

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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?

Yes we took the following equality issues that were raised in the scoping process into consideration:

- Geographical inequalities: we made direct recommendations about the organisation of care which relate to managed clinical networks. The Committee agreed that this would make services more accessible and therefore promote a better geographical distribution of services.
- Young women (aged 17 and under): the Committee agreed that their recommendations would reduce the current delay in diagnosis. They particularly highlighted that healthcare professionals should suspect endometriosis in women (including young women aged 17 and under) presenting with 1 or more of a list of signs and symptoms. This is currently not being done and endometriosis is particularly under-recognised in young women.
- English as a second language and learning disabilities: To improve communication and information provision we have cross-referenced the NICE [Patient Experience](#) guideline which refers to the need for interpreters and recommends an individualised approach which takes into account communication problems and learning difficulties.
- Other age or religious and ethnic equality issues: Our recommendations apply to women with endometriosis in all age groups and of all ethnic or religious backgrounds to improve equality in the care of women with endometriosis. We promote an individualised approach tailoring management, which takes into account women's circumstances, symptoms, priorities, desire for fertility, aspects of daily living, work and study, and physical and emotional issues.

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?

Women with severe endometriosis where lesions are located in the bowel, bladder or ureter have previously not consistently been referred to the service that best caters for their needs. The Committee has agreed a consistent approach by which these women would be triaged to specialist services which would be able to address their specific needs.

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

The recommendations directly address the equality issues and the reasons for why they were drawn up are described in the 'Linking evidence to recommendations' sections of the full 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?

No.

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?

N/A

Completed by Developer: Katharina Dworzynski - Guideline lead

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Approved by NICE quality assurance lead: Sharon Summers-Ma

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