who have not been diagnosed with HIV and:
  - who live in areas or communities with a high prevalence of HIV
  - whose lifestyle or sexual behaviour puts them at risk
  - who have an illness that may be indicative of HIV infection.
  - This includes under-16s who can provide informed consent to an HIV test.
3. It will not cover:
  - All antenatal services so will not cover for example vertical transmission from an HIV-positive mother to her child.
  - People at risk because they inject drugs.
  - People who cannot provide informed consent to an HIV test.

4. A focus on 'those at higher risk' potentially means that those at lower risk may not be considered fully in the guidance. This does potentially raise a number of equality issues in groups considered not at higher risk across the protected characteristics. The focus of the guidance is on settings and communities and thus does not set out to 'discriminate' on the basis of the protected characteristics. The scope is not suggesting that HIV is not present in these communities/populations (lower risk). The scope has focused on those at higher risk based on the epidemiological data – and specifically focuses on increasing testing to reduce undiagnosed infection in those at increased risk of exposure as well as the barriers and facilitators to the uptake of HIV testing in these groups. Additionally because HIV is an infectious disease, reducing the levels of HIV in high risk groups may lower the risk of infection in other populations so potentially may benefit the lower risk groups.
5. Higher risk groups are specifically defined in the scope they will consist of and represent a cross sections of protected characteristics (race, disability, marital/civil partnership status, religion and belief, age, socioeconomic status). Exploration of barriers and facilitators to testing uptake, and effectiveness and cost effective way to increase uptake of testing among specific sub-groups taking into account these characteristics may be beneficial. .
6. The key activities outlined in the scope include increasing awareness. Within population categorised as high risk there may be potential equality issues regarding the way in which this is done. Consideration needs to be given to the format of information delivery for example those with visual impairments or those for whom English is not their first language. This should be considered in the guidance development process
7. There is also a potential equality issue regarding access to testing and services and transient communities such as homeless people and Gypsy, Roma and Traveller communities. The scope and subsequent guidance development process should be aware of this and make provision to consider this in the guidance development process
8. Age – treatment advances mean that people are living longer with HIV and so older people living with HIV have been identified as a subgroup that may need potential consideration during guidance development.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The committee will need to consider the above issues particularly in terms of the evidence base and thinking about settings for the delivery of interventions to reflect some protected characteristics.

The focus of the scope on higher risk populations is justified. The exclusion of antenatal services is justified given the existing antenatal screening programme currently universally offered in England.

Completed by Developer - James Jagroo

Date – 8<sup>th</sup> January 2015

Approved by NICE quality assurance lead - Kay Nolan

Date 8<sup>th</sup> January 2015