

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG393 Endoscopic radiofrequency therapy of the anal sphincter for faecal incontinence

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

Scoping

1. Have any potential equality issues been identified during the scoping process (development of the scope or discussion at the Committee meeting), and, if so, what are they?

Many people with long term faecal incontinence requiring treatment are likely to meet the definition of disability as defined in the equalities legislation. Additionally, faecal incontinence occurs in a number of conditions covered by the legislation: neurological or spinal disease/injury (such as spina bifida, stroke, multiple sclerosis, spinal cord injury) and severe cognitive impairment (such as dementia and learning disabilities). Urinary incontinence is also related to faecal incontinence and a combination of these is likely to increase the changes that an individual fills the criteria of having a disability. If the procedure is effective, it has the potential to significantly improve quality of life and enable participation in normal life activities.

Frail older people are a group at high-risk of this condition.

There is no clear gender difference, despite the increase in risk in women immediately after childbirth.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee? If there are exclusions listed in the scope (for example, populations, treatments or settings), are these justified?

This was not thought to have an impact on the assessment of the procedure.

No exclusions were applied.

3. Has any change to the scope (such as additional issues raised during the Committee meeting) been agreed to highlight potential equality issues?

No.

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

A large proportion of the patients treated were women who had faecal incontinence after childbirth.

No specific data relating to other potential issues mentioned earlier was identified in the literature presented in the overview.

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the Committee addressed these?

It was highlighted that people with diarrhoea, people with severe cognitive impairment or learning disabilities, and people with urinary incontinence are also at risk of developing faecal incontinence.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

No.

4.	Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to access for the specific group?
No.	

5.	Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE’s obligation to promote equality?
Not applicable.	

6.	Have the Committee’s considerations of equality issues been described in the consultation document, and, if so, where?
<p>A Committee comment in section 2.5.1 states:</p> <p>“The Committee recognised both the serious impact that faecal incontinence can have on quality of life and the potential benefits of new treatment options for carefully selected patients, provided that their efficacy has been properly demonstrated.”</p>	

Final interventional procedures document

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?
No.	

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to access for the specific group?

Not applicable.

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?

Not applicable.

4. Have the Committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

A Committee comment in section 2.5.1 states:

"The Committee recognised both the serious impact that faecal incontinence can have on quality of life and the potential benefits of new treatment options for carefully selected patients, provided that their efficacy has been properly demonstrated."

Approved by Centre or Programme Director: Mirella Marlow

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