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
- 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
- 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: RECOMMENDATIONS

Guideline title: The management of male lower urinary tract symptoms (LUTS)

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 scope identifies that men of black origin and older men have a higher prevalence or may be at higher risk of LUTS. Men of black origin are more prone to have enlarged prostates. There were no clinical questions targeted at this sub group of the general population. The guideline development group considered treatment options for men with larger prostates, making specific recommendations for this patient group. Age is also identified as a risk factor in one of the recommendations.

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?

Yes – the following 2 recommendations were considered:

➤ Ask men presenting with bothersome LUTS to complete a frequency volume chart [1.1.3].
   The group discussed the difficulties that might be associated with recommending that men complete a frequency volume chart at specialised assessment. The discussion is noted in the section on ‘Recommendations and link to evidence’ in the diagnosis chapter of the full guideline.

➤ Ensure that, where appropriate, patients’ carers are adequately
informed and involved in the management of men with LUTS and can give feedback on treatments. [1.11.2]
The group discussed that some men may have difficulties in managing their treatment and giving accurate feedback to their clinicians to their progress. The group formulated this recommendation to target this issue.

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, we believe these recommendations promote equalities for men with LUTS.

Signed:

Centre Director

GDG Chair

Approved and signed off:

CCP Lead

GRP chair