NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between particular population groups. This form is for documenting the consideration of equality issues at each stage of the quality standard development process. This equality impact assessment is designed to support NICE’s compliance with the Equality Act 2010 and the Human Rights Act 1998, and to provide the Guidance Executive of NICE with assurance of compliance.

The table below lists the characteristics and other equality factors we need to consider. It covers population groups sharing the ‘protected characteristics’ defined in the Equality Act, and those affected by health inequalities and inequities in access to health, public health and care services associated with socioeconomic factors and with other forms of disadvantage. Although listed separately, these categories often overlap.

The form is used to:

* Confirm that equality issues have been considered and identify any relevant to the topic.
* Show that these issues have been given due consideration by explaining what impact they have had on the quality statements, or why there was no impact.
* Give assurance that the quality statements will not discriminate against any protected group.
* Highlight quality statements aimed at advancing equality of opportunity or fostering good relations.

The equality impact assessment should be completed by the lead technical analyst. NICE quality assurance staff must sign off the completed equality impact assessment before the form is published on NICE’s website.

**Protected characteristics**

* Age
* Disability
* Gender reassignment
* Pregnancy and maternity
* Race
* Religion or belief
* Sex
* Sexual orientation

**Note:**

1. The characteristic of marriage and civil partnership is protected only from unlawful discrimination. There is no legal requirement to consider the need to advance equality and foster good relations.
2. The definition of direct discrimination includes less favourable treatment of someone associated with a person with a protected characteristic, such as the carer of a disabled person.

**Socioeconomic factors**

The relevance and nature of socioeconomic factors will vary according to the quality standard topic. They may include deprivation and disadvantage associated with particular geographical areas, or other geographical distinctions (for example, urban versus rural).

Certain groups in the population experience poor health because of circumstances distinct from – though often affected by – sharing a protected characteristic or socioeconomic factors. The defining characteristics of groups of this sort will emerge from the evidence (although a quality standard topic will sometimes explicitly cover such a group). Examples of groups identified in quality standards are:

* looked-after children
* people who are homeless
* prisoners and young offenders.

**Principles for completing the equality impact assessment (EIA)**

* Assessment of equalities should happen at the earliest opportunity and continue throughout quality standard development. This includes quality standards advisory committee (QSAC) discussions with standing and specialist committee members.
* The EIA should be circulated to stakeholders at the following 3 stages of development of the quality standard: topic engagement, consultation and publication of the final quality standard.
* The EIA should be included at all sign-off stages.
* The method of sign-off should be auditable – by email, in a minuted meeting or with a physical signature.

**Naming the documents**

Use version numbers to distinguish the different stages as follows:

1 Topic engagement – Equality Impact Assessment v 1.0, v 1.1 etc.

2 Consultation – Equality Impact Assessment v 2.0

3 Final quality standard – Equality Impact Assessment v 3.0

4 Following guidance executive – Equality Impact Assessment v 4.0

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Heavy menstrual bleeding (update)

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?

No equality issues have been identified at this stage.

### 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?

This quality standard covers people of reproductive age (after puberty and before the menopause) with heavy menstrual bleeding, including:

− suspected or confirmed fibroids

− suspected or confirmed adenomyosis

− no identifiable pathology.

Special consideration should be given to people who wish to preserve their fertility.

Completed by lead technical analyst: Sabina Keane

Date: 9/7/2019

Approved by NICE quality assurance lead: Nick Baillie

Date: 9/7/2019

### 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?

### This quality standard includes statements for people who have heavy menstrual bleeding. During development the consideration of gender neutrality was raised, this has been addressed by changing the terminology used since 2013. The 2020 statements will now use ‘people’ rather than ‘women’ to ensure that nobody with heavy menstrual bleeding is excluded from this quality standard.

### People with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard.](https://www.england.nhs.uk/ourwork/accessibleinfo/)

### 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 people 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: Sabina Keane

Date: 11.11.2019

Approved by NICE quality assurance lead: Nick Baillie

Date: 11.11.2019

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### 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?

In light of the COVID19- pandemic, the committee supported the need for remote virtual appointments to be appropriately offered rather than face to face contacts to minimise the risk of COVID-19 infection. Equal access to online services will therefore have to considered.

### 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?

The wording of statement 2 has been updated from ‘have’ to ‘offer’ to better reflect patient choice, informed consent and autonomy.

### 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?

No.

Completed by lead technical analyst: Sabina Keane

Date: 17/9/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 17/9/2020

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

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

No changes impacting on equality.

Completed by lead technical analyst: Sabina Keane

Date: 22/09/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 22/09/2020

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