NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM
RECOMMENDATIONS

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in the recommendations of a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the National Collaborating Centre and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the NCC Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the the guideline lead from the Centre for Clinical Practice.

EQUALITY CHARACTERISTICS

Sex/gender
- Women
- Men

Ethnicity
- Asian or Asian British
- Black or black British
- People of mixed race
- Irish
- White British
- Chinese
- Other minority ethnic groups not listed

Disability
- Sensory
- Learning disability
- Mental health
- Cognitive
- Mobility
- Other impairment

Age[1]
- Older people
- Children and young people
- Young adults

[1] Definitions of age groups may vary according to policy or other context.

Sexual orientation & gender identity
- Lesbians
- Gay men
- Bisexual people
- Transgender people

Religion and belief

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

Other categories[2]
- Gypsy travellers
- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

[2] This list is illustrative rather than comprehensive.

GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: <u>RECOMMENDATIONS</u>

Guideline title: Urinary incontinence in neurological disease: management of lower urinary tract dysfunction in neurological disease.

1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?

Please confirm whether

- **the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.**

Please note this also applies to consensus work in or outside the GDG

- **the development group has considered these areas in their discussions**

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

The guideline covers adults and children with symptoms of lower urinary tract dysfunction due to neurological disease

The needs of people with motor coordination or cognitive impairments**,** due to neurological conditions, was identified as one of the main equality issues and has been addressed specifically in the following recommendations:

Assessment

Assess the impact of the underlying neurological disease on factors that will affect how lower urinary tract dysfunction can be managed, such as:

- *mobility*
- *hand function*
- *cognitive function*
- *social support*
- *lifestyle.*

Carry out a focused neurological examination, which may need to include assessment of:

- *cognitive function*
- *ambulation and mobility*
- *hand function*
- *lumbar and sacral spinal segment function*

Behavioural management programmes

When choosing a behavioural management programme for people with cognitive impairment, take into account that prompted voiding and habit retraining are particularly suitable for people with cognitive impairment.

Botulinum toxin type-A
Before offering bladder wall injection with Botulinum toxin type A:

- *Explain to the person and/or their family members and carers that a catheterization regimen is needed in most people with neurogenic lower urinary tract dysfunction after treatment* ***and***
- *Ensure that they are able and willing to manage such a regimen should urinary retention develop after the treatment.*

Monitor residual urine volume in patients who are not using a catheterisation regimen during treatment with botulinum toxin type A.

Catheter valves
To ensure that a catheter valve is appropriate, take into consideration the person's preference, family member and carer support, manual dexterity, cognitive ability, and lower urinary tract function when offering a catheter valve as an alternative to continuous drainage into a bag.

Information and support
Tailor information and training to the person's physical condition and cognitive function to promote their active participation in care and self management.

Variation in practice in relation to the supply of aids and specialist advice have been addressed by the recommendations made in access and interaction with services and information and support sections of the guideline:

If a patient has received care for neurological urinary tract dysfunction in a specialised setting (for example, in a spinal injury unit or a paediatric urology unit), provide contact details to patients and carers and to non-specialist medical and nursing staff who are involved in the patient's care for specialist advice and information.

Provide people with neurogenic lower urinary tract dysfunction, and/or their family members and carers with written information that includes:

- *a list of key healthcare professionals involved in their care, a description of their role and their contact details*
- *copies of all clinical correspondence*
- *a list of prescribed medications and equipment*

This information should also be sent to the person's GP.

Information and Support
Offer people with neurogenic urinary tract dysfunction, their family members and carers specific information and training when starting a new urinary tract management system, such as intermittent catheterisation, penile sheath collection or indwelling catheterisation.

Tailor information and training to the person's physical condition and cognitive function to promote their active participation in care and self-management.Inform people how to access further support and information from a healthcare professional about their urinary tract management.

Inform people how to access further support and information from a healthcare professional about their urinary tract management.

Ensure that people who are starting to use, or are using, a bladder management system that involves the use of catheters, appliances or pads:
- *Receive training and support from an HCP who is trained to provide such support and is knowledgeable about the range of products which is available.*
- *Have access to a range of products that is sufficient to meet their needs.*
- *Have the appropriateness of their products reviewed, at a maximum of two yearly intervals, by an HCP who has received training in relation to the relevant bladder management system*

and is knowledgeable about the range of products which is available.

Cross reference has also been made to the patient experience guidance recommendations that address access to aids/ equipment and specialist advice.

Transition from paediatric to adult services were areas also identified in the scope where current practice was variable and guidance has been provided.

Transfer from child to adult services

When managing the transition of a person from paediatric services to adult services for ongoing care of neurogenic lower urinary tract dysfunction:

- *Formulate a clear structured care pathway at an early stage and involve the patient and the person and/or their parents and or carers.*
- *Involve the young person's parents and carers when preparing transfer documentation with the young person's consent.*
- *Provide a full summary of the patient's clinical history, investigation results and details of treatments for the person and receiving clinician.*
- *Integrate information from the multidisciplinary health team into the transfer documentation.*
- *Identify and plan the urological services that will need to be continued after the transition of care.*
- *Formally transfer care to a named individual(s).*

When receiving a person from paediatric services into adult services for ongoing care of neurogenic lower urinary tract dysfunction:

- *Review the transfer documentation and liaise with the other adult services involved in ongoing care (for example, adult neuro-rehabilitation services).*
- *Provide the patient with details of the service to which care is being transferred, including contact details of key personnel, such as the urologist and specialist nurses.*
- *Ensure that urological services are being provided after transition to adult services.*

Consider establishing regular multidisciplinary team meetings for paediatric and adult specialists to discuss the management of neurogenic lower urinary tract dysfunction in children and young people during the years leading up to transition and after entering adult services.

2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

NO. Please see response to 1. Above.

3. Do the recommendations promote equality?

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

YES. Please see response to 1. Above.