Equality Impact Assessment (EQIA) - Clinical and Patient-facing Policies

For more information about the equality impact assessment process in commissioning, please see the EQIA Guidance located **in *Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information* before completing your EQIA**.

Clinical / Patient-facing Policy Equality Impact Assessment	
1. What is the name of the policy?	Access to Infertility Treatment Commissioning Policy
2. Briefly describe the purpose of the policy (or cross reference to relevant section within policy)	The policy sets out how the CCG will implement the NICE Guideline, CG156 Fertility Problems: assessment and treatment, ensuring that the guideline is applied equitably to all eligible couples.
3. Who is the policy lead?	Deputy Director of Commissioning
4. Date of assessment	February 2020
5. Date of next review	Next planed refresh of the policy 2023
6. Who is likely to be affected by this policy?	This policy will impact upon couples who are experiencing problems in conceiving due to a range of known and unknown physical factors, who are registered with a Hull GP and where treatment is being considered in line with NICE Guideline, CG156 Fertility Problems: assessment and treatment,
7. Needs and issues (a) What do you currently know about the needs or issues affecting people from different protected characteristic groups, relevant to your policy? *Population demographic and health needs information resources can be found on the CCG website, here: https://www.hullccg.nhs.uk/health-information-and-resources-3/*	Sub-fertility is defined as the inability to conceive through regular sexual intercourse for a period of 2 years in the absence of a known reproductive pathology and for less than 2 years where reproductive pathology is identified. It is estimated nationally that 1 in 7 couples will experience some degree of fertility issue, 80% of couples will conceive with 1 year of having regular unprotected sex, a further 10% will conceive within the second year giving a 2 year conception rate of 90%. Couples approaches to sub-fertility vary as does their desire to undertake fertility treatment. However as, for women especially and men to a lesser degree, fertility is related to specific biological changes within the women's body from menarche to menopause there is a natural gradual decline in fertility as the woman grows older, especially after 40 years. Men do not demonstrate such a marked reduction but their levels of fertility due to sperm quality does deteriorate with increasing age. This decline in fertility is mirrored by a decline in success rates of IVF. Success rates are calculated individually and are based upon a range of limited evidence that racial background or deprivation have an impact upon fertility but racial background may give rise to an underlying redisposition to higher rates of clinical disease that can negatively impact fertility; such as diabetes, cancer; and deprivation may give rise to lifestyle choices which may impact fertility.

	Race	The latest Census data from 2011 shows that the population of Hull was mostly White British, comprising 89.7% of the populace. Further to this, 4.1% of the population identified as Other White. The rest of the population was made up of: 2.5% Asian / Asian British; 1.4% Mixed/Multiple Ethnic Group; 1.2% Black / African / Caribbean / Black British; 0.8% Other Ethnic Group, and 0.3% White Irish / Irish Traveller.[1] As evidenced above, Hull's BME population is diverse with relatively small numbers of people from a wide range of different BME groups. There is little evidence that race per-se impacts upon fertility, but it is know that some races experience higher levels of certain clinical conditions; such as diabetes; which have an impact upon fertility. At this time, based upon existing evidence bases, it is assumed that race does not in itself have a specific impact upon fertility, but racial genetic pre-disposition to certain diseases may impact upon fertility.
	Disability	Based on the 2011 Census, 17.9% of men and 20.2% of women in Hull have an illness or disability that limited their daily activities[2]. It is known that the majority of individuals with disabilities are able to conceive naturally and will only have fertility challenges in line with the wider population level of sub-fertility however some disabilities may limit an individual's ability to either meet the criteria for regular sexual intercourse or to conceive naturally. In these cases it is acknowledged that a couple will be automatically classed as sub-fertile.
	Gender / Sex	The mid-2018 population estimates for Hull[3] estimate the population to be 260,645 with a male population of 131,329 (50.39%) and a female population of 129,316 (49.61%). Fertility treatment is considered on a couple's basis. In couples with females under 40 90% will conceive naturally within 2 years. Therefore 10% of couples may need some form of support around sub-fertility. For men figures suggest nationally that 1 in 20 men will have problems with sperm quality which may affect their fertility

[1] https://www.nomisweb.co.uk/census/2011/local_characteristics
[2] https://www.nomisweb.co.uk/census/2011/local_characteristics
[3] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

	Gender identity (gender reassignment)	There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society)[4] estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men)[5]. However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal. For the purpose of this policy individuals who are undergoing gender reassignment are classified as sub-fertile and if they meet the criteria identified will be eligible for sub-fertility support. There are also links to the policy around storage of genetic materials
	Sexual orientation	There are no statistics relating to the sexual orientation of people who live within Hull, however 2017 Government estimates suggest that that 2% of the national population aged 16 and over is lesbian, gay or bisexual[6]. For the purpose of this policy same sex couples are classified as sub-fertile and if they meet the criteria identified will be eligible for sub-fertility support.
	Religion or belief	In the 2011 Census, 54.9% of the population of Hull identified themselves as Christian while 34.8% of people stated 'No religion'. Other religions made up 3.1% of the population as follows: Buddhist: 0.30% Hindu: 0.20% Jewish: 0.10% Muslim: 2.10% Sikh: 0.10%, Other Religion: 0.30% 7.2% of the population did not state a religion.

