

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE quality standards

Equality impact assessment

Menopause

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?

The following equality issues were identified during the scoping and development of the clinical guideline as requiring specific consideration:

- Different ethnic groups that may have different cultural values and views of the menopause and some ethnic subgroups would experience menopause earlier and are more likely to have menopause induced due to increased hysterectomy rates.
- Women who have a high risk of breast cancer are contraindicated for hormonal replacement therapy.

These will be discussed during the prioritisation QSAC meeting.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No treatments or settings have been excluded.

The quality standard will cover diagnosis and managing menopause in women, including women who have premature ovarian insufficiency. Men have been excluded as they do not present with menopausal symptoms. Transgender people have also been excluded as the recommendations in the guideline would not be applicable due to differences in physiological and presentation of menopausal symptoms.

Updated by lead technical analyst Nicola Greenway

Date 29 March 2016

Approved by NICE quality assurance lead Nick Baillie

Date 29 March 2016

EIA: menopause

2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The QSAC raised concerns that women with disabilities and asylum seekers and refugees may have difficulty accessing particular services. These equality issues are relevant for all statements and for other quality standard topics therefore it was not felt that specific considerations could be added to any of the statements.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements 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

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

The QSAC recognised that women who have high risk of breast cancer are contraindicated for HRT. They felt this was covered by the discussion within statement 3 on the short-term and longer-term benefits and risks of taking HRT.

The committee wanted to highlight that in draft statement 5, all information given to women who are likely to go through menopause as a result of medical or surgical treatment should be culturally appropriate and accessible to women with additional needs, such as physical, sensory or learning disabilities, and to women who do not speak or read English. Interpreters and advocates should be provided if needed. This is because women from some ethnic subgroups are likely to go through menopause earlier due to higher hysterectomy rates.

Updated by lead technical analyst Nicola Greenway

Date 1 August 2016

Approved by NICE quality assurance lead Nick Baillie

Date 1 August 2016

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Post-consultation stage

3. Final quality standard

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

The post consultation QSAC highlighted that women with disabilities should include women with either physical or learning disabilities but this does not impact the quality standard.

No further groups in addition to those identified during scoping and development of the draft quality standard were raised at meeting 2.

3.2 If the quality statements have changed after the consultation stage, are there any 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

3.3 If the quality statements 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

3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

A quality statement on the management of premature ovarian insufficiency has been added to the quality standard after consultation and the statement on the management of menopause removed. The QSAC considered the equality group of women with high risk breast cancer who are contraindicated for HRT. They agreed this should be highlighted in the rationale of the statement.

Updated by lead technical analyst Nicola Greenway

Date 20 December 2016

Approved by NICE quality assurance lead Nick Baillie

Date 20 December 2016

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4. After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
None

Approved by lead technical analyst Nicola Greenway

Date 17 January 2017

Approved by NICE quality assurance lead Nick Baillie

Date 17 January 2017