NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Abortion care

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 guideline development committee highlighted the following groups that need specific consideration:

* Women living in remote areas
* Women with complex pre-existing medical conditions
* Women with coexisting mental health problems
* Women with learning disabilities
* Vulnerable women (including sex workers and women who are homeless)
* Young women
* Women who have communication difficulties, because of vision or hearing problems or because they have difficulty understanding English
* Women suffering domestic violence, abuse or coercion from their partner or family
* Women who are socially disadvantaged.
* Women experiencing cultural barriers to accessing services (including migrant women, refugees and asylum seekers).

Any specific needs of these groups will be highlighted during development of the quality standard.

### 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?

The quality standard for abortion care will not include:

* care between conception and requesting an abortion
* the ongoing care of women who decide not to have an abortion

Quality standards have already been published on antenatal care and antenatal and postnatal mental health. The quality standard on abortion care will focus on the time from when an abortion has been requested to completion of the abortion and support after the abortion.

Completed by lead technical analyst: Melanie Carr

Date:19/09/2019

Approved by NICE quality assurance lead: Nick Baillie

Date: 1/10/2019

### 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?

Stakeholders highlighted that it is important to ensure that information about how to access abortion services is available to women in vulnerable groups. Statement 1 highlights that information about abortion services should be available to women in vulnerable groups including sex workers, those who are homeless, women in prison and those who may find it more difficult to access healthcare services because they are not registered with a GP.

The committee highlighted that it is important to ensure that women with additional needs such as physical, sensory or learning disabilities, and women who do not speak or read English, or who have reduced literacy skills can access information about abortion services and care. Statements 1, 2 and 5 highlight that abortion services should make reasonable adjustments to ensure information can be easily read and understood, including video or written information, and women should have access to an interpreter or advocate if needed. These statements also highlight that information should be culturally and age appropriate. In addition, statement 6 highlights that services that provide support after an abortion should make reasonable adjustments to ensure the service can be accessed by women in these groups and they should have access to an interpreter (including British Sign Language) or advocate if needed.

During development of the guideline it was highlighted that women living in remote areas, those experiencing domestic violence, abuse or coercion from their partner or family and those experiencing cultural barriers to accessing abortion services may find it difficult to attend multiple appointments. Statement 1 therefore indicates that providing assessments by phone or video call can be particularly beneficial for these groups. It indicates that providers should, however, ensure safeguarding procedures are in place for all women, including those accessing the service remotely. It highlights that providing a choice of assessment by phone, video call or face-to-face ensures that women can access abortion services in the way that best suits their personal circumstances.

The committee highlighted that some women in vulnerable groups may find it difficult to attend an appointment for an abortion at short notice for a variety of reasons, including caring responsibilities, difficulty in making travel arrangements, financial difficulties, mental health problems, domestic violence and stigma. Statement 3 therefore indicates that service providers should have a flexible and supportive approach that helps women to choose a convenient time to have the abortion.

In line with the guideline, statement 3 also highlights that healthcare commissioning groups should consider providing upfront funding for travel and accommodation for women on a low income who are eligible for the NHS Healthcare Travel Costs Scheme and/or need to travel to a service that is not available locally. Healthcare commissioning groups should make information available about how to access any upfront funding. The committee identified that women who self-refer to an abortion provider are being excluded from the NHS Healthcare Travel Costs Scheme or locally available upfront funding for travel and accommodation because they do not have a GP referral. Statements 1 and 3 therefore highlight that healthcare commissioning groups and providers should ensure that pregnant women who self-refer to an abortion provider and are eligible for the NHS Healthcare Travel Costs Scheme or upfront funding for travel and accommodation do not require a GP referral to access the funding.

Age, religion, and culture may affect which contraceptive methods are considered suitable. Statement 4 therefore identifies that healthcare professionals should give information about all methods and allow the woman to choose the one that suits her best.

### 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?

The draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

### 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?

The draft quality statements do not have an adverse impact on women with disabilities.

### 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?

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst: Melanie Carr

Date:10/01/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 17/08/2020

### 3. POST CONSULTATION STAGE

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

Stakeholders suggested that the quality standard should use the non-gendered term ‘people rather than ‘women’ to be inclusive. For consistency with the NHS website, NICE uses the term ‘women’ in relation to pregnancy. The committee agreed with this approach and noted the information at the beginning of the quality standard which confirms that ‘for simplicity of language the quality standard uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant.’

Stakeholders raised a concern that women who self-refer to abortion services are being excluded from the NHS Healthcare Travel Costs Scheme as they do not have a GP referral. The committee agreed to add a consideration for statement 1 to confirm that healthcare commissioning groups and providers should ensure that pregnant women who are eligible for the NHS Healthcare Travel Costs Scheme or upfront funding for travel and accommodation are not excluded if they choose to self-refer to an abortion provider.

Stakeholders highlighted that abortion providers should have safeguarding procedures for women accessing services remotely to prevent coercion. This should include the option to have a face to face assessment if needed. The committee agreed to add to the consideration for statement 1 to confirm that providers should ensure safeguarding procedures are in place for women accessing the service remotely.

The committee highlighted that some women may feel that it is not safe to have home expulsion following an early medical abortion. It was agreed that this is covered in the descriptor for healthcare professionals in statement 4 which confirms that they should give women information about the options available to help them make decisions about their care.

### 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?

Statement 5 (statement 4 at consultation) is now focussed on improving access for women having an abortion who want contraception. Only minor changes have been made to the other statements after consultation. None of the statements make it more difficult for specific groups to access services.

### 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?

The statements do not have an adverse impact on people with disabilities.

### 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?

The committee has not identified any additional explanations that could advance equality.

Completed by lead technical analyst: Melanie Carr

Date: 26/10/2020

Approved by NICE quality assurance lead: Mark Minchin

Date:1/12/20

### 4. After NICE Guidance Executive amendments – if applicable

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No relevant amendments were made by Guidance Executive.

Completed by lead technical analyst: Melanie Carr

Date: 17/12/20

Approved by NICE quality assurance lead: Mark Minchin

Date: 18/12/20

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