[4] www.gires.org.uk
[5] https://www.gires.org.uk/wp-content/uploads/2014/10/Prevalence2011.pdf
[6] https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017

		Religion or belief could potentially have an impact on willingness to access sub-fertility as a number of religions believe that children are a gift of god and to interfere artificially goes against this. These religious stances may impact whether a couple will be willing to present for sub-fertility support. If a couple does present for sub-fertility support there is no evidence available that suggests that their religion or belief impacts their ability to access sub-fertility support, but the couple may decline to accept certain proposed interventions based upon their religion / beliefs.
	Age	Based on 2018 estimates[7], the population of Hull is broken down as follows: 0-19 - 24.27% (63,248); 20-34 - 24.87% (64,835); 35-49 - 18.22% (47,499); 50-64 - 17.67% (46,066); 65+ - 14.96% (38,997). Life expectancy at birth: For 2014-15 life expectancy at birth for Hull men was 76.3 years, and for Hull women it was 80.1 years[8]. The NICE Guideline CG156 Fertility Problems: assessment and treatment sets out age criteria for eligibility to access sub-fertility support. Theses are applied within the policy. For individuals who fall outside this age range there would have to be demonstration of clinical exceptionality to be supported outside of NICE guidelines.
	Pregnancy and maternity	There are no statistics for relating to the pregnancy and maternity status of people who live within Hull. However, based on 2018 estimates, there were around 3,311[9] live births to women living in Hull. The NICE Guideline CG156 Fertility Problems: assessment and treatment sets out criteria for eligibility to access sub-fertility support where there are existing children, biological or adopted, for either

[7] Hull JSNA Summary, October 2019, Population, pg.7
[8] http://www.hullcc.gov.uk/pls/hullpublichealth/assets/JSNA2018_c20.pdf
[9] Hull JSNA Summary, October 2019, Population, pg.7

		member of the couple. This criteria s contained within the policy. For individuals who do not meet the criteria there would have to be demonstration of clinical exceptionality to be supported outside of NICE guidelines.
	Marriage or civil partnership	Based on the 2011 Census[10], 37.5% of the population of Hull are married, 42.1% are single and have never married or been in a registered same sex partnership, 10.3% are separated or divorced and 6.9% are widowed. There is no evidence that marriage or civil partnership has an effect on fertility levels, coupes are considered as a unit regardless of whether this has been formalized through accepted religious or secular routes. The requirement is for 2 years regular sexual intercourse which, by its nature, suggests that the couple need to have been a couple for at least 2 years.
	Socio-economically disadvantage	The Index of Multiple Deprivation (IMD) 2019[11] provides statistics on relative deprivation within England for each lower-layer super output area (LSOA), providing average levels of deprivation within each LSOA. There are 166 LSOAs within Hull following the 2011 Census, with 75 (45.2%) within the bottom 10% most deprived LSOAs in England. Among CCGs nationally, the average score ranks the population that NHS Hull CCG is responsible for as the 5th most deprived. The IMD 2019 index is based on seven domains which are weighted according to their relative importance in relation to the overall score (weights in brackets): (i) income deprivation (22.5%); (ii) employment deprivation (22.5%); (iii) health deprivation and disability (13.5%); (iv) education, skills and training deprivation (13.5%); (v) barriers to housing and services (9.3%); (vi) living environment deprivation (9.3%); and (vii) crime (9.3%). In terms of Health Deprivation and Disability domain, the population for which NHS Hull CCG is responsible for ranks 17th out of 191 in terms of average score. 39.2% of the LSOAs within the remit of NHS Hull CCG are within the 10% most deprived LSOAs nationally in terms of Health

[10] Census data taken from Local Characteristics tables, https://www.nomisweb.co.uk/census/2011/local_characteristics
[11] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

