

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS AND INDICATORS PROGRAMME

**Quality standard topic:** Heavy menstrual bleeding

**Output:** Equality analysis form – Post-consultation meeting

#### Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – prioritisation meeting
- Quality Standards Advisory Committee – post-consultation meeting

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Marital status (including civil partnership)</b>
<b>Socio-economic status</b> Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

# Quality standards equality analysis

## Stage: Topic overview

### Topic: Heavy menstrual bleeding

#### 1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

This quality standard covers the care of women of reproductive age (including women younger than 18 years) with heavy menstrual bleeding. In some women, the symptoms of heavy menstrual bleeding can be treated with pharmaceutical treatment, however some of these therapies are not licensed for use in people under the age of 18 and informed consent is needed when using medicines outside the licensed indications. The pharmaceutical treatment option chosen will need to take account of individual circumstances, including age and the relevant licensing considerations.

Heavy menstrual bleeding is diagnosed partly on the basis of symptoms and their impact on quality of life, and some women may need support to be able to accurately describe them. The support should be tailored to the individual, especially for women with additional needs such as physical, sensory or learning disabilities, or women who do not speak English. Women presenting with heavy menstrual bleeding should have access to an interpreter or advocate if needed.

Women from all socio-economic backgrounds should have equal access to information about their treatment options. Some evidence suggests that women who reside in the most deprived areas are more likely to undergo hysterectomy rather than endometrial ablation, when compared with women who reside in the least deprived areas.

#### 2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

The Quality Standards Advisory Committee (QSAC) has been recruited to by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSACs include representation from a number of people in order to gain a range of perspectives from those involved in diagnosing and managing women with heavy menstrual bleeding. Representation was sought from a variety of specialist committee members and includes a general practitioner, a lay representative, a specialist nurse and two gynecologists.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the developers and the QSAC and will be responded to on a line by line basis (see NICE website).

#### 3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

This quality standard excludes women who are not of reproductive age and all men. This is consistent with the underpinning source guidance for this quality standard – NICE clinical guideline 44. No specific treatments or settings are excluded.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services.

The quality standard will clearly state that good communication between healthcare professionals and a woman with HMB is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women with heavy menstrual bleeding should have access to an interpreter or advocate if needed.

Heavy menstrual bleeding is a gynaecological condition, which may require examination and treatments which some women could find intrusive. All women should be offered the option to be examined by a female doctor, and this may be particularly important for women from certain cultural or religious groups.

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

We believe these quality statements promote equality.