## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### HealthTech programme

### **Equality impact assessment**

# Intermittent urethral catheters for chronic incomplete bladder emptying in adults: late-stage assessment

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

#### **Draft guidance consultation**

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

The committee considered equality issues including those identified during scoping.

The needs of people with chronic incomplete bladder emptying vary from person to person. Access to a wide range of intermittent catheters is needed to meet different people's needs. Additional support or adaptations may be needed to enable people who would otherwise not benefit from intermittent catheterisation to use this procedure. (see section 3.7 of the draft guidance).

The clinical and lay experts agreed it was important to empower people and offer them a choice, and for clinicians to be aware of the range of catheters available. (see section 3.6 of the draft guidance).

2. Have any other potential equality issues been raised in the external assessment report, and, if so, how has the Committee addressed these?

The EAG did not identify additional equality issues but drew attention to some specific groups, such as people with mobility issues. Catheters that have an integrated bag or can be connected to an external collection bag may provide a

better user experience to these people. An integrated bag or connection to an external collection bag would also reduce the need to use an additional container.

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 the technology compared with other groups? If so, what are the barriers to or difficulties with access for the specific group?
No.	
5.	Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No.	
6.	Are there any recommendations or explanations that the committee could

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

The draft recommendation 1.2 states that a healthcare professional and the person with chronic incomplete bladder emptying should decide together which intermittent urethral catheter to use.

The draft recommendation 1.3 states that urology services should have access to a range of intermittent urethral catheters available for prescription in the NHS, so that

adults with chronic incomplete bladder emptying can have the most appropriate catheters for them.

7. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

The committee's equality considerations are described in section 3.7 of the draft guidance.

**Approved by Associated Director:** Lizzy Latimer

Date: 10/02/2025

### Final guidance

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

The committee considered equality issues identified during the consultation, and changes have been made to the guidance.

Section 3.7 of the guidance states that the needs of people with chronic incomplete bladder emptying vary from person to person. Additional support or adaptations may be needed to enable people who would otherwise not benefit from intermittent catheterisation to use this procedure. People should be made aware of, and have access to, a range of intermittent catheters that meet different needs. The most suitable catheter may change over time, so catheter suitability needs to be regularly reviewed.

Section 3.6 of the guidance describes that the clinical and patient experts agreed it was important to empower people and offer them a choice based on their needs, and for healthcare professionals and people with chronic incomplete bladder emptying to be aware of the range of catheters available.

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 the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The order and wording of the recommendations have been amended, but this will not impact access for a specific group.

3. If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

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

The recommendation 1.2 states that service providers should provide access to a range of intermittent urethral catheters, so that catheters that meet people's needs and preferences and are clinically appropriate are available for people with chronic incomplete bladder emptying.

The recommendation 1.3 states that a healthcare professional and the person with chronic incomplete bladder emptying should decide together which intermittent urethral catheters to use (see the NICE page on shared decision making). Decisions should take into account:

- ease and comfort of use
- risk of infection.

5. Have the committee's considerations of equality issues been described in the guidance document, and, if so, where?

The committee's equality considerations are described in section 3.7 of the guidance.

**Approved by Associate Director:** Lizzy Latimer

Date: 09/05/2025