		Deprivation and Disability. The Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. NHS Hull CCG needs to be aware of the areas of deprivation, in particular with regards to health and disability to ensure equality of access to services. It is estimated that half of the 63,500 smokers in Hull live in the eight most deprived wards with a prevalence of 37.4% - 48.4%[12]. In addition, Hull is estimated to have over 55,000 people that are classified as obese While more information is required, particularly in relation to Hull, the associated prevalence in the city of smoking, drinking alcohol and obesity which represent risk factors for good fertility. In addition high levels of caffeine intake can impact upon the success rate of IVF. Included within the policy is a requirement that the couple is directed to the appropriate lifestyle advice / support they require in order to minimize the impact of lifestyle choices on their fertility and the potential success rates of the sub-fertility support they may be offered.. Females have to have a BMI within the BMI ranges set out within the NICE Guidance
(b) Do you have gaps in understanding about the needs of different groups, and how will you fill these?	There is a lack of local knowledge on the impact of sub-fertility on the different groups across the city. This policy was informed by NICE Clinical guidelines:: Assessment and treatment for people with fertility problems, which was updated in 2016 to reflect equality impact issues (https://www.nice.org.uk/guidance/cg156/evidence/addendum-pdf-2606775661)	
8. **How does your policy promote equality and / or help the CCG meet its equality objectives?**	This policy outlines how the CCG will implement the NICE Guideline, CG156 Fertility Problems: assessment and treatment, ensuring that the guideline is applied equitably to all eligible couples, by outlining and commissioning a standard response in line with national best practice.	

[12] Hull JSNA Summary, October 2019, Smoking, pg.39

9. **Communication and Engagement** (a) How are you going to engage with different groups and communities and show that their feedback informs your service review?		In the preparation of the policy across Yorkshire and the Humber engagement was undertaken with a panel of clinical experts and patients / service users	
		Locally we are in the process of identifying a consultation /engagement plan to ensure that those areas where the new policy differs from the existing policy have had local consideration and the local perspective is understood	
(b) Is information provided appropriate and accessible?		Information related to this policy is available on the NHS Hull CCG website namely the policy and links to the NICE Guideline.	
8. Impact	Will your policy have a disproportionate or negative impact on a particular protected characteristic group? Will there be a positive impact?	**Race**	Based on the available data and the composition of the population of Hull, this policy is unlikely to have a disproportionate or negative impact based on Race.
		Disability	Based on the available data and the composition of the population of Hull, this policy is unlikely to have a negative or disproportionate impact based on Disability. Where it was identified that the requirements to demonstrate sub-fertility could have adversely affected this group the policy has been written to mitigate this, which increases the positive equality impact of this policy.~~.~~
		Gender / Sex	Based on the available data and the composition of the population of Hull, this policy is unlikely to have a negative or disproportionate impact based on Gender / Sex.
		Gender identity (gender reassignment)	Based on the available data, this policy is unlikely to have a disproportionate or negative impact based on Gender Identity. Where it was identified that the requirements to demonstrate sub-fertility could have adversely affected this group the policy has been written to mitigate this, which enables a positive equality impact~~,~~.
		Sexual orientation	Based on the available data, this policy is unlikely to have a disproportionate or negative impact based on Sexual Orientation. Where it was identified that the requirements to demonstrate sub-fertility could have adversely affected this group the policy has been written to mitigate this. For example, the policy has been enhanced to offer funding to couples in a same sex relationship without having to demonstrate they have self-funded other trial, enhancing the positive equality impact of the policy.
		Religion or belief	Based on the available data and the composition of the population of

			Hull, this policy is unlikely to have a disproportionate or negative impact based on Religion or Belief.
		Age	Based on the available data and the composition of the population of Hull, this policy will have an impact upon individuals who are outside the identified age ranges however age criteria are based on NICE Clinical Guideline on Fertility which is based on a comprehensive review of the relationship between age and the clinical effectiveness of fertility treatment.
		Pregnancy and maternity	Based on the available data, this policy is unlikely to have a negative or disproportionate impact based on Pregnancy and Maternity status.
		Marriage or civil partnership	Based on the available data, this policy is unlikely to have a disproportionate or negative impact based on Marriage status.
		Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	Based on the available data, this policy is unlikely to have a disproportionate or negative impact based on any other relevant group.
	If Yes, is how is this impact justifiable?	Any potentially disproportionate or negative impact is as a result of sub-fertility and the supporting interventions being closely linked into normal biological processes regarding human reproduction and the guidance outlined nationally. There is no evidence it arises from any bias within the policy itself, if any bias is identified at a later date the policy and this EIA will be reviewed.	
	What measures have been put in place to mitigate any potential impact?	In order to mitigate any potentially disproportionate impacts of this policy, the CCG will ensure that the policy is to be applied equitably to the population of Hull, and ensure that access to sub-fertility management is based on clear clinical evidence and need.	

Follow up actions		
Action required	**By whom?**	**By when?**
Review policy in line with local engagement & insight about equality impacts	Karen Ells Colin Hurst	December 2020

Signoff

EIAs to be sent to the Equality and Diversity (E&D) Inbox at hullccg.equalityanddiversity@nhs.net at least 10 days before the document deadline date (Please do this as early as possible).

Following review your EQIA will be returned with any comments included, please action these and return the updated fully formatted document to the E&D Inbox for sign off.

Signed off by: **Name & Role**	 Associate Director of Corporate Affairs	**Date**:	27.07.20